*Please use the below talking points for radio, tv and speaking engagements to ensure consistent messaging.*

***Tips for communicating with confidence.***

* *Be clear.*
* *Speak slowly and with clarity.*
* *Be respectful, empathetic and transparent.*
* *Meet people where they are, don’t try to persuade, just share facts.*
	+ - *e.g., “It’s your decision …”*
* *Acknowledge uncertainty and manage expectations.*
	+ - *e.g., “It’s okay to have questions… Questions lead to answers”*
* *Tailor your message to your audience - know your audience.*
* *Don’t know the answer? Say: “We will have to follow up or take it off line” as a response.*
* *Encourage people to talk with their doctor or health care provider about their questions.*
* *Always end with optimism - “We can beat COVID-19.”*
* *Messages to avoid: negativity, fear, pushy/accusatory (e.g., do your part), over-promising (e.g., back to normal)*

**AZ Community Engagement Alliance**

1. **What is CEAL**

CEAL stands for Community Engagement Alliance (CEAL) Against COVID-19 Disparities. We are part of a national research team working closely with local communities hit hardest by COVID-19 to provide trustworthy information through active community engagement. CEAL research teams are currently working in 10 other states as well as in Arizona. **Follow us on Facebook and Instagram @AZCEAL or visit us online at ceal.arizona.edu/engage** for more information.

1. **What we do**

In Arizona, **we conduct community-engaged research and outreach to increase COVID-19 awareness and education among communities disproportionately affected by COVID-19** with the goal of reducing misinformation and mistrust statewide.

We outreach to specific populations across the state from **Nogales to Phoenix**, talking with **African Americans, Hispanics/Latinos, Native Americans** and others with the goal of building long-lasting **partnerships** in addressing misinformation about COVID-19. We share research-based findings using flyers, FAQs, fact sheets, infographics, and other communication resources to encourage communities to take the steps needed to overcome COVID-19, whether through vaccination or prevention practices, such as wearing masks, practicing social distancing and good hygiene practices. The Arizona CEAL's overarching goal is to partner with underserved communities in advancing the **prevention and treatment** of COVID-19.

1. **Who we are - CEAL Team Members**

Researchers at **UA** (University of Arizona), **ASU** (Arizona State University), **NAU** (Northern Arizona University), and **Mayo Clinic** are leading the Arizona CEAL efforts. We are also working closely with the Arizona Community Health Workers Association (**AzCHOW**), and more.The Arizona CEAL Taskforce has members from these and other educational institutions, health care systems and community health organizations.

**COVID-19 Vaccinations Overview**

1. **Benefits of Vaccines**

Most people understand that vaccines can help protect against infectious diseases, but the benefits don’t stop there. In addition to helping to protect an individual, vaccines can also save families time and money, protect communities, and even future generations. (Source: [Maricopa county](https://www.maricopa.gov/5686/Covid-19-Vaccine-Facts-and-FAQs))

1. **Why should I get vaccinated?**

You get vaccines to help prevent you from getting illnesses. Vaccines help your body build up the ability to fight off a virus. A vaccine may not prevent you from getting the COVID-19 virus, but if you do get the virus, the vaccine may keep you from becoming seriously ill. (Source: [Mayo Clinic](https://www.mayoclinic.org/coronavirus-covid-19/vaccine?gclid=Cj0KCQjw9_mDBhCGARIsAN3PaFPfCDGFleK46aZGCih83tUAzEV7GFB3zHihNEJHuIaXKm4aH3c2wjsaAhLqEALw_wcB#expert-videos?mc_id=google&campaign=12619401580&geo=9030112&kw=vaccination&ad=509662149013&network=g&sitetarget=&adgroup=120759313860&extension=&target=kwd-169435580&matchtype=p&device=c&account=7470347919&placementsite=enterprise))

1. **How Vaccines Work**

Vaccines help our body's immune system fight infections faster and more effectively, protecting us from serious diseases. A **vaccine triggers a response from our immune system that helps our body fight off and remember the virus so it can attack it again if it comes back**. It also helps provide long-lasting immunity. (Source: [CDC](https://www.cdc.gov/vaccines/hcp/conversations/understanding-vacc-work.html))

1. **What are the most common side effects of the COVID-19 vaccine?**

Everyone’s body responds differently, but there are common experiences. Common side effects include pain, redness, and swelling in the arm where you received the shot. You may also experience tiredness, headache, muscle pain, chills, fever, and nausea throughout the rest of the body. These side effects should go away in a few days, and are a normal sign that your body is building protection against the COVID-19 virus. (Source: [CDC](https://www.cdc.gov/coronavirus/2019-ncov/vaccines/faq.html))

