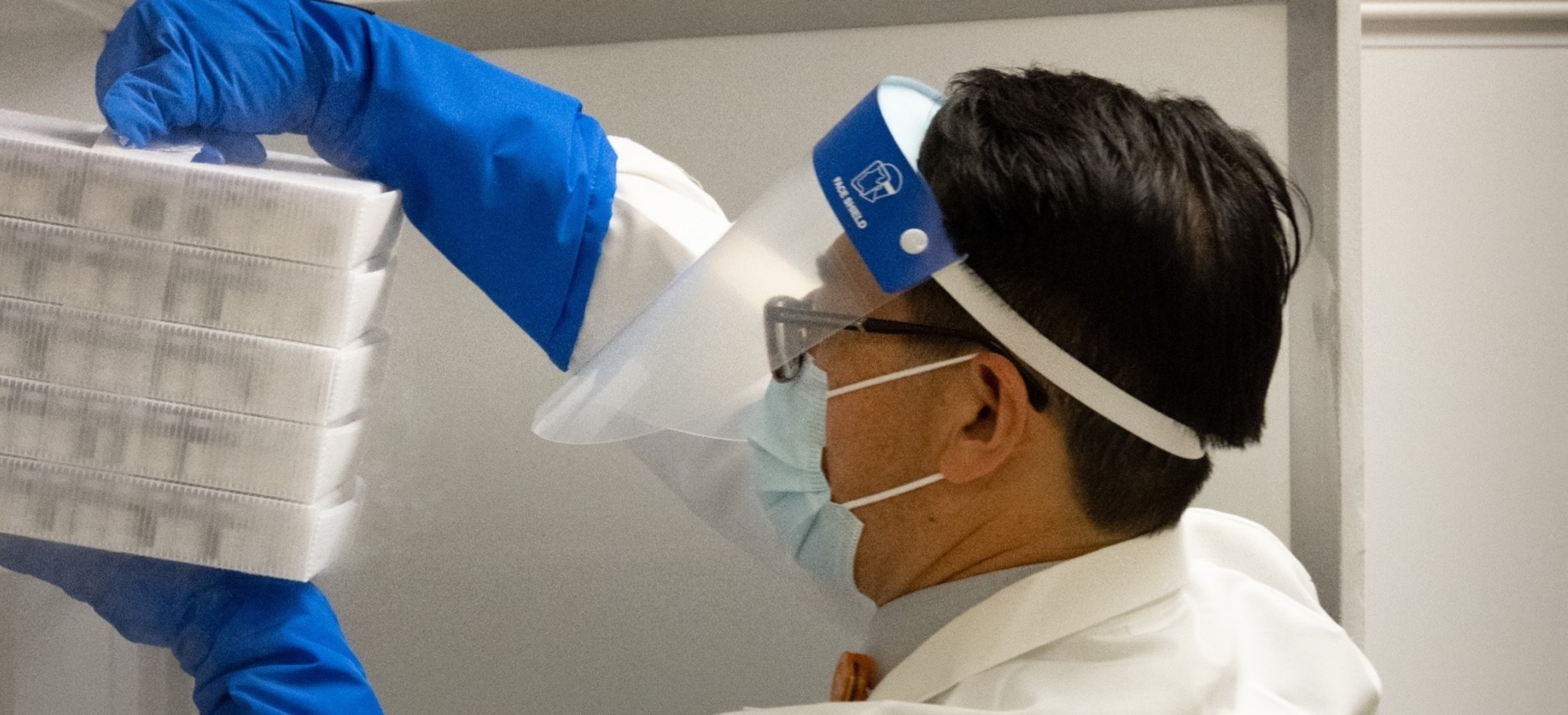




## COVID-19 Vaccine Confidence Toolkit

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# Introduction

This section provides an overview of the vaccination confidence framework and how to use this toolkit.

# Executive Summary

## Purpose

This toolkit was developed by Kaiser Permanente to offer a health care system framework for building public confidence in the COVID-19 vaccines and increase the speed and level of coverage in eligible populations. It is meant to be adaptable to the unique needs, capacity and context of a broad range of communities and organizations. It offers a framework to assess current levels of confidence in the COVID-19 vaccine within specific eligible populations, along with metrics to track changes in confidence over time. The core of the toolkit offers a suite of confidence-building strategies and tactics that can be activated to enhance current vaccine administration approaches.

## Highlights and Key Actions

- To identify and address barriers to vaccine confidence, several lenses should be used to understand unique challenges within specific eligible populations, differentiated by age, gender, race/ethnicity, social vulnerability and CDC risk indices and other factors.
- Areas of opportunity to build vaccine confidence are organized into the following categories: access and equity, trusted messenger, service experience, population health, employer outreach and employee engagement, government relations and communications.
- Organizations can use this framework to identify areas of opportunity and selectively engage any combination of these strategies to enhance vaccination programs and build public confidence in the COVID-19 vaccine.

# Toolkit Audience and Sections

## Intended Audience

This document is designed for a **broad audience**. Care delivery organizations, health plans as well as state and local governments directly engaged in vaccine administration efforts are primary intended users of this toolkit. In addition, **any organization, large or small**, working to increase public confidence in the COVID-19 vaccine and accelerate uptake will find relevant content here.

## Toolkit Sections

- **Vaccine Confidence Archetypes** – This section outlines core archetypes observed across the spectrum of Vaccine Confidence and provides concrete recommendations which can be used to increase speed and level of vaccine uptake.
- **Understanding Vaccination Status** – This section outlines the data and indices used to assess vaccination confidence and track responses to specific confidence enhancing initiatives.
- **Programs and Tactics** – This section offers a suite of recommended tactical interventions for each of the key confidence enablers. Vaccine administration teams can use these resources to inform various educational and care delivery strategies, depending on the specific needs in the community and capabilities of engaged organizations.



