



Office of Community Partnerships and Strategic Communications

The Fieldbook: Strategies and Insights for Community-Based Organizations

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The Office of Community Partnerships and Strategic Communications (OCPSC), housed within the Governor's Office of Planning and Research, was created in 2022 to manage California's most pressing community engagement and public awareness efforts.

July 2023



To those interested in building a *California for All*:

As the Office of Community Partnerships and Strategic Communications concludes our first year as a new state office responsible for community partnerships, focusing on equity, I find myself in deep reflection. My professional journey started forty years ago when I was a Peace Corps volunteer in a village of Mandinka families, on the Casamance River in Senegal. My story — like the canoe on my river — has taken me to many places where I've learned from so many people and adventures.

Planning for the dangers of a hot summer in California reminded me of Senegal's unbearably hot days and visible seasonal changes in our ecosystem.

The first sign of climate change in my village was the dry season which brought parched land and dry wells. Villagers waited for rain, but rain would fall elsewhere - not on what was once verdant rice and peanut fields. The river that was once the lifeblood of the village dried out without any rain. Salt levels in the water increased, ruining vital banana and rice fields that fed the community. The salt soon penetrated the household water wells and the women and girls had to travel farther to fetch water from communal wells.

The real - and harsh impacts - of climate change had already descended upon this village forty years ago. As a young college graduate, there was a lot I did not know about local public services or even global public policy that could impact the ecosystem of a small village in rural Senegal. My experience as a Peace Corps Volunteer in Senegal has been the foundation of my career in community development at global, national, and local levels.

I have the distinct honor of serving Californians, and in my role as Executive Director, I want to ensure we capture the aspirations and commitment from the field. This *Fieldbook* is a compilation of lessons learned from our trusted messengers of the Vaccinate ALL 58 Campaign and is intended to serve as a tool to help you on your journey. I look forward to expanding this edition so we can strengthen our relationships with community and foster resilience for generations to come.



Yumi Sera

Executive Director
Office of Community Partnerships and
Strategic Communications

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Action Briefs

Recognizing the vital role community partners play in helping to address the State's most critical issues, in January 2022, OCPSC launched a virtual webinar series titled Learning Labs: From Discovery to Action. OCPSC produced four Action Briefs following the Learning Labs that took place January - March 2023, to document the actionable opportunities, resources, and tools to enhance outreach activities.

The purpose of Learning Labs is to learn from and engage with trusted messengers, to deepen our practice of outreach and education, and to develop connections that strengthen the ecosystem of trusted messengers. Each of the Learning Labs features leaders from the trusted messenger network to cover various outreach related topics and Yumi Sera, Executive Director of OCPSC, who serves as the moderator.

The Action Briefs include:

1. Stronger Together: Building & Maintaining Coalitions
2. Striving for Equity: Strategic Outreach Tactics
3. Speaking to Multicultural California: Ethnic Media as an Effective Channel
4. The Vaccinate ALL 58 Campaign: What Have We Learned?

Stronger Together: Building & Maintaining Coalitions

If you want to go fast, go alone. If you want to go far, go together.



Photo: OCPSC staff met with the San Diego Refugee Communities Coalition, a collective of ethnic community-based organizations and other groups at a Community Connections. Coalitions often have one lead organization who serve as the backbone organization to support aligned activities.

What are Coalitions?

Coalitions are alliances for combined action. They are formed when two or more groups temporarily work together to achieve a common goal.

Why are Coalitions Important?

No one can do it all. Not government. Not community-based organizations (CBOs). It takes *ALL of US* to ensure the safety, security, and prosperity of our community. Working together to organize and leverage each other's strengths and assets—people, money, skills, knowledge and connections—can lead to greater impact. Coalitions expand access. They reduce duplication of effort and minimize competition. There is also power in joining forces. Coalitions are the cornerstone of sustainable and equitable change.

Coalition-Building Basics

1. **Create connections.** Contact community leaders. Learn what other people and organizations are doing and reach out. See who is missing and invite them to join. Be as inclusive as possible.
2. **Find common goals.** Discover your shared purpose (for example, getting people vaccinated during the COVID-19 pandemic) and commit to working together to realize the purpose.
3. **Organize and mobilize partners.** Share the risks, resources, and responsibilities of doing the work. Have partners lead with what they know/do best. Promoting each other's work on social media builds trust and multiplies the effect.
4. **Move the coalition forward.** Leverage the partnerships you've built. Find other common objectives. Decide what you can and can't do and continue to act. Help smaller member organizations start and grow their participation in the coalition.

What CBOs are Saying and Doing

Why should we partner with other CBOs?

Mario: We cannot do everything ourselves. And we don't want to. We want it to be authentic. We want the community to feel comfortable... All our partners have different languages and communities that they support. We don't all do the same thing...You're going to make so much more progress if you support each other.

Inés: When we come out and do events together, that explodes because now you have multiple languages, multiple symbols, and multiple ways of communicating to bring people together.

What are some guiding principles for working together?

Debra: Respect for each other. We don't have to know everything each other believes, but do we have a common cause? If it's a fire, a flood, an earthquake, a pandemic. Whatever it may be. If it's diabetes. Whatever the health issue or economic issue. Where can we find common ground? That's really the whole point.

How do you balance competing needs or priorities within the coalition?

Inés: We all come from different funding sources, whether it's national-level or local-level or a giving agency...We are able to diversify and then we can share and help one another as much as we can.

Debra: We don't always play well together, right? Everybody has tended to work in silos. And this coalition has decided not to do that.

A lot of it is the way that we have structured ourselves. Even though Building Resilient Communities is the leader, we don't act like we're the boss. We're not the boss. We're really the facilitator...The other thing is...get rid of the egos. Just because it's not your idea, be willing to share with people in the collaborative. Give constantly. I am constantly giving credit where credit's due.

As a COVID-19 coalition, how are you transitioning to other issues affecting the community?

Debra: We all know what the health issues are in the Black/African American community... And so the whole concept of one team, one mission is continuing because now we've been in the trenches with each other. We have those relationships with each other. And now we're developing a vision statement, a mission statement, core values, and membership guidelines to move into the future.

Mario: We've gone from vaccine equity and [now] we've been working on health equity, which was our goal all along.

This **Action Brief** is a product of the series “**Learning Labs: From Discovery to Action.**” It is based on the first session, held on January 23, 2023, and features excerpts from a discussion with Mario Ortega (CEO, Abrazar, Inc.), Debra J. Williams (Founder and CEO, Building Resilient Communities) and Dr. Inés Ruiz-Huston (VP of Special Programs and Operations, El Concilio California). Recordings are in English, Spanish and ASL.

Striving for Equity: Strategic Outreach Tactics



Photo: Outreach workers from Universidad Popular and Asian Health Services

What Is Equity-Centered Outreach?

Communities impacted by complex social issues must be centered in solution strategies for policies and programs to achieve their desired impacts. Equity-centered outreach is a powerful approach for reaching vulnerable communities. It is about knowing who to reach and how best to reach them. Consider these practical suggestions to help you capitalize on engagement opportunities and increase outreach effectiveness, especially when targeting historically marginalized and underserved populations.

