

Building Trust: Addressing Vaccine Hesitancy and Health Misinformation in Vulnerable Communities



**NATIONAL
NURSE-LED CARE
CONSORTIUM**
a PHMC affiliate



December 3rd, 2024

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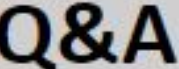
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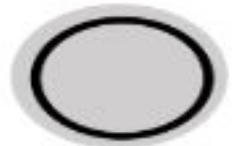


Q&A

Questions



Raise Hand



Recording

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NNCC NTTAP Team



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The National Nurse-Led Care Consortium (NNCC) is a nonprofit public health organization working to strengthen community health through quality, compassionate, and collaborative nurse-led care.

NNCC's mission is to advance nurse-led healthcare through policy, consultation, and programs to reduce health disparities and meet people's primary care and wellness needs.

We do this through:

- **training and technical assistance**
- **public health programing**
- **consultation**
- **direct care**

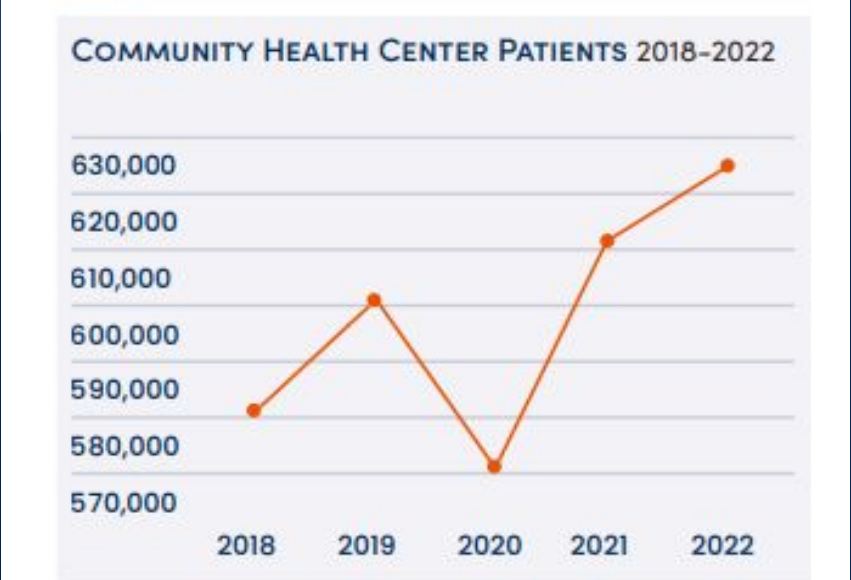
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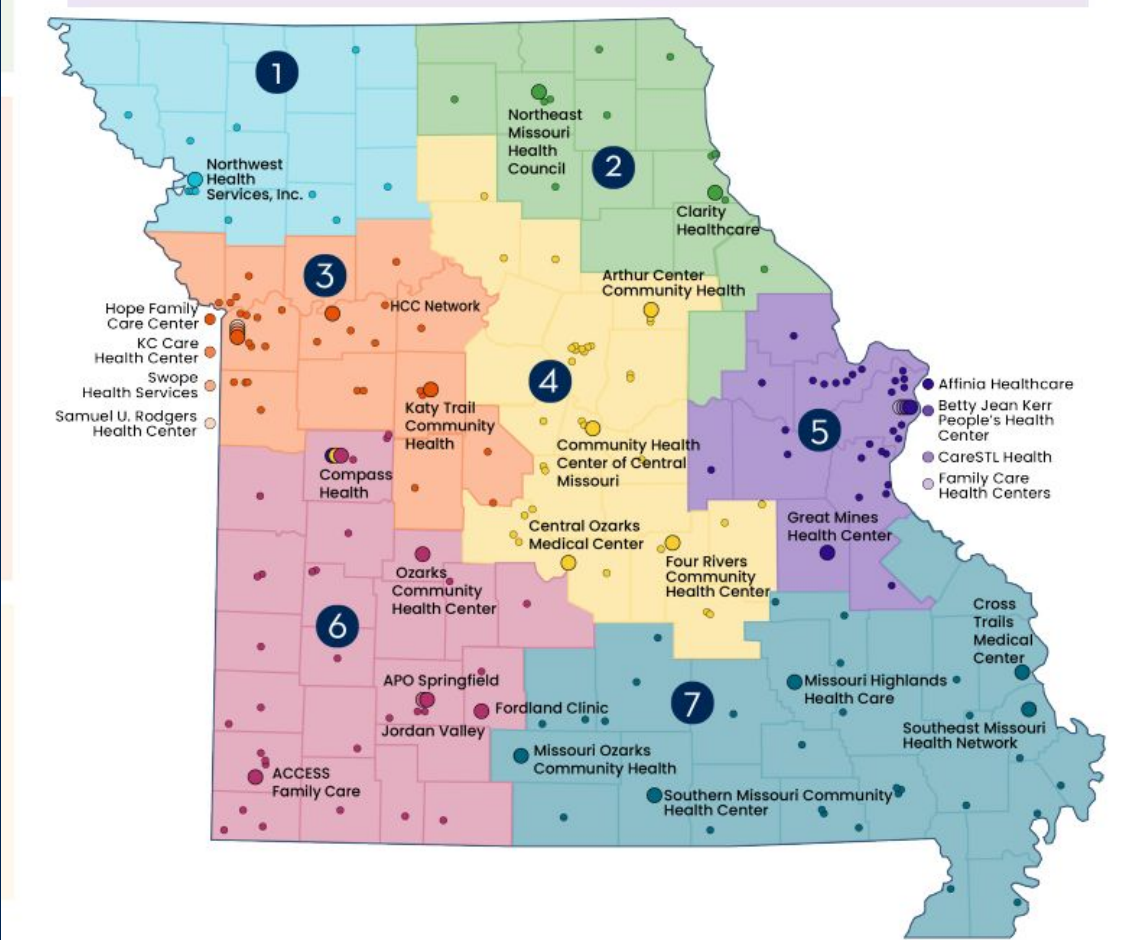
About the Missouri Primary Care Association



- Patients Served



- Health Center Locations



Increasing COVID-19 and All ACIP Recommended Vaccinations in All Populations Project

Vaccine hesitancy & Misinformation

Agenda

10 min - **Welcome/Ice Breaker**

25-30 min - **Misinformation Impact on Health Equity** (Dr. Charles R. Senteio - Associate Professor of Library & Information Science - Rutgers University)

15 Min - **Resources and Practical Communication Strategies** (Amanda Kwong)

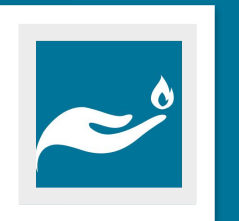
10 min - **Q&A Wrap-up**



Please say **Hi** in
the chat and enter
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ICE BREAKER QUESTION



Subject Matter Experts



Dr. Charles R. Senteio
Associate Professor of Library &
Information Science - Rutgers
University



Amanda Kwong, MPH
Director, Public Health
Communications Collaborative
(PHCC)

Vaccine Hesitancy and Misinformation

Definition of Vaccine Hesitancy

- Hesitation or refusal to vaccinate despite available services.
- Influenced by **confidence** (trust in providers), **complacency**, and **convenience** (barriers in access).

