Building COVID-19 Vaccine Confidence: Helping People Make Informed Choices

San Francisco Department of Public Health
Last Updated: March 12, 2021
Building COVID-19 Vaccine Confidence
San Francisco Department of Public Health

• Join us by sharing in the chat:
  • Name & Organization
  • What are your main questions about the vaccine?
  • What are your clients’ or community’s biggest concerns about the vaccine?
Community COVID-19 Vaccine Communication Training Model:

• **Ambassador Level (Level 1)**
  - Provides COVID-19 Disease, Vaccination, Distribution information and Communication tools material
  - Provides 60-minute training to community, stakeholders, or specific audience(s) as a trusted partner
  - Utilizes bi-directional communication to share back from community and quickly communicates updated information
  - Requirements:
    - Attends at least 1 COVID-19 Vaccination Ambassador Training as participant
    - Completes pre/post training survey information if relevant
    - Provides basic information on stakeholders or audiences trained

• **Champion Level (Level 2)**
  - Provides COVID-19 Disease, Vaccination, Distribution information and Communication tools material
  - Provides 90-minute deeper training to capacitate other trainers to become ambassadors or champions in order to support rapid capacity building
  - Utilizes bi-directional communication with TTT program to share back from trainees or community and quickly communicates updated information
  - Requirements:
    - Attends at least 1 COVID-19 Vaccination Ambassador Training as observer
    - Attends at least 1 COVID-19 Vaccination Champion Training as participant
    - Completes pre/post training survey information if relevant
    - Provides basic information on stakeholders or audiences trained
    - Participates in as-needed mini-trainings when training updates occur and updates training slides before presentations
Intended audience for this presentation

• Future COVID-19 Vaccine Influencers, Ambassadors and Champions
  • CCC Community Branch group leads
  • District neighborhood action plan leads
• Community Leaders
  • Staff at CBOs
  • Faith based Leaders
  • Promotoras/community health workers
Welcome

- Mindful moment to focus on today’s purpose
- Welcome
  - Why are you here
    - Help our communities gain confidence in their vaccine choices.
    - Learn COVID-19 Vax facts and take back talking tools.
  - Why are we here
    - To equip trusted community leaders (YOU) with the necessary resources to train other vaccine influencers.
    - Change the conversation around vaccine to one of choice
COVID-19 has Changed Everyone’s World

• Local Health Orders and Health Guidances
  • Sheltering in place/staying home
  • Forbidding gatherings
  • Closing places of worship, schools, restaurants, gyms, stores.
    • Many of these places are where we go for emotional, spiritual and mental recharging
  • Much more...

• All these changes have impacting many people’s mental, physical, spiritual, and economic health.
  • These experiences impact how people are thinking about the Vaccine and behaving around COVID safety

• We need to acknowledge how these changes impact us as workers and communicators
Today’s Agenda

1) Inequities & COVID-19: History and Current Reality
2) COVID-19 Overview
3) COVID-19 Vaccine Overview
4) COVID-19 Vaccine Distribution
5) Building Vaccine Confidence: Tools to Help People Make Informed Choices
6) FAQs
7) Resources & Next Steps
Ambassador Training Objectives

1. Gain knowledge and skills to provide key COVID-19 vaccination information to community for informed decision-making and action steps.

2. Learn to have conversations that matter about COVID-19 vaccines and consider how to tailor to your community/ies.

3. Have the knowledge and toolkit to become Vaccine Ambassadors:
   - Facts about the vax
   - How to communicate it
   - Where to bring back questions and how to be updated with new info.
History & Current Reality of Health Inequities

**Acknowledge** mistrust of medical and public health institutions in communities based on centuries of:

- Unethical medical and scientific research in communities of color
- Decreased access to medical and public health services: people with disabilities, biopsychosocial issues, LGBTQIA, racial/ethnic populations
- Ongoing discrimination and inequities in medical care
Racial Humility at the Forefront

- Recognize and acknowledge historical trauma
- Be racially humble in learning across lines of racial difference.
- Recognize you have one way of seeing the world and there are many other perspectives from people across races.
- If you are correcting false information, don’t try to correct history.
- Create space for people to voice their trauma.
- Provide support and acknowledgement.
  - “I understand and recognize…”

32% of African Americans,
25% of Latinas,
14% of Latinos reported experiencing discrimination when seeking care from a doctor or health clinic.
Structural Barriers & Sanctuary Trauma

**Structural Barriers**

Obstacles that collectively affect a group disproportionately, perpetuating disparities in outcome.