5 Building Blocks of Equitable Outreach

- 1. Trust.** Relationships are built on trust, which takes time, respect and consistency to develop. Know the community's history. Keep showing up. Watch your words (they matter). And when you make a promise, keep it.
- 2. Trusted messengers.** These are influencers, opinion-leaders and local champions who provide critical connections to their community. They speak the language, know the culture, and are experts through their own experiences. Get them involved. Invite them to help identify key needs and priorities. Encourage them to disseminate information and connect people to resources.
- 3. Location.** Identify places where people gather. Pay special attention to places that are familiar, convenient and trusted (e.g., churches, schools, barbershops).
- 4. Language.** Hire staff from within the communities you serve and have in-language material and interpreters available, as needed, so EVERYONE has access to the information, care and resources they need and are legally entitled to. Assistance in-person and over the phone is especially important in monolingual communities where digital access is limited.
- 5. Data.** Gather data and use it to select the most effective outreach tactics. Disaggregated data can help highlight disparities, identify hotspots, and pinpoint specific neighborhoods for targeted efforts. It can also confirm what you anecdotally know.

What Partners are Saying and Doing

Who are trusted messengers and what role do they play in outreach?

Arcela: Individuals who are deeply rooted and connected historically, culturally, politically, spiritually to our community...These are individuals who have been at the forefront, who have really been given a gift, which is to be able to communicate, to engage, to respect and to understand one another.

Pastor Boyd: We were able to partner with clinics located in Black communities, those specialized in reaching hard-to-service or hard-to-reach populations and communities (there are many!)....They really taught us how important and how valuable they are to any kind of effort on the part of the Black community in getting the message of medical services out to them.

How have you used data to inform your equity work?

Thu: Often you see Asian Americans and Pacific Islanders lumped together. It really masks the disparities faced by specific communities... The disaggregated data showed that Pacific Islanders were dying more from COVID. They were getting COVID at higher rates often because they were on the frontlines working. In Alameda County, we were able to work with our partner, the Regional Pacific Islander Taskforce, and provide funding to them so that we had folks there [at COVID testing sites] who spoke the language. And the county did a lot of contact tracing to minimize the spread. They contracted to many CBOs, and we worked with their county team directly to contact COVID cases and contact their contacts...We were able to

assemble a team that included Asian languages and several Pacific Islander languages. The stories of lives saved through that contact tracing was amazing.

Arcela: [When setting up vaccination sites] we were very intentional, strategic, and kind of surgical in our approach...We identified down to the actual location, being in a hotspot, being in a neighborhood that was accessible, that was walkable, welcoming, that had a respectful relationship with our community...Even now, our team continues to be at the sites...Community members still are showing up. They're coming to ask questions, to pick up COVID tests, masks, all these resources that they wouldn't have access to anywhere else. And we would not have been able to do this work without access to the data.

What's one thing you'd add to a playbook on equity-centered outreach?

Pastor Boyd: We are all players. Because we're so intricately involved, we all make up this thing... The interconnectedness of each of us becomes important to all the rest of us.

Thu: I look at the ecosystem of who helped, who is part of our community, who helped lift up our communities, and it was community-based partners. It was other communities knowing that we were also hurting. But it's also those who are in government...People we work with at the county and state level, they championed us from within... It's knowing the playbook and knowing everyone is a player and that everyone can help out and help out all of the communities and it's not a competition between communities. **It's not "us" versus "them." It's a "WE."**

This **Action Brief** is a product of the series "Learning Labs: From Discovery to Action." It is based on the second session, held on February 9, 2023, and features excerpts from a discussion with Arcela Nuñez-Alvarez (Ph.D., Co-Director, Universidad Popular), Pastor J. Edgar Boyd (Sr. Minister and CEO, First African Methodist Episcopal Church of Los Angeles), and Thu Quach (Ph.D., President, Asian Health Services). Recordings are in English, Spanish and ASL.



Speaking to Multicultural California: Ethnic Media as an Effective Channel

What Is Ethnic Media?

Ethnic media outlets (EMOs) are part of the media ecosystem. As mission-driven organizations, they provide news and information catered to diverse audiences in many different languages and formats, including TV, radio, newspapers, websites, and social media.

What Are Ethnic Media's Key Roles?

Ethnic media creators wear many hats. They are, first and foremost, journalists. They make the news relatable to their audience. They show how current events are directly impacting their communities and often focus on issues overlooked by mainstream media. As social activists, ethnic media creators spotlight disparities and make certain that under-represented voices become part of the conversation. Ethnic media creators are also recorders of history, highlighting what is important in multicultural California and preserving their perspectives for future generations.

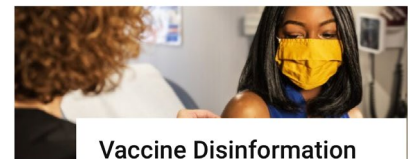
What Ethnic Media is Saying and Doing

How do ethnic media strengthen the work of CBOs?

Regina: News outlets help us focus on things and lift them up higher so that you can break through the noise...The stuff that really hits home is when everybody is talking about one thing at one time. It's coordinated in a sense that if I am talking about Stop the Hate, I can talk about Stop the Hate on a lot of different levels. If we're talking about Shot of Faith and COVID, we now get to see it from all these different perspectives. And that is the uniqueness of what the media can do. I believe that CBOs have the opportunity to work with us to build relationships in communities so that our voices can be heard.

Why Partner with Ethnic Media?

1. Community news outlets have strong ties to the community. They **reach large and often bypassed audiences**, including many underserved, monolingual communities.
2. Ethnic media creators highlight the work CBOs are doing and **amplify community voices**. They also help synchronize those voices when it really matters.
3. Because they understand the historical, social and emotional context, communities are more receptive to messages received through ethnic media. Ethnic media are well-positioned to share essential information and **enhance public awareness**.
4. As trusted messengers, ethnic media outlets can also help **combat misinformation**.



Vaccine Disinformation Preys on Black Community's Well-Earned Distrust

Ethnic Media Services - Mar 29, 2023

Richmond Pulse | Low levels of trust in the medical system among African Americans stemming from a history of systemic racism has allowed misinformation about the pandemic to flourish.



Covid Myth Busters 4

Covid Myths Among Latinos in California Begin to Recede

Ethnic Media Services - Mar 29, 2023

La Opinion | Medical experts in California say they are seeing signs that misinformation among Latinos about Covid 19 is beginning to recede.

What is an example of how ethnic media outlets have elevated public health concerns?

Lisa: There was a story in the Black community, and I think ethnic media covered it too, about Black maternal health, about Black women in the hospital whose pain is ignored and who have lost their lives giving birth because doctors ignored them. Elevating that story has taught them and the community that they have to be advocates...Now people are more aware. And with that awareness, there are fewer people going into the hospital and just blindly accepting that their pain is normal. It is not normal. So, in that respect, our stories help to save lives.

What are some innovative projects you've recently worked on?

Julian: EMS (Ethnic Media Services) has organized many roundtable meetings between ethnic media outlets, CBOs and government agencies to understand each other's work. Hate stems from lack of understanding and appreciating each other's cultures. We have facilitated cross-cultural reporting... Covering each other's communities is a way of introducing each other and showing how we are so much alike given we have so many common interests and concerns. [Our] stories show you can cross boundaries and people find happiness and we can overcome differences. These are inspirational stories to encourage people to get to know each other. And we believe that leads to more understanding and appreciation of each other's cultures.