Impact of Misinformation on FQHC Populations

- **Digital Misinformation:**
 - Populations served by CHCs/FQHCs are disproportionately targeted by misinformation, leading to higher hesitancy in rural and underserved communities (KFF, 2021).
 - Example: In one study, 40% of CHC patients reported concerns from social media rumors about vaccine safety (CDC, 2023).

Public Health Consequences

- Resurgence of preventable diseases:
 - Measles outbreaks in low-income communities due to hesitancy increased by 200% in recent years (WHO, 2019).
- COVID-19 vaccine uptake in FQHCs initially lagged until targeted interventions improved education and access (HRSA, 2022).



Historical and Cultural Influences in CHC/FQHC Populations

Historical Factors

- Mistrust stemming from unethical practices (e.g., Tuskegee Syphilis Study).
 - FQHC patients, predominantly minority groups, express lower baseline trust in healthcare systems.
 - Example: 30% of Black Americans are hesitant due to generational mistrust (CDC, 2022).

Cultural Beliefs

- Faith-based or cultural views may clash with vaccination efforts.
 - FQHC-based studies show patients rely heavily on religious leaders for health guidance (JAMA, 2021).

Role of Community Networks

- Peer influence is significant in decision-making:
 - FQHCs leveraging trusted patient advocates have boosted vaccine uptake by 20% in specific pilot programs (National Academies of Sciences, 2021).

Effective Strategies & Tactics for CHC/FQHC Providers and Nurses

- **Culturally Tailored Communication:** Use linguistically appropriate materials.
 - Example: Translating info into Spanish increased acceptance by **30%** (HRSA).
- **Partner with Trusted Community Figures:** Work with local leaders and clergy to deliver credible messages.
 - Example: Faith-based initiatives increased **HPV vaccine rates by 25%** in rural populations (CDC).
- **Provide Accessible Services:** Offer mobile clinics, after-hours appointments, and on-site vaccinations.
 - Example: Mobile units increased vaccine coverage by **35%** (HRSA).
- **Recognize Community-Specific Myths:** Address vaccine myths with culturally relevant rebuttals.
 - Example: Tailored myth-busting increased trust by **40%** (WHO).
- **Enhance Digital Literacy:** Teach patients to identify reliable health sources.
 - Example: **70%** of FQHC patients felt empowered after attending misinformation workshops (HRSA).
- **Proactive Outreach:** Use text reminders and social media campaigns.
 - Example: SMS reminders increased pediatric vaccine rates by **15%** (JAMA, 2022).





Charles Senteio, PhD, MBA, LCSW

Associate Professor

Rutgers University School of Communication & Information

Department of Library & Information Science

Building Trust: Addressing Vaccine Hesitancy and Health Misinformation in Vulnerable Communities



~ Misinformation's Impact on Health Equity ~

Charles Senteio, PhD, MBA, MSW (LCSW, MCHES®, CHW-I)
Associate Professor, Rutgers School of Communication & Information,
December 3, 2024

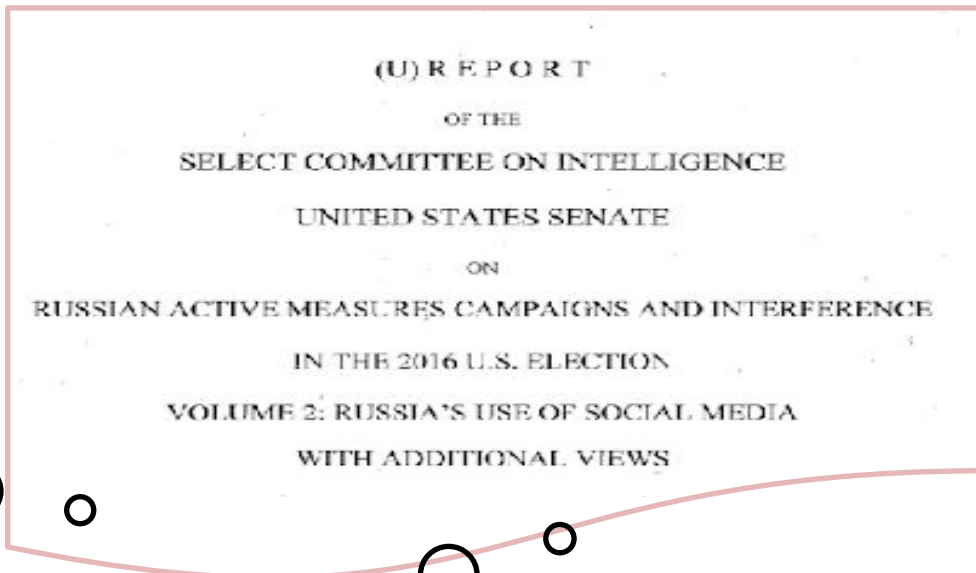
Outline

- **Black Communities** have been *targeted* with Misinformation
- Perceptions, Informed by Misinformation, *Influence* Health Outcomes
- **Some groups** are more *susceptible* to misinformation
- **Roots** of Vaccine Hesitancy
- Interventions to **Reduce Vaccine Hesitancy** (Community Generated Messages)
- How to **Support** Care Teams address Vaccination Uptake

Communities of Color have been Targeted with Misinformation

- In 2016 Russian Operatives Sowed *Racial Animus* and *Division* by targeting African Americans

“In 2016, the St. Petersburg-based Internet Research Agency (**IRA**) used social media ... to spread disinformation and (promote) societal division in the U.S.”

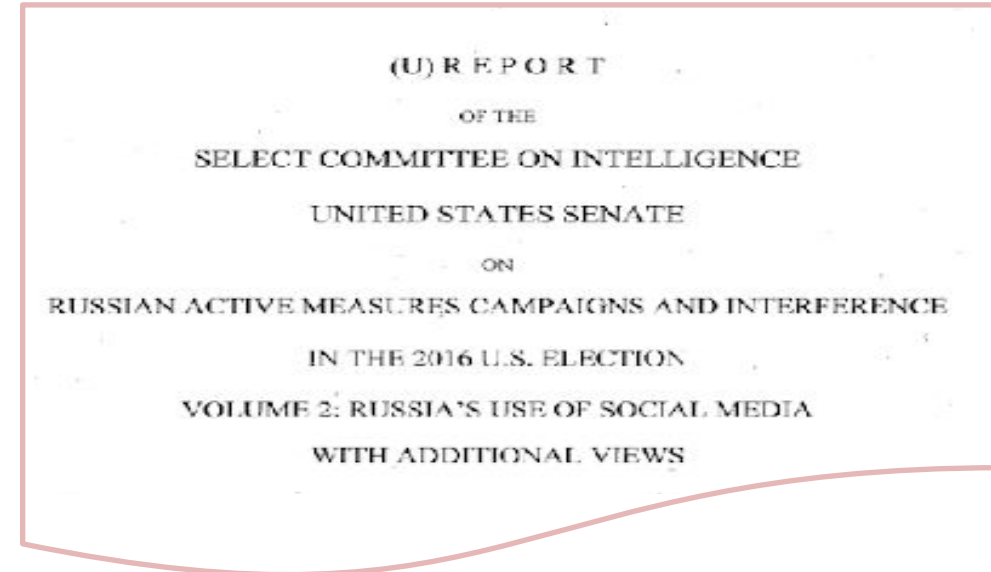


“... no single group of Americans was targeted by **IRA** information operatives more than African-Americans. By far, **race and related issues were the preferred target** of the information warfare campaign designed to divide the country in 2016.”