- Insurance status
- Primary care access
- Accessibility of vaccine sites
- Provider suggestion

**Sanctuary Trauma**

Expecting a supportive, protective environment and instead experiencing racism, oppression, or micro aggressions further heightening existing trauma.
Impact of Racism and Trauma on COVID-19 Outcomes

Highest Cases:
• Bayview Hunters Point
• Tenderloin
• Mission
• Outer Mission
• Excelsior
• Visitacion Valley

Red Dot = High Volume Vaccination sites

Disproportionate cases among Latinx and Black/African American
Disproportionate death rates among Asian, Black/African American, Latinx
COVID-19 101
What is COVID-19?

- COVID-19 is a contagious respiratory illness
- This infection is caused by a coronavirus. We have known about these types of viruses for years, but this is a new strain.
- COVID-19 and the flu cause similar symptoms, but they are different viruses.
- The virus causing COVID-19 spreads easily and is more likely to cause severe symptoms and death than the flu.
COVID-19: How it Spreads

• COVID-19 is mostly spread person-to-person, in the air through virus-containing droplets when a person breathes, talks, sings, coughs, or sneezes from up to 6 feet away.

• People are infected when they breathe in droplets or if droplets land in their eyes, nose, or mouth.

• Smaller droplets or infectious particles can float in the air and/or travel beyond 6 feet on indoor air currents, especially in enclosed spaces with poor ventilation.

• COVID-19 can also spread if a person touches their eyes, nose or mouth after touching a contaminated surface, however this is less common.

• Someone may get infected if they are within six feet of an infected person for a total of 15 minutes or more over a 24-hour period and starting two days before illness starts.
COVID-19: Preventing Infection

- **Wear a Face Covering.** Cover your mouth and nose with a face covering in public and when around people you don’t live with.
- **Avoid Close Contact.** Keep at least 6 feet space from people you don’t live with.
- **Avoid gatherings.**
- **Being outside or good ventilation** (opening windows) reduces risk of infection.
- **Wash hands often** with soap and water for 20 seconds after touching your face or shared objects.
- **Use hand sanitizer** with at least 60% ethanol or 70% isopropanol, if no soap/water available.
- Routinely clean & disinfect high touch surfaces.
Most transmission of COVID-19 is often from people who show no symptoms (asymptomatic) and pre-symptomatic individuals.

You can be infected with COVID-19 and not have any symptoms.

Monitor Your Health Daily and stay home if you have symptoms or were exposed to someone with COVID

*If you are experiencing any of these symptoms or were exposed, get tested and stay home*
COVID-19 Signs & Symptoms*

- Fever or chills
- Cough
- Shortness of breath/ difficulty breathing
- Fatigue
- Muscle or body aches
- Headache
- New loss of taste/smell
- Sore throat
- Congestion or runny nose
- Nausea or vomiting
- Diarrhea

You can be infected with COVID-19 without any symptoms

*Symptoms not included for children
COVID-19 101: Summary

• COVID-19 is a contagious respiratory illness
• You can become infected with it if you breathe in droplets from an infected person.
• Most transmission of COVID-19 is likely from people who show no symptoms (asymptomatic) and pre-symptomatic individuals.
• Common symptoms: fever, cough, shortness of breath
• Most cases asymptomatic
• Prevent COVID-19 by wearing face coverings outside your home, keeping 6’ distance from people not in your household, avoid gatherings, washing hands frequently, and good ventilation
• Wearing a mask protects you AND others

Good news: Another way to prevent getting sick from COVID-19 is to get a vaccine
COVID-19 Vaccines Overview
Currently Three Approved Vaccines

- Pfizer
- Moderna
- J&J

Others in process of being approved
Pfizer & Moderna: messenger RNA (mRNA) vaccines

- Pfizer & Moderna are all effective against a person becoming ill with COVID-19
  - Based on large clinical trials
  - *Every* study, *every* phase, and *every* trial was reviewed by the FDA and a safety board.
  - Serious side effects are rare.
  - Each vaccine is given in 2 doses.
- Medical experts have been working on vaccines for the coronavirus family *for years*, so they did not have to start from scratch.
How a messenger RNA (mRNA) vaccine works. Scientists take some inactive virus genetic code that tells cells what to build and coat it in a lipid (fat) so it can enter the body’s cells.

