

2023 WRAP-UP REPORT:

AUGUST 2023

COVID-19 Vaccination & Response Communication



Executive Summary	3
Objective 1: Provide Trusted Information	4
Website	6
Press Releases, Earned Media and Newsletters	9
Objective 2: Engage Trusted Messengers	10
Advisory Committees and Stakeholder Engagement	11
Relationship Management	13
Objective 3: Build Proactive Partnerships & Campaigns	13
Vaccine Cash Drawing/Scholarship Drawing/\$25 Summer Cash Campaign Materials	14
Thematic Campaigns and Materials	15
Social Media	16
Shareable Graphics for Social Media	16
Objective 4: Create Culturally Aligned Materials & Media	17
Spanish Language Materials and Media	18
Paid Online Broadcast and Radio Spots	19
Videos	19
Objective 5: Conduct Outreach That Meets People Where They Are	20
Seminars, Live Streamed Events and Training	20
Texts, Calls, Direct Mail and Special Events	21
CBO Trainings	22
Measurement and Evaluation	23
Regression Analysis	24
County Reporting	24
A Data-Informed Communications Case Study: Bladen County	24
Conclusion: A National Leader—From Start To Finish	26

We offer this cumulative summary of our work assisting the North Carolina Department of Health and Human Services (NCDHHS) COVID-19 vaccination communication efforts across the state. Neimand Collaborative and its partners at Oak Hill Strategies, Artemis Strategy Group, SeeBoundless, AC&M and others provided COVID-19 vaccine communication support beginning in late fall of 2020.



Executive Summary

North Carolina was the first state to conduct comprehensive, values-based research to understand how people would make decisions about COVID-19 vaccinations. Working with Artemis Strategy Group, we conducted statewide research to uncover the benefits, emotions and values needed to create behavior change. These insights allowed us to build a campaign that understood people's motivations, respected their fears, accounted for the barriers they faced and created culturally aligned outreach that provided people with the confidence to get vaccinated.

We learned that while reasons for vaccine hesitancy differed across demographic groups, the motivating messages were the same. It was the messenger that mattered. This finding was counterintuitive to many working on the pandemic response. They believed the wide range of experiences across populations and particularly the injustices experienced by historically marginalized populations (HMPs) required segmented messaging. Having the clear, quantitative research to guide decision-making during turbulent times—and having the research team present the findings to groups across the state and answer their questions—kept us from diverting time and money that would have been needed for segmented campaigns.

Most importantly, the ability to run a public health communication campaign with a unified message delivered by diverse messengers helped NCDHHS build trust during a time when distrust in public health institutions was at an all-time high. As a result of North Carolina's commitment to transparent communication from the first days of the pandemic, trust in the Department remains high to this day. In fact, trust towards NCDHHS went up for 35% of North Carolinians during the pandemic, with the highest increases among Black (47%) and Hispanic/Latino

(39%) populations. The goal from the outset was to build the trust necessary to increase confidence in vaccines—and that meant trusting the information people received from NCDHHS and its diverse community partners. Building trust is also combatting misinformation and NCDHHS was able to successfully do that through this campaign by providing trusted information through trusted messengers, like deploying community health workers, across the state.

The focused, intentional work undertaken to nurture trust as a part of our communications plan and the Department's commitment to operational excellence to deliver on its promises promoted equitable health outcomes. Most North Carolina adults completed their initial COVID-19 vaccination series, including 99% of those aged 65 and older. There is currently no gap in initial vaccination between Hispanic and non-Hispanic North Carolinians, and the gap between Black and White North Carolinians is 3%, with no gap in some age groups. Trust is a driver of positive public health behaviors—and North Carolina's COVID-19 vaccine communication and operations campaign was deeply rooted in the goal of strengthening trust.

Informed by research, the objectives of our COVID-19 vaccine communication efforts were to:

- 1. Provide trusted information**
- 2. Engage trusted messengers**
- 3. Build proactive partnerships and campaigns**
- 4. Create culturally aligned materials and media**
- 5. Conduct outreach that met people where they were**

This report summarizes many of the activities and outcomes based on the long-term communications plan that was developed to ensure equitable communications and outreach.

Objective 1: Provide Trusted Information

When we began this work in early October, prior to having an approved COVID-19 vaccine, the only research being done was basic polling that asked people if they would or would not get vaccinated. It was not particularly helpful for designing a campaign intended to support people to make the decision to get a COVID-19 vaccine. With little expectation that more in-depth research would be conducted nationally in time for our rollout, North Carolina led the way by conducting comprehensive, values-based research to understand how people would make decisions about COVID-19 vaccinations.

In November 2020, Neimand Collaborative and Artemis Strategy Group began **qualitative and quantitative research** that has subsequently been benchmarked six additional times. The baseline and ongoing research provided insight into COVID-19 vaccine demand, and tracked perceptions, motivations and barriers to vaccination based on risk and reward perceptions. The research also explored equity gaps relative to those who were not completing their

primary series of shots and assessed new messaging as guidance and approvals were rolled out about the emergency response.

We were also fortunate to partner and collaborate with North Carolina Central University ACCORD, which had built a strong and innovative qualitative and quantitative COVID-19 public opinion research program among historically marginalized people and communities. Collaboration with NCCU ensured that NCDHHS heard from citizens who are often inaccessible via traditional focus group recruiting, online and phone surveys. NCCU sent field workers into communities to do in-depth, one-on-one qualitative and quantitative interviews. The breadth and depth of this work provided NCDHHS with a clear picture of community needs, challenges and preferences. Neimand Collaborative and Artemis collaborated with NCCU to test each other's findings and assumptions and found that they were aligned, giving NCDHHS confidence that its strategy would achieve its health equity goals.

This research enabled the team to pivot as needed to communicate emerging changes in the vaccine landscape. For example, when the Johnson & Johnson vaccine was no longer broadly recommended, we mobilized quickly to understand North Carolinians' perceptions of the vaccine and unanswered questions, while also maintaining our focus on how to deliver trusted information based on the existing research base. Similarly, when new variants of the virus emerged in the fall of 2021, research was conducted to gauge the public's awareness and attitudes towards this new threat, as well as their willingness to get an updated booster to protect against severe COVID-19 illness. When kids' vaccines were authorized in late fall 2021, research amongst parents provided insight into their attitudes towards vaccination and top motivators and concerns about the vaccines. This provided critical information to the communications team that used messaging and outreach to proactively address parents' concerns and focus on those motivating factors most likely to encourage vaccination of children.



Initial research focused on understanding the barriers to trust and what it would take to overcome those barriers. The research was designed to oversample African American, Hispanic/Latino, American Indian and rural populations as part of the NCDHHS focus on serving historically marginalized populations that at the time were disproportionately impacted by COVID-19. Historically marginalized populations had good reason to be skeptical given the longstanding injustices perpetuated by both government and healthcare systems.

Our sampling methodology and consistent benchmarking allowed us to analyze trends over time and adapt our targeting and outreach strategy accordingly. We had early insights into how North Carolinians' perceptions and behaviors evolved and early warnings on barriers to trust.

Topline findings from the research showed:

- Vaccination hesitancy was prevalent across demographic groups and had to be respected given the speed of vaccine development and the political and social context of the pandemic. People needed more information to make informed decisions.
- COVID-19 vaccines were perceived to be unlike other vaccines in the minds of the public. They were viewed as new and potentially experimental products and there were concerns about testing, safety and effectiveness. Therefore, positive experiences with other vaccines had little influence on the decision to vaccinate.
- People needed reassurance that the vaccines were rigorously tested, safe and effective and that there were no lasting side effects to vaccination.
- The same messages resonated with all audiences, but the messengers mattered. Message effectiveness depended on people hearing it from people they trusted.

This market research informed the message framework and outreach strategy. It was clear that the campaign had to:

- Be culturally responsive and accessible.
- Lead with trusted messengers.
- Simplify the message.
- Include honest and accurate information about what we knew and what we did not know.
- Stay consistent and timely, yet be adaptable to the unpredictability of a pandemic and the federal response.

This research was foundational to NCDHHS outreach and its commitment to accountability. It also became a resource available to others within the Department and key partners throughout the state. For example, reports were made available to the Vaccine Operations team to inform distribution modeling and anticipated demand as the state prepared to rollout vaccines for new age groups as they became eligible. The research was also provided to Local Health Departments, healthcare associations like the NC Pediatric Society, and other trusted messengers to deepen their understanding of North Carolinians' perceptions and motivations.

As a result, not only did the state build an effective campaign rooted in the research, but it was also able to track progress on its goal that North Carolinians trust the information they received from NCDHHS. Trust in North Carolina's health information and services was more likely to grow during the pandemic than decline.

Trust went up for 35% of North Carolinians, with the highest increases among Black (47%) and Hispanic/Latino (39%) populations. And North Carolinians credited NCDHHS for delivering the health information and services they needed; 82% said that the Department met (59%) or exceeded (23%) their expectations.