Communities of Color have been Targeted with Misinformation

• Internet Research Agency (IRA) 2016 Social Media Activity

- **Advertising** - over 66 % contained a term related to race
- **Location** – targeted African Americans in urban areas
- **Blacktivist** Page – 11.2 million engagements with FB users



5 of their top 10 IG accounts focused on AA issues

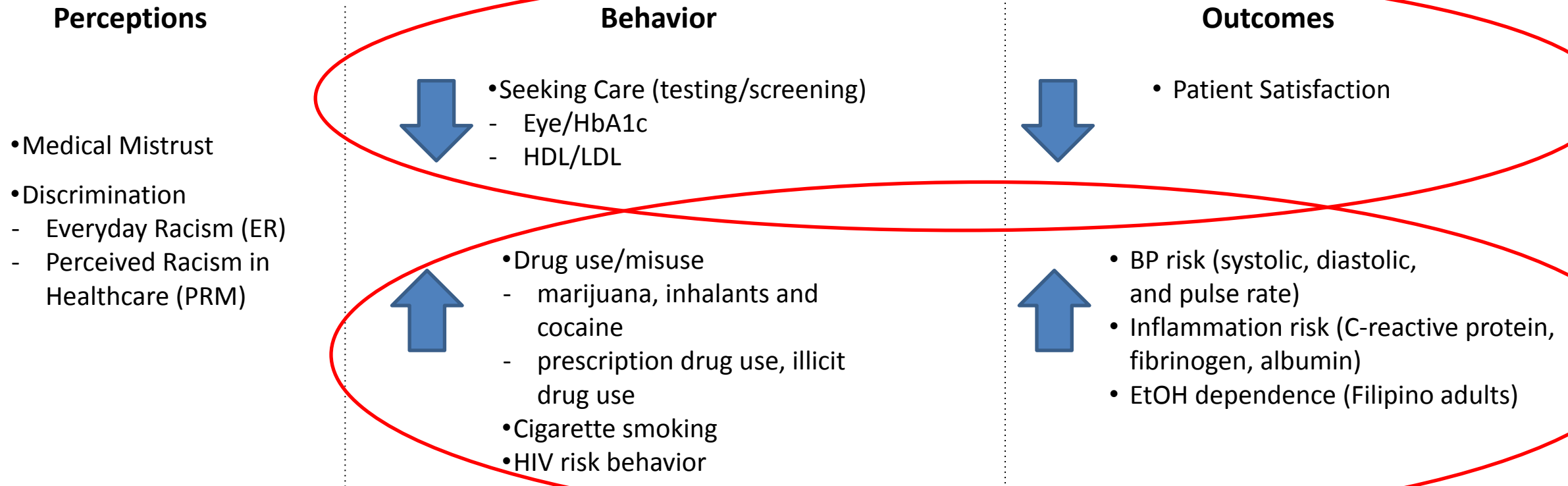


Focused on racial issues such as NFL kneeling protests.



Communities of color are asymmetrically targeted by misinformation, in particular to **discourage civic participation**. (COVID-19, BLM, 2020 & 2024 Election)

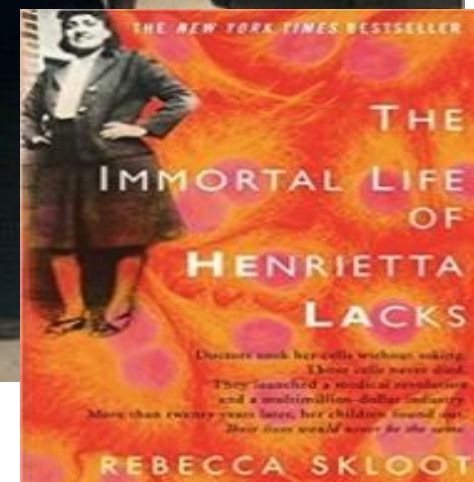
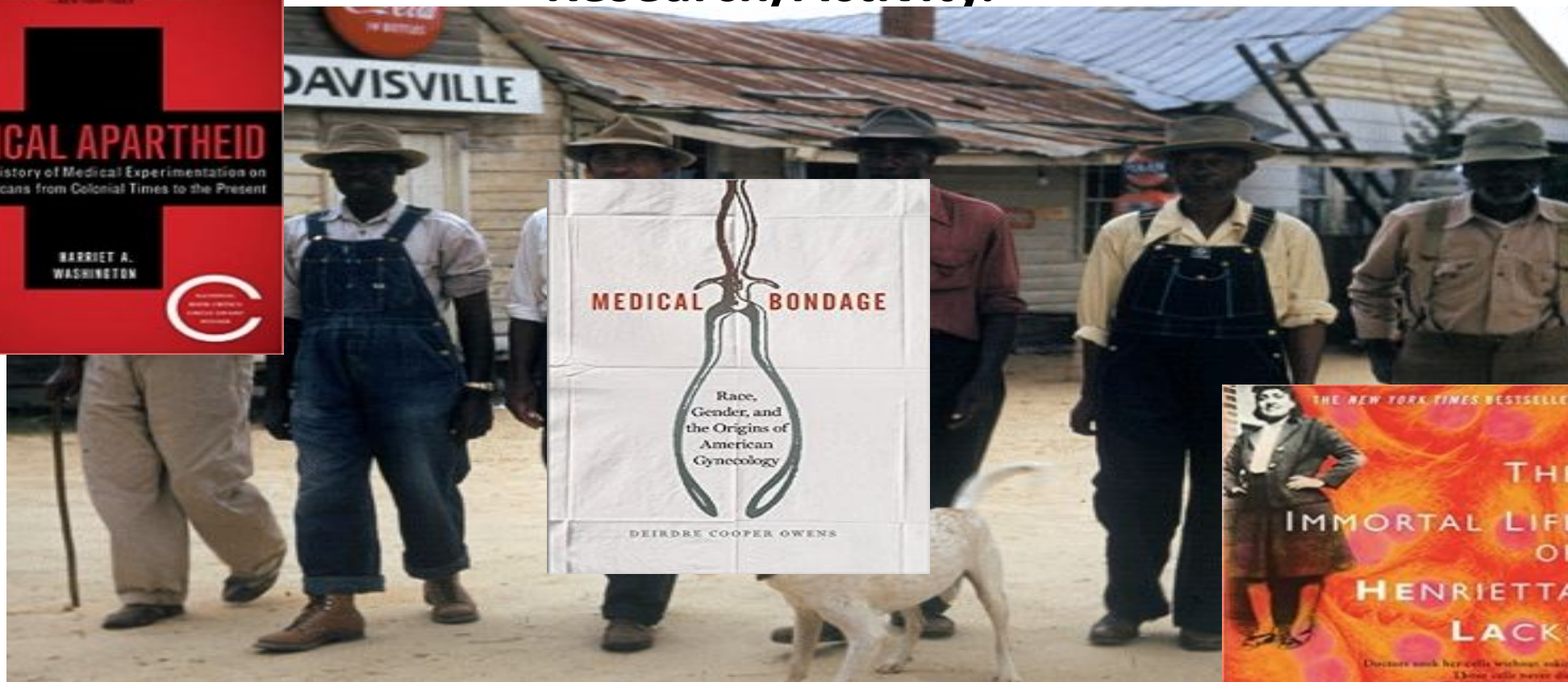
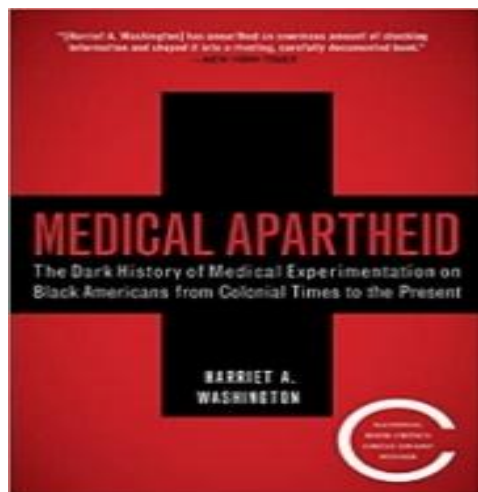
Misinformation buttresses perceptions (i.e., mistrust) - pathways for perceptions of trust and racial discrimination are elusive, but inverse associations are striking