# Vaccine Confidence Archetypes

This section outlines core archetypes observed across the spectrum of Vaccine Confidence and provides concrete recommendations which can be used to increase speed and level of vaccine uptake.

# Vaccine confidence archetypes

Those willing to be vaccinated exist on a spectrum from most willing to be vaccinated: “Vaccine Advocates” to least willing: “Steadfast Opponents.”

Understanding need for and application of different approaches



## Vaccine Advocates

- **Already vaccinated or will be as soon as possible.**
- **Fearful of getting and spreading COVID-19** and have been very vigilant
- **Influenced by health, family, belief in science** and medicine
- **Active information seekers** and regularly keep up with new developments
- **Hope that everyone**, including children, will vaccinate as soon as possible.
- **Willing to take the risk** of having side effects as long as the vaccine is effective

### RECOMMENDATIONS:

- **Leverage these individuals as community motivators.** Give them tools to share their stories, talking points to discuss with friends, and “instagrammable” moments in their vaccination journey
- **Create a volunteer corps for sign-up assistance, phone-banking, and “Get Out the Vote” models** of community engagement using vaccine advocates



## Reluctant Vaxxers

- **Not opposed but believe the COVID-19 vaccine was rushed and still experimental.**
- **Have serious questions** about how vaccine could affect health short and long term
- **Well informed and up to date** on latest vaccine information and related efforts
- **Focused on health** of close friends, family and self
- **Prefer traditional prevention methods**, like masking and physical distancing
- **Will vaccinate if** they can return to activities they love or if the vaccine is required by a trusted business or industry

### RECOMMENDATIONS:

- **Don't restate myths.** These individuals are likely to get the vaccination as it currently stands, so avoid messaging around risks of vaccinations
- **Create a seamless service experience for these individuals.** Create easy scheduling on-ramps, transportation aid, and follow-up communication for the second dose

# Vaccine confidence archetypes

Those willing to be vaccinated exist on a spectrum from most willing to be vaccinated: “Vaccine Advocates” to least willing: “Steadfast Opponents.”

Understanding need for and application of different approaches



## Cautious Supporters

- **Concerned about individual ramifications of vaccine given lack of long-term data**
- **Support the vaccine in its objectives** and recognize the need for herd immunity
- **Would rather mask, physical distance, and stay home** if possible. Prevention tools feel safer and easier than vaccination risks
- May be motivated to vaccinate provided **well-communicated evidence of vaccine safety**
- **Looking towards health experts** for information and two-way conversation to address the concerns they have

### RECOMMENDATIONS:

- **Risk-based messaging** may be required for this population. Highlight safety in terms of risk comparisons and provide avenues to have questions answered
- **Outreach directly from physicians is the most important factor for these individuals.** Hearing from a physician that the risk of COVID-19 is likely higher than the risk of the vaccine is a key message that resonates here



## Indifferent Individuals

- **Typically younger, relatively healthy, and don't see COVID-19 as a threat.**
- Vaccination is less about self-protection and more about a **stamp of social approval**
- **Causes inconvenience** to life and routine
- May have **experienced COVID-19** and therefore feel getting a shot is unnecessary
- **Not stringent in following prevention guidelines**, but will take precautions to make others comfortable
- Willing to forgo the vaccine and **“free-ride” on the collective benefits of herd immunity**

### RECOMMENDATIONS:

- **Convenience and persistent communication** are the two largest factors to vaccinate this group. They will require multiple nudges and an easy on-ramp to overcome their minimal risk aversion to COVID-19 infection
- **Highlight long-term risks of COVID-19.** Present social and lifestyle benefits of the vaccine; like returning to normalcy, traveling, or attending public events



# Vaccine confidence archetypes

Those willing to be vaccinated exist on a spectrum from most willing to be vaccinated: “Vaccine Advocates” to least willing: “Steadfast Opponents.”

Understanding need for and application of different approaches



## Concerned Skeptics

- **Leery of the vaccine because it was released quickly and because it was likely not tested on individuals with their unique health concerns / conditions**
- **Expect another year** of masking, social distancing, and avoiding public as much as possible and are ok with that
- **Unwilling to vaccinate now but** are willing to think about it. Would wait a few years before considering the shot
- Would **consult with their care team**, whom they trust above all else, about what they should do or not do
- They are **not overly informed** about the vaccine effort but know enough to know it's not for them at the moment

### RECOMMENDATIONS:

- **Reach through careful, personalized communications.** Physicians and health workers are most trusted sources, and specifically their own care team. They need to hear from experts that their specific health status will not have negative interactions with the vaccine
- **Geographically accessible solutions are also key**, as Concerned Skeptics may have more mobility limitations due to chronic conditions. Mobile solutions and at-home delivery are key interventions



## Healthy Independents

- **Believe that COVID-19 is real, but is more or less like the flu and is being blown out of proportion**
- They believe that people who are **healthy and have good immune systems** – like themselves – do not need a vaccine
- **Begrudgingly follow the mask rules** and social distance regulations, but think they are mostly useless
- They value their independence to make a choice about this vaccine, and presently do not see a need for it
- If the vaccine became mandated for them to work or travel, **they would likely reconsider the vaccine**, but not without blaming “those in charge,” i.e., government

### RECOMMENDATIONS:

- Healthy Independents will not be convinced by arguments about the “greater good” or “all in this together.” **They need personal incentives to vaccinate, such as attending events or traveling**
- **Communicate risk for healthy individuals.** While group may be receptive to scientific sources, they are more attuned to social media posts, or things that they stumble across “by their own volition” or amongst their social circles

# Vaccine confidence archetypes

Those willing to be vaccinated exist on a spectrum from most willing to be vaccinated: “Vaccine Advocates” to least willing: “Steadfast Opponents.”