Lisa: Most have a misconception that they can reach the African American community, particularly through mainstream media. Mainstream media plays a role, but there is a critical difference in what Black media does...The news impacting us is news that the mainstream community doesn't always cover or doesn't see as important or relative to social justice or to Black folks...We are close to the news, to the stories we write. We know all of the players in the community. And so we are able to provide the best story and the best coverage.

What is the best way to approach ethnic media as partners?

Julian: I have a cheat sheet, a national and California directory of ethnic media outlets and the national directory is coming soon. And you can go to where there is a concentration of [ethnic] businesses (markets and restaurants). There are bound to be some newspaper racks. Many of these media now also have their own websites or social media accounts. By doing research on the internet, you can find these media outlets in your area. And you can contact them. They are very friendly...They know the information in and out of their own communities. If they don't have the answers, they know somebody in the community they can refer you to.

Regina: Reach out to us so that we can help best match you. We'll be able to put you in touch with the media so it makes sense, making sure we get it to the right places so the right eyeballs see it...We are all connected to this office [OPCSC] now, which is so wonderful. And I think this matchmaking is going to make it even more powerful with us working together.

This **Action Brief** is a product of the series "Learning Labs: From Discovery to Action." It is based on the second session, held on March 10, 2023, and features excerpts from a discussion with Regina Brown Wilson (Executive Director of California Black Media), Lisa Collins, (Founder and Publisher of LA Focus) and Julian Do, (Co-Director of Ethnic Media Services). Recordings are in English, Spanish and ASL.



The Vaccinate ALL 58 Campaign: What Have We Learned?

What was the VA58 Campaign?

The Vaccinate all 58 (VA58) Campaign, in partnership with the California Department of Public Health, is a statewide public awareness campaign that began in December 2020 when vaccines first became available. The VA58 Campaign is part of an ecosystem of other partners and allies, including state agencies, local health jurisdictions, philanthropy, community-based organizations and elected officials who came together to ensure Californians are vaccinated.

What led to the success of the VA58 Campaign?

The VA58 Campaign focused on reaching communities with the highest COVID rates and people who have been historically marginalized and excluded from traditional outreach efforts. An independent evaluation of the campaign identified three key elements to unlocking health equity. The campaign was specifically designed to promote equity. It focused on reaching the hard-to-reach populations through a data-informed and human-centered approach. Second, the campaign facilitated cultural customization. Its products and services were intentionally fitted to language groups and geographic areas. This ensured messaging and outreach delivered by trusted messengers aligned with community circumstances. Lastly, the campaign exemplified adaptive management practices with clearly defined metrics around equity and an ongoing reporting system. Using and tracking granular data helped ensure that prioritized populations were not only being reached but also getting vaccinated. Whenever monitoring data revealed that an aspect of the campaign wasn't working, the campaign made rapid pivots.

7 Tips for Creating Equity-Driven Social Change

1. **Use data to make decisions.** Disaggregate data by subgroup to determine accuracy and focus. Be intentional. Let data guide you to where you're needed most.
2. **Lift up trusted messengers.** California is a vibrantly diverse state. A one-size-fits-all approach won't work. Partnering with CBOs for outreach and education, especially in impacted communities, is critical. CBOs know how to reach and engage their communities.
3. **Meet people where they are.** Empathy helps you understand people's lived realities. Consider the whole person when designing programs and services (e.g., when they work, where they feel safe, if they need transportation or interpreter services).
4. **Use inclusive language.** Using the right words—words that avoid judgment and discrimination—can help build trust and acceptance (e.g., using “vaccine hesitant” instead of “vaccine rejecters” or “anti-vaxxers”, referring to “all Californians,” regardless of citizenship or legal status).
5. **Ensure offerings are culturally appropriate.** This includes in-language collateral but also representative images and messaging that resonate with specific target communities.
6. **Persist.** Be flexible. Recognize the importance of multiple touches. Avoid giving up after receiving the first “no.” Grit and persistence pay off.
7. **Help CBOs learn and grow.** Offer technical supports and capacity-development opportunities. Organize peer-learning groups. Proactively support CBOs in expanding their capacity to receive federal dollars.

Lessons Learned

What is health equity and how did it center in the VA58 Campaign?

Beryl: The ethos of the campaign is based on an understanding—a shared understanding—of equity. Equity is more than just having an opportunity. Equity calls for fair and just access to opportunity. “Equal” access to opportunities doesn’t take into consideration structural barriers and barriers related to language, culture, and community. I see inequity as a set of gears that keep people systemically trapped in marginalization. The VA58 campaign systematically worked to jam these gears.

What specific CBO outreach and communication tactics worked well?

Kaying: Lift up credible messengers from the community...So it's not your local health department...It's the doctors, the nurses, the religious leaders. The community members with real life and related experience. Being unapologetic about the barriers, about the history that got us to this point. Including racism. That came up a lot in many of our conversations. And that was at the heart of why there was such vaccine hesitancy.

Susan: Physically meeting people where they are, not necessarily waiting for people to come to us. Having credible experts known to the community providing information and answering questions. Videos featuring somebody who was recognizable, someone who was in popular media, paired with a known doctor in the community to be able to have that conversation to draw people into it. [Another] important thing we learned was

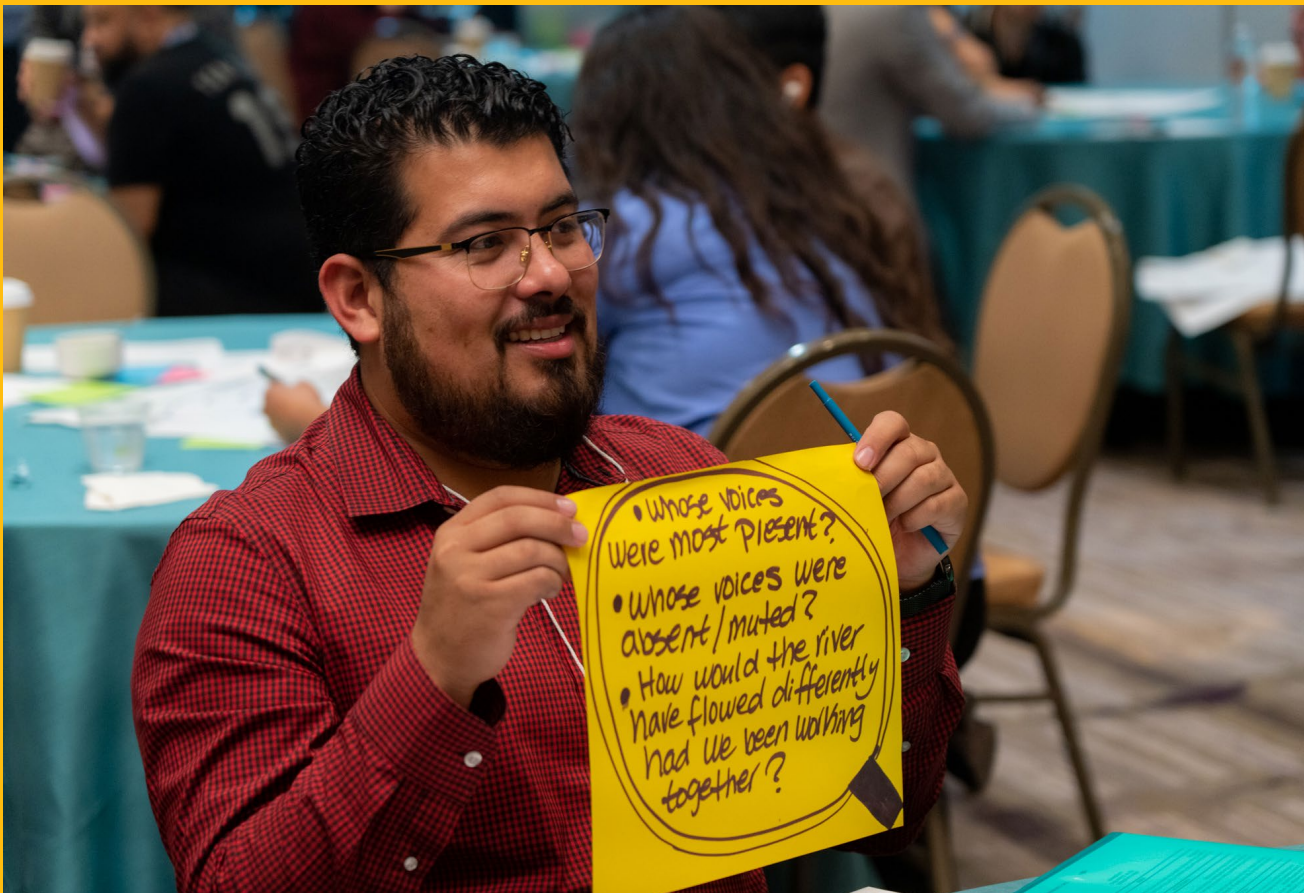
doing cultural translations of the information, not just linguistic translations, to really connect with people. And enabling some of those solutions for the community to come from the community because they understand the needs and the concerns and the styles.