The vaccine enters the cells and tells the cell to produce the protein from the outside of the coronavirus so your body can recognize it later.

If your body comes in contact with a coronavirus the immune system can now recognize it and fight the virus.

The immune system produces antibodies that recognize the protein from the outside of a coronavirus.
Johnson & Johnson Vaccine: One and Done!

- Johnson and Johnson [Janssen]: Single dose vaccine
- Extremely effective in protecting against severe disease and death.
- Effective against moderate to severe COVID-19 infection in a multi-country study
- No hospitalizations or deaths among people in large clinical trial.
- Vaccine was safe and well-tolerated with fewer people experiencing moderate to severe side effects than the other vaccines
- Not the same kind of vaccine as the mRNA. But it does cause your cells to make protein for your immune system to recognize
Vaccine Scientist Working to Eliminate Disparities

• Kizzmekia Corbett, MD, an immunologist at the US National Institutes of Health (NIH), is one of the NIH’s leading scientists who in early 2020 helped to develop an mRNA-based vaccine for COVID-19.

• Dr. Corbett is part of a team at NIH that worked with Moderna to develop one of the two mRNA vaccines that has shown to be more than 90% effective.

Vaccines have the potential to be the equalizer of health disparities, especially around infectious diseases. I could never sleep at night if I developed anything — if any product of my science came out — and it did not equally benefit the people that look like me. Period.
Other vaccines are on the way
You may feel your immune system respond after the vaccine

All symptoms are short term

• When mild side effects occur, they are a normal sign that your body is building protection to the virus.

• Common side effects which go away in a few days include:
  • Fever
  • Chills
  • Headache
  • Tiredness
  • Joint or body aches
  • Pain, redness or sore arm (use a cold compress and move/exercise the arm)
  • For most symptoms talk to your health care provider

• A severe allergic reaction is a rare side effect that occurs in 4 people out of 1 million who receive the shot.
Vaccines As A Key COVID-19 Prevention Tool

• **COVID-19 vaccines are safe, effective, and free.**
• It will take time for everyone who wants a COVID-19 vaccine to get one. It is expected that the general population will have access to the vaccine later in 2021.
  • Currently, COVID-19 vaccines are not recommended for children under 16.
• Many people will receive the vaccine by
  • Appointment at one of the high-volume sites
  • Open access and appointment at select community clinics
  • Pharmacies
  • Neighborhood vaccine access sites.

Even after being vaccinated: you still need to wear your mask, physically distance and thoroughly wash your hands.
What can you do after getting vaccinated?

NEW: CDC Interim Recommendations – March 8, 2021

Fully vaccinated people can:
- Visit with other fully vaccinated people indoors without wearing masks or physical distancing
- Visit with unvaccinated people from a single household who are at low risk for severe COVID-19 disease indoors without wearing masks or physical distancing
- Refrain from quarantine and testing following a known exposure if asymptomatic

For now, fully vaccinated people should continue to:
- Take precautions in public – wear well-fitted mask & physical distancing
- Wear masks, maintain physical distance, and practice other prevention measures when visiting with unvaccinated people from multiple households
- Avoid medium- and large-sized in-person gatherings

Fully vaccinated: At least 2 or more weeks after second dose in a 2-dose series (Pfizer or Moderna), or after single-dose vaccine (Johnson & Johnson)

CDC final recommendations not yet adopted by the state.
The hope is vaccine will bring an end to the pandemic

In countries with high vaccination rates, we’ve seen less deaths.

We need a high percentage of people to get vaccinated people in order to get to community immunity and achieve benefit for the rest who cannot/choose not to get vaccinated

• **Being vaccinated is someone’s personal choice**
• **Important to know if someone declines vaccination:**
  • People will not lose their job
  • Our job is to respect that choice and encourage people to continue to practice safe distancing, masking, etc.
COVID-19 Vaccines: Summary

• Currently 3 approved vaccines, others in process of being approved
  • All have been through all required FDA safety processes
  • All are highly effective against a person becoming ill with COVID-19
  • Serious side effects are rare
• Vaccines are free
  • We believe the general population will have vaccine access later in 2021
• By the time it’s your turn millions of people in the world will have been vaccinated
• The hope is the vaccine will bring an end to the pandemic
• Being vaccinated is someone’s personal choice
COVID-19 Vaccine Distribution
Guiding Principles in San Francisco
Our vaccine strategy is grounded in equity, speed and partnerships

• Ensure equitable vaccine allocation and administration.

