



# Strategies to Improve Communication and Messaging in Rural Populations: Guidance for Supporting Vaccination

July 2023

## Executive Summary

This guidance document was co-created with knowledgeable community members and rural health partners to provide direction on promoting vaccine uptake in diverse rural, tribal and frontier communities. Specifically, the document includes input from racial, ethnic and culturally diverse subject matter experts and advocates. It focuses on considerations for tailoring communications and messaging about the COVID-19 vaccine and other vaccines. Included are links to suggested resources that can assist rural communities with broader vaccination efforts.

### Background

Rural communities, especially those with substantial American Indian/Alaska Native, African American/Black, or Latino/Hispanic populations, have been disproportionately affected by COVID-19 infections and deaths.<sup>1,2</sup> Factors contributing to vaccine hesitancy in rural communities are complex and influenced by diverse cultures, social and political values, histories and demographics.<sup>3-6</sup> This diversity emphasizes the need for tailored strategies that reflect each rural community's needs, priorities and values.

### Strategies to Encourage Vaccine Uptake

Rural communities have employed strategies to address vaccine hesitancy by increasing confidence, reducing complacency and improving convenience. Increasing confidence may involve listening to communities and playing a supporting role, building trust and creating structures for equity over time and before emergencies. Reducing complacency could include acknowledging differing needs and priorities in diverse rural communities. Finally, improving access and convenience may entail meeting communities where they are, building partnerships to leverage limited resources and addressing literacy and technological barriers.

This guidance document focuses on strategies for identifying and tailoring messaging, determining effective channels and leveraging community partnerships.

### Messages

Messages should be co-created with key audiences to ensure they achieve the intended impact. Successful messages will depend on the values and priorities of each rural community. For example, some messages developed for diverse rural communities have emphasized making personal choices and protecting oneself and family.

### Channels

Dissemination channels commonly include social media, newspapers, community events, call centers and local radio or television.

### Partners

Partnerships are essential for implementing effective strategies in diverse rural communities. Building trust over time is essential for promoting vaccine uptake, and partners can serve as trusted messengers for conveying information about vaccination. Common trusted messengers for vaccine communications include community health workers or ambassadors, health care providers, local media hosts, faith-based leaders and family members or friends.

#### Putting it all Together: Steps for Encouraging Rural Vaccine Uptake

- 1:** Begin work in partnership with communities to identify feasible and applicable strategies.
- 2:** Identify trusted messengers and partners to implement strategies for vaccination.
- 3:** Incorporate equitable and sustainable outreach models in health departments to engage diverse rural communities over the long term.

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## Section I. Introduction

### CDC Foundation

The CDC Foundation helps the Centers for Disease Control and Prevention (CDC) save and improve lives by leveraging the power of collaboration between CDC, philanthropies, corporations, organizations and individuals to protect the health, safety and security of America and the world. The CDC Foundation is the go-to nonprofit authorized by Congress to mobilize philanthropic partners and private-sector resources to support CDC's critical health protection mission. The Foundation supports initiatives focused on advancing health equity to realize its vision of vibrant and resilient communities where everyone can thrive and live their healthiest lives.

### Health Equity in Rural Communities

Rural health inequities are rooted in multiple social, historical, economic, cultural and structural factors that vary from community to community. Many of these factors are influenced by the historically unequal distribution of power based on race/ethnicity, location and wealth or income. This unequal distribution of power and the resulting inequitable systems that drive health disparities have affected each rural community differently. Therefore, while this document provides promising strategies and messaging for increasing vaccine confidence among rural communities, efforts must be tailored to the unique needs of each community and developed in partnership with the intended audiences.

### Purpose

This document aims to provide guidance and supporting resources to rural communities, tribal and local health departments on communications strategies to promote vaccine uptake in diverse rural communities. In Tables 1-5, you'll find links to existing resources in various categories.

Through use of this document, health departments will be able to:

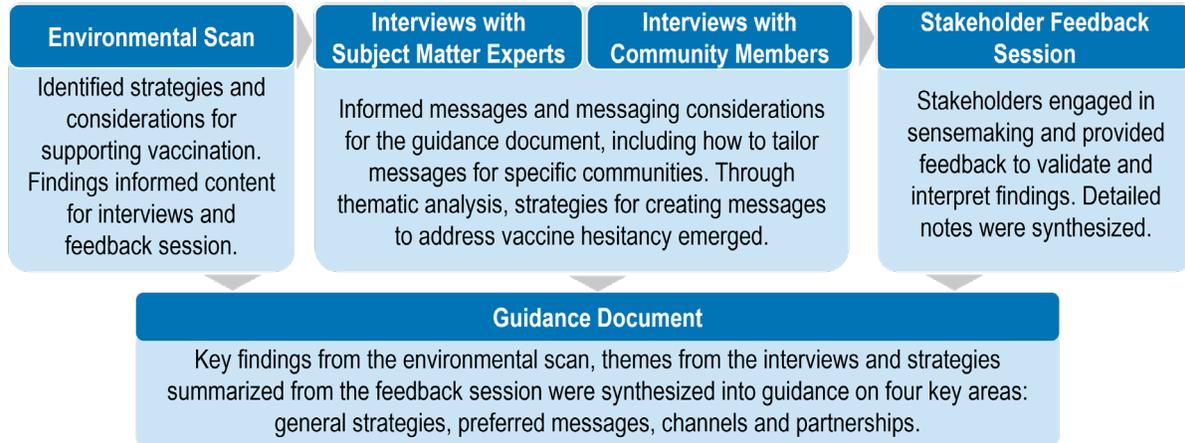
- Identify strategies for vaccine uptake that may resonate with their communities
- Access tools to support their vaccination and communication efforts
- Learn how to tailor messages to be most effective for their community