What have COVID-19 response efforts revealed that is useful for future efforts?

Susan: We were all working to elevate the essential role of community organizations, [the role] they need to play to achieve better health outcomes. COVID really allowed this opportunity to amplify the importance of these groups...This is their community. It's who they care about. It's who they're a part of. [This extended] to functionally allowing the CBOs to focus on what was best for their communities and adapt as needed, to providing peer-learning groups, to helping build bridges between community organizations and local health departments, at times using our role as an intermediary to disrupt some power dynamics. As we know, a big element of equity is power.

Kaying: We've been thinking a lot about lessons learned, particularly as it relates to outreach and education and communication. There are five themes that have really resonated for us: 1) Disaggregate data by subgroup to determine accuracy and focus, 2) Partner with CBOs closest to the impacted community, 3) Proactively build capacity of community based organizations within their own organizational infrastructure, 4) Consider a whole person perspective when doing program design and implementation and 5) Always—always—look to the community to lift up credible messengers.

This **Action Brief** is a product of the series “**Learning Labs: From Discovery to Action.**” It is based on the fourth session, held on March 23, 2023, and features excerpts from a discussion with Beryl Lvinger (PhD, Managing Director, BLTeam), Kaying Hang (Senior Vice President of Programs and Partnerships, Sierra Health Foundation and President, The Center at Sierra Health Foundation), and Susan Watson (MPH, Program Director for Together Toward Health and CA4Health, Public Health Institute). Recordings are in English, Spanish and ASL.



Learning Briefs

Establishing a learning culture is a guiding principle of the Office of Community Partnerships and Strategic Communications' work. In June 2022, OCPSC began increasing its public engagement with CBOs and community members to gather lessons learned and to ensure active feedback loops between community-based organizations and the State. These learnings from the field are used to shape OCPSC strategies and plans and to foster innovation. This section features two Learning Briefs produced to amplify key learnings from the following processes:

- 1. Community Connections:** Since June 2022, the Office has conducted over 16 in-person and virtual Community Connections across the state. This series of discussions focused on successful outreach tactics and barriers to reach populations in a geography area or of a specific demographic population.
- 2. CBO Convenings:** In September 2022, OCPSC hosted 204 representatives from 123 CBOs at convenings in Sacramento, Fresno, and Long Beach who were funded under the Vaccinate ALL 58 Campaign.

Community Connections



About the Community Connections

The purpose of Community Connections is to engage directly with community-based organizations (CBOs) and other civil society organizations partnered with Vaccinate ALL 58 to:

- Gain a deeper understanding of priority communities and CBOs
- Strengthen relationships between OCPSC and CBOs
- Create continuous feedback loops of information to shape strategies and plans

From June to September 2022, the Office of Community Partnerships and Strategic Communications held 16 Community Connections meetings with a total of 125 CBO representatives and community members across the State. These opportunities allowed for meaningful connections, while discussing successful tactics for COVID-19 vaccine outreach and challenges CBOs are facing. Attendance at each Community Connection meeting was organized by geographic area and 11 meetings also centered around a specific population, such as veterans, farmworkers, immigrants and refugees and youth. This Learning Brief provides a summary of the topics we heard so that others may learn from these voices.

"I thank you for coming out to simply sit down and listen to us. The simple act of listening and learning whether it's with our community or with organizers makes all the difference. Power and change come from the simple act of reaching out, learning and listening. Thank you."

Monserat Gomez
TODEC Youth Leader

Community-Based Organizations are Trusted Messengers

Community Connections are a platform that OCPSC has built to increase a deeper understanding of community-based organizations or CBOs – who they serve, where they work and how they conduct their outreach. CBOs are representative of communities themselves and serve as a bridge between the State and communities -- to youth and elders; to parents and students; to friends, families and neighbors. They serve the community by being ambassadors, a link to resources, or providing access to information through language and cultural interpretation or transportation to clinics. With first-hand knowledge of the communities' values and issues of concern – CBOs are credible, trusted messengers of the State's highest priority public awareness efforts.

Powered by Partnerships

The partnerships between the state and trusted messengers enable engagement with populations disproportionately impacted by high-priority issues and mistrust of government due to legacies of marginalization. These partnerships focus on reaching communities where disparities that impact well-being are most pronounced.

Overcoming Barriers

A deep commitment to equity and inclusion for all Californians is what unites CBOs and the State in partnership. Conducting culturally customized, targeted outreach efforts in hard-to-reach communities requires acknowledging the circumstances which create significant social and health inequities. While the State provides messaging and operational support, CBOs adapt messaging with sensitivity to the lived experiences of those served. **CBOs reported the following barriers to vaccine equity in their communities:**

- 1. Barriers to access including information, language, transportation, technology and cultural norms.** Barriers to accessing health care (including vaccines) include access to facilities hindered by distance, lack of transportation or lack of digital or mobile access. People may face language barriers due to not having adequate information in their own spoken or written language or information from a trusted source.
- 2. Mistrust of government institutions due to historical legacies.** CBOs approach interactions with their communities with empathy, acknowledging that vaccine hesitancy results from a complex mix of sociopolitical variables and historic community experiences with institutions or government policies.
- 3. Mis/disinformation shared on widely used social media platforms and personal networks.** Often, the same social media platforms that are the de facto internet for some communities (Facebook, WeChat, and WhatsApp, etc.) were also driving forces for mis/disinformation related to COVID-19 and vaccines.

CBOs persist while knowing all too well of seemingly insurmountable barriers. They are trusted messengers because they have the cultural competency to deliver the thoughtful and respectful messaging that communities are more likely to receive. Nonjudgmentally and compassionately, CBOs meet people where they are.