Website

A COVID-19 website—MySpot.nc.gov—served as the hub for all pandemic health information. While information was pushed out through many media, much of it was linked to this central site. Therefore, the website needed to be easy for people to use and understand. We wanted people to feel confident they could find the information they needed, could trust it as a source and rely on it to be up to date.

MySpot.nc.gov was visited 16.3 million times between May 2020 and May 2023. Its Spanish counterpart, **Vacunate.nc.gov** was visited 1.7 million times during the same period. Visitors used the website’s vaccine locator 4.6 million times.

We engaged in continuous research and tracking to guide the evolution of the website so we could make it more accessible, clear and user-friendly.

For example:

- **Literacy.** More than half of North Carolinians read below a sixth-grade level. Therefore, the website’s reading grade level was continually measured and text was rewritten to ensure it was accessible.
- **Mobile.** 75% of users viewed the website via their mobile phone. Therefore, we wrote text, designed graphics and laid out pages with small screens in mind first, and desktops second.
- **Spanish.** 10-25% of visits were to Spanish-language web pages and much of the website was translated into culturally relevant and appropriate Spanish.

Six steps of continuous improvement were developed that focused on the user experience and made the COVID-19 website easier to use, more equitable and better at communicating our messages:

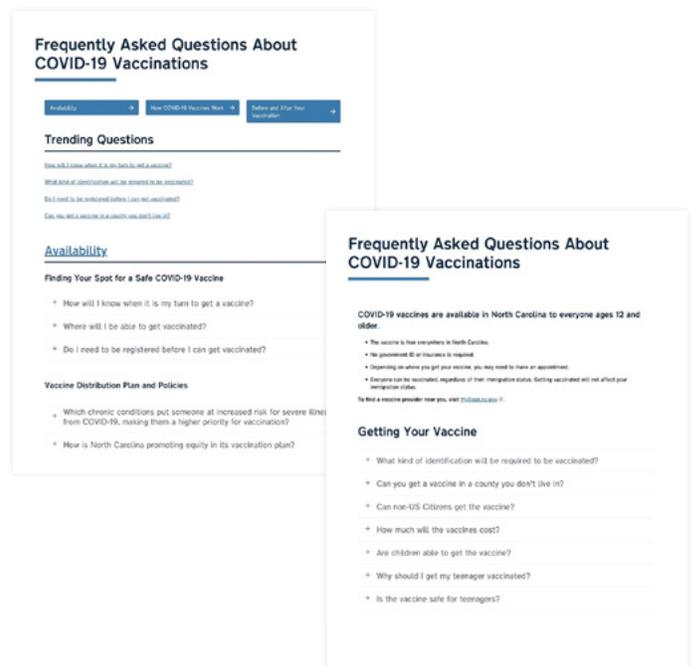
1. Observe real-world user experience. We conducted monthly one-on-one interviews with North Carolinians over Zoom, in English and Spanish, to watch firsthand how people found information on the website. Direct observation reinforced our understanding of a typical user’s experience—on their phone, distracted, in a hurry—and allowed us to simplify language and adapt processes to best serve the public.



2. Leverage website analytics to drive content.

We tracked the usual website metrics (visits, pages, etc.) but also tracked where people clicked and what they interacted with. This was helpful, for instance, with the website’s “Frequently Asked Questions.” We determined which were most clicked and more prominently featured those questions, in some cases creating new pages devoted to the topics of interest.

Screenshots below: Before vs. after reorganization of the Vaccine Frequently Asked Questions, based on analytics review of the most common questions (May-June 2021). Further refinement was done on these pages in the coming months, including simplifying the 60 questions and answers, and reducing the reading level from 12th grade to eighth grade.



3. Write in plain language. We erred on the side of plain, direct and even informal language, aiming for a sixth-grade reading level. Using data from analytics and user interviews, we were quick to rewrite text anywhere we saw confusion or where user behavior warranted it. This process was made much easier by NCDHHS, who gave us the latitude to make these kinds of improvements with minimal layers of review and approval. (Other useful tools included the website hemingwayapp.com, for tracking grade level, and ChatGPT which was sometimes helpful at simplifying complex text.)

Screenshots below: Based on user and analytics research, we made these text changes to the Pandemic EBT (P-EBT) page. We tested the improvements to make sure we were on the right track and found respondents understood the program measurably better in the new version and were more than twice as likely to say it was easy to understand. (March 2023)

Upcoming Benefits: 2022-23 School Year

P-EBT benefits will continue for the 2022-23 school year and until the federal Public Health Emergency ends on May 11, 2023.

We are preparing to begin this year's program and plan to start issuing benefits to students by mid-March and then to young children by April.

- Eligible school-age students:** \$8.18 for each day of school missed because of COVID-19. (Some days are not counted; [see details.](#))
- Children 5 years old and younger:** Payments [may be different each month.](#)

Upcoming Benefits: 2022-23 School Year

Payments begin late March or early April. Benefits are:

- For children 6+ years old (students):** \$8.18 for each day of school missed because of COVID-19. (Some days are not counted; [see details.](#))
- For children 5 years old or younger:** The statewide benefit amount [may be different each month.](#)

Benefits will end May 11, 2023. This is when the COVID-19 public health emergency ends.

If you're unsure about your child's eligibility, [take our eligibility quiz.](#)

4. Pay attention to and evolve the pages that are most popular or useful; remove the ones that are not. We more closely monitored and updated popular pages, especially ones focused on North Carolina specifics. We removed and redirected the less popular pages, especially ones that mostly repeated federal guidance. Since so many users came from Google, which is good at finding obscure pages, this ensured the site did not unintentionally provide outdated information. It also reduced the team's maintenance workload. When the public health emergency ended and it was time to shrink the COVID-19 site, our regular cleaning throughout the pandemic made the task much simpler.

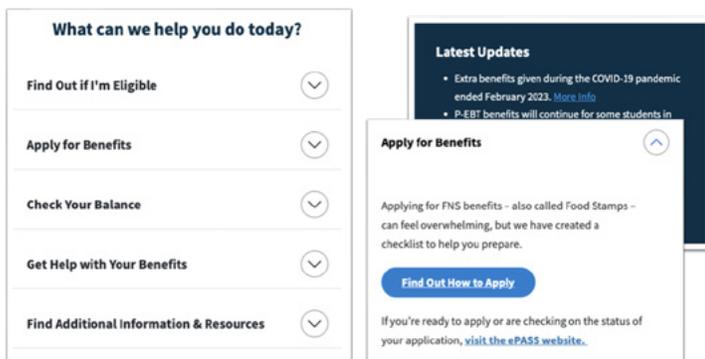
Screenshots below: The evolution of the COVID-19 vaccine landing page, one of the most popular on the website. Shown: January 2021, June 2021, November 2021, December 2022, May 2023



5. Test the results. Rather than assuming all our website changes were good ones, we watched the analytics and sometimes conducted testing and surveys to validate our work.

For measuring changes in behavior (e.g., gauging whether people were more successful at entering their zip code to search for a vaccine), comparing the click analytics was useful. For measuring changes in understanding and ease-of-use, usability interviews and automated surveys worked well. Automated surveys were particularly good at quickly giving compelling data about whether a change resulted in a page that was easier to understand. This data was especially helpful in showing how specific changes to the website lead to a clearer user experience. When you are working with multiple public health teams, who often use precise but difficult-to-understand language, it was important to show that updates and clarifications on the site lead to a greater understanding of the content from the user.

Screenshots below: NC Food and Nutrition Services had revisions to the Pandemic Electronic Benefit Transfer and Food Nutrition Service eligibility after the COVID-19 Public Health Emergency ended and the COVID-19 web team worked to help simplify the public pages. We tested a prototype of FNS (food stamp) pages using simpler and more direct text. The changes resulted in a 72% improvement in ease-of-use, a 64-71% improvement in comprehension and a 26% increase in user confidence, on pages that are seen by 110,000 people every month. This was a very convincing argument for the broader public health team, who embraced the changes that might otherwise have been rejected as too difficult or low priority.



6. Spanish language parity. From the start, COVID-19 vaccine information was offered in Spanish, not with machine translations but with thoughtful approaches by native Spanish speakers. They ensured the language was simple, informal, understandable and that it resonated with the estimated 4% of North Carolinians who mostly speak Spanish and are likely to conduct their research in Spanish.

This meant that any new or revised website content had to be made in both English and Spanish, but we included translation time in our planning and therefore found that translations were quick, and the extra process involved was not especially onerous or time-consuming.

Because of how it was structured and written, Google designated that the website was an authority on a variety of Spanish-language topics and directed people to the website no matter where they lived. People across the country searching Google for "mi vacuna" found the North Carolina website on the first page of search results.

The team worked with NCDHHS to manage \$5 million in Google Ad grants, running search ad campaigns in English and Spanish that supported searches for:

- Coronavirus information, symptoms, tests, treatment and long COVID
- Vaccines, vaccine locations, vaccination questions and hesitancy
- Unemployment and P-EBT questions
- Mental health and childcare support
- Campaigns and incentives such as Bringing Summer Back and \$25 Summer Cash

These ad campaigns were seen 27 million times, clicked 3 million times and drove 20,000 visitors to NCDHHS websites each week. They generated 114,000 zip code searches for vaccines (out of 4.6 million total searches).