## Project Methods

An environmental scan, key informant interviews and a virtual feedback session informed the development of this resource guide (Figure 1).

**Figure 1. Methods Used to Inform Guidance**



### ***Environmental Scan***

An environmental scan of the gray and peer-reviewed literature was conducted to identify relevant studies and resources. Tables 1-5 include publicly available web pages, documents, presentations and videos highlighting rural health equity and vaccination considerations.

### ***Interviews***

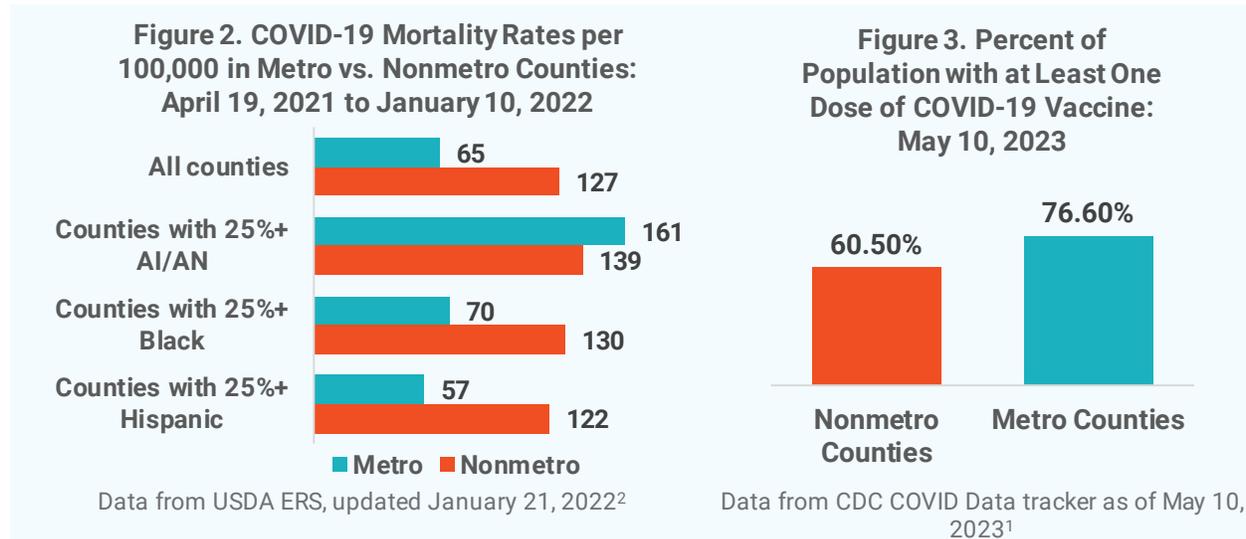
Key informant interviews were conducted virtually with nine subject matter experts (SMEs) and six community members. SMEs provided insight into considerations for supporting rural vaccination for diverse rural communities. Community members provided additional context about their communities, discussed vaccine knowledge and perceptions and reviewed sample messages to make recommendations on tailoring language for their communities. The six community members represented communities from Georgia, Texas and North Dakota. A rapid note-based analysis was conducted to identify key themes for the guidance document.

### ***Virtual Feedback Session***

A virtual feedback session was conducted with 16 rural health stakeholders. Stakeholders who attended the virtual feedback session represented academics, state officials, local health department staff, hospital administrators and members of community organizations providing direct services from Georgia, Idaho, Kentucky, Minnesota, New Mexico, North Dakota, Oregon, Tennessee, Texas and Wisconsin. This group of stakeholders and SMEs provided input based on their diverse backgrounds and experiences. Participants reviewed preliminary findings from the environmental scan and interviews. After the session, their feedback was summarized and incorporated into the guidance document.

## Section 2. Factors Influencing Vaccination in Diverse Rural Communities

Data show higher COVID-19 mortality rates and lower vaccination rates in nonmetro (rural) counties than in metro counties (Figures 2 and 3). In addition, nonmetro counties with large proportions of American Indian/Alaska Native and Black/African American people on average have higher mortality rates than the average for all nonmetro counties (Figure 2).