Coordinating Resources

OCPSC builds upon the regional and statewide communications infrastructure laid by previous state efforts, ensuring that statewide messages are updated, accurate and culturally appropriate. CBOs, often through regional Collective Impact Tables, coordinate resources with the state and other stakeholders.

With the support of the VA58 Campaign and with their community expertise, CBOs reported successes in expanding their capacity and in relaying highly effective vaccine outreach messengers trusted by target populations. **In Community Connections meetings, three themes of successful outreach emerged:**

- 1. Collaboration and coalition-building with local schools, businesses and CBOs create a greater capacity to reach more community members.** A good practice reported by a CBO who organized a diverse coalition of local CBOs. They share staffing, translation, transportation and information resources to leverage one another's strengths and opportunities.
- 2. Strategic and consistent placement of vaccine events.** A good practice of a CBOs hosts four clinics a month in neighborhoods with low vaccination rates and familiar locations such as schools and flea markets. They use consistent outreach methods such as neighborhood canvassing, signage and branding to advertise the clinics. They track and monitor data by neighborhood (census tracts) to ensure no one gets left behind.
- 3. Culturally relevant communications from trusted messengers.** Communities trust who are closest to them. A CBO-conducted survey of their service population found that family, friends and neighbors were among the most trusted sources of COVID information. CBOs conducted successful social media outreach in several languages, including American Sign Language, leading some community members to change their attitude towards vaccines. A Pacific Islander CBO worked with Samoan churches to reach out to their congregation and used arts and storytelling to promote healing during the pandemic.

Community-based Organizations Convenings



About the CBO Convenings

In September 2022, the Vaccinate ALL 58 Campaign under the new Office of Community Partnerships and Strategic Partnerships engaged 204 representatives from 123 participating community-based organizations (CBOs) to reflect on the last two years of community outreach during the pandemic. The convenings were designed for VA58 Campaign and CBO participants “to find common ground and shape a shared future.” The program focused on identifying lessons learned, stimulating new collaborative linkages, and fostering peer-to-peer learning through highly interactive sessions.

“There isn't one right way to do things. You have to learn to adapt. Getting feedback from the community is crucial. Being able to constantly adapt on the basis of this feedback is how we build resilience and grow. ”

CBO representative

This Learning Brief is a summary of the themes captured from the three convenings in North, Central and Southern California. In highly interactive sessions, participants learned from one another, generated new ideas, and established connections with their peers to strengthen their own community outreach strategies. A full report is available upon request.

Ecosystem of Trusted Messengers

The Vaccinate ALL 58 Campaign reflects the State's commitment to equity and inclusion. Undergirding the Campaign is an outreach strategy rooted in a robust network of CBOs that serve as "trusted messengers" to vaccine-hesitant Californians. As Campaign partners, they provide culturally appropriate information, appointment assistance and other forms of support to families on their vaccination journey. Based on their first-hand knowledge of the communities they serve, CBO outreach workers knock on doors, create inviting special events and dispel misinformation with a culturally relevant approach. The Campaign-CBO partnership focuses on communities where vaccine and health equity disparities are the most pronounced. The following are the main themes emerging from the convenings:

1. Working with Others

Peer-to-peer learning and collaboration. CBO participants voiced a strong desire to learn from and with one another. They also displayed a burgeoning interest in pursuing new partnering opportunities to extend their outreach and impact. CBOs recognized networking events with interactive learning sessions and peer-to-peer exchanges as potent vehicles for responding to these aspirations.

The relationship between CBOs and the VA58 Campaign. CBOs feel connected to the VA58 Campaign. Participants voiced great appreciation for the many ways the Campaign supports their work. Convening attendees recognized VA58 Campaign Regional Program Managers as essential assets and trustworthy partners. At the same time, participants voiced a desire to exert more influence in resource allocation decisions. They would also like to see the regional offices play an enhanced role by strengthening ties and coordination among CBOs in the region.

Outreach to youth. CBOs see great value in exploring future outreach and partnering activities related to youth. Many CBO representatives, especially in Fresno and Long Beach, explained the importance of outreach to youth as inextricably linked to their community's future. To connect to young people, CBOs need to build social media capacity, message youth intentionally and create linkages to local schools and colleges.

2. Pursuing Equity and Inclusion

Pursuing equity and inclusion. Equity is the most important value that unites everyone participating in the convenings. Many participants stressed that inclusion is a prerequisite to equity. Without a deep commitment to reaching everyone, equity cannot be achieved. The importance of listening with cultural humility was highlighted as an integral component of inclusion plans. While in-language communication was highly valued as a pathway to inclusion, participants shared a multifaceted vision that transcended language. They spoke of outreach and engagement with all communities (geographic or otherwise), all CBOs, all age groups, all gender identities, all abilities and all demographic categories (including religion, race, income and employment, among others).

3. Building Resilience

The pandemic's toll on CBO constituents and frontline workers. The pandemic has exacted a heavy physical and emotional toll on CBO constituents and the frontline CBO workers who serve them. Burnout was a significant challenge for CBOs, with consequences that reached beyond the mental health concerns of individual CBO staff members. While the pandemic exacted a substantial burden on CBOs, it also helped them experience greater organizational self-confidence, relationships with new actors, a more unified CBO network, a deeper understanding of the underlying causes of health disparities, and new ways to address inequities.

Building CBO and community resilience during the pandemic. Resilient communities, when faced with a crisis, can resist, absorb, adapt to and recover in a timely manner. Over time, these communities will surpass the level of well-being they experienced at crisis onset. CBOs employ many strategies to promote resilience, including learning, feedback loops, the cultivation of political ties and self-care. Learning is an essential component of CBO resilience-building work.



Information Digests

The Vaccinate ALL 58 Campaign produced valuable information on several aspects of community outreach. At the height of the campaign, between April 28, 2022 and February 9, 2023, VA58 created ten issue briefs organized around a specific theme focused on actionable insights. While these digests were written in the context of the VA58 campaign, the content can be applied to outreach for different campaigns.

Content from VA58 Information Digests included in this section allows the Office of Community Partnerships and Strategic Communications, trusted messengers, and state agencies to learn from and build upon these insights. The digests were published as news you can use!"

The Information Digests topics are summarized for:

- Frontline Messaging
- CBO Outreach Practices
- Community Insights
- Misinformation
- Disability Inclusion
- LGBTQ+ Outreach



Frontline Messaging

Who the message comes from is just as important, if not more, than what the message is.

In addition to doctors and public health officials, work with local health advocates, organizers, and leaders to increase language access and outreach. Because **trusted messengers** like these embody the cultural diversity of the community, they can deliver information in the most accessible, understandable, and respectful way possible.

Street Level Strategy has learned that the most effective tools for helping people choose to become vaccinated or get their children vaccinated are: **listening** carefully, understanding where people are coming from, **affirming feelings and experiences**, and discovering **specific reasons** why getting vaccinated makes sense for everyone. By personalizing messages, they can address each respondent's unique concerns.

Shared experiences are key to building trust, particularly with parents (especially mothers) and young respondents.

Use the **4 "A"s Method** to engage the vaccine-hesitant in conversation:

1. **Ask** respondents their concerns about the vaccine. Resist the urge to immediately offer counter points. Listen and be compassionate. Validating experiences is the best way to start an honest dialogue.
2. **Address** concerns. Answer their questions directly. If you don't know the answer, admit it, research it and get back to them. Don't leave them to find answers on their own; there is a lot of misinformation.
3. **Acknowledge** the confusing messages out there. Encourage respondents to make the best decision for their situation and health status. Listen for clues to solutions that remove barriers.
4. **Advocate** for the safety of vulnerable family members (e.g., young children) as a reason to vaccinate.

