



GHC3 – COVID Phase 1 Strategy Report

Presented by The BLK+Cross 11.30.21

EXECUTIVE OVERVIEW

To effectively facilitate COVID vaccine information equity, and build vaccine confidence, The BLK+Cross crafted a project approach to:

- Better understand the various audiences in need and their barriers/drivers to COVID vaccination,
- Develop context-specific messages for each segment that would help drive vaccine confidence and uptake, and finally
- Develop tools and resources for “Trusted Messengers” to engage these segments in conversation and deliver accurate information in ways that resonate most.

Our focus for Phase 1, was to synthesize the research (Building Blocks + Key Insights) conducted by The BLK+CROSS and our COVID partners through the lens of the ***Alive & In Color At-Risk Target Segments***:

1. At-Risk Youth and Young Adults
2. At-Risk & At Work (Lower Income & Essential Workers)
3. Gatekeeping Women & Moms

This work included qualitative ethnographic work from Tik Tok that features user-generated video content, and laying the groundwork for utilizing social listening tools to map the vaccine conversation.

Building Blocks

This is the foundational research that The BLK+Cross brought to the COVID project, reflecting the team’s community-based participatory research, strategy, and communications development work in **COVID-19 Literacy, Risk Mitigation,**



Community Outreach, Combatting the Infodemic, and Building Vaccine Confidence, starting early in the rise of the pandemic in May of 2020.

We have summarized the main pillars of The BLK+Cross' work on the COVIED project and what The BLK+Cross brought to the project based on prior work. Our work includes critical definitions of At Risk segments and directional behavioral profiles as it relates to COVID vaccination.

- 1. Master Hesitancy Grid**
- 2. BLK+Cross/Surgo Behavioral Personas**
- 3. Alive & In Color At-Risk Segments**
- 4. The BLK+Cross Proprietary & Partner Research**

Master Hesitancy Grid

The BLK+Cross created and maintains a map of the shifting barriers, drivers, and cultural narratives that make up the vaccine hesitancy conversation. The map is dynamic and iterative, and will evolve to include key insights provided by the work done by our team on COVIED, and the COVIED partners. It will map Narratives, to Barriers, and preliminary Counter-Narrative Messaging content for our audience segmentation and message development.

The latest version of the Master Hesitancy Grid is Found on [Tab #2 of the TikTok Ethno](#).





Category	Barrier/Label (FEAR/ MISINFO)
Apathy (Low perceived threat or nihilism)	
Nihilism (desensitized I could die whenever)	"I see chaotic, violent, sad types of stuff all the time. We're already desensitized to stuff like that anyway. So I don't really care at first... COVID-19 is just as dangerous as me walking across the street and some cop having a bad day"
God's Will Be Done/ God Will Protect Me - Psalms 91	EXCERPT: If you say, "The Lord is my refuge," and you make the Most High your dwelling, no harm will overtake you, no disaster will come near your tent. For he will command his angels concerning you to guard you in all your ways.... "Because he [G] loves me," says the Lord, "I will rescue him; I will protect him, for he acknowledges my name." [COMPLETE TEXT IS HERE]
God's Will Be Done/ God Will Protect Me - 2 Cor. 7:14	EXCERPT: Cleanse Yourselves in Holiness ? Since we have these promises, dear friends, let's cleanse ourselves from everything that contaminates body and spirit by becoming mature in our holy fear of God... For having sorrow in a godly way results in repentance that leads to salvation and leaves no regrets. But the sorrow of the world produces death. [COMPLETE TEXT IS HERE]
Natural Immunity is As Effective As The Vaccine	if someone has already had COVID-19, they don't need to take the COVID-19 vaccine. Natural immunity is even more effective than the vaccine
Spread = Weakening of Virus	The more COVID-19 spreads, the weaker it gets, which means it will end up not being as harmful, therefore people will not need to get vaccinated or wear masks.
COVID-19 is not a threat to the Young	COVID-19 is not a serious threat to young people with no underlying conditions, so getting vaccinated is not necessary
Efficacy	
mRNA Vaccine - Not a Vaccine	The mRNA vaccine is not a real vaccine.
Role of Vaccines	Breakthrough cases of (Unaware) - COVID-19 prove that even if I Breakthrough Cases = get the vaccine, I might still Vax is ineffective get COVID. So why bother?
Booster Shots - Need For	We are 8 months in and already they are saying we Booster = Vax need booster shots. That ineffective proves the vaccines are not effective
B+C Master Hesitancy Grid - 40+ Unique Barriers to Vaccination	
General Safety	It takes years to develop vaccines. The COVID-19 vaccines are not safe because they were developed too quickly. (also combined with big Pharma doesn't have MY best interest at heart.)
Speed of The Development Process/ Operation Warp Speed	The COVID-19 vaccine is experimental and I don't trust the safety of it.
Experimental Vaccine	The technology used to create the COVID vaccines is too new to be safe.
Alter DNA	COVID-19 vaccines alter your DNA.
Immune System	The COVID-19 vaccines weaken the immune system.
Ingredients	
Unknown ingredients	We don't know what's in it!
Synthetic DNA + Immunosuppressant Infused in Vax For Govt. Control	
The Vax Contains Fetal Tissue	COVID-19 vaccines were developed using fetal tissue.
The Vax Contains live virus	The COVID-19 vaccines have the corona virus in it so I might get COVID-19.
Side-Effects	
COVID Vax Can Cause	I'm afraid I will catch COVID-19 from the vaccine.
Short-Term Side-Effects	What if the COVID-19 vaccines cause side-effects and I am required to miss work?
Serious Long-Term Side-effects	What if the COVID-19 vaccine causes serious, long-term side-effects?
Myocarditis/ Pericarditis	The COVID-19 vaccine is causing myocarditis and pericarditis in young people so it's not safe for my teenager.
Vaccines Cost More Lives Than They Save	More people will die as a result of a negative side effect to the COVID-19 vaccine than would actually die from the virus.

Behavioral Profile: B+C Approach To Hesitancy Types

The BLK+Cross looks at the vaccine equity through the lens of 3 Key areas - or reasons why vaccination may

- Awareness of Who/How/When/Where to Get Vaccinated/Boosted
- Access to Vaccination/Sites
- Apathy & Acceptance (Low Perceived Threat & Hesitancy)

Building on the general market work of Surgo Ventures, The BLK+Cross developed four BIPOC behavioral personas to address these areas through nuanced messaging. While Awareness & Access are still issues, The **BLK+Cross' approach on the COVID project focuses particularly on Apathy & Acceptance - unvaccinated AA & HA citizens who remain vaccine hesitant.**

EDUCATED SKEPTICS		DOUBTFUL DELIBERATOR (COST)		DOUBTFUL DELEBRATORS (WAIT AND SEE)		DISAFFECTED & DISTRUSTFUL	
							
Key Acceptance Barriers							
General Safety/Speed of Process		Mis/Disinformation/ Conspiracy Theories		Community Norms - "Fear & Following" Fill The COVID / Vax Literacy Gap		Mis/Disinformation/ Conspiracy Theories	
		Convenience (Apathy)					
Vaccine safety for special populations (immunocompromised children)							
Socio-Cultural Context							
Key Access & Awareness & Barriers							
		Financial Cost/Time (Access)				Financial Cost/Time (Access)	
		Awareness					
Sample Targeted Solutions							
Educate around 10 yr. history of mRNA vaccine tech / Oversight / Address Reasonable Doubts Through Education		Bring vaccines to them/ Offer time off/ incentivize/ Address Reasonable Doubts Through Education		Make it visible that peers have been vaccinated or intend to be/ Address Reasonable Doubts Through Education		Listen first/ Acknowledge reasons for Distrust / Address Reasonable Doubts Through Education	

These personas have some overlap, as individuals may be unvaccinated for a number of reasons, or be influenced by other hesitancy attitudes in their social circle. However, the simple, targeted solutions that this understanding of hesitancy profiles can drive will remain the same, regardless. Our targeted solutions focus on hesitant individuals’ mindsets and the narratives that resonate with them first, then shaped further by the nuances of their target demographic.

