



“At-Risk, At-Work”

- 25 - 54
- African-American & Hispanic
- Skew Urban & Rural
- Avg. HHI of \$25,000-\$35,000
- Vax Confidence: Movable Middle + Disaffected & Culturally Avoidant

Key Barriers to Vaccination/ Vaccine Confidence

- Apathy
 - Practice alternative risk mitigation strategies
 - Disillusionment with “the system”; nihilism from daily struggles/unmet needs
 - Believe break-through infections prove Vax inefficacy
- Access (Time & Money)
 - No PTO/ Transportation
 - Fear cost of vaccination
 - Prioritize work/providing for family, over health
- Distrust of Institutions/Authority
 - Skeptical of incentive programs & “Brownwashing of COVID Messaging”¹
 - Fear of population control/Forced sterilization
 - Fear of population mobility tracking
- Low COVID/COVID Vax Literacy
 - Mis/Disinformation from family/ peers and online
 - Unknown Ingredients
 - How vaccines work with the body’s immune system
 - Short-Term Side Effects

¹ “Brownwashing” is considered the “gratuitous” or inauthentic use of people of color in messaging, with the intention to manipulate or coerce.

“Stakes Is High”: At-Risk, At Work Are High-Risk; Low Access

At-Risk, At-Work encompasses essential workers, as well as Medicaid recipients and lower-income individuals (that may be under- or unemployed). These groups have strong parallels due to their mobility patterns, limited access to information and resources, and living/work conditions. Like the Youth/Young Adult segment, they may also be socially isolated and/or culturally avoidant. 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, and public transit workers. In rural areas, this segment may also include migrant workers that skew Hispanic.

VaxUp To Thrive? – No Go, No PTO!

Since early 2021, the NIH-funded Georgia CEAL program at Morehouse School of Medicine has conducted ongoing research around the COVID-19 attitudes and behaviors of African-Americans and Hispanic-Americans in both urban and rural areas. These findings, combined with research conducted by Emory University’s Human Engagement & Learning Platform and the Georgia College Rural Studies Institute, have been used to assess the general sentiments of this at-risk group. Essential workers are heavily concerned with maintaining their work and family routines, and are more likely not to have paid time off, so lack of flexibility in their schedules can act as a key barrier to vaccination. Nearly a third of them are concerned about short-term side-effects from the vaccine and, furthermore, 39% do not plan on getting the vaccine at all. Cost and transportation can also act as barriers, as many lower income individuals have little to no expendable income.

Low Vax Literacy = Low Vax Priority

Most members in the *At-Risk, At-Work* segment do not see taking the vaccine as necessary for the safety of those around them. Of the CEAL study cohort, only 45% associate the vaccine with keeping their family safe and only 31% with community safety.² Instead, they are likely to view mask-wearing, sanitizing/hand-washing, and limited mobility as effective forms of COVID risk mitigation.

² Georgia CEAL/ Morehouse School of Medicine

For this segment, their health and safety is secondary to working and they will not seek medical care unless absolutely necessary. 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. This is also their same attitude in terms of researching vaccinations and any other seemingly optional health procedures. 30% of respondents participating in the CEAL study have not seen a doctor for a regular check-up in over a year. Alongside the scarcity of time, this avoidance has also been driven by a distrust of healthcare and medical research professionals. Nearly a third of them believe that medical researchers act differently toward minorities and unfairly select minorities for dangerous research. Made even more anxious by stories of bad side-effects from their peers or social media, they have an exaggerated fear of the worst side effects, and will not take the vaccine as long as they see it as a threat to their work schedule.

Regional Nuances

Rural + Blackbelt

- Heavy faith-based skew
- Less insured
- Higher preference for natural and holistic treatments for illness
- May reside in information deserts
- Suffer a long history of neglect and have closer proximity to histories of medical abuse (e.g. The Tuskegee Experiment, Mississippi Appendectomy)
- Severely underdeveloped public health infrastructure creates distrust
- Considerations for farming communities and migrant workers include lack of healthcare infrastructure, information deserts, language/literacy barriers, internet connectivity gaps, transportation/distance challenges, immigration status, and long-standing customs and traditions that may be perceived as replacing the need for vaccination
- Often culturally isolated
- The views of groups such as the *Liberation Farming Movement*, *Black Israelites*, and *The Nation of Islam* may influence beliefs toward distrust of institutions
- May live in states with less Medicaid expansion, like Georgia

Urban

- Frequent use of mass transportation, more dense living conditions, and high-traffic work conditions, drive a higher risk of exposure
 - may work in close, less safe conditions, such as factory jobs
- The views of the Nation of Islam and other Black Nationalist groups may influence beliefs toward distrust of institutions in key metropolitan areas