Contributor: Street Level Strategy

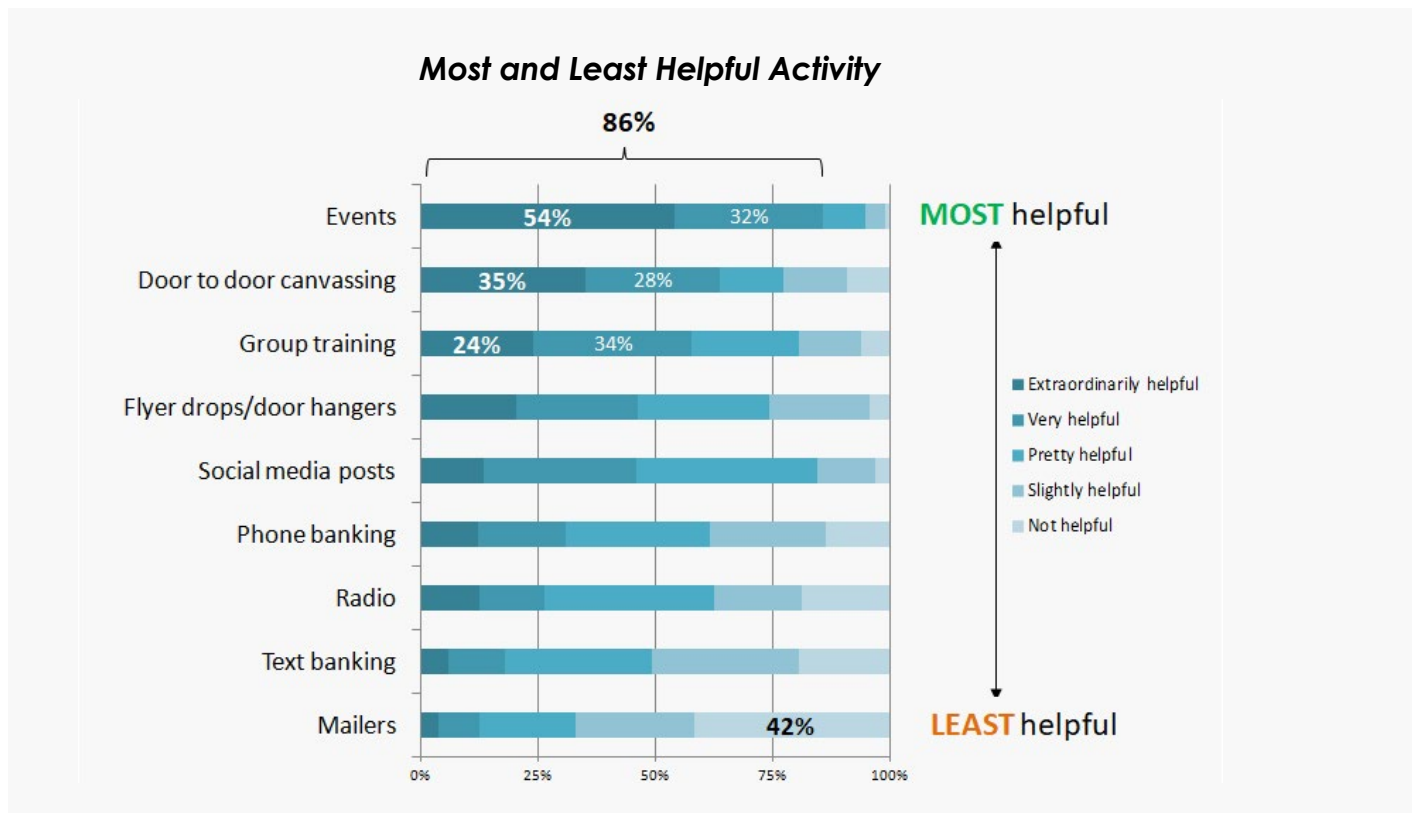


Community-based Organizations Outreach Practices

In April 2022, 95 community-based organizations (CBOs) funded by the California COVID-19 Community Health Project (CCHP) 2.0 responded to an online survey. Their survey responses reflected their experiences conducting culturally relevant education and outreach to communities disproportionately impacted by COVID-19. Survey respondents identified what works and what doesn't when it comes to community outreach and engagement. This digest focuses on findings from the CBO survey and offers creative solutions to common outreach challenges.

Insight #1: It takes layers of outreach to reach the unvaccinated. 77% of responding CBOs said they engage in at least 6 different outreach activities. 40% say they do 8 or 9.

Insight #2: Two-way, interactive outreach activities are the MOST effective. Outreach activities are sorted by the percentage of respondents reporting they are "very" or "extraordinarily" helpful.



CBOs said the most helpful activity by far was events. Over half of all respondents found them extraordinarily helpful. And 86% - that's 9 out of 10 CBOs - found them very or extraordinarily helpful. Door-to-door canvassing and group training were the only other activities deemed to be VERY helpful overall. This isn't surprising. These three activities provide the one-on-one, in-person conversations that are key to persuading the vaccine-hesitant. Mailers were reportedly the least helpful. But even if they aren't particularly helpful on their own, they can serve to reinforce messages delivered through other channels (e.g., when promoting events). The more touches and the greater the visibility, the better.

Insight #3: Outreach should be BY the community, FOR the community, IN the community. The best ways to reach the vaccine-hesitant are to recruit a hyper-local workforce, engage trusted leaders, messengers (e.g., doctors; youth ambassadors; celebrities) and trusted spaces (sites that are easily recognized and widely viewed as safe). CBOs mention outreach visits to town halls, churches, temples, and mosques, public parks, schools, ethnic grocery stores, barbershops and hair salons, and places of residence for the elderly.

Insight #4: Patience and persistence pays off! The most common way CBOs overcame challenges were simply by being resilient, by not giving up, and by staying optimistic.

Insight #5: Pay close attention to safety and wellness. Canvassers often encounter hostility. Here's what CBOs are doing to try and keep their staff safe: training teams how to handle rough situations so they to know when and how to back away from conversations with extremely antagonistic people; keeping canvassers close to each other to make them feel safer; having staff share reflections at meetings, conducting wellness check-ins, and providing support where it is needed. The latter can also help guard against burnout.

Insight #6: Look for opportunities to collaborate. Collaborating with other agencies is also a great way to share resources, reduce costs, to drive up attendance at vaccination events and to inspire creativity. CBOs mentioned using volunteers and community health care workers in highly effective ways.

Insight #7: Offer wrap-around services. Several CBOs said they spend a significant amount of time linking to other local resources and recommend integrating COVID-19 info with more supportive resources (e.g., food assistance, medical services, income support).

Contributor: BLTeam



Community Insights

In early 2022, Vaccinate ALL 58 launched a series of unique virtual gatherings of Californians in historically underrepresented and high-risk communities to identify innovative, community-rooted, and culturally responsive strategies to increase vaccination rates. A total of 59 group sessions were convened with participants from 22 counties across the state and included 10 different cohorts: Black/African American, Latinx Spanish Monolingual, Latinx English Speaking, Immigrants/Refugees, Rural, Older Adults, People with Disabilities, Pacific Islanders, Asian Americans and LGBTQI+.