Alive & In Color At-Risk Segments – Impact Targets

Beginning with work done in collaboration with University of Pennsylvania, The Arthur Blank Foundation, Fulton County & The Fulton County Board of Health, The BLK+Cross followed a systematic, iterative, multi-stage process to identify the **most susceptible and influential populations**, demonstrating COVID-19 hesitancy with a high risk of illness, hospitalization and death.

Through a combination of methodologies (Quant research, Stakeholder Groups & IDIs, Literature Review, Census Data, The Social Vulnerability Index, and Natural Language Processing), The BLK+Cross conducted Community-Based Participatory Research to profile the audience.

Each audience has a high vulnerability to both COVID-19, and the socio-economic hardships brought on by the pandemic itself. Socially, these groups are also vulnerable to

disinformation due to their health literacy gap and historical factors such as the distrust of government and medical institutions. Furthermore, disinformation is





directed at these demographics effectively, due to their lack of understanding how information spreads across social media regarding targeting and algorithms. Finally, this report reflects the ways in which The BLK+Cross team has drawn on the work of its various COVID partners, and in particular the ways in which the narrative approach from the Emory University Rollins School of Public Health's Human Engagement Learning Platform (HELP) intersects with the narrative approach utilized by The BLK+Cross in cultural engagement.

Part 1. General Overview of Vaccine Hesitancy

Working with research from GHC3 COVID partner organizations (JHU, HELP, NACHC, NCRN, RSI), The BLK+Cross integrated learnings with our prior research. Here, we summarize the work from those partners relevant to our focus at The BLK+Cross. These COVID partners' research has helped fuel our dynamic master grid of **vaccination barriers**, **vaccination drivers/pro-vax messaging**, and **hesitancy narratives** that we are continuously building on and fleshing out with further research.

1. **EMORY HELP (Human Engagement Learning Platform for Global Health)**
TEAM: *Summary of 7 Vaccine Hesitancy Narratives (to date)*
2. **JHU/RWJF RESEARCH:** Research from Johns Hopkins University Bloomberg School of Public Health's Institute for Vaccine Safety and The Robert Wood Johnson Foundation.
3. **RURAL STUDIES INSTITUTE:** *Rural Insights on The Black Belt*
4. **The BLK+Cross - TikTok Ethno-** Summary thoughts on BIPOC Audience
5. **ADDITIONAL INSIGHTS TO BE INTEGRATED IN PHASE 2**
 - a. **RIWI MONITOR:** *Focus on AA/ HA/ Afro-Latino*
 - b. Morehouse NCRN

Part 2. Audience Profiling

This section is a summary of our emerging (and still evolving) understanding of some of the key target impact audiences in The BLK+Cross' work. We began by further building out the **At Risk Target** Profiles with partner and third-party information. Then we layered in the Surgo Ventures national behavioral targets to begin to form a comparative snapshot of our comprehensive groups.

5. [**Audience Summary By Compelling Narratives**](#)
6. [**Summary of Flint, MI Focus Groups**](#)
7. [**Summary of Young Adult Persona 1**](#)
8. [**Summary of Carver High School Students**](#)
9. [**Summary of At Workers/Essential Workers Persona 2**](#)
10. [**Summary of Female Gatekeeper Persona 3**](#)
11. [**Summary of Audiences by Compelling Narratives**](#)

PART 1: GENERAL OVERVIEW OF VACCINE HESITANCY

A multitude of reasons (*ranging from cultural affiliations, to general safety, to side-effects, to distrust in Big Pharma*) drive vaccine hesitancy among BIPOC audiences – requiring the development of context-specific messaging to address these nuances. To do this, we must first identify not only which at-risk segments are most likely to be hesitant and based on which barriers, but also, what socio-cultural influences shape these barriers (histories, cultural leaders, etc). We consider influence across three levels of culture – 1) macro-culture, 2) pop culture, and 3) subculture. Subculture is based on tribal affiliations that can originate in any number of communities of practice such as race/ethnicity, religion, political affiliation, regional geography, etc.

In Black, Indigineous and People of Color (BIPOC) communities, hesitancy stems from distrust resulting from a variety of systemic, cultural and institutional pressures that are uniquely found among subgroups of many BIPOC communities. Many of these pressures manifest in a variety of ways for different sub-populations but there are also many core similarities including socio-economic status, distrust of the government and lack of understanding of medical institutions.

RIWI Monitor – Awaiting Data Pull

Real-Time Interactive World-Wide Intelligence has collected data through an ongoing vaccine monitor and has the ability to disaggregate data by race and ethnicity, while maintaing statistically significant sample sizes. The BLK+Cross has requested that cross tabs representing the following:

- HA - Unvaxxed
- AA - Unvaxxed
- **Youth & Young Adults**
 - AA Males 18-34 - unvaxxed
 - AA Males 18-34 - unvaxxed (Rural)
 - AA + HA Males (Afro-Latina) 18-34 - unvaxxed
- **Lower Income/ Essential Workers**
 - AA - Unvaxxed
 - 18-54
 - High School or Technical
 - HHI < \$50k
 - Large City/ Urban
 - AA + HA (Afro-Latino) - Unvaxxed
- **Gatekeeping AA/HA Moms**
 - AA Women 18-44 - unvaxxed
 - AA Women 18-44 - unvaxxed (Rural)
 - HA Women 18 - 44 - unvaxxed
 - HA Women 18 - 44 - unvaxxed (Rural)
 - AA + HA (Afro-Latino) Women 18-44 - unvaxxed



The BLK+Cross will receive this data the week of 12/6/21.

JHU/ RWJF Research

Vaccination Status, Attitudes, & Values Among US Adults in September 2021

This survey was conducted by the Johns Hopkins Bloomberg School of Public Health and funded by the Robert Wood Johnson Foundation, with the intent to help with understanding how people think and feel about COVID-19 vaccine. The panel was comprised of the following:

- 18+ genpop
- Oversample African American and Hispanics by 50% compared to their US proportion of the population.
- Wave 1: 2,500 completed.

The B+C team broke down the data looking at key characteristics by gender, race/ethnicity, and vaccine status--keeping the sample size large enough to provide meaningful data.

Key Findings:

- **GENDER:** Women and men tended to have the same views on most issues with certain exceptions:
 - Females have a greater concern about ingredients, talking to health care providers, and their trust in local and state governments. We can assume these concerns are related to taking care of children in the household
 - Males have a greater distrust in local and state health departments
- **RACE & ETHNICITY:** AA and HA have similar views on most issues with note:
 - HA over index on talking to a healthcare provider vs. AA

- More HA women tend to know someone who had an adverse reaction to the vaccine (may therefore be more influenced than other groups by lay epidemiology).

- **VACCINE STATUS:**

- Unvaccinated respondents are younger, as older adults have the highest rates of vaccination (e.g., 88% of 60+ were vaccinated).

Vaccine Hesitation Topics	African American (Unvaccinated)		Hispanics (Unvaccinated)	
	Female	Male	Female	Male
Confidence in Vaccines	18%	17%	13%	21%
Trust in CDC	20%	12%	17%	13%
Trust in Local and State Health Department	28%	20%	22%	19%
Had COVID previously	36%	24%	31%	31%
Worried that vaccine is not safe for Adults	73%	59%	66%	62%
Discussed the vaccine with a health care provider	23%	12%	26%	16%
Know anyone	15%	16%	27%	12%

that has had a serious reaction to any vaccine				
Concerned about the ingredients of some vaccines	87%	72%	83%	74%

Rural Studies Institute: Rural Insights On the BlackBelt

Throughout the summer of 2021, *The Rural Studies institute* conducted research regarding vaccination hesitancy in rural African American communities in collaboration with a variety of BIPOC community research organizations. The study accumulated data from five anchor communities: Logan County, Kentucky; Augusta, Georgia; Tuskegee, Alabama; Albany, Georgia; and Epes, Alabama. The study shed light on the difficulty in conveying pertinent health information in these communities while also outlining the key barriers found in the arguments against vaccination. Key finding are as follows:

- **Sociohistorical context is a major driver of vaccine hesitancy**
 - The continued impact of Tuskegee Syphilis Study and the Mississippi Appendectomy
 - Significance of persistence of systemic racism
 - Associations with separatist groups such as The Nation of Islam and the New African Peoples Organization
 - Several voiced no messenger could persuade them

- **The lack of Basic Infrastructure in these regions and the significance of generations of underdevelopment contributes to both the information/COVID literacy gap and the “Big Push” narrative**
 - Some areas are literal “news deserts” creating opportunities for bad actors to exploit the power of social media in rural bubbles
 - A lot of misinformation and disinformation (in small communities social media clusters are amplified)
 - Residents lament – “why care now after generations of neglect?”
 - Conspiracies are ***Thriving***
- **Power of peer education and personal experience**
 - Word of Mouth is among the most trusted channels within BIPOC communities. This acts as a double-edged sword, as lay epidemiology fines fast footing
- **No one size fits all approach to messaging**
 - Rural communities are quite diverse – messaging must be developed with consideration for AA farming communities, blue collar workers, migrant HA workers, etc.
 - Religion matters for some but may be a turn off for others – Religious messaging should extend beyond Christianity
 - Polarizing affiliation reinforce the need for targeted messaging
- **Messengers are important, local ones are powerful**
 - Peer education can be utilized to overcome the negative effects of peer education and lay epidemiology
 - Local leaders, lifestyle influencers, etc. – consider tapping into Black Empowerment movements such as the Liberation Farming Movement

We will supplement this information with data from GA CEAL + NCRN + syndicated sources such as Mckinsey’s report on the impact of COVID on Rural America.

The BLK+Cross TikTok Ethno

We are currently living in an Infodemic – a war against this vast amount of information is necessary as bad actors are working overtime – as soon as messages are disseminated, counter-narratives are developed.

The BLK+Cross has created a TikTok Ethno Map (based on the vaccine hesitancy grid) that aligns user-generated content with Vax-Hesitant Narratives/Barriers/Drivers. A full analysis will be provided at the end of Phase 2, but the summary grid and Master Hesitancy Grid (included as additional tabs) can be accessed by clicking on the link below.

[TikTok Ethnography \(Part 1\) – GHC311.30.21](#)

We will leverage Social Media Listening/Monitoring & Virtual Ethnography (TikTok, IG) to continually identify new/mutating narratives and barriers as well as to reveal specific Anti-Vax messaging elements for greater resonance. This will be the foundation for our narrative identification for our clear messaging targets. Please see some of our findings from this work:

1. Get To Know The BIPOC Audience – Go deep:

- Identity is a complex and dynamic amalgamation of multiple cultural influences
- BIPOC groups are made up of numerous subcultures/ tribes – each reflecting different attitudes, behaviors, lifestyle interests, etc.
- Vaccination views have become tribalized
- Identify the demographic, psychographic, cultural, and lifestyle attributes of the various subcultures and tribes who make up your target audience, and are at-risk and vaccine-hesitant

2. Word of Mouth Is Critical In Our Communities: Target Real-World & Virtual Conversations (Not Just People):

Never underestimate the power of Word of Mouth. Conversation and storytelling are critical tools for driving behavior change – but can also for driving the infodemic.

- BIPOC audiences are more social (more likely to engage in community conversations in the real and virtual worlds), seek currency from sharing information, and are more likely to trust WOM information delivered by known members of their Trust Circle. – Find out where these conversations are happening and between whom.
- Map these conversations and the influence across the social networks in which they are happening
- Engage the community in conversation with trusted influencers and experts: lifestyle influencers, community leaders, and subject matter experts who reflect the target audience and can speak to their specific needs.

3. Leverage Cultural Engagement To Reach & Engage Your Audience:

- Engage community stakeholders to provide insight, collaborate on message development, and develop relationships with trusted messengers
- Create content and messaging based on the Cultural Narrative Development Model

Summary Of 8 Vaccine Hesitancy Narratives

Leveraging pre-existing B+C data, coupled with insights from the HELP team's rapid ethnography and the B+C Tik Tok ethno, The BLK + Cross worked with the HELP team to reconcile Vax Hesitancy Narratives that could be targeted for counter-narrative development. To date, the team has identified 8 Vax Hesitancy Narratives. While the 8 narratives are focused on BIPOC audiences, there is some crossover for the general population as well.

The BLK+Cross has also been parallel pathing on preliminary message development via counter-narratives – leveraging cultural engagement practices that account for socio-cultural context, cultural narratives, and cultural markers. These insights are ladder up to form Messaging Strategies called “Ways-In”.

Below is the work-in-progress summary featuring:

- Vax Hesitancy Narratives
- Corresponding Barriers
- Preliminary “Ways-In” – Message Development Strategies Based on Cultural Narratives

8 Vax Apathy & Hesitancy Narratives & Corresponding Barriers (WIP)

Vax-Hesitancy Narratives	Barriers	Way-In/ Counter-Narrative	Vax-Hesitancy Narratives	Barriers	Way-In/ Counter-Narrative
It's About Freedom From Government Control, Conspiracy	<ul style="list-style-type: none"> • Mandates are Authoritarian • Surveillance/Microchip Tracking/ Vaccine Passports • Forced Sterilization • Population Control (marginalized communities of color) • Tuskegee/Medical Abuse 	<ul style="list-style-type: none"> • Counter-Conspiracy • Reasonable Doubts • Sci-Time • Calculated Risk 	It's Not Worth The Risk / Vaccines Are Not Safe	<ul style="list-style-type: none"> • Unsafe for pregnant women • Can impact fertility/ make you impotent • Myocarditis • Lay Epidemiology (Personal Stories of Unsubstantiated Adverse Effects) • Will alter your DNA • Will make you magnetic 	<ul style="list-style-type: none"> • Reality Checks/ #TrueStory • FACES of COVID • Counter-Conspiracy • Calculated Risk • Sci-Time • Vax Facts
It's About Freedom Medical	<ul style="list-style-type: none"> • My Body My Choice • Vaccines Cause Autism 	<ul style="list-style-type: none"> • Reality Checks/ #TrueStory • FACES of COVID 	COVID Vaccines Don't Work – What's The Point (Not Effective)	<ul style="list-style-type: none"> • Won't Stop Transmission • Won't Stop Breakthrough Infections • Not effective against variants • Booster shots are proof 	<ul style="list-style-type: none"> • Reality Checks/ #TrueStory • FACES of COVID
Covid Vaccines Are Unnecessary	<ul style="list-style-type: none"> • Covid Is Not Real • Covid Is Not That Serious (e.g. like the flu) • Healthy Living/ Holistic Medicine is sufficient • Post-Covid/ Natural Immunity is sufficient • God's will be done - 2 Cor. 7:14 • God will protect me - Psalms 91 	<ul style="list-style-type: none"> • Counter-Conspiracy • Sci-Time • Reality Checks/ #TrueStory • FACES of COVID 	The “Big Push”	<ul style="list-style-type: none"> • Distrust of Pharma & Govt. as Profit-Driven • WARP Speed - developed with no regard for safety • They weren't interested in saving us before now (cancer, diabetes, etc.) 	<ul style="list-style-type: none"> • Reasonable Doubts • Counter-Conspiracy • Sci-Time
Covid Vaccines Are Unnecessary – Low Perceived Threat (Open But Unaware of Developments)	<ul style="list-style-type: none"> • Unsafe for pregnant women • Can impact fertility • Myocarditis • Lay Epidemiology (Personal Stories of Unsubstantiated Adverse Effects) 	<ul style="list-style-type: none"> • Reality Checks/ #TrueStory • Counter-Conspiracy • Calculated Risk • Sci-Time 	People Should Do Their Own Research	<ul style="list-style-type: none"> • Real Side-Effects Are Not Reported • Vaccines cause Autism • Natural Immunity is sufficient • Ingredients (live virus, fetal tissue, etc.) 	<ul style="list-style-type: none"> • Counter-Conspiracy • Reality Checks/ #TrueStory • Sci-Time