Press Releases, Earned Media and Newsletters

While NCDHHS had to manage an extraordinary amount of incoming media questions during the pandemic, we were able to support the proactive outreach necessary to ensure people had the information they needed about COVID-19 vaccines—everything from eligibility groups, to changes in guidance, to promoting vaccine uptake. Through this outreach, we digested and simplified late-breaking and confusing information from federal entities that directly impacted the public. Doing it well was essential to NCDHHS' goal for North Carolinians to trust the information coming from the Department.

During our work together, we wrote more than 80 press releases that generated thousands of news hits. Topics ranged from helping parents understand when children were eligible for vaccination, explaining rare instances of myocarditis in young people after vaccination, providing data to assuage concerns over the impact of vaccination on fertility, addressing the availability of COVID-19 testing and treatment and delivering continuous updates on the impacts of new variants.

In each instance, we provided bilingual media guidance and talking points, and developed corresponding bilingual media alerts and press releases to ensure the public had information about the safety and effectiveness of COVID-19 vaccination in North Carolina. In addition, we coordinated over 30 media interviews and special televised health segments with television, radio stations and print publications, and provided both show hosts and NCDHHS representatives with media questions and answers.

Each month, the team coordinated with NCDHHS to push out two community newsletters to over 4,500 stakeholders across the state. We distributed the monthly, bilingual *Health Equity at Work in Your Communities* newsletter in partnership with the NCDHHS Health Equity team. Through this newsletter, we highlighted the work that NCDHHS and its partner organizations across North Carolina were engaged in to advance health equity and support

communities throughout the COVID-19 pandemic, including success stories focused on local events and programs to provide vaccines. **Below are statistics for the *Health Equity at Work in Your Communities* newsletter:**

- 14 newsletters sent between February 2022 and May 2023
- Newsletter opened 33,084 total times (16,520 unique opens)
- Average open rate of 31.9%
- Links in the newsletters clicked 13,053 total times (10,911 unique clicks)
- Average click rate of 2.7%

We also worked closely with the NC Counts Coalition team to distribute the bilingual *Healthier Together CBO Newsletter* to 73 representatives from community-based organizations that were part of the Healthier Together program. This newsletter provided links to resources and updated guidance to local CBOs, including how to order print materials, where to access information on varying topics related to COVID-19, such as the long COVID webpage, and language around recent public health updates.

Below are statistics for the *Healthier Together CBO Newsletter*:

- 20 newsletters sent between February 2022 and May 2023
- Newsletter opened 1,854 total times (593 unique opens)
- Average open rate of 45.4%
- Links in the newsletters clicked 1,300 total times (681 unique clicks)
- Average click rate of 16.9%



Objective 2: Engage Trusted Messengers

North Carolina's successful vaccination effort is in no small part due to the strength of the community partnerships that NCDHHS invested in throughout the pandemic. Leveraging strategic partners and engaging and equipping them to become trusted voices to encourage safe and effective COVID-19 vaccination proved to be a vital part of the state's response to fighting COVID-19. Early partnerships with key organizations provided opportunities to better understand audiences, spread our message and overcome barriers to vaccination. These same organizations continued to carry the message beyond vaccination to COVID-19 testing and treatment as time went on and became invaluable partners to NCDHHS' COVID-19 response.

Community-based organizations offered unique opportunities to address health disparities as trusted messengers with a broad reach into their communities. A key strategy to address barriers to vaccination and the factors that contributed to these barriers (e.g., lack of childcare or inability to leave work to receive vaccination services) was to intentionally engage public health organizations, community-based organizations, houses of worship and medical providers around the state as partners in the effort. The goal was to empower these trusted organizations to encourage COVID-19 vaccination in their communities across the state. Communications focused on providing information, resources, materials and platforms from which to engage, while simultaneously working in lockstep with vaccine operations—because we knew that communication could only solve part of the challenge. The other part of the equation was having operations that delivered on the promise that vaccines could meet people where they were.

Healthier Together worked to deliver both communications and vaccines to historically marginalized populations. Their broad network of CBOs across the state provided a strong framework

A sample of the stakeholder groups and committees NCDHHS engaged for COVID-19 vaccine communications:

AARP
American Heart Association - NC
Clergy
Consulate General of Mexico in Raleigh
County Managers
DOT
DPI
El Centro Hispano
Healthier Together
Hispanic Federation
Historically Marginalized Populations Group
Iglesia La Semilla
IHE Working Group
LATIN-19
Local Health Departments
NC Business Coalition
NC Community Health Worker Program
NC Farmworker Health Program
NC Medicaid
NC Office on Disability and Health
NC Pediatric Association
NC Schools
NC State
NC State Refugee Health Coordinator
NCCHCA
NCCU ACCORD
Peletah Community Ministries
PRSA Charlotte
Rotary
Rural Farmworkers
Southeastern Healthcare of NC
UNC Communications Council
United Way
Vaccine Communications Advisory Council
Walgreens
YMCA
Youth Public Health Advisors

for hosting community-specific vaccine events and communicating rapidly changing guidance about COVID-19. NCDHHS and Neimand Collaborative communications supported Healthier Together by providing materials, customizable flyers, social media graphics, trainings and co-sponsored events.

While certainly a statewide effort, communications focused on historically marginalized populations, including Black/African American, Hispanic/Latino, American Indian and rural populations.

We also used county data to determine how best to allocate communication resources. When NCDHHS employed an operational focus on the 20 least vaccinated counties or the 20 counties with the highest rates of COVID-19 transmission, we aligned our communications resources accordingly. For example, in June 2021, Bladen County had an especially elevated level of COVID-19 spread, paired with a low vaccination rate. We focused efforts on finding more trusted partners in Bladen County, holding more community events and doing direct outreach through text messages and robocalls.

NCDHHS' work to build, nurture and deploy community partners throughout the COVID-19 pandemic was a benchmark of its successful response. Many people today are vaccinated because they were able to get the vaccine at a weekend booth hosted by a CBO or because they were able to have their

**Over the course of our work,
the NCDHHS Comms COVID-19 response team:**

**directly engaged 4,300 people
as vaccine champions.**

**trained 122 speakers as
ambassadors of the COVID Essentials
online presentation with over
325 presentations and
200,000 attendees.**



COVID-19 vaccine questions answered directly by a medical provider during a COVID Essentials presentation at their community center.

Moving forward, these same voices will be helpful in deploying information about other health-related issues and their relationships should be maintained for future collaboration.

Advisory Committees and Stakeholder Engagement

NCDHHS established several advisory committees to provide input, feedback and guidance for how best to engage communities and address the disparate needs of populations across the state. These committees reflected the diversity within North Carolina. For vaccine outreach, the COVID-19 Vaccine Communication Advisory Committee was created to guide our communication efforts. We worked with the Committee to ensure our outreach was culturally aligned with our target audiences and to engage diverse voices as we approached the work. In addition to feedback and input, these leaders also served as ambassadors and messengers across their own networks and our monthly meetings were an invaluable resource.

We also met regularly with the Youth Health Advisory team to coordinate key messages and outreach efforts, including the development of our Teen Vax Facts page, which became part of the MySpot.nc.gov website and aimed to educate parents and teens about the COVID-19 vaccines.

But even more important was ensuring the communications team attended as many regular meetings as possible with thought leaders who were part of the Historically Marginalized Populations Group, and later the HMP Connections Network. These groups consisted of community-based organizations and health leaders who represented and served historically marginalized populations across the state. Through these meetings, we also connected with Committee workstreams focused on addressing key issues around COVID-19, including prevention and community engagement.

While meeting with these community leaders, we:

- sought feedback and guidance on outreach campaigns,
- provided updates on the latest NCDHHS communications efforts,
- built relationships with leaders and made connections to additional resources and information, and
- discussed culturally appropriate messages to incorporate into our efforts.

Additionally, we established monthly meetings with public information officers from Local Health Departments (LHDs) around the state to strengthen our communication coordination. These meetings provided a space to share ideas, solicit feedback and learn from these essential partners. Over time, the meeting evolved to cover COVID-19 vaccines, treatment, testing and relevant broader NCDHHS public health updates—it has become an important additional access point and connection between the State and Local Health Departments.

In addition to working with committees and councils established by NCDHHS during the pandemic, we also directly engaged with several existing groups to incorporate their knowledge and expertise into our work. We made connections with numerous organizations to share information about ongoing and proposed campaigns and solicit feedback on our outreach efforts. **As vaccine eligibility groups expanded, the communications team intentionally identified and engaged with targeted organizations that were trusted messengers among the populations with whom we needed to engage. For example:**

-  **AARP North Carolina** American Association of Retired Persons
-  **Start With Your Heart** Justus-Warren Heart Disease and Stroke Prevention Task Force
-  **NC DEPARTMENT OF HEALTH AND HUMAN SERVICES** **Minority Health Advisory Council**

-  **NC COA** COALITION ON AGING North Carolina Coalition on Aging
-  **NCCDD** North Carolina Council on Developmental Disabilities North Carolina Council on Developmental Disabilities
-  **ncpeds** North Carolina Pediatric Society North Carolina Pediatric Society

Due to these proactive partnerships and our intentional outreach, we gained important insight into the communities the department serves across North Carolina and engaged additional trusted messengers. Leveraging strategic partners and equipping them to become trusted voices to encourage safe and effective COVID-19 vaccination proved to be a vital part of the state’s response to the pandemic. Early partnerships with key organizations provided opportunities to better understand audiences, spread our message and overcome barriers to vaccination.