*Blacks have a higher risk profile **after** adjusting for health behaviors (e.g., smoking, diet, physical activity and access to care) and when **SES is controlled**.*

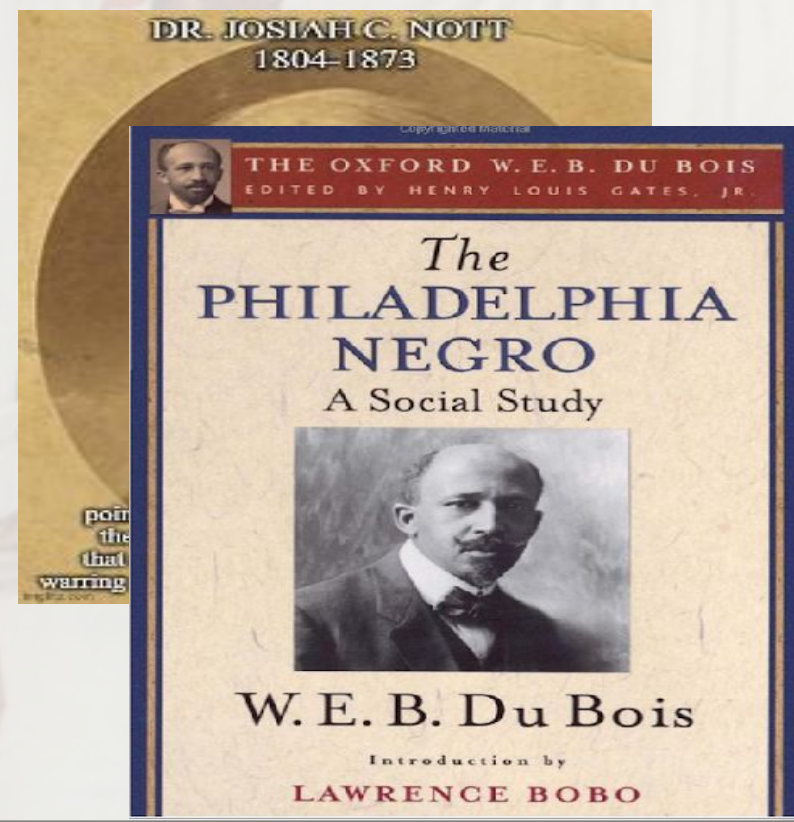
Misinformation is a Contemporary Phenomena

– there is a well-documented history of untrustworthy Medical Research/Activity.



*Those of us who do not understand our history are **punished by it.***

When did racial health inequity emerge, and why?



“social advancements”

“vastly different conditions”



“The most difficult social problem in the matter of Negro health is the peculiar attitude of the nation toward the well-being of the race. There have been few other cases in the history of civilized peoples where human suffering has been viewed with such **peculiar indifference.**”

~ W.E.B. Du Bois (1899 p.163). ~

Association of Misinformation to Mistrust

The Coronavirus Outbreak > **LIVE** Latest Updates Maps and Cases Vaccine Tracker Trump Officials and the C.D.C. Flu S

A much-criticized testing recommendation on the C.D.C.'s website last month was not written by C.D.C. scientists.

A heavily criticized recommendation from the Centers for Disease Control and Prevention last month about who should be tested for the coronavirus was not written by C.D.C. scientists and was posted to the agency's website despite their serious objections, according to several people familiar with the matter as well as internal documents obtained by The New York Times.

The guidance said it was not necessary to test people without symptoms of Covid-19 even if they had been exposed to the virus. It came at a time when public health experts were pushing for more testing rather than less, and administration officials to that the document was a C.D.C. product and had been [input from the agency's director, Dr. Robert R. Redfield](#)

ADVERTISEMENT



Brands are all about trust. That trust is built in drops and lost in buckets.

-Kevin Plank

www.quoteslyfe.com

Misinformation spread in context of general trend of reduced trust in institutions

- Sizable groups around the world, specifically across Latin and South America, remain **partly or entirely unvaccinated** against Covid-19.
- **Misinformation about the safety and efficacy** of vaccination, as well as **general distrust** of institutions, contributes to vaccine hesitancy
- Trust in national governments have experienced a **steady decline** over the past six decades

Figure 1
Percentage of the population across three regions with confidence or trust in their national Government or Parliament



Source: <https://www.un.org/development/desa/dspd/2021/07/trust-public-institutions/>

Low trust is associated with poor outcomes - health and financial

- COVID-19 is **like other health crises**—SARS, H1N1 and Ebola—high public trust is a crucial determinant for successful responses (i.e., low mortality)
- Globally, trust in national institutions is associated with **lower national COVID-19 mortality**

High public trust is associated with:	Low public trust is associated with:
<ul style="list-style-type: none"> • Improved compliance in regulations, tax collections, and respect for property rights • Improved investor and consumer confidence – vital to job creation • Sustainable Development Goals (SDGs) <ul style="list-style-type: none"> • SDG1 - eliminating poverty • SDG13 - combatting effects of climate change • SDG16 - building peaceful and inclusive societies 	<ul style="list-style-type: none"> • Support for extreme political views • Increased public discontent • Violent conflict (vs. non-violent protests)

Nations are healthier when citizens and businesses trust public institutions

Source: <https://www.un.org/development/desa/dspd/2021/07/trust-public-institutions/>

Community Crafted Messages Project Team

PROJECT TEAM



Charles Senteio



David Rand



Antonio Alonso
Arechar



Luke Hewitt



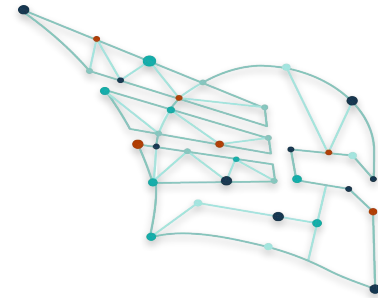
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Ben Tappin



THE MERCURY PROJECT



RUTGERS

School of Communication
and Information



Massachusetts
Institute of
Technology



CENTRO DE INVESTIGACIÓN
Y DOCENCIA ECONÓMICAS A.C.