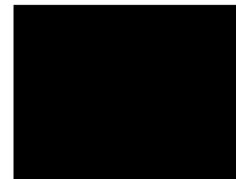
Full explanations of each “Way-In/ Cultural Narrative” along with corresponding messages will be provided in Phase 2 Reporting, however below is an example of the “Calculated Risk” Counter-narrative at play:

"Calculated Risk"	
Personalize and relativize the risks. Provide information that puts individual concerns in context.	
Narrative	"It's Not Worth The Risk (Unsafe)"
Insight(s)	Human beings use comparisons from their own experiences to think through options.
Counter-Narrative	"Calculated Risk" – "When you look at the data, the story doesn't add up" <ul style="list-style-type: none"> • Risk of Relevant Everyday Adverse Experiences vs. Risk of Vax For Target. • Risk of COVID Outcomes vs. Risk of Vax Vax For Target.
Opener	Do the math. – Challenges the audience to think critically about the information and its sources.
Sample Topics	<ul style="list-style-type: none"> • Risk of Infection, Hosp., Death vs. Vax Risk • Long-Haul Risk vs. Vax Risk • Risk of Blood Clots • Risk of Pregnancy Complications • Risks to Those with All Underlying Conditions
Cultural Markers	
CTAs	
#hashtags	#CalculateTheRisk



Sample Messaging: Calculated Risk

Narrative Correlation	Category	Barrier/Belief (FEAR/ MISINFO)	Way-In/ Counter-Narrative
It's About Freedom – Medical	Government Control – Vaccine Mandates	Vaccine mandates/requirements are authoritarian, illegal, and infringe on personal freedoms. #DoNotComply #MedicalFreedom	<ul style="list-style-type: none"> • Counter-Conspiracy • Reasonable Doubts • Sci-Time • Calculated Risk



Topic:
The Role of Vaccine-Driven Herd Immunity vs.

Cultural Markers
– Black Doctor
– Framing (Raincoat analogy)

Narrative Correlation	Category	Barrier/Belief (FEAR/ MISINFO)	Way-In/ Counter-Narrative
It's Not Worth The Risk/Vaccines Are Not Safe	Serious Long-Term Side-effects	What if the COVID-19 vaccine causes serious, long-term side-effects?	<ul style="list-style-type: none"> • Reality Checks/ #TrueStory • Counter-Conspiracy • Calculated Risk • Sci-Time



Topic:
Risk of Long-Term Side-Effects Has Been Established (in the history of vaccines)

PART 2: AUDIENCE INSIGHTS- CONFIDENCE PERSONAS

To address the nuanced factors of vaccine hesitancy/confidence among many BIPOC communities, these communities must be examined through the lens of demographics, psychographics, and culture, to develop specific profiles. This requires us to explore cultural influences on multiple levels that form our identities and shape our attitudes and behaviors.

In The BLK + Cross' approach, we consider macro-culture, pop culture and subcultural influences to reach our audience and break through. Here, we begin to share insights shaped by our ongoing efforts toward building vaccine confidence in BIPOC communities, and our participation in the HELP team's rapid ethnographic work.

We must highlight that our understanding of these audiences is still-evolving and will be supplemented by COVID/The BLK+Cross partner data and our social listening and behavioral analytics work in Phase 2/Phase 3.

Audience Summary By Compelling Narratives

It is crucial to return to hesitancy narratives to map the best method of communication as tailored to a hesitant individual's thought processing around vaccination. For every target impact audience, the foundation of this conversation is reassurance that taking the COVID-19 vaccine is necessary, has been scientifically proven to be safe, with any serious side effects being extremely rare.

To continue the conversation in a highly targeted manner, the controlling hesitancy narratives of each group must be addressed:

- **Educated Skeptics**, which includes a large portion of Gatekeeping Women and Moms (*some of whom are vaccinated, but have transferred their*

hesitancy to their children), need to be educated on vaccine safeguards and oversight for children.

- **The Wait and See Doubtful Deliberators**, is mixture of hesitancy groups but with a pretty high incidence of Youth/YA and Gatekeeping Women & Moms. This group needs to be reassured that any side-effects are very mild, that there is real data to support this, and that people like them are getting safely vaccinated (peer storytelling).
- **The Cost-Weary Doubtful Deliberators**, are typically Lower Income and Essential Workers – some of whom may be on Medicaid, and they need
 - *Vax is Free* messaging
 - Convenient access to vaccines (time off, rides to vax sites)
 - Reassurance that any side-effect will not stress their work schedule
- **Disaffected & Distrustful** individuals skew heavily Youth and Young Adults as well as those from lower socio-economic classes and/or culturally isolated communities. This group must have their concerns heard in a “judgment free zone/ safe space” before being further educated about the scientific process of vaccines. They typically require culturally congruent messengers and are prime targets for disinformation.



**This is still a work in progress and we will be adding new inputs as data evolves*

Source: Alive and In Color Black Cross Proprietary Research + Kaiser Vaccine Monitor Research 2021

Flint Focus Group Summary (CONFIRMING COMPOSITION)

The perceived failure of the government to correct the water crisis in Flint, Michigan, has created deep-seated distrust of government institutions that preceded the pandemic, but continues to impact attitudes and behaviors related to COVID-19--not just in Flint, but for African-American communities around the country.

Insights from the design group BLK+Cross led among Flint residents for the National Association of Community Health Centers (NACHC), in partnership with Emory's HELP team, point to numerous dynamics that are exacerbating mistrust and vaccine hesitancy. Amongst these dynamics, participants cite:

- Conflicts in government guidance versus application of guidance within private institutions
- Wariness due to marketing campaigns specifically targeted to Black community
- Questions regarding motives behind philanthropic advocates like Bill Gates
- Misinformation and lack of information regarding the science behind the vaccine and side effects, due to lack of scientific understanding and possible belief of social media theories

Participants cited a range of concerns (acting as barriers to vaccination) that are connected to narratives being widely shared across social media:

- Lay epidemiology and first-person narratives rooted in worries about the short and long-term side effects
- The novel nature of coronavirus vaccines
- Pop culture narratives rooted in worries about the rapid development of the vaccine
- Socio-political narratives rooted in historical factors and distrust of government institutions and pharma.

However, moving the needle on vaccines for this group include:

- Time vis-a-vis “feeling” that enough time has passed (2+ years)
- Clarity on vaccine ingredients
- Clarity on side-effects from trusted messengers
- Education on the ROLE of vaccines as a protective layer to prevent death (specific to Flint demographic versus other audiences)

Given these chances to move the needle amongst the Flint demographic, subsequent messaging opportunities include:

- Simplifying the science of viruses, the vaccine and the history of vaccines
- Clarity on timeline around potential vaccine side-effects
- Using peer-to-peer storytelling to normalize vaccination and reinforce the relative risks of COVID

- Drawing commonalities in parallel narratives between hesitant Black audiences and far-right Trump supporters
- Mapping the origins of vaccine conspiracy theories
- Illustrating current/previous participation in that which the fear is rooted i.e. vaccine mandates for school and cell phones, which are tracking devices

At-Risk Segment 1: Youth & Young Adults

Snapshot

- **Impact Target:** At Risk Youth and Young Adults/Doubtful Deliberators
- **Behavioral Profile:** Disaffected and Distrustful
- **Vaccine Confidence:** Most Hesitant Audience

Profile

The Disaffected and Distrustful, as well as the Doubtful Deliberators mindsets have strong overlaps with the at risk Youth and Young Adults demographic. The groups are all somewhat distrustful of the government and healthcare institutions while also being more prone to restlessness and risky behavior. Apathy is also a challenge for this group. Some young people have low perceptions of COVID-threat due to early reports that have now changed – this is a severe issue in light of recent COVID variants.

These traits are exacerbated by the fact that many members that fall within this category experience nihilism (hopelessness) and are subject to social vulnerabilities such as food deserts, closer/dense living conditions, poor access to healthcare, and unstable employment. This group often relies on others within their same social sphere for guidance that will more likely than not reinforce their negative feelings about institutions. This leads to a deep misunderstanding of how healthcare institutions work on both structural and safety levels. Many of them believe that the government and health officials have ulterior motives regarding vaccination and

reinforce this by pointing to personal, systemic and cultural barriers that they have faced as minorities.