Over 4,300 stakeholders received COVID-19 communications, newsletters and updates each month serving as a gateway of information to their networks.

Over 1,000 organizations (CBOs, Hospitals, LHDs, mental health facilities, pharmacies, Houses of Worship, NC schools and universities, businesses, etc.) across the state requested COVID-19 vaccine communications materials for their communities.

From May 2021 through May 2023, over 2,115,000 printed materials were shipped to stakeholders across the state.

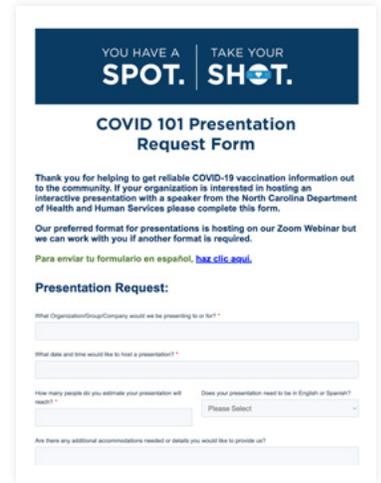
Relationship Management

To effectively engage trusted messengers with proactive partnerships, strengthen engagements and increase efficiency in such a fast-moving statewide effort, the team developed a Customer Relationship Management (CRM) system working with the platform HubSpot. This system allowed the team to better manage and track interactions with the 4,300 COVID-19 vaccine stakeholder contacts made throughout vaccination engagement efforts, and it provided a fuller picture of engagements across the state.



The CRM connected directly to vaccine communication team members' email so they could easily add relevant contacts directly into the system, creating one centralized vaccine stakeholder database.

The contacts were tagged by city, county, demographic served, type of organization and level of engagement. These contact tags allowed the team to identify partners in key areas for projects, events and outreach efforts throughout the pandemic. HubSpot was used to develop all registration forms for events, materials order forms and registration for all the thematic campaigns, like Spring into Summer. The CRM also allowed us to identify which stakeholders were active within a given amount of time, which was helpful in grant reporting.



Objective 3: Build Proactive Partnerships & Campaigns

Paired with NCDHHS' commitment to operational excellence, engaging strategic partners and equipping them to become trusted voices to encourage safe and effective COVID-19 vaccination was a cornerstone of the communications outreach strategy. We enlisted the support of community leaders and invested heavily in on-the-ground organizing and communications to help break down barriers to vaccination. Key to the success of this effort was valuing and resourcing the talent and expertise of advocates and influencers within historically marginalized populations. They became the voice of the vaccination effort, telling us what they needed, where they needed it and how we could be most effective together. We developed materials, campaigns and training to support community leaders and stakeholders across the state. Their partnership with NCDHHS saved thousands of lives.



*El Centro Hispano
Community Outreach
Event*



*Greene County Health
Care Neighborhood
Health Services*

Vaccine Cash Drawing/Scholarship Drawing/\$25 Summer Cash Campaign Materials

In late spring and into the summer of 2021, as vaccines became more available to the public, the NCDHHS COVID-19 response had to shift from helping priority groups get their assigned dose to encouraging everyone ages 12 and up to get their vaccine. As part of the Bringing Summer Back campaign, we encouraged COVID-19 vaccination as a way for people to get back to enjoying some of their pre-pandemic lifestyle. Part of the strategy for motivating more North Carolinians to take their shot was the \$25 Summer Cards, the Your Shot at \$1 Million and Summer Cash 4 College drawings. These activities allowed the state an opportunity to promote the availability of vaccines to a large audience, generate earned media and build excitement around the idea of getting back to a normal lifestyle after a dark time for our country.

The initiatives included bilingual branding, media alerts, press releases, media training for the winners and press conferences. To ensure word about the incentives got around the state, there was email

outreach to partners, a targeted social media effort and public-facing FAQs about the incentives. Direct mail postcards were mailed to rural populations to encourage vaccination, direct them to the appointment finder and let them know about the incentives. We collaborated with Medicaid, the incentive team and five local health departments to send a postcard that promoted the \$25 cards if vaccinated at a local health department.

The cash cards were widely accepted as successful and the Federal Government began a similar program, providing \$100.00 cards to people who received their first vaccine. An NCDHHS study published online in JAMA Internal Medicine examined offering the \$25 cards in four counties. Of the 401 people surveyed, more than two-fifths cited the prepaid cash cards as an important reason they went in for a shot. Specifically, Hispanic people, other racial minorities and residents making less than \$40,000 a year were more likely than white and wealthier residents to see the cash cards as a reason to get the vaccine. About one in seven people surveyed said they waited to get vaccinated until they learned they could get a cash card or other incentive.

Direct mail postcards



Social graphics



NCDHHS FAQ page



Cash drawing page



1 in 7 people surveyed said they waited to get vaccinated until they learned they could get a cash card or other incentive.

Searches for vaccine appointments from cash cards:
\$25: 11,000
\$100: 65,000
from cash drawings: 44,000.

Thematic Campaigns and Materials

Rapid response and dissemination of materials was key to the success of getting specific groups vaccinated during various stages of vaccine rollout and throughout changing CDC guidelines. Initially, eligibility depended on multiple factors such as age, health and occupational status. Materials were created or updated, distributed and made available for download. That also led to waves of new materials being created while also taking the time to revise and update the wealth of materials and information already developed.

Thematic campaigns were developed to engage diverse sectors as COVID-19 vaccination ambassadors

and were complemented with downloadable and print materials.

For our thematic campaigns, we developed bilingual materials encouraging vaccination as well as working in reminders for routine physicals and other common health issues. We proactively engaged and sought input from stakeholders through qualitative research and analysis in English and Spanish to better understand the kinds of communications materials that would have the most impact on real people in North Carolina. Each campaign had hundreds of partners across the state request posters, flyers and other print materials to use in their communities.

Thematic Campaign	Registrations	Estimated Reach	Special Facts
Bringing Summer Back	350	1,500,000	3 print runs
Spring into Summer	350	600,000	Campaign won the ClearMark Award for Spanish Language
Know Before You Go Back to School	300	550,000	Over 200 schools and school districts across NC participated
Know Before you Go to Winter Holidays	215	375,000	School nurses loved these logo tissue packages and asked for lots more
Life is Calling	300	500,000	Clinics across the state requested more posters so they could have them in every patient room



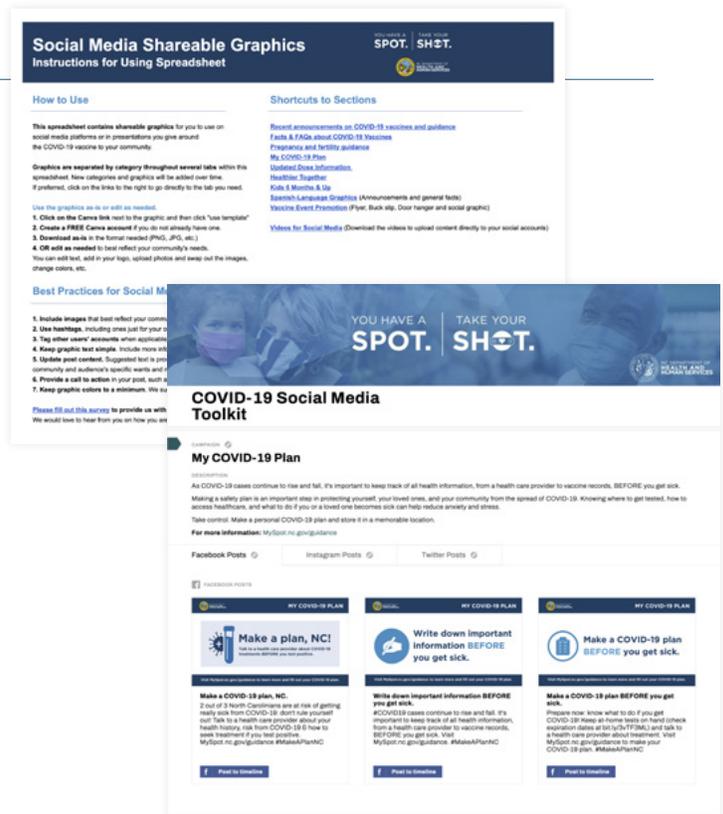
Over **1,000** organizations across the state have requested **bilingual thematic campaign materials** to encourage COVID-19 vaccination. Between June 2021 and May 2023, **2,115,000** printed COVID-19 materials were shipped to over **90** counties.