Understanding need for and application of different approaches



## Steadfast Opponents

- **Against getting the vaccine and do not see themselves getting the vaccine in the future**
- **Believe the entire handling of the vaccine effort has been messy and ineffective**
- **Believe in own ability to manage risk** and do not have faith in masks or distancing offering much protection
- Are religious and believe some **vaccine ingredients directly oppose their faith**
- Think **fighting COVID-19 could take decades**
- Seek out or immerse in COVID-19 related information, much of which is **conservative in nature**

### RECOMMENDATIONS:

- Steadfast Opponents are a deeply skeptical population. Requiring more than just scientific facts, they are looking first and foremost to have their concerns listened to and recognized. **Community listening sessions and avenues for 1 on 1 provider discussions are integral**
- **Word-of-mouth in informal networks is key.** Carefully tailored messages, social media grassroots campaigns, and boots-on-the-ground organizing in low-demand hot-spot areas will be key

# Vaccine confidence enablers

While the tactics used to influence people will vary by archetype, we identified eight categories of confidence enablers that work across all archetypes.

A

## Expanding Access / Equity

COVID-19 has disproportionately impacted communities of color and low economic status. These same communities face significant barriers to getting vaccinated. Remove barriers and expand cultural acceptance.

B

## Trusted Messengers

Spokesperson, messenger, and / or authority figure delivering information about the vaccine is just as vital as the message itself. Trust is a product of expertise, familiarity, and shared values. Introduce fresh new voices, including clinicians, who have credibility within the community.

C

## Service Experience

The on-ramp to scheduling, end-to-end journey, and on-site experience of getting a vaccine are critical aspects that can make or break a person's impression of the vaccine. Develop more accessible sites and rethink care delivery to deliver an easy, convenient, and seamless experience.

D

## Population Health

Integrate hot-spotting and clinical workflows to ensure unvaccinated customers are effectively engaged. Leverage existing population health programs to identify and connect with unvaccinated patients and customers.

E

## Employer Outreach

Employers are key partners in making vaccination sites convenient and removing work-related barriers to vaccination. Provide employer groups with specific tactics and support to assist with vaccinating their workforce.

F

## Government Relations

Work in partnership with local, county, and state government agencies to implement programs that move the unvaccinated from contemplation to action at scale.

G

## Employee Engagement

Designate "vaccine ambassadors" across different business units and facilities to engage employees. Consider additional incentives for employees to promote vaccinations across the workforce.

H

## Communications

Monolithic national campaigns are no longer effective. Use a deep understanding of audience segments and needs to answer their questions, tailor messages, engage through multiple channels, and drive behavior change.



# Understanding Vaccination Status

This section outlines key metrics and indices that can be used to align tracking and reporting efforts and help maintain focus.

# Data and Stratification Overview

## **Factors external to the health care system that influence vaccination rates include:**

- State policy on public health measures and restrictions
- Demographics
- Socioeconomic factors
- Availability of vaccine supply
- Lack of trust in science/experts
- Continued prevalence of COVID-19 in the local area and perception of personal risk
- Social environment (e.g., family or peer pressure)
- Business community posture
- Cultural beliefs

## **Kaiser Permanente data suggest that lower rates of vaccination overall are associated with the following characteristics:**

- Males
- People from Hispanic/Latino and Black/African American communities
- Communities with high social vulnerability
- Medicaid participants
- Native language other than English
- Lower income
- Less education

## **Key Takeaways:**

- Vaccination rates may be underreported in some markets
- Capabilities of state immunization registries in some states may have data limitations
- Completeness and timeliness of self-reporting is critical to accurate reporting

# Elements of Stratification

	Data to be tracked	Why it's important
Gender	Vaccination rates by gender relative to proportion of the total population (e.g., Female, Male, gender diverse)	Gender differences influence an individual's perception of <b>life expectancy, preventative care needs, and concerns about side effects</b> when making a decision of whether to receive a COVID-19 vaccine
Race / Ethnicity	Racial and ethnic vaccination rates relative to their proportion to total population (e.g., African American / Black, AIAN, Asian / Pacific Islander, White Non-Hispanic, Latino / Hispanic, Native American, Multiple Races)	Racial and ethnic minorities are <b>disproportionately being impacted by COVID-19 with higher infection rates and poorer health outcomes</b> than white Americans, <b>while simultaneously accounting for less than their ratable share of vaccinations</b> (relative to population mix)
Social Vulnerability Index	There are several indices that seek to capture the degree of vulnerability and deprivation in a particular neighborhood or geographic area. These can be used to pinpoint vulnerable populations (e.g., Quartiles 1-4)	Indices such as the social vulnerability index and neighborhood deprivation index <b>help pre-emptively target outreach efforts and align resources</b> to the most vulnerable populations
CDC High Risk	Vaccination rates of high-risk groups as defined by CDC (e.g., older adults, people with comorbidities and those needing extra precautions / persons with disabilities - see <a href="#">CDC High-Risk</a> )	The CDC's high-risk designated groups <b>are among the most vulnerable populations</b> to the COVID-19 pandemic due to the <b>greater potential for more severe or fatal outcomes if infected and higher likelihoods of being unable to conveniently access appropriate medical care</b>
Type of Coverage	Vaccination rates across different types of insurance coverage (e.g., Commercial, Medicare, Medicaid)	<b>Medicare customers had early access to vaccines due to their age</b> leading to wider adoption than Commercial or Medicaid customers who did not have early access
Language	Prevalence of vaccinations by English speaking ability (e.g., Preferred Language Other than English)	Individuals whose primary language is not English may receive <b>information that is confusing, conflicting, or inaccurate due to translation</b> and is not curated for them
Household Income	Levels of vaccinations according to income level (e.g., Less than \$100K, Greater than \$100K)	Workers with <b>inflexible work hours or inability to secure transportation, childcare, etc.</b> may have unique challenges requiring support for them to receive a COVID-19 vaccine
Education	Vaccination status based on level of education (e.g., Through High School, Any Post-Secondary)	Differences in educational level may influence an individual's willingness to receive a COVID-19 vaccine and their <b>perception of the vaccine's safety and side effects</b>