• Prioritize rapid vaccine access in communities of highest COVID prevalence, including among those who do not access health care.

• Make strategy, metrics, outcomes, information and data transparent and visible to the public and our partners.
Vaccine Distribution

• State and Federal Government are driving the prioritization and allocation process, but it’s not unified
• Federal Government allocates vaccines to State and the State allocates to Local counties.
  • Vaccine goes directly from feds to pharmacies and indirectly from state to local sites
  • Unclear how much will be allocated and when
• San Francisco must follow national and state recommendations.
  • SFDPH does not decide who gets vaccinated first.
• SFDPH is responsible for allocating and administering a portion of the vaccines delivered to San Francisco.
  • There are many operational challenges
# Vaccine Eligibility

## Phase 1A
*(now vaccinating)*

- Healthcare workers
- Long-term care residents

## Phase 1B
*(now vaccinating)*

- Individuals 65 years and older
- Sector populations:
  - Education and childcare
  - Emergency services
  - Food and agriculture

## As of March 15, 2021
*(now vaccinating)*

Individuals ages 16-64 years who are deemed to be at the very highest risk for morbidity and mortality from COVID-19 as a direct result of one or more qualifying conditions.

1) **Health Conditions:**
   - Cancer, active
   - Chronic kidney disease
   - Severe chronic pulmonary disease, including COPD or those who are oxygen dependent
   - Down syndrome
   - Immune compromise from blood, bone marrow, or solid organ transplant; immune deficiencies; HIV; use of corticosteroids; or use of other immune weakening medicines
   - Pregnancy
   - Sickle cell disease
   - Heart conditions, such as heart failure, coronary artery disease, or cardiomyopathies (excludes hypertension)
   - Obesity (BMI > 30 kg/m²)
   - Diabetes

2) **Disabilities,** including those which are developmental, medical, physical, sensory, or behavioral health, including severe mental health and/or substance abuse disorders

3) **Experiencing homelessness, or live or work in a high-risk congregate care facility** including correctional facilities, homeless shelters, and other congregate residential care/treatment facilities

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FOR UPDATED INFO on current Phase: [https://covid19.ca.gov/vaccines](https://covid19.ca.gov/vaccines)

- State and Federal Government decide who is the priority and how much vaccine SF receives.
- SFDPH receives a portion of the vaccines being delivered to SF.
Vaccination sites underway
Open to Phase 1a, 1b as of March 15

**High-volume Sites**
- Public sites for everyone

<table>
<thead>
<tr>
<th>Site</th>
<th>Capacity</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>City College</td>
<td>1,29</td>
<td>• UCSF Health with Dignity, OneMedical + DPH support • Max/day: 1,000</td>
</tr>
<tr>
<td>Moscone Ctr</td>
<td>2.5</td>
<td>• Kaiser with Dignity and Adventis • Max/day: 7,200</td>
</tr>
<tr>
<td>SF Market</td>
<td>2.15</td>
<td>• Sutter + SPMF • Opened w 70 doses • Max/day: 1,500</td>
</tr>
<tr>
<td>Oakland Col.</td>
<td>2.16</td>
<td>• FEMA regional site • All Phases 1b</td>
</tr>
</tbody>
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**High-volume Sites**
- Health system patients

<table>
<thead>
<tr>
<th>Site</th>
<th>Capacity</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>USF 2.8</td>
<td></td>
<td>• Kaiser Permanente • Max/day: 2,400</td>
</tr>
<tr>
<td>Fort Mason</td>
<td></td>
<td>(go-live date paused for supply) • Sutter + SPMF • Max/day: 2,000</td>
</tr>
<tr>
<td>Mission Bay</td>
<td></td>
<td>• UCSF • Max/day: 650</td>
</tr>
<tr>
<td>Parnassus</td>
<td></td>
<td>• UCSF • Max/day: 600</td>
</tr>
</tbody>
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**SF Health Network**
- Serving its own patients