Team Members:

- Luke Hewitt
- Ben Tappin
- Paulo Sérgio Boggio
- Antonio Alonso Arechar
- Gordon Pennycook

Study Locations: Brazil, Mexico, U.S.

Finding impactful community-crafted messages



Problem: *Experts* are often ineffective at predicting high-impact public health messages (see e.g. *Milkman et al. 2022*).

Solution: Source hundreds of messages from *community members* themselves, then efficiently identify the most promising using AI + public predictions and large-scale online RCTs.

Why crowdsource community-crafted messages?

Experts



Message idea 1

Message idea 2

Message idea 3

Status quo

Community



Why crowdsource community-crafted messages?

→ How does our method do better?

- **Avoid expert groupthink**

Test a wide variety to uncover impactful messages that experts may not have thought of.

- **Elevate diverse voices**

That might otherwise be unrepresented in message development; this can help facilitate more culturally-appropriate messages.

- **Authenticity**

Opportunity to stand out from typical public health campaigns, with messages coming from regular people.

- **Accelerate scientific understanding**

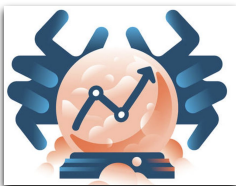
Obtain large + diverse datasets of message ideas that can be analysed for insights.

Our method



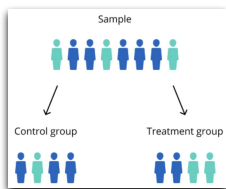
Stage 1. Writing

Hundreds of people from target population each write a message on the issue.



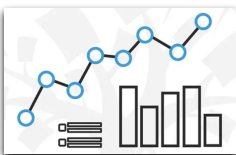
Stage 2. Prediction

People read others' messages and predict which ones will have the largest impact. (*Avg. predictions correlate with true effects at $r \approx 0.5$*). At this stage, participants also flag any message that may contain misinfo or otherwise be harmful.



Stage 3. Testing

Select the most promising messages using AI + public predictions & test them in an online RCT vs. (i) a control group and (ii) status-quo benchmark messages.



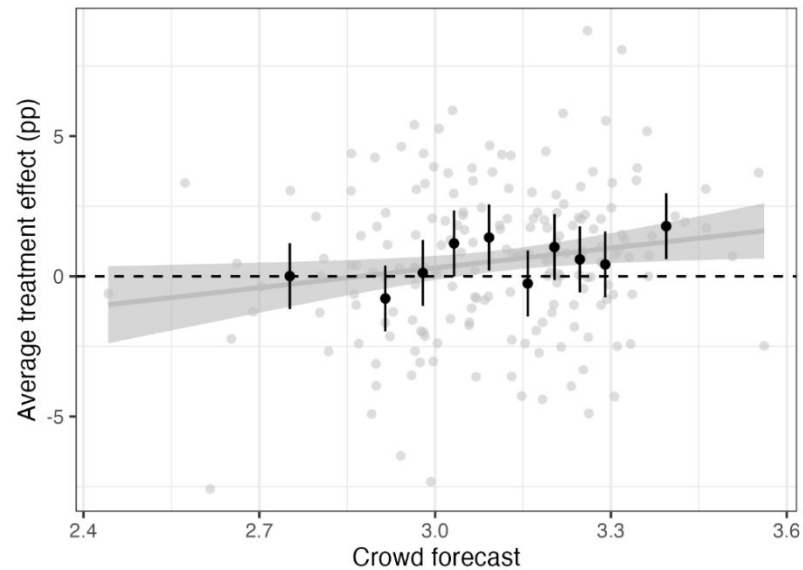
Stage 4. Analysis

Fit *multilevel regression* model to estimate the impact of the average and top messages.

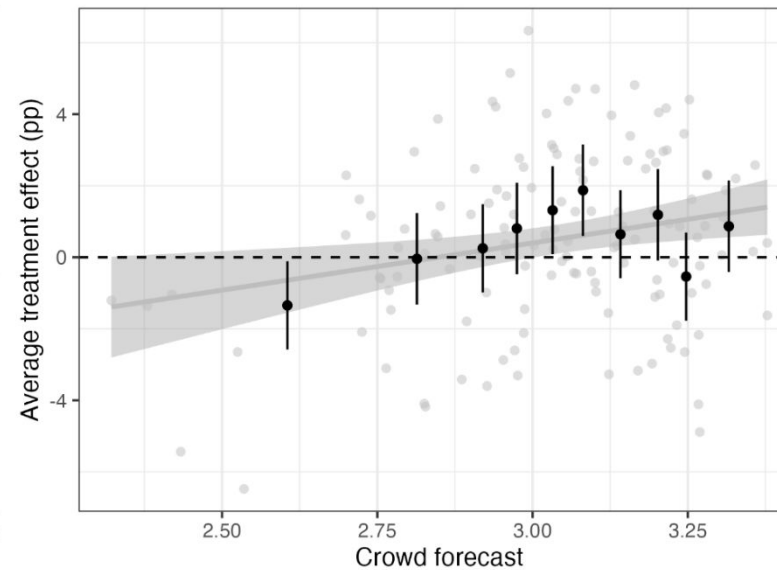
The Crowd forecasts correlate with actual effect of messages in survey experiments

- The aggregate forecasts of community members (the “crowd”) are **correlated with the actual effect** of the messages in survey experiments.
 - Using the crowd forecasts can help campaigns select more effective messages