CBOs and other partners may consider the unfiltered feedback and successful practices to better address the unique needs and concerns of these communities and to strengthen health messaging within them.

Key Takeaways

As circle participants shared their personal stories, struggles and successes around COVID-19 and vaccinations, several common themes emerged across communities:

- **Mental health concerns** - Participants in all cohorts reported immense stress brought on by the pandemic and resistance from those who do not want to get vaccinated. Symptoms of anxiety were common.
- **Strained relationships** - Nearly all groups gave examples of strained relationships as a result of pandemic/vaccine disagreements. Navigating and mending these lost/broken relationships was a priority concern for participants.
- **Barriers to care** - Lack of in-language resources (especially for smaller dialects in Latinx and Pacific Islander communities), the prevalence of mis/disinformation and lack of physical/geographic access (particularly for people with disabilities and rural Californians) were frequently cited.
- **Effective tactics** - Storytelling, especially through family-specific testimonies, was found to be the most effective tool to gain trust and increase vaccine uptake. In fact, familial responsibility was the single most important motivator mentioned.
- **Personalized messaging** - Community members need to see their own image and experiences reflected. Messaging needs to tell a real and representative story, one that emphasizes community well-being and is inspirational and empowering.
- **Outreach strategies** - Authentic and compassionate listening matters, especially for the vaccine-hesitant. Trusted messengers are essential, as is combining vaccine outreach with direct aid and resources, ideally delivered face-to-face. People want to feel the “human connection.”

Community Insights

Below are a few recommended strategies for COVID-19 vaccine messaging from each affinity group.

African American/Black

- Honor self-agency. Share information and localized facts so community members can make their own decisions.
- Move away from fear-based messaging into more empowering/social justice messaging with a BIPOC-centered lens.

Asian Americans

- Reflect the community and its nuance (i.e., varying cultures, socioeconomic backgrounds, and histories) and include disaggregated data.
- Recognize that family power dynamics exist.

Older Adults

- Supply “politically neutral” resources to help identify mis/disinformation and clarify inconsistent messaging.
- Combat food insecurity and build trust by providing food vouchers and/or connecting to food-delivery services.

Pacific Islanders

- Focus on community gatherings and a return to them as a motivator for vaccination and ground messaging in culture/traditions but recognize that religion and/or spiritual beliefs are also key contributors to vaccine hesitancy.
- Encourage intergenerational engagement and co-leadership in messaging/activities. Engaging youth and young adults will enhance community buy-in.

People with Disabilities

- Personalize public health messaging to include REAL stories of people with a range of disabilities so they feel visible and heard. Make sure to promote messages in ASL and minimize translation lag time.

Immigrants and Refugees

- Promote clear, hopeful, and welcoming messaging. Documentation status and related fears are a big concern.
- Offer reassurances to dispel myths about the vaccines and how to safely access them (e.g., insurance is NOT needed; people will NOT be deported from health centers).

Latinos (Spanish-Speaking)

- Adopt an intergenerational focus for messaging; leverage parent/grandparent-child relationships. The safety and well-being of children is a strong priority.
- Use youth ambassadors to target younger audiences. Consider outdoor spaces/events for these connections.

Latinos (English-Speaking)

- Emphasize collective well-being with a focus on mental health awareness messaging.
- Provide information and resources to combat mis/disinformation, particularly with friends and family. Peer influence is a key factor in health promotion within this community.

LGBTQI+

- Acknowledge burn-out related to community activism and supporting family members during the pandemic.
- Validate mental health concerns and share tools and resources (for anxiety management in particular).

Rural Residents

- Be aware of priority concerns: distrust of government, struggles accessing food and water, job/wage loss during the pandemic and lack of mental health services.

Contributor: Everyday Impact Consulting and Kahakulei Institute



Misinformation

What is misinformation? Misinformation is FALSE or misleading content that is shared without the intent to harm, confuse or trick people. People usually spread it by accident because they think the information is true and want to pass it on to friends and family to help them. Disinformation, on the other hand, is FALSE information shared on purpose, with the intent to harm, confuse or trick people. Misinformation is what you encounter most in your work.

Why does misinformation matter? Confusing and conflicting information about COVID-19 vaccines contributes to vaccine hesitancy. With so much information out there, it can be hard to tell which information to trust. People don't need to believe the misinformation to be affected by it; just being exposed is enough to cause doubt or confusion. To help people feel safe getting a vaccine, we need to know what misinformation is out there and how to confront it.

How do we spot misinformation? When information doesn't align with what you've heard from trusted sources (e.g., CDC, CDPH, WHO, AAP), when it sounds overly generalized or exaggerated, and/or if it triggers emotions like fear, anger, or sadness right away, then it might be misinformation. Strong emotional reactions are what help misinformation spread so quickly. It is often tied to hot topic issues that people already have concerns about (e.g., pregnancy, youth vaccination).

Myth-busting 101

Because you are the trusted messengers in the communities you serve, you play a key role in combating misinformation. Below are some do's and don'ts for responding to misinformation. Remember: We're not trying to force information on anyone, we want to empower the public with information.

- **DO** share accurate, clear, easy-to-find information from trusted resources (e.g., share a CDC or CDPH link)
- **DO** use short, easy-to-understand language; make messaging clear and memorable
- **DO** use language that reflects positive values of the target audience - this will resonate more
- **DO** be compassionate and understanding; it's hard not to be influenced by misinformation
- **DO** repeat your messages frequently - people often need to see messages 7 times before it "sticks"
- **DO** share your positive, personal vaccination story - personal stories are a great way to connect
- **DON'T** reshare misinformation or reference information from unknown sources
- **DON'T** use scientific or complicated language that people won't understand or remember
- **DON'T** be impatient, aggressive or frustrated - this will make people less likely to listen
- **DON'T** be dismissive of how someone might be feeling
- **DON'T** leave them without resources or ways to reach back out
- **DON'T** expect a single interaction to change someone's mind; they may need time to think about it before deciding
- **DON'T** feel like you need to defend yourself or the information you are sharing



Disability Inclusion

Disability Inclusive Communication & Outreach

Disability inclusion means making sure that all people can live fully in the world on their own terms. Accessibility means identifying and removing barriers, whether structural or attitudinal, that deny access for people with disabilities to health services and information, including for COVID-19 vaccinations.

For example, physical access to health clinics must be coupled with staff knowledge and awareness. It means providing transportation and accessible communication so that people with disabilities can access services and information. Other people, including older adults and women with small children benefit from improved access. Even small shifts in attitudes can make significant differences for all.