Demographic s	Identity, Attitudes, Values	Cultural Engagement	Key Cultural Spaces	Health/ Healthcare	COVID-19 & COVID Vax Awareness & Perception
18-24 (Core) 13-34 (All)	[[Self-Concept]] Individualistic TBD	[[Cultural Openness]] Experiencing a period of disillusionment around race in America; Distrust, Racial pride and empowerment influence perspective. (Black Lives Matter, The Crown Act, etc.)	[[Online/ Real-World destination]] All social media Colleges & Universities Clubs/Lounge s/Bars Sporting/Live Music Events	[[Attitudes/ Beliefs/ Behaviors Toward Personal Health]] Less engaged with personal health Feelings of invincibility	[[Barriers to vax]] Apathy - More likely to underestimate their personal risk for COVID due to their age and less likely to practice risk mitigation behaviors (3Ws); 26% believe in conspiracy theories; Have structural, cultural and personal barriers to vaccination/va x literacy
African American Afro-Latino	[[Values]] Freedom/ Autonomy Family Cultural Pride TBD	[[Cultural Engagement Model Subcultural (Race + Lifestyle)	[[Lifestyle Interests]]	[[Attitudes/ Beliefs/ Behaviors Toward Health System]] May distrust medical establishments	[[vax confidence index]] Very Low confidence in vaccination
Urban* 73 % between 19-24 live in	[[Racial/ Ethnic Self-Identity]]	[[Key Cultural Markers]] Current Black	Media Engagement	[Primary Care Touchpoint]] May not have a	[[regional/cultu ral nuances -

rented space Food Deserts	Black Latino/Hispanic/ Country of Origin Afro-Latino	Cultural Icons, Influencers, Events, Language, etc. Trusted Peers/Influencers		primary care provider Univ. Health System	attitudes, behaviors, other SDH factors]]
[[Education]]	[[Cultural Connections (Subcultures/Tribes)]] (must account for National + Regional + Local nuances)	[[Key Cultural/Lifestyle Influencers]]	[[Most Engaged Channels]]	[[Physical Wellbeing]] Health issues include substance abuse, poor nutrition, obesity and risky behaviors (smoking/vaping)	[[COVID/ COVID Vax Influencers]] Trusted Peers/Influencers Community opinions and theories
[[HHI]]			[[Most Trusted Channels]] Social Media Influencers/ Lifestyle Influencers/ Peers/ Culturally Congruent subject matter experts	[[Emotional/ Social Wellbeing/ Stress & Circle of Care]] 2nd Highest rate for suicide; Undiagnosed/ untreated behavioral health challenges (trauma, substance abuse, etc.)	

Information in Red: Coming in Phase 2 via qualitative research, CEAL Data, RIWI Data, and other syndicated data

Social Vulnerability/High-Risk Factors (coming soon)

*The emphasis here is on urban youth but rural insights should be considered please see data in #6

Potential Ways To Communicate

- Listen first and acknowledge reasons for distrust.
- Address reasonable doubts through education.
- Increase accessibility
- Communicating Black Primary Care Doctors + Community Leaders
- Communicating that getting the vaccines will protect their community at large
- Educating about the black doctors, researchers and participants that developed the vaccine
- Messaging through celebrities, reality stars, entrepreneurs and peers
- Tie in employment and job training assistance along with healthcare informational sessions

At-Risk Segment 2: At-Risk, At-Work

Snapshot

- **Impact Target:** At-Risk At-Work
- **Behavioral Profile:** Disaffected and Distrustful + Doubtful Deliberators
- **Vaccine Confidence:** Cost-Avoidant (Time/Money) + Disaffected & Culturally Avoidant

Profile

At-Risk, At-Work encompasses essential workers as well as low-income individuals that may not necessarily be working. The two groups have strong parallels due to their movement and spending habits along with their living conditions. CISA defines essential workers based on their industries including but not limited to: health care personnel, first responders, food and agriculture, grocery store workers, educators, public transit workers.

Essential workers are heavily concerned with maintaining their work and family routines so they typically have very little to no flexibility in their schedules. Many are low income individuals living in very dense areas with no expendable income. Their health and safety is secondary to working and they will not seek medical care unless absolutely necessary. This is also their same attitude in terms of researching vaccinations and any other seemingly optional health procedures. They rely on friends and family or online resources for their health advice and are often led to reinforce their negative sentiments about seeking medical care. They will not take the vaccine as long as they see it as a threat to their working schedule and therefore have exaggerated fear of the worst side effects.

Regional nuances include:

- Blackbelt & The South
 - Faith-based skew
- Rural vs. Urban Areas
 - Rural – considerations for farming communities and migrant workers; Severe underdevelopment and neglect creates distrust/ suspicion
 - Urban – heavy use of mass transit increases risk
 - Urban/Suburban – may work in close, less safe conditions such as factory jobs
- Flint Water Crisis (Mid-West)

Demographics	Identity, Attitudes, Values	Cultural Engagement	Key Cultural Spaces	Health/ Healthcare	COVID-19 & COVID Vax Awareness & Perception
[[Age Range + Gender]]	[[Self-Concept]] <i>TBD</i>	[[Cultural Openness]]	[[Online/ Real-World destination]]	[[Attitudes/ Beliefs/ Behaviors]]	[[Barriers to vax]]

		May be more socially isolated by race; Experiencing a period of disillusionment around race in America; Distrust, Racial pride and empowerment influence perspective. (Black Lives Matter, The Crown Act, etc.)	Social Media Online Lifestyle Destinations Barber Shops/ Hair & Nail Salons/ Community Gathering Sites Social Service Access Points	Toward Personal Health]] Self educate on health using online resources	Short-Term side-effects that impair ability to work Long-Term side-effects Stronger distrust of government institutions Time Constraints Underlying Conditions Have structural, cultural and personal barriers to vaccination/vax literacy
African American Hispanic American	[[Values]] TBD	[[Cultural Engagement Model Subcultural (Race/Ethnicity + Lifestyle + Faith-Based + Regional)	[[Lifestyle Interests]] TBD	[[Attitudes/ Beliefs/ Behaviors Toward Health System]] No particular prejudices against healthcare system except possibly expenses and often need guidance about the system	[[vax confidence index]] Mid level confidence Masks, social distancing as effective alternative to vaccination
Urban Typically live/work in dense conditions	[[Racial/ Ethnic Self-Identity]] Black Country of Origin	[[Key Cultural Markers]] Trusted Peers/Influencers	Media Engagement Transit Media	[Primary Care Touchpoint]] May not have a primary care provider	[[regional/cultural nuances - attitudes, behaviors, other SDH factors]]

	Afro-Latino	Black Interest Music/ Sports/Entertainment TBD		Community Health Centers/ Emergency Room Do not visit health provider unless absolutely necessary 55% are insured 25% have HMO, 26% have PPO, 16% have public health insurance	Perceived Lack of access/mobility due to locations and working schedule (may be unaware of resources) Heavy use of mass transit drives risk in Urban Areas
[[Education]]	[[Cultural Connections (Subcultures/Tribes)]] (must account for National + Regional + Local nuances)	[[Key Cultural/Lifestyle Influencers]] Family/ Peers Employers Faith Leaders Lifestyle Influencers	[[Most Engaged Channels]] TBD	[[Physical Wellbeing]] More susceptible to diabetes, hypertension, obesity, cardiovascular disease, etc, and/or mental and behavioral health symptoms	[[COVID/ COVID Vax Influencers]] Primary Care Providers (Doctors/ Nurses) Trusted Peers/Influencers Community opinions and theories
[[HHI]]			[[Most Trusted Channels]] TBD	[[Emotional/ Social Wellbeing/ Stress & Circle of Care]] More susceptible to an higher incidence of undiagnosed mental and	

				behavioral health issues Rarely seek care due to cultural stigmas	
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Information in Red: Coming in Phase 2 via qualitative research and syndicated data
[Social Vulnerability/High-Risk Factors \(coming soon\)](#)