<table>
<thead>
<tr>
<th>Site</th>
<th>Capacity</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unit 4E</td>
<td></td>
<td>• ZSFGH • Daily target: 500</td>
</tr>
<tr>
<td>Learning Center</td>
<td></td>
<td>• ZSF • Daily target: 500</td>
</tr>
<tr>
<td>Maxine Hall</td>
<td></td>
<td>• Weekly target: 500</td>
</tr>
<tr>
<td>Ocean Park</td>
<td></td>
<td>• Weekly target: 200</td>
</tr>
<tr>
<td>SE Health Center</td>
<td></td>
<td>• Daily target: 300</td>
</tr>
<tr>
<td>Chinatown Public Health Center</td>
<td></td>
<td>• Weekly target: 200</td>
</tr>
<tr>
<td>Curry Senior Ctr</td>
<td></td>
<td>• Weekly target: 150</td>
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**Community Clinics**
- Standing sites with vaccine access, affiliate staff not DPH

<table>
<thead>
<tr>
<th>Site</th>
<th>Capacity</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>North East Medical Services</td>
<td></td>
<td>• 8 sites • Total: 200/d, 2d/w</td>
</tr>
<tr>
<td>Mission Neigh. Health Center</td>
<td></td>
<td>• Est: 200/week • Wknd tents - seniors</td>
</tr>
<tr>
<td>HealthRight 360 (Mission)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chinese Hospital</td>
<td></td>
<td>• Est 500/w</td>
</tr>
<tr>
<td>One Medical (IHSS Workers)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>South of Market Health Center</td>
<td></td>
<td>• Est: 400/week</td>
</tr>
</tbody>
</table>

**Neighborhood Sites**
- Serving communities most impacted by COVID

<table>
<thead>
<tr>
<th>Site</th>
<th>Capacity</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mission 2.3 (24th + Capp)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bayview 2.8 (1800 Oakland)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Highly Impacted Neighborhoods</td>
<td></td>
<td>• Excelsior • Vis Valley</td>
</tr>
<tr>
<td>Mission 2.3 (24th + Capp)</td>
<td></td>
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</tbody>
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**Mobile Units**
- Teams serving those with access + functional needs

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</tr>
<tr>
<td>High Impact Neighborhoods</td>
<td></td>
<td>• Excelsior • Vis Valley</td>
</tr>
</tbody>
</table>

**Pharmacies**

<table>
<thead>
<tr>
<th>Chain</th>
<th>Details</th>
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<tbody>
<tr>
<td>Walgreens</td>
<td>(multiple sites)</td>
</tr>
<tr>
<td>CVS</td>
<td>2.12 • Federal Pharmacy Partnership • 2 sites in SF</td>
</tr>
<tr>
<td>Safeway</td>
<td>(multiple sites)</td>
</tr>
<tr>
<td>Safeway Pharmacy at SFSU</td>
<td>Feb-Mar • Safeway Pharm + DPH</td>
</tr>
<tr>
<td>Safeway</td>
<td>(multiple sites)</td>
</tr>
</tbody>
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* Expanding beyond health care workers and those >65. Includes those who work in education and childcare, emergency services, and food and agriculture sectors.

Updated 3.16.21
Three ways to offer vaccine to more people
More appointments, more access, and bring the vaccine to communities

More appointments
- SFHN and other providers
- High-Volume Sites (*Includes transport support*)

Open access
- Neighborhood sites
- Community Clinics
- SFHN sites (*Includes transport support*)

Mobile
- On-site
- Frequently visited areas
- Mobile units

*Community Vaccine Planning: Deploying all the resources of CCC and beyond to get people vaccinated*
Getting Vaccinated

1. Sign up to get notifications
   Outside of SF:  [https://myturn.ca.gov/](https://myturn.ca.gov/) you can get notifications for yourself or for others

2. After you sign up
   You will get a confirmation message that you have signed up for notifications. You will find out where you are in the State’s vaccine priority list. You may not be able to make an appointment immediately.

3. When it’s your turn make an appointment
COVID-19 Vaccine Distribution: Summary

• Federal Government purchases and distributes vaccines to states.
• The State dictates who can be vaccinated at what point. Currently healthcare workers, long term care and 65+, education/childcare; emergency services; food and agriculture
  • The State distributes vaccines to multiple sites in San Francisco
• SFDPH receives small portion of vaccines and does not have consistently clear data on vaccine distributed to other sites and healthcare systems
  • SFDPH is partnering with large healthcare systems to provide vaccines at high-volume sites.
• Sign up to be notified when it’s your turn
• When it’s your turn make an appointment to get your vaccine
Building Vaccine Confidence: Helping People Make Informed Choices
• The following are types of approaches to discuss the vaccine
• Adapt the following tools in this section for use with your community
• Take what is helpful for your use as a trainer
• Adapt, delete, edit as they work for you and your community
CDC’s Vaccinate with Confidence Campaign