Complex factors contribute to higher mortality rates and vaccine hesitancy in some diverse rural communities, including structural factors that segregate community members from opportunities to lead their healthiest lives.<sup>7,8</sup> Other contributing factors include a history of unethical research, discrimination based on race and citizenship status, sociopolitical influences that affect trust in government agencies and the spread of misinformation.<sup>9</sup> Disparities in COVID-19 vaccination rates and mortality rates in many diverse rural communities highlight the importance of tailored vaccination uptake strategies.<sup>a</sup>

*During the COVID-19 pandemic, [vaccine hesitancy] took off significantly in the communities we serve, particularly the most rural of the rural.*

*--Key Informant Interview Participant*

### The 3 Cs

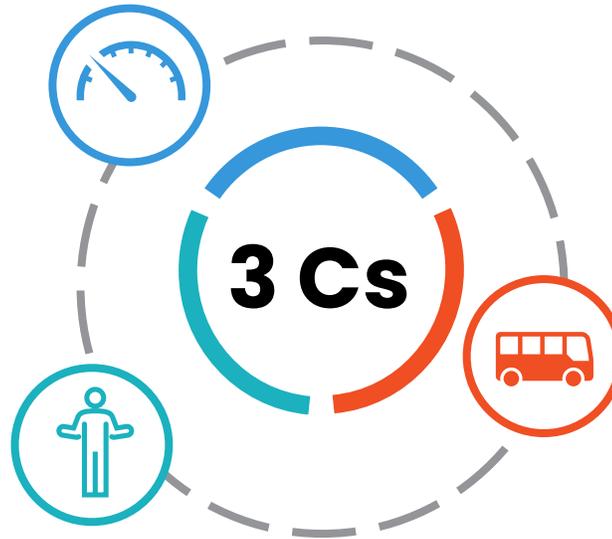
The World Health Organization organizes factors that influence vaccine hesitancy into three categories: **C**onfidence, **C**onvenience and **C**omplacency (Figure 4).<sup>10</sup> Confidence involves trust in the effectiveness and safety of the vaccine; convenience includes the ability to access a vaccine; and complacency is the perceived risk of disease without receiving a vaccine. Within each of these categories, there are specific factors that influence vaccination in diverse rural communities.<sup>10</sup>

<sup>a</sup> When working with diverse rural communities, it is important to highlight strengths in addition to supporting solutions to challenges. Many diverse rural communities have higher than average vaccination rates that provide important insight into successful strategies (for example, see COVID-19 Vaccination Success Stories in Rural Communities in Table 4).

**Figure 4: The 3 Cs of Vaccine Hesitancy in Diverse Rural Communities**

**Complacency:**

- Perceived low risk of contracting COVID-19<sup>5</sup>
- Belief that the seriousness of COVID-19 is exaggerated



**Convenience:**

- Lack of health insurance<sup>4</sup>
- Location and number of vaccination sites
- Limited transportation options<sup>3</sup>
- Under-resourced healthcare systems<sup>6</sup>
- Language barriers
- Inability to miss work for vaccine appointments
- Competing priorities (e.g., food insecurity, job loss)

**Confidence:**

- Sociocultural identities and political ideologies<sup>11</sup>
- Confusion, uncertainty and feeling overwhelmed by a large amount of information and misinformation<sup>4,12</sup>
- Mistrust in healthcare and government institutions for various reasons (e.g., history of racist/unethical treatment, immigration fears, historical trauma)

More information on contributing factors to vaccine hesitancy in diverse rural communities can be found in resources linked in Table 1 below.

**Table 1: Resources Focused on Rural Health Equity or Disparities**

<b>Name of Resource</b>	<b>Description</b>	<b>Type of Resource</b>
<b><u>Advancing Health Equity in Rural America</u></b> <i>Robert Wood Johnson Foundation</i>	Discusses contributing factors to rural health inequities and strengths that can promote health equity.	Report
<b><u>Disparities in COVID-19 Vaccination Coverage Between Urban and Rural Counties – United States, December 14, 2020–January 31, 2022</u></b> <i>Saelee et al.</i>	Provides a breakdown of COVID-19 vaccination rates between rural and urban counties through January 2022.	Journal Article
<b><u>Rural Health Equity Toolkit</u></b> <i>Rural Health Information Hub</i>	Offers background information on health disparities in diverse rural communities and strategies to incorporate equitable approaches to community health programs.	Website

## Section 3. Encouraging Vaccine Uptake Among Diverse Rural Populations

### A. Summary of Strategies

Rural communities across the U.S. have implemented a variety of strategies to address vaccine hesitancy and encourage vaccine uptake in their populations. This section highlights these strategies and includes guidance on tailoring preferred messages to resonate with specific communities, identifying dissemination channels that reach intended audiences and engaging partners to contribute to vaccination efforts.

Successful efforts to increase vaccine uptake in diverse rural populations have focused on increasing vaccine confidence through listening to concerns and providing trustworthy communications, reducing complacency through offering incentives and incorporating other priorities, and improving convenience and accessibility.