# Metrics and Reporting

## Health Equity Indices Overview

- Approaches to metrics and measurement **differ across states** by **outreach targeting and tracking** due to varying regional needs and capabilities. Align to the **state-approved index / indices as a best practice**, where appropriate.
- Equity indices **integrate separate variables** to capture the **degree of vulnerability and deprivation in a particular neighborhood or geographic area, which may influence confidence in COVID-19 vaccine**.
- The use of these indices to **plan, implement, monitor and adjust vaccination outreach and engagement strategies** can enhance confidence in vulnerable communities.
- As a general practice, each state should **aim to align to the applicable state-approved index**, where appropriate.

### Social Vulnerability Index (SVI)

- The SVI captures **geographic-based vulnerability for emergency preparedness** and natural disaster response
- Certain factors (e.g., poverty, lack of transport access, crowded housing) indicate **higher social vulnerability**
- Uses **15 U.S. census variables to create 4 groupings**:
  - Socioeconomic status
  - Household composition
  - Race/ethnicity/language
  - Housing/transportation

### Neighborhood Deprivation Index (NDI)

- The Neighborhood Deprivation Index (NDI) measures **neighborhood level socioeconomic disadvantage** using census tracts
- Uses key variables from **13 measures in the following socioeconomic dimensions**:
  - Wealth and income
  - Education
  - Occupation
  - Housing conditions

### Other Indices

- **Social Deprivation Index (SDI)** measures **area level deprivation**
  - Uses poverty, education levels, single parent households, car access, etc. data
- **Area Deprivation Index (ADI)** measures **neighborhood socioeconomic disadvantage** using census tract data
- Various state health status indices, e.g., California's **Healthy Places Index (HPI)** which measures **conditions that predict life expectancy and influence health**
  - Covers policy action areas: health, housing, education, and transportation

Data sources:

**Social Vulnerability Index:** <https://www.atsdr.cdc.gov/placeandhealth/svi/index.html>

**Neighborhood Deprivation Index:** <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3261293/>



# Programs and Tactics

This section offers a suite of recommended tactics to address each of the eight programs to improve vaccine confidence. Vaccine administration teams can use these resources to inform various outreach and care delivery strategies, depending on needs and capabilities of the community or organization.



# Programs and Tactics

Program		Tactics
<b>A</b>	<b>Improving Access and Equity</b>	<b>A1:</b> Expand Engagement with Community Based Organizations (CBOs) <b>A2:</b> Expand Strategic Safety Net/ Community Health Center Support
<b>B</b>	<b>Trusted Messenger</b>	<b>B1:</b> Support Schools and School Partners <b>B2:</b> Leverage Business Resource Group Partnerships For Focused Outreach <b>B3:</b> Pharmacy Outreach to Unvaccinated Customers <b>B4:</b> Physician & Clinician Directed Outreach to Unvaccinated Patients
<b>C</b>	<b>Service Experience</b>	<b>C1:</b> Closing Care Gaps For Chronic Conditions Customers <b>C2:</b> Equity-Based Clinics and Community-Based Organization Partnerships <b>C3:</b> Easy Access Vaccination Services in Hospitals, Clinics and Community Health Centers <b>C4:</b> Expanded Family Vaccination Services With Pediatric Clinics
<b>D</b>	<b>Population Health</b>	<b>D1:</b> Targeted Outreach to Vulnerable Populations <b>D2:</b> Identify and Engage Unvaccinated Customers
<b>E</b>	<b>Employer Outreach</b>	<b>E1:</b> Employer Group Outreach
<b>F</b>	<b>Government Relations</b>	<b>F1:</b> Work with Elected Officials to Implement Policies To Promote Vaccinations
<b>G</b>	<b>Employee Engagement</b>	<b>G1:</b> Vaccination Ambassador Program <b>G2:</b> Incentive Program Promoting Vaccination
<b>H</b>	<b>Communication</b>	<b>H1:</b> Marketing and Communication Targeting Young Adults <b>H2:</b> Public Health Response Campaign