A. Study 1, Brazil

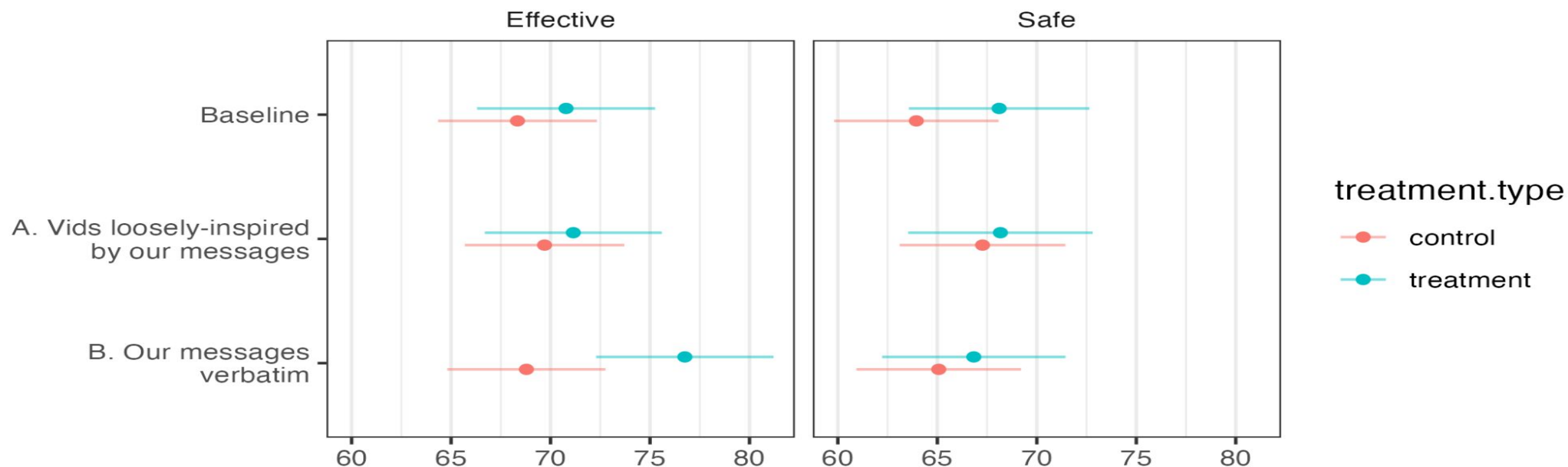


B. Study 1, Mexico



Crowd-selected messages most strongly increased beliefs in HPV vaccine efficacy

- In a social media field experiment, videos that used our **crowd-selected messages verbatim most strongly increased** beliefs that the HPV vaccine was effective.
 - Leveraging the crowd to generate and select messages can help campaigns select more effective messages for using in actual campaign settings (e.g. on social media)



Consider larger lived experience of patients – historical and contemporary

- Understand historical **context** – patients bring their **lived experience** to exam rooms as do you.
- Listen to **Patients' Perspectives** - Members of targeted groups are effective at **generating** and **assessing** effective public health messaging (vaccination efficacy and safety)
- Find **yourself** in your patients – be aware of your own **perceptions** and **beliefs** (i.e., mistrust, when you had/have mistrust)

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Charles Senteio, PhD, MBA, MSW (LCSW, MCHES[®], CHW-I)
Associate Professor, Rutgers School of Communication & Information,
December 3, 2024



Amanda Kwong, MPH
Director of the Public Health
Communications Collaborative (PHCC)

From PHCC: Resources & Practical Communication Strategies

A Presentation Designed for the National Nurse-Led Care Consortium and the Missouri Primary Care Associations

Agenda

- The Public Health Communications Collaborative (PHCC)
- Research: PHCC Vaccine Message Testing
- Tools:
 - Communicating More Effectively About Vaccines
 - The Public Health Communicators Guide to Misinformation
 - Additional Resources

About the de Beaumont Foundation

- The de Beaumont Foundation is a philanthropic organization whose mission is to advance **policy**, build **partnerships**, and strengthen **public health** to create communities where people can thrive.
- Working at **the intersection of knowledge and action**, the de Beaumont Foundation implements **programs**, conducts **research**, and creates **tools** that help public health professionals create thriving communities.

Inciting action.
Driving change.

What We Do

- Public opinion polling
- Message testing
- Training & capacity building
- The Public Health Communications Collaborative (PHCC)



The Public Health Communications Collaborative (PHCC)



About PHCC

Public Health Communications Collaborative (PHCC) was formed in August 2020 by the CDC Foundation, the de Beaumont Foundation, and Trust for America's Health to provide unbiased communication about the COVID-19 pandemic.

Since that time, PHCC has grown to include new partners and broadened our mission beyond the COVID-19 pandemic. **We create and amplify practical resources, messaging, and learning opportunities for public health communicators designed to address public health issues, build public confidence, and identify and counter misinformation.** Our practical resources and training tools are directly informed by public health communicators on the front lines of their communities and designed to address their evolving needs.



PHCC Resources



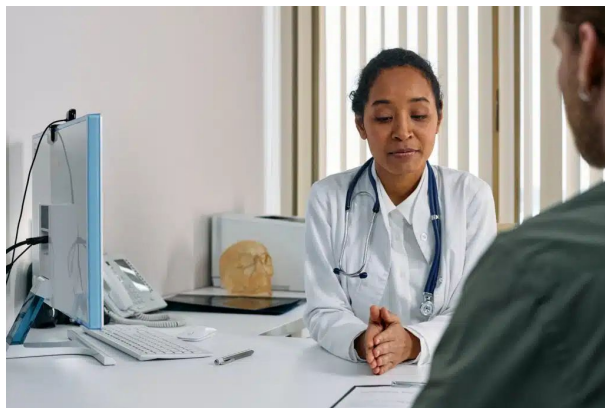
Webinars



Trending Narratives



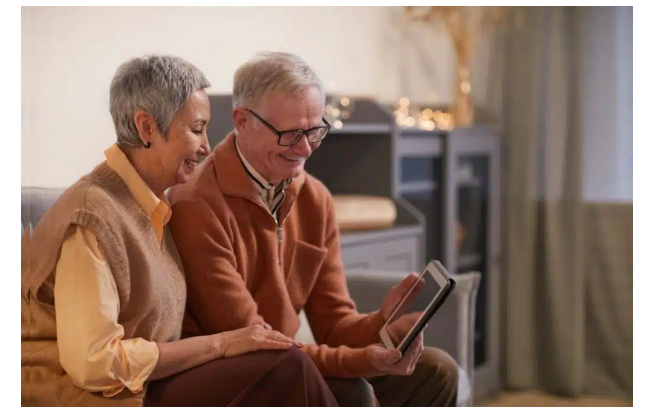
**Messaging and
Communications Resources**



**Answers to Tough
Questions**



Newsletters



Social Media

Research: PHCC Vaccine Message Testing



Background

PHCC sponsored **four focus groups** to develop and test messages aimed at hesitant adults/parents to build confidence and support for vaccines.

PerryUndem, a non-partisan research firm, conducted the focus groups and analyzed the results.

**PERRY
UNDEM**

Messaging Insights & Ideas

The communications environment is oversaturated and deeply impacted by COVID.

Many of our messages are familiar. These vaccine hesitant individuals have been absorbing messages about vaccines for a while now – particularly around COVID and the flu. This means they had heard our messages before.

Generally, our messages are well-received – but the bar is high. Many agreed with the various themes of our messages but they want more from messaging. They only found one or two of the messages to be actually compelling – causing them to think and be curious.

Their overconfidence is hard to shake. They are jaded and believe they know a lot of this information already. Changing minds should probably not be the goal of messages right now.

Our communications goal should be “openness.” Our best responses to the messages were usually “this makes me curious” or “that grabbed my attention” or “I think I will look into this.” This is particularly needed around newer vaccines, where suspicions run deep.

You can’t avoid COVID – but you don’t need to be boxed in by it. When they bring up their negative experiences with COVID, it may be best to respond briefly then pivot to more affirmative messages about vaccines.