Social Media

Social media and visual communications are at the heart of efforts to provide information, resources, guidance and updates with both community partners and target audiences across the state. Social media content was created to deliver timely, informative information in a visual and engaging format. There were social media posts weekly that conveyed updates, reinforced accurate information and shared announcements and campaigns on how North Carolinians could best protect themselves and their loved ones from COVID-19. From seasonal campaigns to federal recommendations and NCDHHS guidance, posts were shared to keep communities informed and aware of the safety, effectiveness and benefits of COVID-19 vaccination. Our strategy was three-fold: an organic social media presence through existing NCDHHS Facebook, Twitter and Instagram accounts, a paid social media strategy that placed ads on social media networks and pushed similar but customizable social media posts to partners across the state. This allowed us to amplify our message from local voices at the local levels.

For the organic social media strategy, from January 1, 2021, to May 1, 2023, 1,001 posts related to COVID-19 were shared across NCDHHS Facebook, Twitter and Instagram accounts.

Organically shared social content has received nearly 266,320 engagements, 5 million impressions and a reach of almost 16 million people in total. Paid social media generated over 947 million impressions and 3.6 million clicks to the website across 8 networks.



Shareable Graphics for Social Media

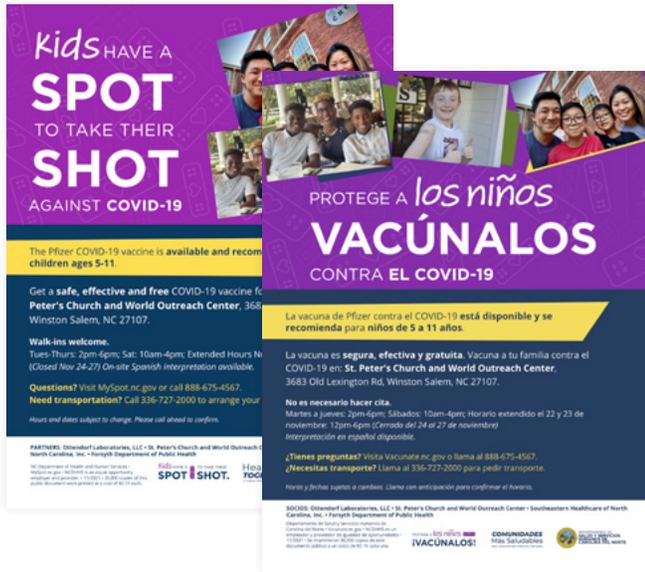
Having trusted voices share COVID-19 information also extended to social media. To make it as easy as possible for people and organizations to put their credibility behind the message, the team designed the social media [Shareable Graphics Sheet](#) and the [Social Press Kit](#). The Shareable Graphics Sheet provided customizable graphics via Canva links that allowed partners to adapt the messaging and imagery in a way that was authentic to their voice, while still maintaining core messaging (for example, imagery could be replaced to reflect local photography). The Social Press Kit, a library of downloadable, shareable social media graphics, was placed on MySpot.nc.gov and allowed community members to share the most popular social media graphics on COVID-19 vaccines, testing and treatment with their own networks.

Posts contained sample captions and hashtags and created an opportunity for partners to share recent COVID-19 announcements, quote tiles from community leaders and facts. Graphics and post content were provided in both English and Spanish for the following topics: vaccine eligibility groups, special events, holidays, health focuses and awareness days, COVID-19 testing and treatment, My COVID-19

Plan, Healthier Together, COVID-19 announcements and guidance, COVID-19 and pregnancy/fertility and thematic campaigns like Bringing Summer Back and Know Before You Go. This free resource was instrumental in supporting partners across the state, most of whom did not have resources and/or staff to produce this type of content. The shareable graphics

offered a variety of content that could be tailored to the needs and themes of communities in a way that inspired action and positive engagement, as well as best practices for messaging to guide and inform North Carolina communities throughout the COVID-19 pandemic.

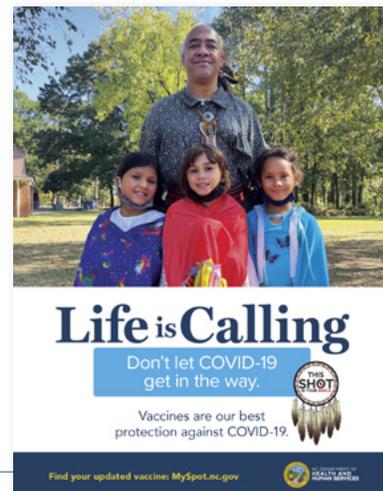
**Over
 1,200 posts
 were shared by
 192 partners between
 January 2021 and April 2023,
 for a total reach of over
 1.3 million people and
 5,116 engagements. Facebook
 was the top performing
 platform, with over 64% of
 partner content shared on
 Facebook accounts.**



Objective 4: Create Culturally Aligned Materials & Media

Throughout the pandemic, it was important for the COVID-19 vaccine communications to meet people where they are to build trust. While vaccination hesitancy was prevalent across demographic groups due to the speed of vaccine development, Blacks/ African Americans, Hispanics and American Indians had ample reason to distrust the public health system that has historically exploited their community members.

Community-based organizations and stakeholders, local public health organizations, religious leaders and medical providers around the state joined with NCDHHS in a unified effort to build trust and encourage COVID-19 vaccination across the state. The communications campaign provided them with a unified message that was continually updated



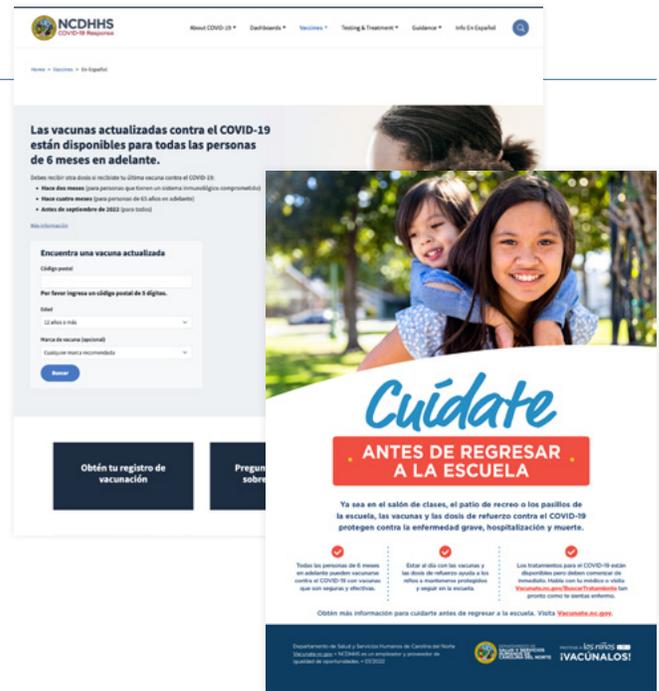
with new themes and messages as the pandemic and public health needs evolved. To further support their efforts, we developed materials in English and Spanish. To make sure we were reaching people from historically marginalized populations, we developed over 700 public service announcements featuring 289 North Carolinians from all walks of life. These ads were promoted on social media and placed on TV and streaming services throughout the pandemic.

Spanish Language Materials and Media

Almost eleven percent of North Carolina's population is Hispanic/Latino, and more than three out of four speak a language other than English at home. Yet until the pandemic, many informational materials created and shared by NCDHHS were not available in Spanish. Early on, we engaged stakeholders to better understand this need, and quickly realized that Spanish transcreation was essential to the work. We were intentional and proactive in how we incorporated the time needed for Spanish translation into content development and production timelines, and we noted early on that we wanted all our materials to be available concurrently in Spanish (not subsequent to English being made available). We also embedded communication partners with expertise in culturally and linguistically appropriate messaging and strategy. For Spanish-speaking North Carolinians to trust the information they received from NCDHHS about COVID-19 vaccinations, the information had to be provided in a culturally appropriate and linguistically competent manner.

This overall approach and structure resulted in the transcreation of Spanish-language campaigns, the first of which was “¡Vacúnate!,” created to accompany the English “You have a spot, take your shot” campaign. We were able to replicate this transcreation process multiple times with all our campaigns, ensuring that Spanish language content was created and available at the same time as English content. All our Spanish campaigns contained the same collateral as our English campaigns and included various print materials and digital content.

Just as we did for English material outreach, our team prioritized partnering with community organizations and trusted messengers to get materials to community

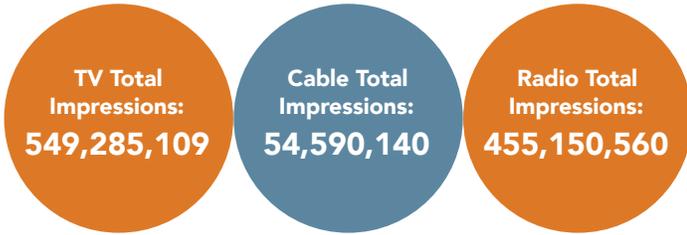


members quickly. We were intentional in working *with* and *for* the Spanish-speaking community, and this involved engaging our partners often and consistently. We were transparent in what we knew and did not know, shared updates frequently, asked for feedback regularly and encouraged participation in our virtual and in-person events. We also worked closely with the Department's Director of Hispanic/Latino Policy and Strategy, as well as with the Healthier Together initiative, to get feedback on our materials, better understand what they were hearing directly from members of the community and partner with Hispanic/Latino community organizations around the state.