Potential Ways To Communicate

- Communicating that vaccination will be a way to safeguard their current routines and practices.
- Informing them about free care, employee rights and different forms of assistance
- Communicate vital vaccination information through Faith-based leaders, celebrities, radio and new personalities as well as community leader

At-Risk Segment 3: Gatekeeping Women & Moms

Snapshot

- **Impact Target:** Gatekeeping Women & Their Families/Social Circles
- **Behavioral Profile:** Educated Skeptics + Wait & See Doubtful Deliberators
- **Vaccine Confidence:** Mid-Level Hesitancy Audience

Profile

Gatekeeping Women & Moms are typically caregivers to children or parents, or they are women who are influential in their families across generations and possibly households (e.g. Bicultural HA Women making decisions for 3 generations). The

welfare of their family matters more than their own health and due to heavy responsibilities, they often forgo medical care unless absolutely necessary. This group consists of both African American and Hispanic American women so there may also be difficulties introduced by language barriers for the less acculturated (urban and rural migrant communities). A third of gatekeepers are single parents and more than half are uninsured. This is the largest demographic proportionately living in poverty with extremely high eviction rates so balancing work and family is typically their top priority. This group strives to be self sufficient but are often subject to very high stress environments that lead to many untreated health issues. Gatekeepers are less likely to be anti-vax and are very wary of COVID-19, taking heavy precautions such as following CDC guidelines. Many are skeptical about how taking the vaccine will affect their schedule and personal health especially regarding their ability to care for family or go to work. These individuals are in high mask-wearing by low vaccination rate communities where many cite the development speed of the vaccine, or its novel use of mRNA technology as major points of hesitancy.

Demographics	Identity, Attitudes, Values	Cultural Engagement	Key Cultural Spaces	Health /Healthcare	COVID-19 & COVID Vax Awareness & Perception
18-34 Women	[[Self-Concept]] Caregiver/ Head of Household/ Mom/ Gatekeeper/ Cultural Navigator (HA Women)	[[Cultural Openness]]	[[Online/ Real-World destination]] Social Media Places of Worship Community Centers Social Service Access Points	[[Attitudes/ Beliefs/ Behaviors Toward Personal Health]] Place health of family and children above their own Try to be as self sufficient with healthcare as possible	[[Barriers to vax]] Short & Long-Term Side-Effects Underlying Conditions
African	[[Values]]	[[Cultural	[[Lifestyle	[[Attitudes/	[[vax

American Hispanic	TBD	Engagement Model (Cross-Cultural, Subcultural))] Subcultural (Race/Ethnicity + Lifestyle + Faith-Based)	Interests]] TBD	Beliefs/ Behaviors Toward Health System]]	confidence index]] Higher confidence in vaccination More likely to practice risk mitigation behaviors
Urban Largest proportionate demo living in poverty	[[Racial/ Ethnic Self-Identity]] Black/ Latino/Hispanic / Country of Origin/ Afro-Latino	[[Key Cultural Markers]] Motherhood/ Parenting Cues TBD	Media Engagement	[Primary Care Touchpoint]] 51% are uninsured	[[regional/cultural nuances - attitudes, behaviors, other SDH factors]] Wide ranging regional and cultural differences/ nuances driven by race/ethnicity, regionality, socio-economic status, etc. TBD
[[Education]]	[[Cultural Connections (Subcultures/Tribes)]]	[[Key Cultural/Lifestyle Influencers]] Peers/ Family/ Faith Leaders	[[Most Engaged Channels]] TBD	[[Physical Wellbeing]] Predisposition to breast cancer, diabetes, asthma, lupus, cardiovascular disease, etc.	[[COVID/ COVID Vax Influencers]] Primary Care Providers/ Pediatricians TBD
[[HHI]]			[[Most Trusted Channels]] TBD	[[Emotional/ Social Wellbeing/ Stress & Circle of Care]]	

				Higher incidence of stressors; Lower perceived mental & behavioral health issues	
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Information in Red: Coming in Phase 2 via qualitative research and syndicated data
[Social Vulnerability/High-Risk Factors \(coming soon\)](#)

Potential Ways To Communicate/Engage

- Explanation of heightened susceptibility due to stress, preconditions and work conditions
- Pairing vaccinations with employment, housing and food assistance
- Educate around 10yr history of mRNA vaccine tech/oversight/address reasonable doubts through education
- Educating about the black doctors, researchers and participants that developed the vaccine
- Storytelling – Reinforced social norms by showing community members getting vaccinated
 - Messaging through faith-based leaders, community leaders, social media and radio
- Social media & WOM Marketing – This group is very social both online and in the real-world. They are assertive about seeking answers within their networks as well as sharing information they have discovered.

CONCLUSION

With the commencement of the new phase of BLK+Cross’ work as part of the GHC3 COVID project in October 2021, our team has synthesized BLK+Cross’ existing research, continued digital ethnographic research, our GHC3 partners’ research, and



highly relevant studies outside the COVIED project to build a deeper understanding of our target impact audiences, and--in particular--the vaccine hesitancy narratives (and underlying barriers) that are driving continued hesitancy among those target African-American and Hispanic-American populations.

This work and synthesis has been conducted alongside the design of BLK+Cross' social listening campaign and has shaped the narrative and audience targeting our analyst team has designed to gather relevant conversations happening around vaccine hesitancy for COVID-19 in Fall/Winter 2021.

This Phase I work has laid the groundwork for a model of understanding vaccine hesitancy barriers and narratives within our target impact audiences in a way that will shape our further development and testing of particular messaging strategies in Phase II and the new wave of insights derived from our analyst team's work tracking digital conversations (as well as our continued ethnographic work on visual media platforms like TikTok, where social listening tools cannot easily go).

And, ultimately, it has laid the groundwork for the final Vaccine Confidence Audience Segmentation, Engagement Strategy, and Tools/Resources BLK+Cross is building for the conclusion of our COVIED engagement--as well as the message testing approach/campaign we are building with young people through our partnership with Usher's New Look.



BLK+Cross Analyst Team Work Plan

Phase 1 + Phase 2

ANALYST PHASE 1+2 PROJECT GOAL

To further identify detailed barriers to vaccination, as well as their contexts, mapped against our three main target audience segments among African-American and Hispanic-American communities: At Risk Young Adults, At Risk “At Work”ers, and Gatekeeping Women and Moms. The analyst team’s research—from social listening and synthesis of syndicated research—will then be leveraged by the Strategy Team to further flesh out our audience segmentation of those at-risk target audience segments and to develop communications and outreach strategies, as well as messaging, to these groups.

The question that we are still exploring through our research in Phase 2 is where and how we see points of connection between our analysis of syndicated data and partner research when it comes to fleshing out our understanding our target demographics and the research coming from our social listening efforts—which are driven by particular messages circulating in digital media, the larger narratives (drawing on the Emory HELP team’s work) those messages match up to, and the behavioral personas that match with those narrative types. Our hypothesis is that we will see points of correlation between the messaging/narrative driven social listening work and the audience segment-driven syndicated research work and analysis, as we work at the end of this phase to map syndicated data and partner research to the results of our social listening work.

PROJECT RESEARCH FOCUS/METHODOLOGY

BLK+Cross’ analyst team’s work is to provide a directional supplement to the varied research methods employed by our COVID partners. This research draws on tools

and skill sets employed in market research/cultural intelligence/analytics work from the private sector, including using market research tools and syndicated reports often used by industry professionals in the media and marketing/communications industries.

A variety of researchers in the study of media and marketing studies have made strong cases for the advocacy of complementing research from more traditional empirically focused social science/communication methods with qualitative and ethnographic research emphasizing a nuanced understanding of the embedded cultural and community practices where messaging meets cultural context--a focus on understanding cultural conversations from the audience/community's perspective.