What Resonates

- Messaging that conveys the **rigor** of the vaccine testing and approval process and seeks to restore confidence in **safety** and **efficacy**
- Messaging that reinforces the long **history** of vaccines and the difference vaccines have made in combatting – and eliminating – severe disease

Some general messaging insights....

Access isn't the problem.

These individuals don't face many barriers to getting vaccines – they believe them to be accessible, affordable, and convenient.

Doing it for others isn't compelling.

They have already heard this message, internalized it, and know it be true. It is not new and misses the point in terms of their personal decision-making.

Combatting misinformation is not a message for them.

They know it is a problem but don't think it impacts them. They trust their own knowledge, research, and decisions. This message is for others.

What they want – just to feel comfortable with vaccines.

This is the only thing they are focused on – and messaging should go straight at it. This is why messages about the rigor of the vaccine development process or that evoke the successful history of vaccines seem to work better.

Should we also try to shake their confidence?

Our message explaining the seriousness of diseases – e.g., HPV is a leading cause of cervical cancer – jarred some participants. That may not be a bad thing. While it probably should not be a lead message, using this as a talking point might help and cause people to go back and do more research.

Tools: Communicating More Effectively About Vaccines



Vaccine Messages that Resonate

✓ Messages That Connected More Strongly

- **Scientific Rigor:** Challenges concerns about the development process, vaccines being rushed, or limited data about long-term outcomes.
- **Proven Track Record:** Offers a good reminder of vaccines' historical effectiveness at reducing illness and eradicating diseases.
- **Serious Consequence of Illness:** Grabs attention and reminds people about the seriousness of diseases.

✗ Messages That Connected Less Strongly

- **Caring for Oneself/Others:** The community benefit of vaccines is understood, but it fails to alleviate personal worries about vaccine safety and effectiveness.
- **Healthy is Better Than Sick:** This message insufficiently addresses personal assessment of vaccine safety and effectiveness.
- **Financial Cost:** Large medical bills from diseases are not a top concern when it comes to vaccines.
- **Misinformation Harms Health:** People have a lot of confidence in their own research and experiences and think their information and sources are reliable.

Lead with the scientific rigor of vaccine development

EXAMPLE MESSAGE

Each vaccine goes through an extensive, standardized testing process before a healthcare professional can use it.

When a vaccine is developed in response to an emergency, it still must undergo rigorous testing to ensure safety and efficacy.

Some vaccines leverage previous vaccine research, increased public interest in clinical trials, and overlapping research and development phases to reach the general public on a quicker timeline without compromising safety.

WHY IT WORKS

- Addresses concerns about vaccines being rushed and untrustworthy.
- Highlights the process vaccines go through to ensure their safety and efficacy without using complex terms.
- Uses the words “rigorous” and “safety” even when vaccines are created on a quicker timeline.

Explain the long track record of vaccine effectiveness

EXAMPLE MESSAGE

Vaccines have a proven track record of reducing disease. Many people you know are vaccinated against diseases that once were very common and caused serious illness and even death. For example, the polio vaccine, developed in the 1950s, has brought down cases of poliovirus worldwide by more than 99%.

Today we can vaccinate people against a number of still-circulating diseases.

All vaccines play an important role in saving lives, reducing disease, and creating a healthy community.

WHY IT WORKS

- Recognizes the positive feelings about vaccines with a long history. Focus group participants trusted traditional vaccines, like polio and chickenpox, more than newer vaccines like HPV.
- Connects the message about more recently developed vaccines to a larger story about the history and effectiveness of vaccines.
- Reminds people that vaccines have and continue to save lives.

Ask Yourself

Does my message...

explain the rigorous scientific development and testing of the vaccine?

speak directly about the safety and effectiveness of the vaccine?

address concerns about a newer vaccine being rushed or untested?

connect with my audience on a personal level?

Communicating More Effectively About Vaccines

Several other messaging strategies can be found in our multipage guide available for you to download:

<https://publichealthcollaborative.org/resources/communicating-more-effectively-about-vaccines/>



PUBLIC HEALTH COMMUNICATIONS COLLABORATIVE

Communicating More Effectively About Vaccines

Communicating clearly about vaccines helps people make important and informed decisions about their health. However, vaccines are an increasingly contentious topic, and messages that once encouraged vaccination are proving to be less effective.

Informed by focus groups conducted by the Public Health Communications Collaborative, in partnership with PerryUndem, this resource contains messaging approaches you can consider using to help you communicate more effectively about vaccines.


Tools: The Public Health Communicators Guide to Misinformation



Misinformation Resource Guide

Key takeaways: assessing risk & determining response:

1. Before you can assess the risk of misinformation and false narratives, it is important to track what false claims are being shared and where. If you are not sure where to start, check out free resources like PHCC's [Misinformation Alerts](#) and [The Monitoring Lab](#).
2. Develop or adapt a framework for your organization that characterizes the risk of misinformation. Based on risk level, determine your response.
3. **Prebunking** is a preventive response to misinformation. It fills gaps in knowledge, focuses on the facts, and breaks down the tactics used to spread misinformation.
4. **Debunking** is a reactive approach to misinformation. One of the best methods for debunking is the “truth sandwich” which directly addresses the misinformation, but wraps the false claims in facts.
5. Above all, it is important to consider whether or not your approach will stifle or amplify the “social virus” of misinformation. **Avoid tactics that unnecessarily amplify the spread of misinformation.**



The Public Health Communicators Guide to Misinformation

PUBLIC HEALTH COMMUNICATIONS COLLABORATIVE

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How to Build Cross-Sector Partnerships that Improve Public Health

Public health has a greater impact when our work is informed by diverse perspectives. To improve community health outcomes, public health professionals must collaborate with other community anchors, including schools, businesses, and government agencies. These partnerships can help build trust, increase audience reach, and unlock more sustained funding for public health.

In this guide, find best communication practices for developing cross-sector partnerships in your community, informed by [Public Health Reaching Across Sectors \(PHRASES\)](#), a partnership of [de Beaumont Foundation](#) and [The Aspen Institute](#).

The CALM Approach to Communicating in Times of Uncertainty

To be a trusted public health communicator in times of uncertainty, you need to make good choices about what, when, and how to communicate. Whether you're speaking at an event or drafting a social media post, using the CALM approach can help you establish and maintain your role as a trusted, reliable source of public health information in your community—especially in times of uncertainty.