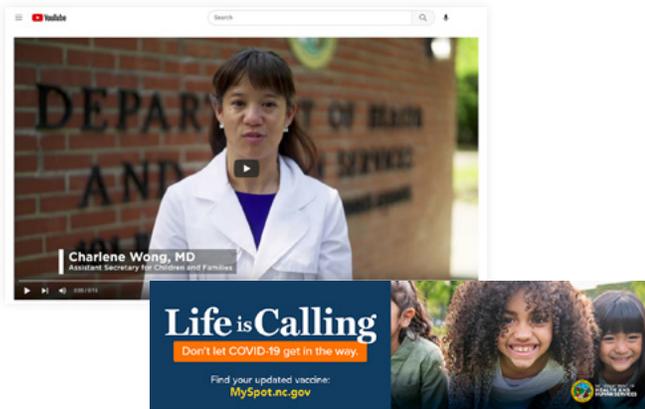
Most of the COVID-19 website was offered in Spanish, not with machine translations but with thoughtful approaches by native Spanish speakers. Because of its effectiveness, Google designated that the site was an authority on a variety of Spanish-language topics and directed people to the website no matter where they lived. More than 1.7 million Spanish-language users came from outside North Carolina, visiting the site from Mexico, California, Texas, Florida and all over the world.

In addition to Spanish-language materials, the team worked with multiple agencies, such as the State Refugee Health Coordinator, to develop key materials in the five most common languages people speak and read in North Carolina. Materials were developed in Arabic, Chinese, Korean, Russian and Vietnamese and distributed to CBOs across the state.

Paid Online Broadcast and Radio Spots



Paid online media, radio, tv and online streaming services were used to reach large audiences with rapidly changing guidance from the Federal Government. Each time there were updates to the guidance, such as children six months to five years old being able to receive the vaccine, we developed updated content to run across all platforms to maximize our statewide reach.



The team produced multiple 15, 30 and 60-second public service announcements encouraging vaccination in English and Spanish for a TV and online streaming campaign. Early on, public service announcements were focused on different populations as they became eligible for vaccination. Moving forward, messaging shifted to the general population and specific targeted public service announcements geared towards people of faith and those living in rural communities.

To complement our online broadcast campaign and targeted social media outreach, we developed a radio strategy that ran 10, 15, 30 and 60-second radio ads in English and Spanish across North Carolina designed to target the African American and rural communities.

We ran targeted social media banner ads and public service announcements across North Carolina

throughout the pandemic. Ads targeted rural and urban parts of the state as well as American Indian, African American and Hispanic/Latino communities. The goal was to drive web traffic to the NCDHHS website through messaging that vaccines are safe and effective.

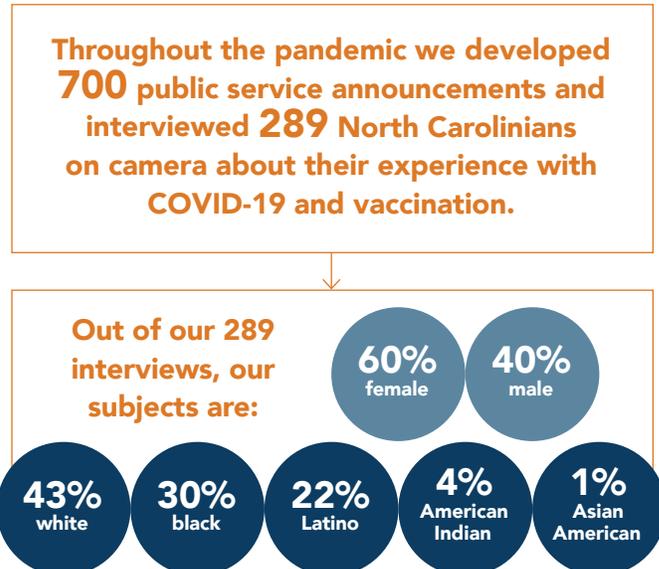
Videos

With information and guidance changing rapidly, we needed to create a process for video creation that gave content a longer shelf life. Video production is costly, and we could not afford to finish a production run only to have the information be out of date. At the same time, we need to invest in capturing a wide array of trusted messengers—from NASCAR’s Richard Petty to the local county pediatrician and the small business owner.

To meet these needs:

1. We interviewed almost 300 North Carolinians who spoke in broad terms about their decision to get vaccinated and to specific issues of the day;
2. We transcribed all interviews and labeled b-roll with appropriate descriptors;
3. We built a bank of video much like a company builds a stock footage library; and
4. We created an intricate database of all interview transcripts and b-roll descriptors so we could easily edit and combine new videos as needed.

This approach gave us the needed flexibility, allowed us to produce video content faster and was extremely cost-effective.



Objective 5: Conduct Outreach That Meets People Where They Are

Distrust in government agencies and rampant misinformation reached new highs during the COVID-19 pandemic, significantly challenging the nation's response and its vaccination effort. Our market research showed that our strongest means to combat these factors were a simple message framework delivered by trusted messengers that respected and addressed people's questions. We developed events, presentations and trainings using our message framework and they became important strategies to connect with people and provide trusted information from trusted messengers.

Seminars, Live Streamed Events and Training

Our research showed that it was community engagements and events that were most effective in supporting people to get vaccinated. We validated this approach with metrics on the ground. We matched our county-by-county outreach to real-time vaccination data and found statistically significant correlations. We found that a public information event from a trusted local official or community leader led to a measurable increase in vaccinations in that county. Seminars, live streamed events and trainings where people could hear information and ask questions of people they trusted were our most effective outreach strategies.

Vaccines 101/COVID Essentials Presentation. We conducted several "train the trainer" events that led to 122 people trained to present the Vaccines 101/ COVID Essentials presentation in communities across the state. Those trained came from state and local government offices including the Office of Rural Health, Aging and Adult Services, Division of Deaf and Hard of Hearing, Medicaid, Human Services, Office of the Secretary and the community such as Latin-19, Duke University Hospital and the NC Chapter of Pediatric Nurse Practitioners. Initially we updated

the presentation weekly, and later it was updated at least monthly. It was also expanded to include more information on COVID-19 treatment and testing, at which point it was re-named COVID Essentials.



Fireside Chats and Cafecitos. We created and produced live events in English and Spanish where experts and community members shared information and answered participant questions. These events supported NCDHHS' commitment to make it easy for people to get information and respect and address people's questions and concerns. The virtual events livestreamed through NCDHHS' Facebook, YouTube and Twitter accounts, and viewers were reminded and encouraged to post questions or comments in the chat feature.

Discussions were led by subject matter experts and tailored to timely announcements, events and topics as well as campaigns developed to support and guide communities through COVID-19. Conversations ranged from COVID-19 information to the importance of maintaining routine check-ups and preventative care measures, acknowledging the many disruptions of the pandemic that caused people to fall out of care. Observances to celebrate and raise awareness



of cultural differences and heritages were also recognized as opportunities to discuss the vital need to provide culturally competent, inclusive healthcare for North Carolinians. The most successful events were the August 2022 back-to-school Cafecito that drew 13,995 callers and the February 2023 Fireside Chat that focused on heart health with 13,000 callers joining.

Persistent participant engagement over two years is a strong indication that the Fireside Chat and Cafecito series were needed and well-received. While the pandemic required us to host events remotely via the phone and web, the approach remained an effective way to engage many people across the state in a timely fashion even after it became safer to gather in person.

As of May 2023, NCDHHS has hosted 42 livestreamed events, with 26 Fireside Chats in English and 16 Cafecitos in Spanish.

83 subject matter experts participated in the Fireside Chats and Cafecitos.

These events reached 490,412 North Carolinians who participated online (266,863) and over the phone (223,549).

By July 2021, each engagement was correlated with about 100 first dose vaccinations and 200 second vaccinations.

After the state's vaccination level reached 50% of the population, these types of analysis were not able to be completed.

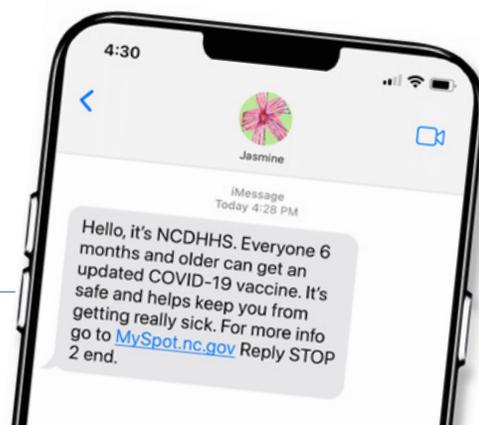
Texts, Calls, Direct Mail and Special Events

In a large, rural state like North Carolina, we had to use a variety of tactics, particularly to get information to the hardest to reach places. SMS texting, direct calls, direct mail and special events have all been effective tools that the team used to reach millions of North Carolinians about the urgency of vaccination.