#### Confidence

	Key Takeaway	Examples of Rural Successes
	<p><b>Listening to the community and playing a supporting role.</b> Diverse rural communities are in the best position to determine what strategies and messaging will most successfully reach their friends, family members and colleagues. Avoid making assumptions about what rural communities prioritize. Work on improving communication about public health in general, especially in communities experiencing COVID fatigue.</p>	<ul style="list-style-type: none"> <li>• Supporting the co-production and co-creation of materials</li> <li>• Convening working groups comprised of trusted partners to tailor strategies and communications for rural communities<sup>9</sup></li> <li>• Conveying empathy and avoiding judgment<sup>9,13</sup></li> <li>• Sharing factual messages based on science<sup>9</sup></li> <li>• Acknowledging rural diversity and understanding the historical context of inequities</li> <li>• Accurately using symbols and representations that are not offensive to communities</li> </ul>
	<p><b>Building trust.</b> Diverse rural communities may lack confidence in governmental and healthcare institutions because of recent examples of mistreatment and injustice. Building trust as a local health department may require demonstrating interest in the rural community beyond increasing vaccination rates. Having a presence in the community and committing to improving overall well-being can be critical to success.</p>	<ul style="list-style-type: none"> <li>• Engaging community health workers (CHWs), outreach workers, <i>promotores</i>, ambassadors, or navigators to share information with community members<sup>14</sup></li> <li>• Holding town halls and community discussions to address specific concerns and dispel misinformation<sup>9</sup></li> <li>• Investing time in building a presence in rural communities and demonstrating understanding</li> <li>• Integrating immunization efforts with other topics of interest to the community<sup>14</sup></li> <li>• Not making assumptions about who counts as a trusted messenger (e.g., assuming that only people in leadership positions should be engaged)</li> </ul>



**Key Takeaway**

**Creating structures for equity over time and before emergencies.** Health disparities will persist in diverse rural communities unless health departments help tackle the root causes of inequities. Building trust and engaging communities is a long-term process, and health departments can institutionalize structures to involve diverse rural communities in interventions that improve their health and well-being.

**Examples of Rural Successes**

- Including vaccination as a piece of a larger initiative or coalition focused on rural health equity concerns
- Examining assumptions about priorities, best practices and ways of knowing, especially when working with communities with different disease conceptualizations
- Formalizing channels for community engagement, such as through task forces, coalitions, or other organizing bodies

**Complacency**



**Key Takeaway**

**Acknowledging Differing Needs and Priorities.** Diverse rural communities may face multiple challenges that take precedence over getting a vaccine, from persistent poverty to food insecurity to housing instability. In addition, diverse rural communities may perceive health department staff to be insincere or uninterested in their well-being if they focus on vaccination to the exclusion of other critical concerns.

**Examples of Rural Successes**

- Working with communities to understand what kinds of monetary or non-monetary incentives would be well received
- Offering incentives for initial and subsequent vaccination appointments, such as gift cards that help meet a need (e.g., grocery store, gas station) or services that remove a barrier (e.g., childcare during appointments, co-locating vaccine events with food pantries)
- Compensating community members for roles on advisory councils or other demands on their time

**Convenience**



**Key Takeaway**

**Meeting community members where they are.** Traveling to vaccination appointments can be challenging for multiple reasons. Many rural communities have limited public transportation infrastructure. People may have to drive long distances to receive the vaccine at a clinic, which can be difficult for those with limited mobility or chronic health conditions. Rural residents might also have caregiving responsibilities or be unable to miss work for appointments. Eliminating or addressing transportation barriers is a strategy that supports vaccination efforts.

**Examples of Rural Successes**

- Setting up mobile clinics at faith-based organizations, worksites or community events in areas with few vaccination sites
- Reaching community members at events they may already be attending (e.g., engaging parents at health fairs, backpack events, and children’s activities<sup>14</sup>)
- Partnering with employers to offer vaccines on work sites
- Offering a home visiting program to vaccine community members with limited mobility
- Arranging transportation or offering transportation for whole families, especially when parents may not have available childcare

	<b>Key Takeaway</b>	<b>Examples of Rural Successes</b>
	<p><b>Building partnerships to leverage limited resources.</b> Partnerships are essential to supporting vaccination efforts in rural communities – not only for engaging trusted messengers but also for coordinating resources and avoiding duplication of efforts.</p>	<ul style="list-style-type: none"> <li>• Partnering with rural schools, libraries, community centers and places of faith</li> <li>• Identifying which partners are already providing resources to community members and how services can be combined with vaccination events or communications</li> <li>• Recognizing and including sovereign tribes in rural strategies, working with local and national experts to facilitate partnerships</li> </ul>
	<p><b>Addressing literacy and technological barriers faced by rural communities.</b> Diverse rural communities may have community members with wide ranges of literacy and technological skills.</p>	<ul style="list-style-type: none"> <li>• Following CDC plain language and accessibility guidelines, being mindful of literacy level when designing communications<sup>15</sup></li> <li>• Resisting assumptions about culture, language and dialect based on country of origin</li> <li>• Providing assistance with navigating systems for scheduling vaccination appointments</li> </ul>

### Considerations for Selecting Strategies

Consider these guidelines when selecting a strategy or combination of strategies to use:

- **Gather input from the community.** Engaging the community when planning strategies and before any implementation helps ensure the initiatives will be accepted.