Midwest

- The Flint Water Crisis still drives distrust in government authority
- Manufacturing/Factory Jobs, and their associated risks are common-place
- Long-standing residential and social segregation, combined with high levels of violence in cities like Chicago, or Atlanta in The South, act as barriers to vax confidence

Priority Narratives & Barriers

40% of AA within this segment don't plan on getting the vaccine.³ Sorting the narratives for this audience is a difficult task, as the size of this group is massive and, in theory, all narratives can apply. However, fear of side-effects drive a lot of the safety-related hesitation around vaccination. Additionally, given their significant distrust in government institutions, counternarrative messaging with the explicit purpose of acknowledging historical abuse/bias, assuring them their doubts are reasonable, and establishing rapport is highly encouraged.

1. "COVID Vax is Unnecessary" (Perceived Low Threat)

- a. Practice alternative risk mitigation strategies (mask-wearing, social isolation, sanitizing/hand-washing)

2. "COVID Vaccines Don't Work"

- a. Lack of understanding of the vaccination process and breakthrough cases

³ Georgia CEAL/ Morehouse School of Medicine

3. “It’s About Freedom” (Government Control)

- a. They work for a range of mid-sized to large employers and don’t want government to dictate their rights when they already feel they don’t have a voice in these organizations

4. “It’s Not Worth The Risk/Vax Aren’t Safe”

- a. Tweets from influencers like Nicki Minaj about swollen testicles accentuates the fear of side effects on a grand scale.

5. “I Just Don’t Know” (Overwhelm/ Lack Clarity)

- a. They are in information bubbles and aren’t seeking new information due to lack of time

6. The Big Push

Engagement Strategy Insights

- *At-Risk, At-Work* individuals are, arguably, at the highest risk for COVID-19, with many of them being under-employed, low-income essential workers, frequent users of public transportation, and residing in high-density living conditions. They also have higher incidence of chronic illness.
- Many (particularly HA) are the primary wage earners for the family, so addressing their health needs often comes secondary to making a living. *At-Risk, At-Workers* need information related to convenient vaccine access (transportation, proximity to work) at no cost, and reassurance, perhaps through peer storytelling, that short-term side-effects will not result in time off work. This segment is also most likely to be incentivised to get vaccinated. Another tactic is to assure them by seeing other individuals of their same socio-economic status that taking the vaccine will not result in adverse effects to their health or working schedule.
- *At-Risk, At-Workers* have a higher degree of hesitancy toward COVID-19 vaccination than *Gatekeepers* due to a long-standing history of cultural isolation, marginalization, distrust of the healthcare system, and low health/science literacy. This makes them an easy target for mis/disinformation.

- The most effective messaging will be facilitated by peers explaining how the vaccine has protected them while also having very little adverse effects.

Key Messages: Positioning & Topics

- **Protect The Ability To Provide** - Communicate that vaccination is the best way to protect themselves from COVID infection that could cause a disruption in their work schedules and/or family routines.
 - The science of viral transmission
 - The body's immune system
 - How vaccines & the mRNA vaccines work
- **Know and Understand Your Rights** - Informing them about free care, employee rights, and different forms of assistance
 - The infodemic
 - Safeguards against medical abuse
 - The vaccine development process (speed, participation in clinical trials, and oversight by trusted scientists and doctors of color)

Priority Engagement Channels

- **Trusted Messengers** - Communicate vital vaccination information through faith-based leaders, key sports celebrities (football, basketball), and radio and news personalities, as well as community leaders such as local politicians and/or advocates
- **Transit Media** - Due to their high use of public transportation, transit media is a key channel for this group
- **Local Radio**
- **Social Media** - Facebook, Instagram, TikTok