We launched our SMS texting and direct call program in the Summer of 2021 and focused on encouraging vaccination in low-income African American/Black/Hispanic/Latino/rural communities across the state. Through 20 English and Spanish SMS text outreach efforts we reached 2,818,756 people with English communications and 242,989 people with Spanish language communications. Through 26 direct calls from trusted messengers NCDHHS was able to reach 3,900,373 North Carolinians in English and 456,669 in Spanish. Texts and automated calls allowed COVID-19 vaccine communications to be responsive to changes and proactively share information to a large yet targeted audience, quickly and efficiently.

Direct mail helped us reach rural audiences and reinforce campaign messages communities may see on TV or online. Eleven direct mail campaigns reached over 5,200,000 residents in English and Spanish.



The postcards promoted the key vaccine message of the moment—the Summer Cash Drawings, children under five vaccination and updated vaccines. We collaborated with Healthier Together on two postcards for their priority areas that encouraged boosters and updated vaccines.

Special events were another way to encourage vaccination. Between November 2020 and May 2023 there were over 420 community vaccine educational events. Vaccine on the Green, a live, three-day event providing walk-up vaccines in Raleigh in May 2021 and an educational booth at the North Carolina State Fair in 2021 and 2022, were large events supported by the team. There were hundreds of smaller community events hosted by Healthier Together, faith leaders and CBOs that provided NCDHHS COVID-19 vaccine communications such as the Peletah Community Ministries Juneteenth Event and the Mexican Consulate in Raleigh’s Summer Family Fairs.

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CBO Trainings

Reaching people where they are is a critical part of the NCDHHS communication strategy—and in doing so, we collectively built valuable relationships. These relationships also surfaced the need for communications capacity-building, and in the spring of 2022, NCDHHS Communications worked with Healthier Together and provided two bilingual, virtual trainings to community-based organizations and local audiences. Spanish-language interpreters translated both events and all resources shared during and after the trainings were provided in both English and Spanish.

In May 2022, 38 Healthier Together-supported community-based organizations participated in a Canva Training. Canva is a free online design and publishing tool that makes graphic designs accessible to everyone through pre-made and customizable templates. A comprehensive resource sheet was sent to attendees and CBO newsletter subscribers following the event. The resource sheet featured links to a recording of the Zoom webinar and training deck, a Shareable Graphics Sheet with custom templates on COVID-19 communications, a guide to setting up a Canva account and recommendations for how to capture and use real photos to personalize materials in addition to sourcing images from public domain sites.

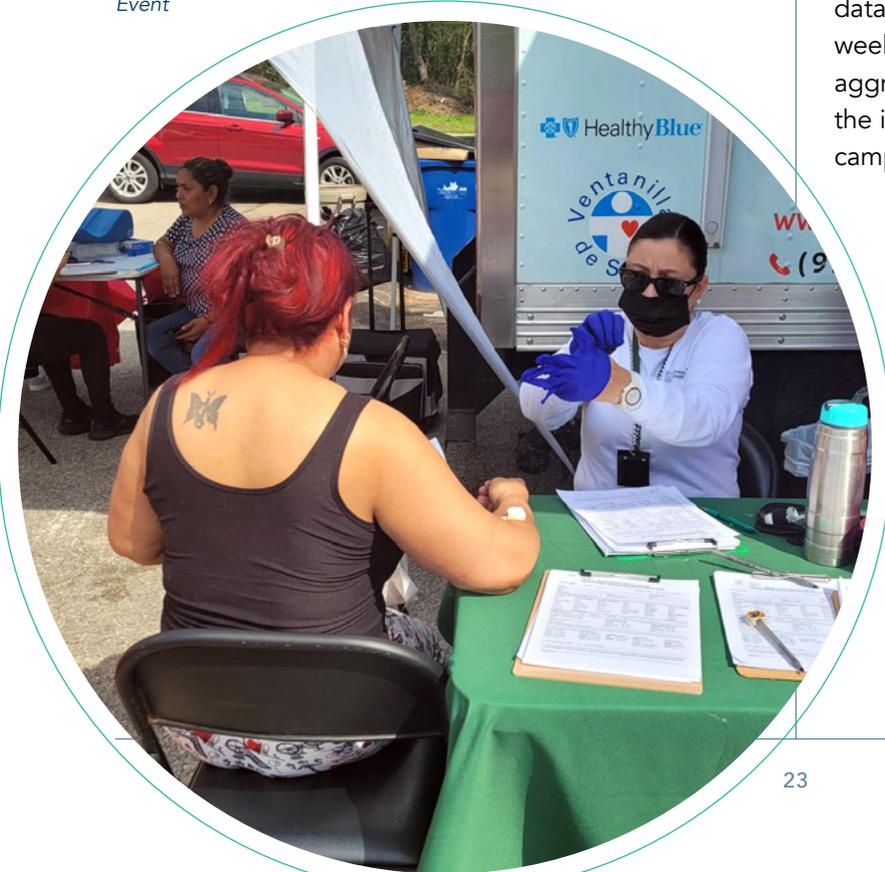


In July 2022, 34 community-based organizations participated in a Social Media 101 virtual training. This live training focused on best practices for organizations to reach audiences, build connections and create impact and engagement through social

media and personalized content. Participants learned the basics of Facebook, Instagram, Twitter and TikTok and how to identify and engage with their audience through uniquely tailored content and messaging. A social media resource sheet that included a recording of the training, the training deck, tips on building a custom content calendar, free online scheduling tools, Shareable Graphic Sheets, access to the previous Canva training and best practices was provided to attendees.



El Centro Hispano
Community Outreach
Event



Measurement and Evaluation

During the initial phases of vaccine rollout, we deployed data infrastructure necessary for measuring the effectiveness of vaccine communication within North Carolina to ensure resources were targeted in the most efficient way. We engineered a solution to help identify which campaign or methods were most effective for reaching their target audience—empowering the communications team to craft engagement that increases vaccinations for target groups. The data infrastructure supported weekly reporting on campaign impact and ad-hoc effectiveness reporting for pre- and post-campaign activities. Using econometric and machine learning techniques, the communications team was also able to identify the week-to-week impact of its communications channels using regression analysis.

The effort began by pulling the data from CRM, social media impressions and event management software into a cloud-based data infrastructure to organize and tag the data for event type and target demographics. It was important that as we integrated the campaign data with the vaccination data, we anonymized it. In this case, we aggregated vaccination data to the demographic group, the county and the week for reporting purposes. We then visualized the aggregated data to show the relationship between the inputs and the outputs of the communications campaign into easy-to-digest dashboards.

Regression Analysis

To get at the true impact of the campaign in terms of the number of additional vaccinations, reports based on regression analysis are produced weekly and show the impact of campaign activities to date. This analysis showed a statistically significant effect on vaccinations based on the community outreach efforts of our client.

Based on media campaigns from January through June 2021, our analysis showed that each community engagement effort (email exchange, call or meeting) was associated with an average of 18 additional vaccinations. Similarly, each community presentation such as Vaccines 101 was associated with a weekly average increase of 6,591 first dose vaccinations.

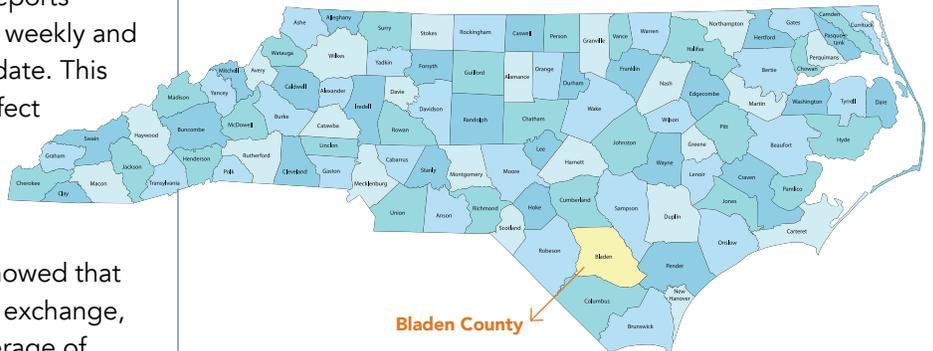
Our analysis also showed that a single paid media impression was associated with a 0.0004 increase in weekly vaccinations. With over 392 million impressions across the African American and Hispanic populations within the state through June 2022, the potential impact of those impressions was 156,984 additional vaccinations (first dose).

County Reporting

On a regular basis, the communications measurement team analyzed the vaccination rates in the lowest-performing counties and identified opportunities to target certain counties and groups with the most effective communications strategies. Among the counties with low vaccination rates, the communications team then looks at what partners could be activated for outreach or activities.