*“Our approach has been to focus on the community voice and what the community needs. In terms of my experience working with tribal, rural and frontier populations, it’s been listening to the community and making sure they have input.”*

–Feedback Session Participant

- **Tailor the strategy.** Each rural community has its own culture, social values and history, and it is important that strategies honor those as they are developed and implemented.

*“Within our counties, we have so many different communities, and there is no one thing that works; it just has to be individualized to those in that community and population.”*

–Key Informant Interview Participant



#### Strategy Spotlight

The Tennessee Department of Health’s Division of Disparities Elimination (DHDE) created the **COVID-19 Health Disparity Task Force** to address racial disparities in COVID-19 cases and deaths across the state. More than 800 members from faith-based organizations, academia, healthcare, community organizations and public health comprised the workgroup that hosted **listening sessions** to understand the community’s concerns and questions, leveraged partnerships within the task force to **share accurate information** and organize community vaccine events and **translated** communications into languages spoken by the community. The task force’s key strategy was going **directly to people** where they are in the community.<sup>16</sup>

**Table 2: Resources Focused on Strategies to Increase Vaccination in Rural Communities**

Resource	Description	Population(s) of Focus	Type of Resource
<b><u>Assessment with Refugee, Immigrant, and Migrant Communities</u></b> <i>CDC and Considerations for Conducting Rapid Community Assessment in Tribal Communities</i>	Offers specific considerations for engaging tribal and refugee, immigrant, and migrant communities to complement the <b><u>COVID-19 Vaccine Confidence Rapid Community Assessment Mini Guide.</u></b>	Tribal and refugee, immigrant, and migrant communities	Document
<b><u>COVID-19 Vaccination Field Guide Addendum: Rural Considerations for Vaccine Confidence and Uptake Strategies</u></b> <i>CDC</i>	Offers rural-specific considerations to complement the <b><u>COVID-19 vaccination field guide.</u></b>	Rural communities	Guide
<b><u>COVID-19 Vaccination in Rural Areas Resource Hub</u></b> <i>Rural Health Information Hub</i>	Offers multiple resources for rural communities, including messaging, supporting access to vaccines, and technical assistance.	Rural communities, some resources for tribal, farmworker communities	Resource hub (website)
<b><u>A Guide to Building Tribal Public Health Capacity</u></b> <i>CDC Foundation</i>	Offers practical guidelines and checklists for tribal public health organizations that can be applied to vaccination efforts.	Tribal communities	Guide
<b><u>Rural Health Clinic Vaccine Confidence (RHCVC) Program</u></b> <i>Health Research and Services Administration</i>	Provides recordings of trainings and technical assistance delivered through the RHCVC, which seeks to improve vaccine confidence and counter vaccine hesitancy in rural communities.	Rural communities	Website
<b><u>State Strategies to Increase COVID-19 Vaccine Update in Rural Communities</u></b> <i>National Governors Association</i>	Provides a state-level perspective and strategies for increasing vaccination in rural communities.	Rural communities	Guide
<b><u>Vaccine Confidence and Uptake Strategies for Tribal Communities</u></b> <i>National Indian Health Board</i>	Discusses 12 strategies to increase vaccination among tribal communities and provides implementation examples.	Tribal communities	Document

## B. Preferred Messages

When communicating with diverse rural populations about vaccination, messages must be clear, consistent and relatable to the community. Based on input from SMEs and community members, general principles for communicating with diverse rural communities include:

 <p><b>Use plain language.</b> Be clear and mindful of literacy levels in the community.</p>	 <p><b>Understand community priorities.</b> Connect vaccination to the priorities of the community.</p>
 <p><b>Listen to community concerns.</b> Acknowledge those concerns in messaging without judgment.</p>	 <p><b>Leverage existing strategies.</b> Use or learn from communications already being implemented in the community.</p>
 <p><b>Acknowledge cultural constructs.</b> Western disease constructs, including vaccination, may not align with ideas of health in some cultures.</p>	 <p><b>Be specific to the population you are trying to reach.</b> Avoid photos or messages that are too broad and stereotypical.</p>

Reactions to messages in diverse rural communities will vary based on factors such as culture, education, lived experience and parental status. Messages proven effective in several rural communities have included the following themes:

- **Emphasizing personal choice, autonomy and privacy:** Framing vaccination as a personal choice may resonate in some rural communities. For example, one community member interviewed for this guide preferred messages that “empowered them to make a decision,” rather than telling them what to do. Emphasizing vaccination status as private information between the person and their physician may also reassure people in rural communities who feel pressured not to vaccinate.
- **Connecting to meaningful, culturally relevant values:** Messaging that reflects specific values can help rural community members relate to vaccine communications. For example, messages emphasizing how vaccination can protect vulnerable loved ones were successful in many family-oriented rural communities. In addition, some tribes found it effective to show tribal elders being vaccinated in their communications materials.
- **Sharing factual information about the vaccine:** Stating facts about vaccine development, vaccination rates, location of clinics and costs may help emphasize the safety and effectiveness of the vaccine and address some access concerns.
- **Conveying personal stories:** Stories that describe community members’ decisions to get vaccinated—particularly if they changed their minds—helped to normalize and address fears and uncertainties about getting vaccinated.
- **Connecting to issues the community cares about:** Examples of acceptable messages have included framing vaccination as a strategy to support small businesses, grounding vaccination in evidence for farmers and ranchers who rely on science in their professions and integrating immunization messaging with water testing in a community experiencing drought.

Effective messages about vaccination are tailored to the specific needs of individual communities. According to rural health SMEs and rural community members, some important considerations for tailoring messages to your community could include:

- **Eliciting input from community members:** Focus groups or community meetings offer opportunities to understand factors contributing to vaccine hesitancy, identify community priorities, recognize intracultural differences and determine what messages will resonate with members of specific rural communities. One key informant suggested, *“Show the existing messaging to community members and say, ‘I want to make something like this, how should I do it?’”*
- **Engaging in co-creation:** Working with community members to create messages in their preferred languages instead of translating messages originally written in English helps ensure messages are culturally appropriate and understandable.
- **Using images that relate to the specific population:** Avoid tailoring based on stereotypes without direct community input. Try including pictures of real people in your community (after obtaining written releases), rather than stock photos and ensure that any designs used are intentional and specific to your community.
- **Involving individuals with a range of identities:** Include everyday members of the community in addition to local experts. Public service announcements (PSAs) that included personal testimonials on vaccination showed people with different identities, which helped make the messages relatable to different audiences.<sup>17</sup>
- **Avoiding overly forceful or shaming messages:** Multiple rural community members indicated that messages that attempted to shame people into getting vaccinated or placed the messenger in a place of authority over the audience are often met with resistance. Message testing can help ensure that communications will not further alienate diverse rural communities from vaccination.

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*“Involve community wherever and whenever possible, and your materials will be better.”*

*– Key informant interview*

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### Strategy Spotlight

The United States Department of Agriculture (USDA) National Institute of Food and Agriculture and CDC funded the **Extension Collaborative on Immunization Teaching & Engagement** (EXCITE) initiative to support vaccination in rural and underserved communities. EXCITE programs formed multi-sector partnerships in diverse rural communities to tailor vaccination communications and outreach strategies. Local health departments can connect with cooperative extension programs in their state to leverage lessons learned from the program.

**Table 3: Resources Focused on Messaging about Vaccination in Rural Communities**

<b>Resource</b>	<b>Description</b>	<b>Population(s) of Focus</b>	<b>Type of Resource</b>
<b><u>Coronavirus and Latino Health Equity</u></b> <i>Salud America!</i>	Includes materials from a bilingual campaign on COVID-19 vaccination.	Hispanic/Latino communities	Website
<b><u>COVID-19 Vaccine Confidence Campaign Toolkit</u></b> <i>National Rural Health Resource Center</i>	Includes customizable materials for the “Learn.Understand.Decide.” campaign for COVID-19 vaccinations.	Rural communities	Website with material templates
<b><u>National Resource for Refugees, Immigrants, and Migrants: Vaccine Central</u></b> <i>University of Minnesota</i>	Provides a variety of tools and guides to support organizations working with refugee, immigrant and migrant communities in tailoring and disseminating culturally relevant messages about vaccination.	Refugee, immigrant and migrant communities	Website
<b><u>NRHA Rural Vaccine Confidence Initiative</u></b> <i>National Rural Health Association</i>	Provides communication materials for rural hospitals, businesses, and communities, including PSAs, brochures, slide decks and more.	Rural communities	Website with material templates
<b><u>Rural and Conservative Engagement Effort</u></b> <i>COVID Collaborative</i>	Offers a collection of vaccine education PSAs for rural communities developed in partnership between the Ad Council, American Farm Bureau Federation and Cooperative Extension System.	Rural communities	Videos
<b><u>The Science of Storybuilding</u></b> <i>Center for Public Interest Communications, University of Florida</i>	Reviews how to tell effective stories that influence decision-making.	General	Webinar

## C. Channels

Selecting the proper channel to disseminate your message is crucial to ensuring that the intended audience receives the message. In diverse rural communities, engaging trusted messengers to spread messages also helps increase buy-in, build vaccine confidence and limit confusion.<sup>18</sup> Trusted messengers are individuals who have developed a rapport with the community over an extended period and are perceived as trustworthy and credible (See Section 3.D. for more on trusted messengers).