At-Risk, At-Work					
Demographics	Identity, Attitudes, Values	Cultural Engagement	Key Cultural Spaces	Health/ Healthcare	COVID-19 Risk Factors
<p>Age 25-54</p> <p>Gender 60% male/ 40% female</p>	<p>Self-Concept Typically see themselves as fitting in as part of a system and may be the breadwinner of their household if they have a family</p> <p>-----</p> <p>Hardworking, Family-Oriented (Skew Southern & HA), Conservative (Southern & Rural)</p> <p>-----</p>	<p>Cultural Openness Most socially isolated by race and ethnicity</p> <p>-----</p> <p>Experiencing a period of disillusionment around race in America; Distrust, racial pride, and empowerment influence perspective. (Black Lives Matter, The Crown Act, etc.)</p>	<p>Offline Spaces Outdoor destinations (HA skew)</p> <p>-----</p> <p>Barber shops/salons</p> <p>-----</p> <p>Places of worship</p> <p>-----</p> <p>Community health centers/urgent care</p> <p>-----</p> <p>Social service access points</p>	<p>Relative Trust In Healthcare High degree of distrust in healthcare system due to neglect and persistent systemic racism and bias</p> <p>-----</p> <p>Distrust in "Big Pharma"</p>	<p>Risk Factors High incidence of chronic illness</p> <p>-----</p> <p>Heavy use of mass transit</p> <p>-----</p> <p>AA are 20% of the lowest-paying, highest-contact essential workforce in America</p> <p>-----</p> <p>More likely to see mask-wearing, social isolation, & sanitizing as effective forms of COVID-19 prevention</p> <p>-----</p> <p>High stressors</p>

At-Risk, At-Work

Demographics	Identity, Attitudes, Values	Cultural Engagement	Key Cultural Spaces	Health/ Healthcare	COVID-19 Vax Confidence
<p>Race/ Ethnicity African-American Hispanic-American</p>	<p>Attitudes/ Values Culturally isolated ----- More traditional AA/HA socio-cultural norms, traditions, ideals ----- Time & cost-conscious ----- Faith-based (HA skew)</p>	<p>Subculture Participation AA/HA sports, culture, & entertainment ----- Geography ----- More likely to use natural/home remedies ----- Food/cooking ----- Racial justice/immigrant rights ----- Faith-based ----- Black farmers & liberation farming (Rural)</p>	<p>Online Spaces Facebook ----- BET.com ----- Mitu/PeroLike (HA) ----- Instagram Twitter (younger skew)</p>	<p>Health Behaviors Least likely to have visited a doctor within the last year ----- Often seek advice online to treat oneself ----- May forego care due to time/money constraints and/or lack of insurance ----- May have difficulty staying on Medicaid due to administrative burden ----- May avoid seeking healthcare in general due to fear of mistreatment/bias ----- Stigmas around seeking mental/behavioral healthcare</p>	<p>Relative Confidence Segment with least confidence in COVID vaccine ----- Cultural isolation + low vax literacy ----- High vulnerability to mis/disinformation ----- Key Areas of Doubt Strong distrust of government institutions ----- Short-term side-effects that impair ability to work ----- Long-term side-effects ----- Time/cost constraints ----- Underlying conditions ----- Pregnancy/fertility ----- Speed of development process</p>

At-Risk, At-Work

Demographics	Identity, Attitudes, Values	Cultural Engagement	Media Engagement	Health/ Healthcare	COVID-19 Trusted Messengers
<p>Geography Skew urban & rural</p> <p>Education Least educated segment relative to age/ life-stage</p> <p>Income \$25,000-\$35,000 ----- 33% of single parent AA moms live below the poverty line</p>	<p>Racial/ Ethnic Self-ID Black/ African-American ----- Country of origin ----- Afro-Latino ----- Hispanic/ LatinX</p> <p>Subcultures Rural, urban, Southern ----- Rap/ hip-hop/urban music ----- Football/basketball (AA) soccer (HA) ----- Migrant worker (HA) ----- Nation of Islam (Skews Chicago/ Mid-Atlantic/NE) ----- Liberation Farming Movement (Appalachia and the Black Belt)</p>	<p>Cultural Markers Motherhood/ parenting cues ----- Black/Hispanic cultural traditions</p> <p>Key Lifestyle Influencers Social justice groups (e.g. Liberation Farmers, New Era Detroit) ----- Football/basketball icons (AA/HA) Soccer icons (HA) Baseball icons (Urban/Caribeño HA) ----- Tyler Perry, Kirk Franklin, Rza Islam/Farrakhan, Bishop TD Jakes ----- Local Black/Hispanic media personalities</p>	<p>Key Traditional Channels Most trusted media channel varies but family/friends of same socio economic status are prevalent ----- Radio/newspaper ----- Transit media/OOH ----- Fox News</p> <p>Online Channels/ Online Video The Shade Room Worldstar HipHop ----- Facebook/ Instagram/Twitter (Younger AA skew) WhatsApp (HA skew) ----- Amazon Prime Video</p>	<p>Level Insured 55% are insured 25% have HMO, 26% have PPO, 16% have public health insurance⁴</p>	<p>Trusted Messengers Primary care providers ----- Peers/friends/family ----- Faith leaders ----- Community advocates/ organizers ----- Social justice advocates ----- Community health workers</p>

⁴ Georgia CEAL/ Morehouse School of Medicine