

Black Audience

Messaging Tips for COVID-19 Vaccine Education

The COVID-19 pandemic is not over. Many of us are continuing to work on vaccine education programs because we know they can help prevent COVID-19 and increase vaccine uptake. Use these tips and the messaging brief in this toolkit to create COVID-19 educational materials and messaging that will resonate specifically with Black direct care workers.

COMMUNICATION DO'S AND DON'TS

Do use visual images with diverse representation so readers will see themselves represented. Use images with a variety of body types, skin tones, and hair styles.	Don't rely solely on photos and illustrations that represent only a portion of the diverse population that is part of your community or organization.
Do create educational materials in multiple languages to reflect the language preferences of your organization's members or the residents of your community.	Don't solely produce English materials if your neighborhood or membership includes a mix of people whose roots are African or Caribbean and may have limited English proficiency.
Do encourage asking questions about COVID-19 vaccines as it is empowering and demonstrates self-care.	Don't frame asking questions as a negative. Many people have valid concerns about COVID-19 vaccines and simply want the answers. Ad Council research showed that Black women, who are often lead decision-makers in households, sometimes have several questions.
Do address frequently asked questions, for example, about pre-existing conditions (e.g., hypertension, diabetes, obesity, lupus) and the vaccines. Information needs to be clear and honest, and presented in plain language. Facts about safety are important.	Don't just say "the science is solid."
Do share that researchers made sure that the clinical trials included adults of diverse backgrounds, races, ethnicities, and geographic areas. They collaborated with faith leaders, community organizations, and health clinics to reach volunteers from many different walks of life across the United States.	Don't indicate that Black people were not included in clinical trials or reference how quickly the vaccines were developed.
Do acknowledge that low confidence in vaccines among Black Americans is partly due to concerns about safety, side effects, and distrust of government. Also, worries are in part linked to historical unethical practices in medical research (e.g., Tuskegee experiments) as well as systemic health care inequities especially laid bare by the pandemic.	Don't simply say Black Americans have lower rates of vaccine confidence without explaining why, nor imply that vaccination uptake rests entirely on their shoulders.
Do emphasize protecting those you care for, your family, and the most vulnerable.	Be careful not to suggest that protecting others, especially older adults, rests entirely on the shoulders of direct care professionals. Protecting others should motivate them; it should not feel like a burden.

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LANGUAGE DO'S AND DON'TS

Do say "COVID" or "COVID-19 and variants (such as Delta and Omicron)."	Don't say "Covid."
Do say "vaccines" (plural) or refer to "vaccinations" or "immunization" instead.	Don't say "the COVID-19 vaccine" or refer to a singular vaccine since multiple vaccines have been authorized by the U.S. Food and Drug Administration.
Do say that some people who receive the COVID-19 vaccines may experience some discomfort and mild side effects. This is normal and means the vaccines are working to create an immune response.	Don't say that the COVID-19 vaccines do not have any side effects.
Do say "COVID-19 vaccines" or "immunization against COVID-19."	Don't say "COVID-19 injection" or "COVID-19 shot."
Do adjust messaging as needed based on different vaccines (e.g., "Many COVID-19 vaccines ..."). Present vaccines as one important option in our toolbox to fighting the pandemic (e.g., "vaccines are a key" or "by getting vaccinated, we help protect ourselves, our families, and our communities").	Don't make statements or generalizations about how COVID-19 vaccines work (e.g., "COVID-19 vaccines use mRNA technology" or "COVID-19 vaccines require two doses"). Don't say that the vaccines are the only tool to protect against COVID-19 (e.g., "vaccines are the key").
Do say "Get the latest information."	Don't say that there are things we still don't know.
Do emphasize protecting those you care for, your family, and the most vulnerable. Clarify that older adults are among the most vulnerable, and that they have the highest risk of getting very sick from COVID-19.	Don't emphasize protecting our country. Be careful not to suggest that protecting others, especially older adults, rests entirely on the shoulders of direct care workers. Protecting others should motivate them; it should not feel like a burden.
Do say "public health."	Don't say "government."
Do say "medical experts" and "doctors."	Don't say "scientists."
Do say "people who have questions."	Don't say "anti-vaxxers."
Do say that everyone should continue to follow public health guidance to prevent COVID-19.	Don't say that vaccines are the only tool (e.g., "vaccines are the key")
Do say "start a conversation with your doctor, nurse, pharmacist, peers, coworkers, people you trust, or other health care providers."	Don't use language that implies your organization's role is to help someone decide whether to get vaccinated (e.g., "we can figure this out together.")

For more resources to make an informed decision about COVID-19 vaccines, visit [BlackCommunityVaccineToolkit.org](https://www.blackcommunityvaccine.org).