# Tactic to Archetype Mapping

Kaiser Permanente's tactical approach to archetype mapping

Tactics	Archetype						
	Steadfast Opponents	Healthy Independents	Concerned Skeptics	Indifferent Individuals	Cautious Supporters	Reluctant Vaxxers	Vaccine Advocates
<b>A1:</b> Expand Engagement with Community Based Organizations (CBOs)		✓	✓	✓	✓	✓	
<b>A2:</b> Expand Strategic Safety Net/ Community Health Center Support		✓	✓	✓			
<b>B1:</b> Support Schools and School Partners		✓	✓	✓	✓	✓	
<b>B2:</b> Leverage Business Resource Group Partnerships For Focused Outreach		✓	✓	✓	✓	✓	
<b>B3:</b> Pharmacy Outreach to Unvaccinated Customers	✓	✓	✓				
<b>B4:</b> Physician & Clinician Directed Outreach to Unvaccinated Patients	✓	✓	✓	✓	✓	✓	
<b>C1:</b> Closing Care Gaps For Chronic Conditions Customers	✓		✓	✓	✓	✓	
<b>C2:</b> Equity-Based Clinics and Community-Based Organization Partnerships			✓	✓	✓	✓	
<b>C3:</b> Easy Access Vaccination Services in Hospitals, Clinics and Community Health Center						✓	✓
<b>C4:</b> Expanded Family Vaccination Services With Pediatric Clinics					✓	✓	
<b>D1:</b> Targeted Outreach to Vulnerable Populations	✓	✓	✓	✓	✓	✓	
<b>D2:</b> Identify and Engage Unvaccinated Customers	✓	✓	✓	✓	✓	✓	
<b>E1:</b> Employer Group Outreach	✓	✓	✓	✓	✓	✓	
<b>F1:</b> Work with Elected Officials to Implement Policies To Promote Vaccinations		✓	✓	✓	✓	✓	✓
<b>G1:</b> Vaccination Ambassador Program	✓	✓	✓	✓	✓	✓	
<b>G2:</b> Incentive Program Promoting Vaccination		✓	✓	✓	✓	✓	
<b>H1:</b> Marketing and Communication Targeting Young Adults			✓	✓	✓	✓	✓
<b>H2:</b> Public Health Response Campaign			✓	✓	✓	✓	✓

## Program **A** Improving Access and Equity

### Tactic

#### A1: Expand Engagement with Community Based Organizations (CBOs)

#### Description

- **Implement County-Specific Solutions** to address local vaccination equity and social needs gaps.
- **Provide timely, accurate, and concise vaccination safety, efficacy, and availability** information tailored to communities disproportionately affected by COVID-19 and **delivered through trusted community messengers.**

#### Key Activities:

- Support patient access to vaccination sites** through partnerships with CBOs (e.g., outreach, patient workflow studies).
- Address access barriers**, through collaborations with Federally Qualified Health Centers, faith-based or CBOs by **implementing community-based pop-up or mobile clinics.**
- Provide grant funding** to remove access barriers (e.g., transportation, language access, appointment navigation).
- Provide guidance for counties on **identifying priority community-based sites.**
- Explore volunteer strategies with business resource groups.**
- Collaborate with CBOs on **messaging campaign to build confidence** and connect to sites.

#### Critical Interdependencies

- Access to **vaccination rates by geography**
- **Care delivery and clinical alignment** on targeted geographies

#### Applicable Archetypes:

Steadfast Opponents	Healthy Independents	Concerned Skeptics	Indifferent Individuals	Cautious Supporters	Reluctant Vaxxers	Vaccine Advocates
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## Program **A** Improving Access and Equity

### Tactic

#### A2: Expand Strategic Safety Net/Community Health Center Support

#### Description

- **Increase support for vaccination programs in Community Health Centers**, targeting providers not funded in previous safety net equity/access grants<sup>1</sup>

1. Safety net providers are trusted community partners staffed by culturally competent employees, located in underserved communities, and have extensive experience with outreach, language access and services

#### Key Activities:

- ❑ **Provide core and programmatic support** to Clinic Consortia and/or Federally Qualified Health Centers to address gaps in current plans, resources, and capacity to provide patients with vaccines.
- ❑ **Partner on mobile or pop-up collaborations:** Identify opportunities to partner with Community Health Centers, public health departments, and CBOs to create new vaccine access points in targeted zip codes and to reach particularly vulnerable populations (e.g., agricultural workers, unsheltered people, etc.).

#### Critical Interdependencies

- Access to **vaccination rates by geography**
- **Care delivery and clinical alignment** in targeted communities
- **Coordinated messaging strategy across institutional marketing and Trusted Messenger Campaign**
- **Availability of funding** in targeted areas

#### Applicable Archetypes:

Steadfast Opponents	Healthy Independents	Concerned Skeptics	Indifferent Individuals	Cautious Supporters	Reluctant Vaxxers	Vaccine Advocates
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## Program **B** Trusted Messenger

### Tactic

#### **B1:** Support Schools and School Partners

#### Description

- Deploy **vaccination messaging to schools/summer schools** and in community settings for families with school-aged children.

#### Key Activities:

- Leverage communication venues for **proactive approach to vaccine-eligible children and their parents and communities** to support equitable reach of vaccination efforts.
- Focus on target audiences disproportionately affected by COVID-19** and younger audiences now eligible for vaccination.
- Develop **vaccine confidence resources** and messaging for **audiences 12-18 whose caretakers may be hesitant**.
- Increase population reach through **positive messaging** deployed through creative, engaging, and culturally relevant material by **trusted sources**.
- Explore opportunities for **school-based vaccination sites and incentives for individuals and schools/districts**.