Communication Tactics

Here are some tips to take into consideration for accessible information and communication, especially about the vaccination process, side effects and appointments:

- Use **plain language** and everyday words, avoid policy and medical language
- Write **short sentences** and minimize the number of words used on slides and flyers
- Provide information in **accessible formats** such as ASL, braille, close captions and easy-to-read materials with large text and pictures or visual cues
- Choose **sans serif fonts** (e.g., Arial, Century Gothic) and check for **color contrast**
- **Describe graphics** so those who are blind or low-vision can follow along. Include audio descriptions for people who use screen-reading software
- **Select pictures of people with disabilities** in an empowering context. Show the people, not just the tools they use. And show them doing a variety of things alongside friends, family members and colleagues
- **Avoid photos that medicalize disability.** If imagery does not reflect a person's lived-experience, the credibility and the sincerity of the messenger may be in doubt
- Show what the disability spectrum looks like. There are different types of disabilities. And people with disabilities are **all ages, all races and ethnicities**. They are part of **all communities**
- Always **use a microphone** when speaking to groups. You don't know who in the room is hard of hearing
- Enlist **trusted messengers** who represent the communities where vaccination outreach is being targeted

Disability Inclusion

Access and Inclusion Tips for Events

Access works best when you prepare in advance. Here are things to keep in mind when planning events to better support equitable access:

- **Collaborate or consult** with Area Agencies for Aging, Independent Living Centers, Aging and Disability Resources Centers to improve access to vaccination sites
- **Provide orientation** to public facing staff and volunteers on etiquette and protocols for interactions. Ask individuals with disabilities if they need assistance
- **Consider how a person with disability will navigate the location**, for example clear signage, short and flat distance from the entrance, and chairs and shade for people waiting in lines
- Make scheduling appointments easier, by ensuring **appointment assistance is accessible** and creating forms that are easy to navigate
- Partner with **accessible transportation** providers

Disability Policy

Here are some groundbreaking laws and policies that transformed disability rights in the U.S. and around the world:

ADA - The Americans with Disabilities Act of 1990 was the result of the disability community's historic campaign to expand the protections of Section 504 (the first disability civil rights law). The law has led to the removal of many architectural barriers and made public transportation more accessible to people with disabilities. The ADA also made it illegal to discriminate against people with disabilities in employment and contributed to an increasingly accessible Internet. It fostered more equitable delivery of health care and other government services. It has also had a profound impact on our social consciousness as growing numbers of people recognize that individuals with disabilities have the right to request reasonable accommodations from various agencies during the pandemic.

CRPD - The United Nations Convention on the Rights of Persons with Disabilities is an international human rights treaty adopted in 2006 and ratified by 183 countries that sets out what countries should do to ensure access and meaningful participation of all persons with disabilities. At its heart are the basic principles of inherent dignity, non-discrimination, full and effective participation and inclusion, respect for diversity and difference, equality of opportunity, accessibility, equality between men and women and respect for the rights of children with disabilities.

Contributor: Disability Rights Education and Defense Fund



LGBTQ+ Outreach

This digest focuses on the learnings of a strategic partner - Equality California. Equality California brings the voices of LGBTQ+ people and allies to the VA58 Campaign. They are experts at engaging youth. They've learned what works - and what doesn't - when messaging to the LGBTQ+ community.

L - Lesbian **G** - Gay **B** - Bisexual **T** - Transgender
Q - Queer* **+** All other sexual orientations and gender identities

**A term some people use to identify themselves with a flexible and inclusive view of gender and/or sexuality. Note that some older generations find this term offensive. If your target demographic skews older, you may want to avoid using it.*

Inclusion 101

- A huge part of trust is **feeling welcomed**. A welcoming environment is a space where people can find themselves represented and reflected, and where they understand that all people are treated with respect and dignity. Here are some tips for creating a safe and welcoming space:
- **Display positive and inclusive** symbols, images, brochures, pamphlets, etc. (e.g., pride flags, all-gender restrooms).
- **Ask about CURRENT gender identity**. Don't assume you know someone's sexual orientation or gender identity based on how they look, behave, dress or sound (i.e., their gender expression).

- **Be conscious of tone and wording**. Use the terms people use to describe themselves (e.g., if someone calls themselves "transgender," don't use the term "transsexual.") Do not say: "I'm sorry. You just don't look like a woman/man to me..."
- Welcome and **use preferred names and pronouns**.* If you don't know someone's pronouns, use "they/them" or refer to them by their name until you're able to tell them your pronouns and ask for theirs.
- Use **gender-neutral language** (e.g., instead of saying "hey guys," say "hey y'all" and avoid using "sir" or "ma'am").

** Pronouns are words we use to replace nouns in sentences. For example, we use pronouns when we say "there goes my cat; she's so graceful." Using the correct pronouns is important. It is polite and respectful to use the correct pronouns for someone.*

Vital Stats

- 10.5% of Millennials self-identify as LGBTQ+, as do 21% of Gen Z adults (Gallup, 2022). **You likely work with LGBTQ+ people every day!**
- LGBTQ+ youth are over-represented among young people experiencing **homelessness**. When compared with their heterosexual, cisgender* counterparts, LGBTQ+ youth are more likely to get kicked out of their homes (33% vs. 20%), be homeless for more than a year (32% vs. 27%), have been sexually abused as a child (40% vs. 23%) and get victimized while they are homeless (51% vs. 34%). On average, they experience 7 more acts of sexual violence while homeless than their peers (Housing Matters, 2019).

LGBTQ+ Outreach

- Youth ages 18-24 are more likely to be **vaccine hesitant** (Equality CA, 2022) and have **lower vaccination rates** (CDC, 2022) than older adults. The main reasons youth aren't getting vaccinated include: fear of side effects; uncertainty re vaccine efficacy; the LGBTQ+ community's negative experiences with healthcare providers; distrust of institutions (e.g., government); inconvenience or difficulty (e.g., getting time off work) and the belief that COVID-19 won't negatively affect them.

**Cisgender: People who have a gender identity that is the SAME as the sex that was assigned to them at birth.*

LGBTQ+ Youth Outreach & Communications

Equality California trains healthcare providers and homeless service providers and conducts public education and outreach in LGBTQ+ spaces to encourage people to get vaccinated. Recently they've held focus groups and tested images to better understand what works specifically for reaching youth with messaging around COVID-19, vaccines and boosting.

Here's what they've learned:

- 1. Information calms concerns.** LGBTQ+ youth want detailed information about the vaccines, what's in them and how they work. Reassure them by explaining the side effects to expect and that they can usually be managed with over-the-counter medications.
- 2. Good messages follow a formula.** Acknowledge and validate concerns, fears, and hesitation about the vaccine to build trust. Preserve agency by affirming vaccination is a personal choice. Provide information and resources. Empower them to do their own research and decide for themselves.

- 3. Protecting loved ones resonates.** Frame COVID-19 vaccines and boosters to protect family and partners. The opposite approach - point out they're endangering loved ones by being unvaccinated - doesn't work. Note that culturally relevant messaging is important. Equality California found using Spanglish was successful.
- 4. Liken vaccines to other forms of protection.** Compare vaccines to condoms, PrEP and birth control- preventive healthcare they are familiar with. Recommend vaccination as part of holistic care/wellness and to (re)gain a sense of control. Liken the pandemic to other major health crises (i.e., HIV/AIDS) the LGBTQ+ community has lived through.
- 5. Inclusive imagery is essential.** LGBTQ+ youth are uniquely concerned with equity and inclusion and want to see imagery and messages that display a conscious intent towards diversity. Communications need to be nuanced and thoughtful; "rainbow-washing" won't work. Their generation is very media savvy; they know when they're being managed/marketed to.
- 6. Take COVID-19 as seriously as they do.** Levity, humor, and social pressure (e.g., FOMO) all backfire by triggering negative feelings (e.g., guilt, exclusion) in a group that is already anxious about COVID-19 and life in general. Equality California found simple illustrations and pictures of real people resonated more with this cohort than animated GIFs, videos, or memes.

Contributor: Equality California



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