The value of complementing more traditional mass communication research with qualitative/analytical research that studies what people do with/through the content they find predates internet culture. Consider, for instance, Robert C. Allen's 1985 *Speaking of Soap Operas*, which makes the case for better understanding television texts from a "reader-oriented poetics" that considers media content as material that audiences draw on as they make meaning; John Fiske's 1989 book *Understanding Popular Culture*, which advocates for a distinction between studying "mass culture" objects (with a focus on how an object seeks to sway the masses) to studying "popular culture" objects (with a focus on how audiences use media content to convey their own messages); and Henry Jenkins' 1992 book *Textual Poachers: Television Fans and Participatory Culture*, which pioneered the idea of studying how active audiences create their own media texts while drawing on imagery from mass media.

Research over the last decade has highlighted the fundamental importance of understanding how information spreads within the digital contexts where many are predominantly receiving information--via online settings where memes, articles, and other online content are often authored by third parties but encountered via the sharing activities of family, friends, and other accounts that people follow online.

In particular, our qualitative and quantitative work draws on the the understanding of the behaviors involved in the online circulation of media content outlined by Henry Jenkins, Sam Ford, and Joshua Green's 2013 NYU Press book *Spreadable Media: Creating Value and Meaning in a Networked Culture*--which cautions against using pandemic-oriented metaphors (like "going viral") to explain human dissemination of information and highlights the importance of understanding the individual human motivations that drive the sharing of content online and the social relationships through which this information circulated via social network sites and tools.

The rise in digital communication technologies have brought with them a corresponding set of new, developing research methods to make sense of online communication. In addition to quantitative, analytics-driven research using large digital data sets, work within marketing fields have advocated for the strong importance of integrating ethnographic research methods with the quantitative capabilities of digital analytics. For instance, cultural anthropologist Grant McCracken argues, in his 2009 book *Chief Culture Officer* and his 2012 book *Culturematic* that researching culture requires the combination of analytics and qualitative insights that helps discover both immediate and long-term cultural shifts. Meanwhile, consumer culture theory scholar Robert V. Kozinets coined the phrase "netnography" to describe "the study of online cultures and communities as distinct social phenomena, rather than isolated content." (See Kozinets' 2019 book *Netnography: The Essential Guide to Qualitative Social Media Research*, Third Edition for more.)

Specific to public health, research in the past few years has highlighted how online sites and accounts link to one another, creating media ecosystems that can reinforce misinformation and can create environments that reinforce misinformation. (See, for instance, Rebekah Getman [et al.]'s 2017 *Health Education & Behavior* essay "Vaccine Hesitancy and Online Information: The Influence of Digital Networks" and Brittany Seymour [et al.]'s report for the 2017 Substance Abuse Library

and Information Studies/Association of Mental Health Libraries, entitled “Public Health, Social Networks, and the Digital Media Ecosystem: Emerging Hypotheses.”)

As Seymour (et al.) summarize in their 2015 *American Journal of Public Health* piece “When Advocacy Obscures Accuracy Online: Digital Pandemics of Public Health Misinformation Through an Antifluoride Case Study,” “Network sociology may be as influential as the information content and scientific validity of a particular health topic discussed using social media. Public health must employ social strategies for improved communication management.”

In BLK+Cross’ work, employing the skills and tools of professional researchers who predominantly use digital analytics, market research data, and content analysis of publicly shared messages posted via digital communication platforms (derived via “social listening” tools, as described within industry circles), the BLK+Cross’ approach is meant to tap into the dynamic, interactive research methods that guide decision-making in real-time organizational digital communication settings.

The BLK+Cross is interested in how these digital communication research methods focus on research happening “out in the wild”—public posts and conversations that are unprompted and not shaped directly by the research instrument itself.

Through such social listening, the research methods are shaped by complex boolean search queries and qualifiers that return publicly posted content and conversations. Our research methods are focused on how to use digital tools to identify publicly posted material that are a.) reliably about hesitancy to the COVID-19 vaccine and b.) reliably filtered against keywords matching the predominant narrative types as identified by the research of Emory’s HELP team, utilizing terminology inclusive of how our at-risk segments are discussing the vaccine; c.) through manual coding, identifying posts that seem to reliably be from accounts comprised of our main at-risk segments; and d.) conducting additional content analysis of these posts.

One strong advantage of these research methods is that the research instrument is dynamically recalibrated. The instrument is designed; deployed through a digital tool; and then tested, refined, and updated on a continuous basis while the research is “in the field.” This means that any new discovery of language, considerations, and emerging variations of a narrative can be incorporated into the research instrument, leading to new discoveries (and additional refinements) as a result.

PRIMARY TOOLS/RESOURCES

- **Tik Tok Ethnographic Work** conducted by the BLK+Cross team to gain further insight into the nuance of conversations happening on a visual platform not able to be mined by tools relying on textual search and where many new variations of messaging within vaccine hesitancy conversations have arisen and been tested
- **Meltwater** for social media listening to identify online discussion about vaccine hesitancy and resistance, and to pull sample posts from those conversations to identify representation from our target impact audiences
- **Audiense** to confirm demographic information and identify influencers and influential media within the target audiences
- **BLK+Cross Alive & In Color** advocacy materials’ performance in content/messaging testing, and other insights gathered from complementary BLK+Cross projects
- **GHC3 COVID Partner Research** to gain further insights and narratives to test through our original research, and to shape, corroborate, and/or complicate our findings from original research, including:
 - EMORY HELP (Human Engagement Learning Platform for Global Health) research on narratives
 - Johns Hopkins University Bloomberg School of Public Health’s Institute for Vaccine Safety research
 - Rural Studies Institute’s Rural Insights on The Black Belt
 - The RIWI Monitor
 - Morehouse School of Medicine’s National COVID-19 Resiliency Network

- **Geographic market insights**, as relevant, derived from Morehouse's NCR Network reports, the CDC Social Vulnerability Index insights into target markets, and other sources
- **Available market insights data** from available research resources and research available from third-party providers that flesh out our understanding of our target impact audiences

MELTWATER/SOCIAL LISTENING CONSIDERATIONS

- **Pros & Cons of Unmediated Conversation** – Most of the tools The BLK+Cross is using in our direct research relies on information people share unprompted. This helps unearth insights from conversations happening out in the culture that traditional research instruments might not think to ask, and allows for dynamic research methods that shift as the conversations shift. However, they also only return what people are choosing to talk about in natural online conversations already happening, meaning that we are not able to probe for specific responses and that we will not glean insights that people might be willing to reveal in a controlled setting or privately. *This is why it is vital to compare our analysts' findings with BLK+Cross Alive & In Color work in communities/with advocates and with work from survey and focus group work conducted by our COVID project partners.* By synthesizing research results, these various methods can complement one another.
- **Public vs. Private Social Conversation** – Social media listening monitors public information. These are posts shared publicly and thus which do not raise digital privacy concerns. However, that also means that the tools at our avail pick up conversations from Twitter, Reddit, discussion forums, product review sites, blogs, and other sources--and insights from some public pages on sites like Facebook and Instagram--but will not reflect conversations people have via sites like Facebook, Instagram, and Whatsapp that would be restricted by privacy protocols for Meta and other digital platforms.

- **Demographic Limitations (Pending Audiense Review)** – We are unable to directly search social media based on demographic details such as race or ethnicity, so some of the indicators we looked at with U-Penn research are unavailable through widespread social listening campaigns (***e.g. census tract/location, race/ethnicity, socio-economic, and gender***). Thus, while we have adapted our social media searches to ensure it includes language that reflects how our target impact audiences might be discussing COVID-19 vaccines, we are also using additional market insights data, the Audiense tool, and manual coding to help supplement what a social listening tool like Meltwater can do on its own.

METHODOLOGY: A 7-Step Research Process in Phase 1/Phase 2

In order to adapt our research methodology to the considerations outlined above, we are using a seven-step research process that enables us to include insights from prior research, expand the GHC3 knowledge base, and enable more targeted messaging.

STEP 1: TIKTOK ETHNO

Begin with Directional Qualitative Insights

Ongoing

BLK+Cross began our COVID research by finding and following those posting about the vaccine on TikTok and analyzing content that seemed to be gaining traction within our at-risk segments. By identifying and following posts that are trending on the platform via what surfaces within the platform's own trending algorithms through regular monitoring of the site, the BLK+Cross team has been able to identify key messaging themes arising within a key site for our target demographics, identify content that text-based social listening tools would not be able to find, and highlight nuances of language that can help shape our social listening research instrument.