#### Critical Interdependencies

- Access to **vaccination rates by geography**
- **Culturally appropriate marketing materials** and messaging
- **Appropriate contracts** with text messaging vendors

#### Applicable Archetypes:

Steadfast Opponents	Healthy Independents	Concerned Skeptics	Indifferent Individuals	Cautious Supporters	Reluctant Vaxxers	Vaccine Advocates
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Program **B** Trusted Messenger

Tactic

**B2:** Leverage Business Resource Group Partnerships for Focused Outreach

**Description**

- Conduct focused outreach to **diverse communities that are business resource groups** through partnerships with corporations and large organizations.

**Key Activities:**

- Work with corporations and organizations to engage business resource groups** and promote vaccination; Example BRGs that could be targeted – African American Professional Association, Asian Pacific Islander Association, Latino Association, LGBTQ organizations.
- Support business resource groups with resources to hold townhalls to create more ambassadors** and develop tactics to outreach to their unique communities in a call-to-action format; BRGs may suggest additional tactics, serving as trusted messengers.
- Work closely with community representatives and organizations** to tailor local tactics.

**Critical Interdependencies**

- **Business resource groups partnership and engagement**
- **Access to appropriate communications content and materials as needed**

**Applicable Archetypes:**

Steadfast Opponents	Healthy Independents	Concerned Skeptics	Indifferent Individuals	Cautious Supporters	Reluctant Vaxxers	Vaccine Advocates
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## Program **B** Trusted Messenger

### Tactic

#### **B3:** Pharmacy Outreach to Unvaccinated Customers

#### Description

- Work with local and national pharmacy retailers on vaccine supportive communications to customers.
- Leverage pharmacist touchpoint to **drive vaccine awareness and messaging.**
- Leverage touchpoint to make **same day / next day vaccination bookings at the pharmacy.**

#### Key Activities:

- Pharmacist outreach to customers during prescription consultations and pick up.**
- Distribute communication and messaging materials** to local and national pharmacy partners.
- Establish triggers for pharmacy staff to offer information** on why customers should get vaccinated and how to get vaccinated easily.

#### Critical Interdependencies

- **Care delivery coordination** to ensure understanding of vaccine access options
- **Convenient access to vaccinations** (same day)
- **Adequate Vaccine Supply**
- Coordination with **communications and marketing**
- **Digital front door** coordination

#### Applicable Archetypes:

<b>Steadfast Opponents</b>	<b>Healthy Independents</b>	<b>Concerned Skeptics</b>	Indifferent Individuals	Cautious Supporters	Reluctant Vaxxers	Vaccine Advocates
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## Program **B** Trusted Messenger

### Tactic

#### **B4:** Physician & Clinician Directed Outreach to Unvaccinated Patients

#### Description

- Engage local health systems and physician practices to amplify vaccination confidence messaging.
- Physician & Clinicians actively provide clinically compelling messaging to customers in-person or through digital tools.

#### Key Activities:

- Targeted outreach.
- Develop and deploy targeted physician & clinician messaging and communication for their panel of patients.
- Equip physicians to make outreach **personal, clinically significant and** compelling in why patients should get vaccinated.
- Incorporate **diverse voices** in video and digital content that represent the broader population.

#### Critical Interdependencies

- **Coordination with Population Health teams** and outreach teams
- **Call center coordination** for ease in scheduling after outreach as needed
- **IT and Digital options** for outreach with booking options

#### Applicable Archetypes:

Steadfast Opponents

Healthy Independents

Concerned Skeptics

Indifferent Individuals

Cautious Supporters

Reluctant Vaxxers

Vaccine Advocates



Tactic

**C1:** Closing Care Gaps For Chronic Conditions Customers

**Description**

- **Leverage customer-chronic care coordinator touchpoints** to facilitate vaccine communication and appointment booking.

**Key Activities:**

- Combine **chronic conditions outreach activities (via chronic care coordinators, case workers)** with vaccination outreach strategies.
- Care coordinators **verify vaccination status** during outreach calls and **offer appointments** for vaccination in addition to clinical care offered to resolve care gaps; coordinators also clarify any questions about vaccine contraindication.
- Make outreach **personal, clinically significant and compelling.**
- Add vaccination messages to **text messages and outbound messages** with links for booking.

**Critical Interdependencies**

- **Data to align vaccination and chronic conditions** care gaps
- **Digital capabilities** to schedule appointments for vaccination in conjunction with text and outbound messages

**Applicable Archetypes:**

<b>Steadfast Opponents</b>	<b>Healthy Independents</b>	<b>Concerned Skeptics</b>	<b>Indifferent Individuals</b>	<b>Cautious Supporters</b>	<b>Reluctant Vaxxers</b>	<b>Vaccine Advocates</b>
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**Tactic**

**C2: Equity-Based Clinics and Community-Based Organization Partnerships**

**Description**

- **Provide timely, accurate, and concise vaccination safety, efficacy, and availability information** tailored to communities disproportionately affected by COVID-19 and **delivered through trusted community messengers.**

**Key Activities:**

- Continue and/or increase equity-based vaccination clinics** in communities where it is needed.
- Target the Black, Indigenous and People of Color communities** where less confident archetypes may exist.
- Engage in partnership with community organizations** to promote trust.
- Consider targeting underserved populations** where transportation, childcare, work schedules and other factors may also be impacting the decision to get vaccinated.

**Critical Interdependencies**

- **Staffing for** expanded hours to reach those who cannot participate during normal operating hours
- **Partnership with community and faith-based organizations** for access and message reinforcement

**Applicable Archetypes:**

Steadfast Opponents	Healthy Independents	Concerned Skeptics	Indifferent Individuals	Cautious Supporters	Reluctant Vaxxers	Vaccine Advocates
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**Tactic**

**C3: Easy Access Vaccination Services in Hospitals, Clinics and Community Health Centers**

**Description**

- **Expand vaccination services** to existing health care delivery touchpoints.