INCREASING CONFIDENCE IN VACCINE, VACCINATOR, AND HEALTH SYSTEM

May have questions, take “wait and see” approach, want more information

Refusal

Passive Acceptance

Demand
Messages from Trusted Sources

You are being trained for a reason – people are more likely to believe people they know and trust

- Community Leaders
- Doctors
- Trusted public figures

You!

| TABLE 2 Parental Report of Levels of Trust of Certain People for Vaccine-Safety Information |
|---------------------------------|---------|---------|---------|
| A Lot, % Some, % Not at All, % |
| My child(ren)’s doctor          | 78      | 22      | 2       |
| Other health care providers      | 26      | 70      | 4       |
| Government vaccine experts/officials | 23    | 61      | 16      |
| Family and friends              | 15      | 67      | 18      |
| Parents who believe their child was harmed by a vaccine | 8      | 65      | 27      |
| Celebrities                      | 2       | 24      | 74      |

Freed et al. Sources and Perceived Credibility of Vaccine-Safety Information for Parents. Pediatrics. 2010
Debruin et al. Reports of social circles’ and own vaccination behavior: A national longitudinal survey. Health Psychology. Nov 2019
Focus on Facts rather than correcting false information

• Studies indicate that trying to correct false information:
  • reduced intent to vaccinate,
  • increased false beliefs after intervention
• If must address false information, avoid repeating it. Deemphasize the false information, emphasize the truth
• Use terms like ‘false information’ or ‘false rumors’ (stay away from “myth”)
  • Myths are seen as positive in some cultures.
  • Myths are things we can't fully explain, most of the 'myths' around COVID can be proved false.
• Before mention of false information, use text, visual or oral clues to warn that upcoming information is false.
• Display core facts graphically

COVID-19 vaccines will not give you COVID-19

FACT:
Try a “Truth Sandwich”

One approach to addressing misinformation, modified from George Lakoff, Retired UC Berkeley Linguistic Professor

• **Start with the truth.** The first frame gets the advantage.
• **Acknowledge the trauma.**
• **Call out the misinformation.** Avoid repeating/amplifying the false language, if possible.
• **Return to the truth.** Always repeat truths more than false information

**Example: Concerns about vaccine safety**
The COVID-19 vaccines are safe and effective. *(Truth)*
It can be scary, serious side effects from the vaccine are uncommon *(address the misinformation while also acknowledging trauma)*
COVID-19 vaccines have been thoroughly tested and were found to be safe. *(Truth)*
Focus on Concerns rather than shaming

• Aggressive attempts to ‘normalize’ vaccination (with implications of shaming those who don’t vaccinate) may backfire by further boosting the groups hard work to ‘go against the grain’
• “Solidarity with one’s people networks may be so important that outside challenges only strengthen beliefs.”
  • Ex - Reappropriation of #TeamStupid (an anti-vax media label)
• Suggest: Rather than trying to change someone’s behavior, focus on what you can do to eliminate or decrease risk
  • Extract self from situation
  • Wear masks
  • Create distance
Responding without Judgment

• Many people are inundated with too much data and information- help people weed through it
  • Ask open-ended clarifying questions or prompts to understand specific concerns
    • “I’m curious to know...”
    • “Tell me a little bit more...”
  • Equip people with info to make informed choices:
    • Vaccines are the biggest public health innovation and resulted in significant health improvements
    • Vaccines are examined, studied and approved in most rigorous settings
Benefits of Getting the Vaccine

• Vaccines are the biggest public health innovation and resulted in significant health improvements
• All of the vaccines prevent severe COVID symptoms
• They are safe and very regulated
  • Vaccines are examined, studied and approved in most rigorous settings
• Your family and community will benefit
• Those that can’t get the vaccine will benefit from community immunity
Addressing Vaccine Confidence: Summary

Strategies to embrace:

• You know your audience: tailor your message to them
• Utilize trusted sources— including testimonials of respected figures (I got my vaccine buttons, social media)
• Provide clear info on vaccine access
• Acknowledge people’s fears and concerns— especially related to trauma and racism in healthcare
• Explain benefits of getting the vaccine, not just the consequences of not doing it
• Recognize people may need to hear the messages multiple times
• Avoid amplifying/repeating misinformation
• Avoid judgment, embrace curiosity to understand
• Avoid shaming
• Don’t talk about pharmaceutical companies, talk about people behind the vaccines: scientists & doctors
Your Turn: Practice Building Vaccine Confidence

Case study 1: A 65-year-old African American woman tells her pastor neither she nor her family will get the vaccine because she doesn’t trust the system and wants others to be the ones it gets tested out on first.