A range of channels are effective in reaching diverse rural communities. Depending on the message, health departments may use a combination of channels to contact different groups within a community. These include:

### Local radio

A familiar space for community members, trusted messengers (e.g., healthcare providers or radio hosts) have used radio shows to speak about vaccination.

### Local television

Frequently used by many communities, local officials have used television broadcasts and press conferences to share information about vaccination. It has also served as a platform for national PSAs.

### Social media

Some rural communities have found Facebook, Instagram, TikTok and WhatsApp to be successful for sharing facts about the vaccine. It is important to understand which social media platforms your specific community uses. Metrics such as page views and engagement rates can help identify key platforms.

### Newspapers

Newspapers can be a useful communication channel in rural communities, especially in areas with limited internet access.

### Community events

In-person events allow community members to have one-on-one conversations with trusted messengers while enabling public health staff to reach large groups in their community. Events with children's activities also help public health staff connect with families.

### Call centers or hotlines

Call centers/hotlines enable public health officials to address misinformation through personal contact. Staff can assist community members when they call directly, such as by scheduling vaccination appointments.



### Social Media Spotlights

First District Health used **graphics on social media** to communicate about vaccination across the seven rural counties they served in North Dakota. Social media was effective for communicating about vaccination rates, clinic information, and **how to access a vaccine**. It was less effective for rebutting misinformation.

The Georgia Rural Health Innovation Center used targeted **Facebook Ads** to share messages about the vaccine and asked community members to **post their personal testimonials** about getting vaccinated on Facebook.

**Table 4: Resources Focused on Channels for Communicating about Vaccination in Rural Communities**

Resource	Description	Population(s) of Focus	Type of Resource
<b><u>The Conversation Digital Toolkit</u></b> <i>Greater than COVID</i>	Provides content from The Conversation #BetweenUsAboutUs campaign that can be used on social media. The campaign is intended for Black communities and features Black healthcare providers delivering information.	Black communities	Toolkit
<b><u>COVID-19 Communication Toolkit: Rural and Hard-to-Reach Communities</u></b> <i>U.S. Digital Response</i>	Provides guidelines for communicating with rural and hard-to-reach communities, including a variety of channels that may resonate with these audiences	Rural communities	Toolkit
<b><u>COVID-19 Vaccination Success Stories in Rural Communities</u></b> <i>NORC at the University of Chicago and East Tennessee State University</i>	This webpage from NORC highlights the findings from several case studies focused on rural vaccination uptake. Each case study, linked at the bottom of the webpage, contains examples of successful vaccine campaigns and the channels they used to reach their intended audience.	Rural communities	Online resource
<b><u>Guide for Traditional Media Communications</u></b> <i>University of Minnesota</i>	From the University of Minnesota's National Resource Center for Refugees, Immigrants, and Migrants, this guide covers key considerations for using traditional media with these communities.	Rural communities, refugees, immigrants and migrants	Guide

## D. Partners

Implementing strategies in collaboration with community partners helps ensure communications will resonate with diverse rural communities. Health departments in rural counties leveraged partnerships during the pandemic to conduct community outreach, disseminate information about the vaccine and host vaccination clinics.

To facilitate efficient collaborative action during the COVID-19 public health emergency, health departments called upon previously established relationships with various community and faith-based organizations, schools, healthcare providers, local media and emergency services.

### Common types of partners for local and tribal health departments serving rural communities:

	Faith-based organizations
	Healthcare providers/clinics
	School districts
	Community and social service organizations
	Public libraries
	Employers
	Cooperative Extension offices



### Partnerships Spotlight

In Idaho, a Spanish-speaking **radio host** was an important partner for sharing factual information and addressing misinformation among Hispanic, **Spanish-speaking** populations. The EXCITE program at the University of Idaho's Research & Extension Center described their **strong relationship** with the well-known radio host to be instrumental in their efforts to get messages out.<sup>19</sup>

### Trusted Messengers

Partners often serve as trusted messengers. Using trusted messengers to disseminate messages is key to building vaccine confidence among diverse rural populations. Trusted messengers often include people close to those considering getting vaccinated, well-known by community members, or leaders in the community. It is important to consider that diverse communities will trust different messengers. For example, trust in healthcare providers often varies by community.

Some government institutions may not be trusted messengers because of fraught histories with diverse rural communities. For example, tribal communities have experienced historic and ongoing trauma related to discriminatory and unjust policies and programs, such as American Indian residential schools, forced sterilization of Native American women and the Havasupai Tribe genetic research case.

Trusted messengers that have been engaged to reach diverse rural populations may include:

### Healthcare providers

Healthcare providers, such as primary care physicians, are one of the top trusted sources of health information among rural populations.<sup>18,20-22</sup> Many rural communities also trust information from their nurses and pharmacists.<sup>23,24</sup> Local health departments can approach local healthcare organizations about branding vaccine information instead of using logos from federal or state government agencies.