**Key Activities:**

- Convenient Easy Vaccination Services:** Provide vaccination clinics at key access points: community health centers, urgent care, hospitals and clinics.
- As feasible, place **near established access points (e.g., pharmacy, lab)** and facilitate **real time, drop in vaccinations.**
- Develop **workflows that easily allow customers to get vaccinated on site.**
- Consider **off hour services as early as 7am, after 5pm and on weekends.**
- Expand and structure hours based on the communities served.

**Critical Interdependencies**

- **Staffing** availability to provide the vaccination services outside of normal operating hours
- **Vaccination storage requirements and logistics**

**Applicable Archetypes:**

Steadfast Opponents	Healthy Independents	Concerned Skeptics	Indifferent Individuals	Cautious Supporters	Reluctant Vaxxers	Vaccine Advocates
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**Tactic**

**C4:** Expanded Family Vaccination Services with Pediatric Clinics

**Description**

- Offer vaccination services to **extended family via pediatric clinics.**

**Key Activities:**

- Set up pediatrics family vaccination services.**
- Offer vaccination to parents and caregivers of pediatric patients **during pediatric vaccination appointments.**
- Encourage the whole family to get vaccinated through communications;** for example: “Bring your child in for vaccination and get yours, too!”

**Critical Interdependencies**

- **Care delivery coordination**
- **Customer communication and outreach**
- **Appointment booking** – call center scripting, IT and digital enablement

**Applicable Archetypes:**

Steadfast Opponents	Healthy Independents	Concerned Skeptics	Indifferent Individuals	<b>Cautious Supporters</b>	<b>Reluctant Vaxxers</b>	Vaccine Advocates
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**Tactic**

**D1:** Targeted Outreach to Vulnerable Populations

**Description**

- Reach out to vulnerable populations incorporating messaging to address vaccine safety, cost issue, and ease of booking.

**Key Activities:**

- Targeted outreach to vulnerable populations:**
  - Identify high-risk neighborhoods through Healthy Living Index, Neighborhood Deprivation Index, lower vaccination rates, limited access or otherwise challenged geography.
  - Leverage mobile health services and pop-up clinics to “hot spot” locations if available.
  - Consider home health vaccinations for home bound patients, include entire household.

**Critical Interdependencies**

- **Expanded storage in refrigerators** (30 days) for mRNA vaccines
- **Flexibility in moving vaccines** to most needed sites
- **State and local data on vaccination uptake**

**Applicable Archetypes:**

<b>Steadfast Opponents</b>	<b>Healthy Independents</b>	<b>Concerned Skeptics</b>	<b>Indifferent Individuals</b>	<b>Cautious Supporters</b>	<b>Reluctant Vaxxers</b>	<b>Vaccine Advocates</b>
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Tactic

**D2:** Identify and Engage Unvaccinated Customers

**Description**

- **Leverage local population health programs** to identify and engage unvaccinated customers.

**Key Activities:**

- Enhance with multi-modal, culturally responsive messaging:**
  - Text, eLetters, letters, postcards, calls.
  - Leverage available outside resources as well as internally developed content with videos, and fotonovelas.
- Incorporate trusted voices in outreach:**
  - Primary Care Physician voice in outreach messaging for non-responders.
  - Add “patient voice” video in outreach message.

**Critical Interdependencies**

- **Coordination with local population health organizations or resources**
- **Population health data capabilities** to isolate unvaccinated customers
- **Communication channels** to effectively engage target population

**Applicable Archetypes:**

<b>Steadfast Opponents</b>	<b>Healthy Independents</b>	<b>Concerned Skeptics</b>	<b>Indifferent Individuals</b>	<b>Cautious Supporters</b>	<b>Reluctant Vaxxers</b>	<b>Vaccine Advocates</b>
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## Program **E** Employer Outreach

### Tactic

#### **E1:** Employer Group Outreach

#### Description

- **Leverage relationships** with large employers and social media platforms to share communication materials supporting confidence in COVID-19 vaccine.

#### Key Activities:

- ❑ **Employer emails:** Send weekly emails with content focused on COVID-19 updates including safe and effective vaccines, equity, and supply.
- ❑ **Local LinkedIn posts:** Regular posts to business-to-business social networks to shift focus on vaccine confidence.
- ❑ **COVID-19 Webinars:** Host sessions with content focused on safety and effectiveness of vaccines, equity and supply; Record event, share via LinkedIn.
- ❑ **Employer Tailored COVID-19 Webinar:** Host Employer-specific events open to all employees, leveraging common content and featuring physician experts. Offer interactive Q&A session to address concerns and build confidence around the vaccine.

#### Critical Interdependencies

- **Availability and willingness of employer groups** to engage on vaccination confidence topic
- Coordination with employers to distribute appropriate content
- Resourcing and logistical supporting required for webinars and other events

#### Applicable Archetypes:

Steadfast Opponents	Healthy Independents	Concerned Skeptics	Indifferent Individuals	Cautious Supporters	Reluctant Vaxxers	Vaccine Advocates
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**Tactic**

**F1:** Work with Elected Officials to Implement Policies To Promote Vaccinations

**Description**

- Work with governmental agencies to **implement policies that motivate the unvaccinated to be vaccinated.**

**Key Activities:**

- Seek regulatory relief** that will allow providers to have more flexibility in achieving shared objectives.
- Monitor, coordinate, support and be engaged at all levels** — from school boards and community colleges districts, to state and federal agencies.
- Identify current barriers/issues with the transfer of vaccination data** between health systems and other vaccinating agencies to ensure appropriate targeting of vaccine confidence engagement.
- Support means/policies to incentivize constituencies to getting vaccinated through various “carrot” approaches** — financial incentives, rewards, or participation/attendance at desired events and activities (concerts and sporting events).