For example, a local health clinic approached NCDHHS with an offer of help. They had locations in three of the target counties (Cumberland, New Hanover and Orange). The communications team then collaborated to plan a series of education/Vaccine 101 events in each county to reach an estimated 200 people in these low-performing counties. Following those events, we logged them in the event tracker and continue to measure the effectiveness of those sessions.

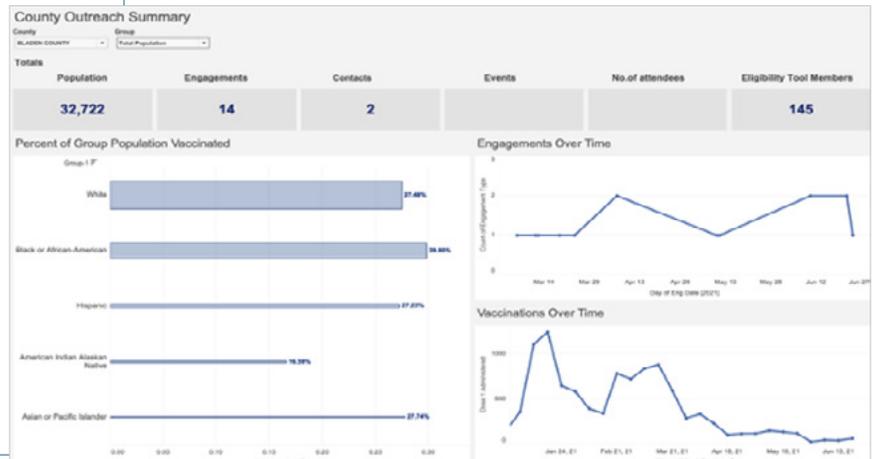
A Data-Informed Communications Case Study: Bladen County



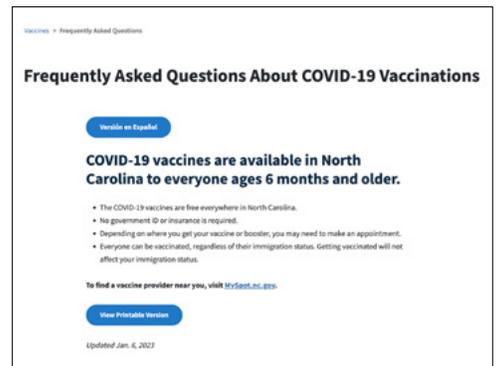
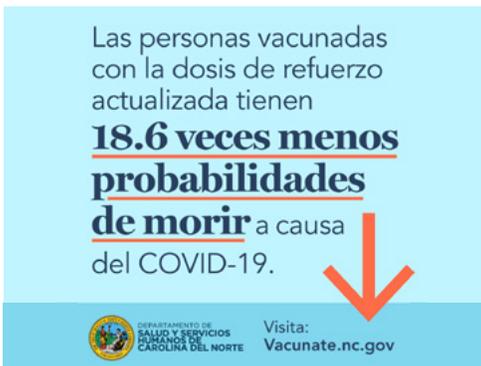
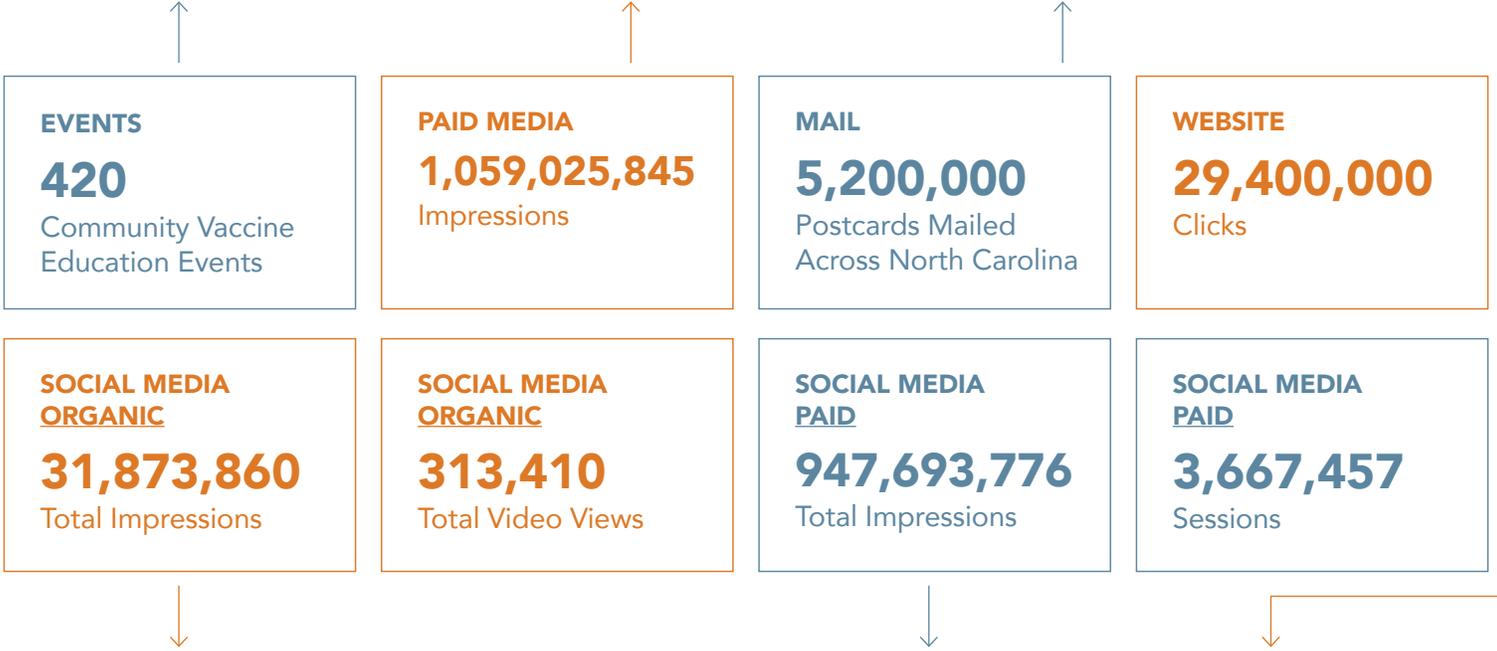
When the critically elevated level of COVID-19 spread in Bladen County and its low vaccination rate was surfaced by the NCDHHS team in June, the communications team reviewed work to-date through the dashboard.

The communications team reviewed existing efforts in the county. Based on our communications program evaluation, the small number of events and engaged community partners indicated our most effective outreach tactics had not been successfully implemented in Bladen County. As a result, we identified the following areas to target:

- **Identify Community Partners:** Bladen had few community contacts for communications outreach across all groups
- **Hold Community Event(s):** Only one community event was held for Bladen County
- **Consider Text or Robocall Outreach:** To reach people quickly with trusted community messengers



Cumulatively, our high-level analytics reflect the following activities:



Conclusion: A National Leader— From Start To Finish

COVID-19 has changed the lives of people across North Carolina and the country. In the early months of COVID-19, we saw record hospitalizations and deaths from the virus. We experienced the loss of friends, family members and colleagues. Such loss is like no other. But thankfully, the COVID-19 public health emergency provided us with the tools we needed to develop an immediate and frontline response to the virus. With the help of our healthcare workers, community organizations and countless others, we were able to put structures in place to provide the education North Carolinians needed to make informed decisions to help prevent the spread of COVID-19, and resources to reduce the number of hospitalizations and most importantly, prevent deaths caused by the virus.

At a time when people are losing faith in public institutions, trust in the North Carolina Department of Health and Human Services is high. Trust went up for 35% of North Carolinians, with the highest increases among Black (47%) and Hispanic (39%) people. This did not happen by chance. It happened by intentionally incorporating communications into every aspect of NCDHHS' COVID-19 response, which was grounded in a comprehensive operations process to get people testing, vaccines and a range of services based on real-time data on the ground and adapting to the ever-changing dynamics of the pandemic. What was most novel about our approach was that we did the hard work of outreach, building relationships and delivering on our promises like equitable distribution of vaccines rather than chasing a magic message. Public health efforts cannot succeed solely with strategic communication; however, they fail without it.

As a result, North Carolinians credited NCDHHS for delivering the health information and services they needed; 82% said that the Department met (59%) or



exceeded (23%) their expectations. NCDHHS' effort to nurture trust promoted equitable health outcomes. Most North Carolina adults (74%) completed their initial series of COVID-19 vaccination, including 99% of those aged 65 and older. There is no gap in initial COVID-19 vaccination between Hispanic and non-Hispanic North Carolinians, and the gap between Black and White North Carolinians is 3%, with no gap in some age groups.

We believe that North Carolina has built an exemplary communications infrastructure and campaign to fight COVID-19. The lives saved to date—and those that will be saved in the future—are due to the state's determination to win the war against this pandemic, to invest significant resources in communications and logistics to achieve its equity goals and the commitment of North Carolina's Department of Health and Human Services to be steady at the wheel and responsive to every bump in the road. We feel fortunate and honored to be a part of their team.

neimand/collaborative

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