- C** **Connect to create trust now, before uncertainty arises.**
The time to build trust is not during a crisis. To be trusted about issues that are complex and evolving, work to build relationships by reaching out to community partners, learn where and how they get their health information, and regularly share information with them. The deeper and more meaningful your audience connections are, the better the chance your messages will be trusted during times of uncertainty.
- A** **Acknowledge what you know and what you don't, and that it may change.**
As public health issues occur and evolve, be clear that you are sharing information and guidance based on the facts at the moment. It's important to say that you don't have all the information you wish you had and that information is still being gathered. Importantly, let people know that as the facts change and new information becomes available, your guidance may also change and you will share updates as soon as you are able.
- L** **Lead with individual choice, so people are invested in outcomes.**
Telling someone they must do something can lead to resistance or pushback. People prefer to be presented with information and options so that they can decide what is best for them and their families. When possible, consider sharing recommended actions along with the individual and community-level consequences of choosing to take or not take the actions. Individual ownership of the choice may help the person feel more connected to the potential benefit for them and their community.
- M** **Maintain consistency, composure, and commitment in your messaging, to reassure your audience.**
When uncertainty rises, people are drawn to the people and things that can provide stability and reassurance in their lives. Providing information in a similar format, from the same person, and at the same time of day can help convey a sense of regularity that is often lacking in uncertain times. The tone of your messages should signal composure as well. Differences in tone can show frustration or annoyance, things your audience may already be facing on their own. And if you say that an update is coming or new information will be available, be sure to keep your commitments.

For more information, consider de Beaumont Foundation's blog, "[Communicating in Times of Uncertainty: This Messaging Can Help](#)."

As you use the CALM approach, continue to assess the level of uncertainty around a situation.

- What is the pace at which facts are changing?
- What is the volume of unanswered questions?
- Is the uncertainty shifting into other areas of public health?
- Is the impact of the uncertainty likely to extend for a period of time?

How you answer these questions can help you determine how to maintain or adjust your CALM approach over time.

Resources referenced in the creation of this tool:
• Polling and focus groups conducted September–November 2023 by Frank Luntz for the de Beaumont Foundation and the CDC Foundation
• "Healthy Communication" and "Healthy Communication, Part 2" by Carrie Fox, Founder and CEO of Mission Partners, LLC

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[PublicHealthCollaborative.org](#)

Plain Language for Public Health Checklist



Using plain language in your public health communications can help your audience **find** what they need, **understand** what they find, and **use** the information. Whether you're working proactively on a campaign or crafting an urgent message on a quick turnaround, this checklist will help ensure the messages you're sharing with your audiences are clear, accessible, and useful.

Step 1: Prepare Your Communications

- Have you defined the audience for this message? Get specific. Consider age, language, cultural background, occupation, etc.
- Are your goals for this message identified? Aim to meet community members with the information they need to better understand this topic.
- Have you considered what your audience already understands versus where they need more information? Ensure your message fills existing information gaps.
- Have you identified the questions your target audience likely has about the topic? In your message, answer these questions clearly and directly.
- Have you determined when and where you'll share this message? Share your message when and where your audience is most likely to see it.

PRO TIP: Think about your audience in specific terms, and not just as the "general public." The more you know about your audience and the more specific you can be, the better you can tailor your message.

Step 2: Develop and Organize Your Communications

- Does your message use everyday words? Is it jargon-free? If you need to use scientific terms, make sure you define them in plain language. Aim to write at a fifth-grade reading level, which you can measure using a readability calculator.

- Are your sentences short? Do they lead with the bottom line? Make sure your sentences open with the most important information.
- Did you use the active voice? Start your sentences with the subject followed by the verb and object.
- Did you write your message in the second person? Use "you" to address your audience, like we do in this checklist.
- If your content is text-heavy, do you use strategies to make the copy more digestible? This can include organizing your content into headers and lists.
- Does your message use descriptive links? Example: To learn more about plain language in public health, [read this guide by the Public Health Communications Collaborative](#).

PRO TIP: You will likely address community members differently than you would your public health colleagues. You should center your audience when communicating about public health.

Step 3: Review and Testing

- Did colleagues review your content? Seek feedback from colleagues who are not familiar with the subject matter.
- Did you test your message with members of your target audience? User testing is the most direct way to understand whether your message resonates.

PRO TIP: Test your materials as early as possible, revise based on the feedback you receive, and then test again.

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For more information, read "[Plain Language for Public Health](#)," a guide by the Public Health Communications Collaborative supporting public health communicators in creating messaging to advance health literacy and building trust in your organization.

Appendix



Vaccine Research - Methodology

The four focus groups were held online on April 24th and May 1st 2024 using Zoom.

Each focus group consisted of 6-8 participants and included individuals of different genders, races, ages, income, education and regions of the country.

Three groups were held among vaccine hesitant adults. We defined these individuals as not always getting seasonal vaccines (e.g.. flu) and not being fully up to date with the COVID boosters.

One group was held among vaccine supportive adults. These are individuals who are more likely to get seasonal vaccines and many are up to date date with the COVID boosters.

A few participants in every focus group were parents of children under age 18 to allow us to learn their views about childhood vaccination.

Thank you!

Questions?



Evaluation Survey

A graphic of a clipboard with a survey form on it. The form has a blue header with a logo of a hand holding a flame. The text on the form is white and black. The form contains four questions, each with a dropdown menu.



Session 1: Nurturing Mothers: A Webinar Series on Breastfeeding Support and Maternal Mental Health

Hosted by the National Nurse-Led Care Consortium

Organization Type *

Select or enter value

On a scale of 1 to 5, how satisfied are you with today's training? *

Select or enter value

On a scale of 1 to 5, based on your level of knowledge prior to the activity, how would you rate changes to your knowledge as a result of today's training? *

Select or enter value

On a scale of 1 to 5, how confident are you that you will be able to apply information from this Training & Technical Assistance activity at your health center/organization? *

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All Hazards Emergency Preparedness and Response Competencies for Health Center Staff

To successfully perform their assigned emergency/disaster roles, health center staff must understand how their organization will respond to hazards, including the use of altered management structures and modified operations. The National Nurse-Led Care Consortium (NNCC) and the Community Health Care Association of New York State (CHCANYS) created a set of competencies to improve the emergency and disaster preparedness of all health center staff. This publication provides a comprehensive overview of those competencies and sub-competencies, as well as a description of their development process. The competencies are intended to form the foundation of health center staff education and preparedness for all-hazards emergency and disaster response and will allow health centers to direct their limited training time and resources to cover the most essential preparedness aspects.

ALL HAZARDS EMERGENCY PREPAREDNESS AND RESPONSE COMPETENCIES FOR HEALTH CENTER STAFF

Recommendations from the National Nurse-Led Care Consortium (NNCC) and Community Health Care Association of New York State (CHCANYS).

September 2022

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Upcoming Trainings

December 5, 12 & 19 2024 - 3pm EST

- **Optimizing NPs for Health Equity: Increasing Access to Primary Care and Enhancing Hypertension Control - 3-Part Series**
- *Registration: https://us02web.zoom.us/webinar/register/WN_SPjCfxn_RrqWzS1yki4nrA*

January 7, 14, 21, 28 - 3 pm EST

- **Patient-Centric Excellence: A Four-Part Learning Collaborative for Elevating Health Center Operations and Quality**
- *Registration: https://us02web.zoom.us/webinar/register/WN_d7Wr8voOSDWarI42bBIAgzw*

January 21 & 28 2024 - 3 pm EST

- **The Role of Health Centers in Reducing the Burden of Radon-Induced Lung Cancer—2-part Webinar Series**
- *Registration: https://us02web.zoom.us/webinar/register/WN_PsXzNga2T5-2FO6eiEnIX2*