Case study 2: A 25-year-old Asian woman is talking to her friends saying that she won’t get the vaccine because she’s trying to get pregnant and she doesn’t want the vax to interfere with her ability to get pregnant.

Roles: select roles and play out the scenario
A. influencer    B. vax hesitant person

Others: observe and note techniques being used
Your Turn: Practice Building Vaccine Confidence

Case study 3: A 43-year-old Pacific Islander male tells his doctor at a regular visit to check on his cancer medications that he does not plan to get vaccinated because he’s concerned the meds will interact with his treatment.

Case study 4: A 20-year-old Latino male tells his co-workers at the restaurant not to get the vaccine because the government is trying to track people with the microchip that they implant in people – especially those who don’t have documents.

Roles: select roles and play out the scenario
A. influencer    B. vax hesitant person

Others: observe and note techniques being used
Resources
COVID-19 Resources To Review Regularly

- COVID Vax general info:
  - https://sf.gov/covid-19-vaccine-san-francisco
- COVID Toolkit
- COVID VAX Data
- Where to get vaccinated
En Español/Spanish Language Training

- COVID-19 Vaccine Videos in Spanish: https://latinx.ucsf.edu/
- Trainings with the UCSF Latinx Center for Excellence
  - For a Spanish Language Vaccine Training, fill out this form: https://covidvaccinespeakers.ucsf.edu/
  - or email: pophealth@ucsf.edu
COVID-19 Data Dashboard


COVID-19 Vaccinations: People Who Live in San Francisco

People Who Live in San Francisco Vaccinated with At Least One Dose
68,712

People Who Live in San Francisco Vaccinated with both First and Second Dose*
17,964*

Estimated SF Population Over 18 (Vaccine approved for 18+ Only)
753,147

Percent of Over-18 Population who have Received At Least One Dose
9%

Percent of Over-18 Population who have Received Two Doses
2%

COVID-19 Vaccinations: Administered within San Francisco

Doses Administered in San Francisco
110,077

First Doses Administered in San Francisco
86,113

Second Doses Administered in San Francisco
23,964

Cumulative Doses by Vaccination Date (People Who Live in San Francisco)

https://data.sfgov.org/stories/s/COVID-19-Vaccinations/a49y-jeyc
FAQs

Do I still need to get tested after getting vaccinated?
YES! If you have COVID-19 symptoms, get tested and isolate until you get the results.

Will the vaccine impact my fertility or ability to get pregnant?
Based on current knowledge, medical experts believe the COVID-19 vaccines are unlikely to pose a short or long-term risk to those who are or are wanting to become pregnant.

How long will the COVID-19 vaccine last?
The research is not complete on this. Further research will tell us more about how long immunity lasts and if people will need more vaccinations in the future.

Can I still get COVID-19 after I get the vaccine?
It’s possible. While current vaccines are shown to be highly effective in preventing people from getting sick from the virus, you can still get COVID-19 and be sick even if you get the vaccine.

See Vaccine FAQs for more info
Next Steps
Now what’s next?

• **Deliver the information in this training to your community!**
  • Deliver this information and train your community with this slide deck

• **Document delivery of trainings**
  • How many people did you reach? What communities did you engage?

• **Keep bi-directional flow of information going**
  • Check for most updated information on COVID-19 Vaccine
    • Latest Vaccine Info
    • Latest Vaccination Phases
  • Share with us what community is talking about
    • What are you hearing from your community members?
    • Are there new/different concerns?
    • How are you responding to those?
Please complete this brief survey, we value your feedback!

https://forms.office.com/Pages/ResponsePage.aspx?id=z8LVlj7OPUSaf9_MAjH3P4mi8Zy3Z91Jo6rAezGxzt1URVgzODlYUIQyUFNRV1I0NzlHV0IlM0ZEMi4u
Thank you!

Questions? Dph.doc.ops.community@sfdph.org