STEP 2: RESEARCH REVIEW

Ground Analyst Team in Audience Research/Insights from Other Projects

Completed (October/Early November)

The next step in a social media listening project like this one is to pull out key insights, phrases, and targeting considerations from relevant existing research. Starting with BLK+Cross' three main at-risk segments/ target impact audiences, the analyst team reviewed all of BLK+Cross' knowledge about vaccine hesitancy from its own work and reviewed key research as well from our core COVIED project partners. We also reviewed some key studies from beyond the COVIED project focused on vaccine hesitancy, and especially on our target impact African-American and Hispanic-American audiences, including Made to Save and Fellows Americans' video testing using the Swayable platform; FrameWorks' Strategic Brief on "Communicating about Vaccination in the United States;" Surgo Ventures' segmentation of attitudes toward the COVID-19 vaccine; First Draft's "COVID-19 Vaccine Misinformation and Narratives Surrounding Black Communities on Social Media," and various CDC research resources.

(Note that, while this phase is completed, as new research comes to light from other BLK+Cross projects, COVIED research partners, or other sources, we will continue to review and refine our process.)

STEP 3: INITIAL KEYWORD STRING DEVELOPMENT

Developing the Initial Research Instrument

Completed (Late October/Early November)

As we were going through the research outlined in Steps 1-2, we were simultaneously creating our initial research instrument. Utilizing the mechanics of online search, we developed a complex keyword string utilizing the language from our TikTok ethnography and our research review to identify, with accuracy, online content and conversations about hesitancy toward the COVID-19 vaccine.

This complex keyword string highlights key phrases, identifiers, and restraints that we thought would be crucial to surface social media and news posts likely to be specifically about hesitancy to vaccination from COVID-19. In particular, it drew on previous insights from BLK+Cross' work with UPenn to identify how our at-risk



segments were likely to talk about COVID vaccines online, language and hashtags being utilized by those at-risk segments as uncovered in the netnographic work on TikTok, and specific phrases identified from throughout our research review.

(Note that, while this phase is completed, the **keyword string development is an iterative process that is constantly being tweaked** based on new research findings, surprises within the data being collected in the social listening research, and changes in the cultural conversation around the vaccine.)

STEP 4: GETTING THE MELTWATER DYNAMIC SEARCH RUNNING (AND REFINED)

Putting the Research Instrument into the Field

Completed (Mid-to-Late November)

After developing our complex keyword string (the initial research instrument), the analyst team worked with Meltwater representatives to load the complex keyword string into their system and develop the corresponding filters that allow us to target specific barriers in more detail. This is the initial fielding of our research instrument--in this case, to return organic content and conversations already happening publicly online about vaccine hesitancy.

Given the complexity of the particular search being designed by The BLK+Cross team, Meltwater assigned a specialist to work on the GHC3 project. The specialist has helped address challenges where the complexity of our search query pushed at Meltwater's limits and helped us refine our search so that the results returned are, with a high degree of reliability, surfacing conversations about hesitancy to the COVID-19 vaccine.

STEP 5: IN-PLATFORM MELTWATER ANALYSIS

Filtering Large-Scale Vaccine Hesitancy Conversations and Refining the Instrument

In progress Late November/Early December



During this stage, the team is diving into the data that Meltwater is capturing around general vaccine hesitancy conversations happening online in real time. In particular, we are refining a series of filters we started to develop in the previous stage, so that we can start to look at nuance and context within the vaccine hesitancy conversations happening online that tie back to the Emory HELP team's central narratives. This means that we can map online content and conversations about vaccine hesitancy back to core narratives and the various barriers that BLK+Cross is tracking in our master hesitancy grid.

We are capturing our observations, including hashtags and quotes, in an insights capture worksheet as we look at trends within overall vaccine hesitancy posts and in posts that tie, in particular, to the primary vaccine hesitancy narratives and particular barriers. We are also continuing to work with the Meltwater team as we refine these filters and conducting this more nuanced look at the vaccine hesitancy conversation happening online.

This will help fuel an initial report on the overall vaccine hesitancy conversation as of November/December 2021 as found through social listening.

STEP 6: MANUAL CODING OF SOCIAL MEDIA POSTS

Analyzing a Sample of Research Results Matched to At-Risk Segments

Early-to-Mid December

As identified earlier in the work plan, we included a range of phrases derived from our TikTok netnographic work, BLK+Cross' work with UPenn, and other sources to ensure our social listening research is inclusive of how our at-risk segments are likely to talk about the vaccine. However, Meltwater does not capture demographic details like race or ethnicity across the board.

Thus, we will manually code for this information, pulling a random sample of posts and splitting them out into four categories: At Risk Young Adults (18-24), At Risk At Work, Gatekeeping Women & Moms, and N/A.



We will use the insights capture document from the previous step to develop a more detailed coding file that will enable us to tag each post that matches with one of our target audiences and with each barrier/narrative that the post represents, as well as recording that post's context. We will then be able to identify not only the nuances around each barrier already identified, but also to what extent each barrier affects each of the target audiences.

We will also continue to work with the Meltwater team throughout this analysis to find any additional ways we might use the platform to conduct this work.

STEP 7: ADDITIONAL TARGET AUDIENCE INSIGHTS

Filling in Additional Details about Our At-Risk Segments from Other Sources

Early-to-Mid December

Running concurrently with Step 6, online posts from each of the target audience groups will be run through the Audiense tool to provide more detailed demographic and psychographic analysis--so that we can understand additional media consumption and lifestyle details about our At Risk Young Adults (18-24), At Risk At Work, and Gatekeeping Women & Moms. We will also identify influencers/micro-influencers (trusted messengers and lifestyle influencers) and media that the audiences consume. (The team is currently in direct contact with Audiense to further refine what demographic information the tool is able to provide for our ongoing work.)

In addition to drawing on all relevant GHC3 partner research on our target impact audiences, the analyst team will build on what we are learning through our primary social media tools via research made available from sources such as Mintel, Claritas' 2021 U.S. Black Consumer Market Report and 2021 U.S. Hispanic Market Report; the Hispanic Marketing Council's Hispanic Marketing Guide; and additional research from sources like Georgia CEAL, Fulton County, Georgia's "Circle of Trust" survey, YouGov, Pew, Gallup, McKinsey, Nielsen, First Draft, and U.S. Census results, as well as relevant geographic market insights which can help flesh out our understanding of these target at-risk segments.

These sources will complete the profile information/attributes outlined in our segmentation grid such as demographics, cultural norms, media engagement, cultural spaces, additional barriers to vaccine uptake, communication and behavioral strategies, and other psychographic and behavioral data.

Expected Analyst Deliverables at the End of Phase 2

- An insight capture document that highlights contexts and nuances for the various barriers already identified by prior research, based on the overall Meltwater-identified conversation; insights on relative incidence of various barrier types; constructs shaping the conversation; and pro-vaccine narratives that break through.
- A summary of initial findings from the analyst team's manual coding research that highlights directional observations on how barriers affect each target impact at-risk audiences differently; relative incidence of various barrier types; and particular language, hashtags, etc., that surface when looking at our samples (including a quantitative understanding based on a random sample)
- Analysis of TikTok ethnographic work as it correlates with work being conducted via social listening tools
- An initial list of influencers and media that each target audience follows, and some insights on the reach of those influencers/media
- Initial audience profiles of each audience, derived from social media listening insights, that can map into BLK+Cross' larger deliverables/models for understanding our three target impact audiences

Implications for Phase 3 Research



Upon completion of Phase 2 work, the analyst team will continue working to ensure insights and learnings from this digitally driven research is incorporated into the final Vaccine Confidence Audience Segmentation deliverables being developed in Phase 3.

The analyst team will also continue monitoring findings from Meltwater and Audiense for the duration of our access to the tools, to inform and test the planned engagement strategy and tools/resources BLK+Cross is developing for its Phase 3 deliverables.

For more information on the contents of this report, please contact Gail A. Brooks, Principal Strategist, The BLK+Cross at gail@theblkcross.co.