### Community health workers (CHWs) and community ambassadors

CHWs, *promotores*, navigators or ambassadors are typically known and trusted within their community, allowing them to listen to concerns while sharing information.<sup>18</sup>

### Tribal elders, tribal council, tribal leaders

In tribal communities, elders, leaders, and the tribal council are considered trusted messengers who can share information about vaccination. Tribal community colleges and marketing firms can also provide tailored strategies for dissemination.

### Faith leaders

Faith leaders have deep connections with their community and are often trusted sources of information in rural communities.<sup>25,26</sup>

### Local business owners

Local business owners may have deep community roots. For example, in Leflore and Jackson counties in Mississippi, local stylists and barbers partnered with the state through the “Shots at the Shop” program.

### Family members or friends

Often having a strong influence on their loved ones, family and friends can reiterate information shared through other channels to help increase confidence.<sup>18</sup>

### Local media personalities

These may include collaborating with local radio stations or TV newscasters who can provide messaging directly to their audiences.<sup>18</sup>

### School leadership

Engaging leaders in primary, secondary and higher education can be vital to reaching children and their parents in diverse rural communities.<sup>27</sup>



### Trusted Messengers Spotlight

The Georgia Rural Health Innovation Center helped launch an ambassador program in Hancock County, Georgia to facilitate **listening and sharing factual information** about the vaccine with community members. Ambassadors were active community members (e.g., involved in faith communities, schools or other organizations) that had **built trust** within their communities over the span of several years prior to the pandemic. Ambassadors were able to **empathize** with their fellow community members and address key concerns about the vaccine.<sup>28</sup>

**Table 5: Resources Focused on Partnering to Promote Vaccination in Rural Communities**

Resource	Description	Population(s) of Focus	Type of Resource
<b><u>Addressing COVID-19 vaccine hesitancy in rural communities: A case study in engaging trusted messengers to pivot and plan</u></b> <i>Reichert et al.</i>	Discusses strategies implemented by a rural New York Community to address vaccine hesitancy through engaging partners and trusted messengers.	Rural communities	Journal article
<b><u>Building Effective Health System-Community Partnerships: Lessons from the Field</u></b> <i>Center for Health Care Strategies</i>	Describes considerations for building partnerships with communities to improve health.	Healthcare and public health departments	Brief
<b><u>Fostering Multi-Sector Collaboration to Advance Health Equity</u></b> <i>Rural Health Information Hub</i>	Describes key considerations for building multi-sector partnerships in rural communities.	Rural communities	Website
<b><u>Getting To The Heart And Mind Of The Matter: A Toolkit to Build Confidence as a Trusted Messenger of Health Information</u></b> <i>Washington State University EXCITE</i>	Discusses information that Extension professionals might need to disseminate credible information about vaccination while maintaining their position as trusted messengers.	Rural communities	Guide
<b><u>A Guide for Community Partners: Increasing COVID-19 Vaccine Uptake Among Members of Racial and Ethnic Minority Communities</u></b> <i>CDC</i>	Includes example strategies, interventions, and messages for community organizations to support COVID-19 vaccination efforts.	Rural communities	Guide
<b><u>Rural Americans' COVID-19 Vaccine Perceptions and Willingness to Vaccinate against COVID-19 with Their Community Pharmacists: An Exploratory Study</u></b> <i>Koskan et al.</i>	Provides an example of trusted messengers in one rural southwestern community.	Rural communities	Journal article

*“Knowing who the community leaders were in the community, the familiar face, that could be the critical link between the public health officials and the community to help close that gap.”*

*-- Key informant interview*

## Section 4. Putting it All Together

### Step 1

#### **Work with communities to identify potential strategies that may be feasible and applicable.**

- 1) Consider factors influencing confidence, convenience and complacency in diverse rural communities and identify strategies used to address those factors. Use this guide to review: What strategies have already been implemented in similar communities?
- 2) What are the potential communication channels available in our community?
- 3) What messages would best resonate with our community members?

Determine how strategies may need to be adapted to meet specific community needs. Create opportunities for listening to community members to ensure they are given a voice in the strategies implemented in their area.

### Step 2

#### **Identify trusted messengers and partners to work with on implementing strategies for vaccination.**

Listen to communities to identify trusted community members who could support vaccination efforts. Help convene partners or leverage existing partnership networks to collaborate on implementation. Partners can offer their expertise or insight into the community, provide facilities or sites for activities, share resources or serve as trusted messengers of vaccine communications. Consider local faith-based organizations, healthcare providers, schools, local media, community-based organizations and employers, among others.

### Step 3

#### **Incorporate equitable and sustainable outreach models in health departments to engage diverse rural communities over the long term.**

Build strong roots and relationships in diverse rural communities to prepare for future public health emergencies. Consider vaccination as part of a larger approach to improve rural health and wellbeing. Work with rural communities to understand what types of engagement would be well received (e.g., task forces, advisory groups, CHWs, etc.). Ensure community engagement is bidirectional and mutually beneficial.

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