**Critical Interdependencies**

- Adjust for **inconsistency in willingness of each jurisdiction** to collaborate
- Willingness of community organizations and leaders to support local and accurate data exchange on vaccination status
- Engagement of community leaders, cultural organizations, sporting organization etc. to support reward and incentive approaches

**Applicable Archetypes:**

Steadfast Opponents	Healthy Independents	Concerned Skeptics	Indifferent Individuals	Cautious Supporters	Reluctant Vaxxers	Vaccine Advocates
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Tactic

**G1:** Vaccination Ambassador Program

**Description**

- **Design and develop a “Vaccination Ambassador Program”** to serve as advocates and encourage community vaccination.

**Key Activities:**

- Diversity:** Ambassadors should be representatively diverse to serve as advocates and encourage community members to get vaccinated.
- Data focused:** Ambassadors should focus their efforts in areas that have a vaccination rate of less than 70%, based on vaccination data.
- Targeted:** Ambassadors should be trained on target archetypes, and on tactics that can be leveraged to address challenges of diverse constituencies.

**Critical Interdependencies**

- **Alignment on number and diversity** of Ambassadors across the enterprise
- **Timely release of employees** from assigned duties to enable them to participate as Ambassadors
- **Monitoring of data to review progress** and program impact

**Applicable Archetypes:**

Steadfast Opponents	Healthy Independents	Concerned Skeptics	Indifferent Individuals	Cautious Supporters	Reluctant Vaxxers	Vaccine Advocates
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Tactic

**G2:** Incentive Program Promoting Vaccination

**Description**

- **Promote a vaccination incentive program** to encourage employee vaccination.

**Key Activities:**

- ❑ **Organization:** Set up a committee that will outline the design, planning and implementation of incentive program tailored to a specific employee population.
- ❑ **Privacy:** Assess privacy considerations, mitigation methods and transparency planning.
- ❑ **Outreach:** Circulate information on incentive program in advance of launch. Ensure a FAQ document is easily accessible with HR trained to answer any questions regarding the program.

**Critical Interdependencies**

- **Adherence to applicable regulations** and any legal constraints
- Availability of **team or committee to coordinate and implement**
- **Safe, appropriate treatment of vaccination records** and other public health information
- **Monitoring of data** to review progress and program impact

**Applicable Archetypes:**

Steadfast Opponents	Healthy Independents	Concerned Skeptics	Indifferent Individuals	Cautious Supporters	Reluctant Vaxxers	Vaccine Advocates
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Tactic

**H1:** Marketing and Communication Campaigns Targeting Young Adults

**Description**

- **Develop a social media campaign to engage 18 to 30-year-olds delivering relevant messaging from trusted voices.**

**Key Activities:**

- Community Partnership:** Engage appropriate community and cultural leaders to discuss project needs, agree on scope of effort and review creative deliverables with various creative agencies.
- Materials:** Develop educational materials including flyers, posters and branded merchandise that can be distributed to target audiences digitally and physically.
- Channels and Campaign:** Leverage social media channels used by young adult communities to leverage and amplify word of mouth campaign.

**Critical Interdependencies**

- Availability of appropriate **creative content and resourcing** to support distribution through targeted channels
- **Partnership with creative resources, cultural and community leaders with influence** in the targeted demographic
- **Social media footprint**

**Applicable Archetypes:**

Steadfast Opponents	Healthy Independents	Concerned Skeptics	Indifferent Individuals	Cautious Supporters	Reluctant Vaxxers	Vaccine Advocates
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Tactic

**H2:** Public Health Response Campaign

**Description**

- **Messaging campaign prioritizing underserved communities and supporting multi-cultural education campaigns.**

**Key Activities:**

- ❑ **External Partnership:** Engage appropriate public health institutions to discuss project needs, agree on scope of effort and review creative deliverables with various creative agencies.
- ❑ **Equity:** Connect communities to vaccines directly or in partnership with local mass vaccination efforts. Outreach to multicultural groups affected by COVID-19 through influential channels.
- ❑ **Channels and Campaign:** Leverage social media channels used by multicultural communities.

**Critical Interdependencies**

- **Willing partnership from** external agencies and other groups to facilitate program design and implementation
- **Resourcing and or philanthropic engagement** of broadcast and media organizations
- **Social media footprint**

**Applicable Archetypes:**

Steadfast Opponents	Healthy Independents	Concerned Skeptics	Indifferent Individuals	Cautious Supporters	Reluctant Vaxxers	Vaccine Advocates
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# Resources

- **Center for Disease Control COVID-19 Vaccines Near You**  
<https://www.vaccines.gov/search/>
- **Center for Disease Control COVID-19 Incentives**  
<https://www.vaccines.gov/incentives.html>
- **Social Vulnerability Index**  
<https://www.atsdr.cdc.gov/placeandhealth/svi/index.html>
- **Neighborhood Deprivation Index**  
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3261293/>
- **Kaiser Family Foundation COVID-19 Vaccine Monitor**  
<https://www.kff.org/coronavirus-covid-19/poll-finding/kff-covid-19-vaccine-monitor-march-2021/>
- **Center for Disease Control COVID-19 High-Risk Groups**  
<https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/index.html>