**COVID-19 Vaccine Eligibility**

1. **Free COVID-19 services**

**COVID-19 tests, treatment, and vaccines are free for everyone age 12 and older in Arizona.** Many are concerned about the vaccine cost. Individuals do not have to pay to get vaccinated. A federal program pays for COVID-19 vaccination services for anyone without insurance. (Source: HHS [HRSA](https://www.hhs.gov/sites/default/files/uninsured-patient-covid-services-poster.pdf)- Health Resources & Service Administration & [Maricopa County](https://www.maricopa.gov/5647/Eligibility-and-Prioritization))

**Some sites may ask for insurance or payment. If you have no insurance, there is no charge.** If you have insurance, your insurance provider may be charged, but you as an individual should not have to pay to be vaccinated.Clinics and sites are not allowed to charge you for an office visit if your visit is for COVID-19 care. If you are uninsured and receive a bill related to COVID-19 testing or treatment, ask your provider to bill the **HRSA COVID-19 Uninsured Program** instead of you. (Source: HHS [HRSA](https://www.hhs.gov/sites/default/files/uninsured-patient-covid-services-poster.pdf))

1. **ID and Immigration Status**

Do not let fear stop you from getting the vaccine or COVID-19 treatment. If you’re **undocumented** or do not have insurance, you can still get needed COVID-19 testing and treatment as well as the vaccine at no cost. Talk with your community health care worker ([AzCHOW](https://www.azchow.org/ceal/)) to learn how.

You do not need an ID to receive free COVID-19 services. Some places may ask you for an ID or other information, but you do not have to provide it. They may want this information for their records, but it is your decision. Information provided will not affect anyone’s immigration status or be shared with immigration agencies. (Source: HHS [HRSA](https://www.hhs.gov/sites/default/files/uninsured-patient-covid-services-poster.pdf))

1. **You do not need an address, telephone number or Social Security Number to receive free COVID-19 services.**

Some places may ask for this information, or for your address or telephone number, but you do not have to provide it to them unless you want to. Vaccine sites will only ask for information to serve you better. The information can help sites contact people for their second vaccine and help them understand where to focus outreach efforts.

**COVID-19 Vaccine Accommodations**

1. If you have challenges with **mobility**, all state-supported vaccine sites can provide accessibility support, such as wheelchair ramps or handrails, on site. If you need help, tell the staff when you arrive. You can also visit [vaccines.gov](https://www.vaccines.gov/) to learn about mobile options.
2. What if I don’t speak **English?**
Translation services vary by vaccine sites. Contact the vaccination site before you go to inquire about accommodations or bring someone with you who speaks English.
3. Do I need to live in the state where the testing or vaccine is provided?
**Requirements for COVID-19 services vary by state**. In many states, you do not have to be a resident of the state to receive the vaccine, but every state is different. Ask at your site before you go or when you arrive.

**COVID-19 FAQ**

1. **Will the COVID-19 vaccine give me COVID-19?**

The vaccine for COVID-19 cannot and will not give you COVID-19. The vaccines instruct your cells to reproduce a protein that is part of the coronavirus, which helps your body recognize and fight the virus. The COVID-19 vaccine does not contain the virus, so you cannot get COVID-19 from the vaccine. The protein that helps your immune system recognize and fight the virus does not cause infection of any sort. (Source: [CDC](https://www.cdc.gov/coronavirus/2019-ncov/vaccines/different-vaccines/how-they-work.html))

1. **Will the COVID-19 vaccine change my DNA?**

No. The COVID-19 vaccines help your body’s immune system fight the coronavirus. The messenger RNA from the COVID-19 vaccines does enter cells, but it does not go into the DNA. The mRNA does its job to cause the cell to make protein to stimulate the immune system, and then it quickly breaks down — without affecting your DNA. (Source: [CDC](https://www.cdc.gov/coronavirus/2019-ncov/vaccines/different-vaccines/mrna.html))

1. **Should I get vaccinated if I am pregnant?**

There have been limited studies on pregnant people who have been vaccinated, but experts think they are unlikely to pose a specific risk. Systems are in place to continue to monitor vaccine safety, and so far, they have not identified any particular safety concerns for pregnant people. You are encouraged to have a conversation with your healthcare provider to help you decide whether to get vaccinated. While a conversation with your healthcare provider might be helpful, it is not required before vaccination. (Source: [CDC](https://www.cdc.gov/coronavirus/2019-ncov/vaccines/faq.html))

1. **Will the vaccine affect a woman’s fertility?**

The COVID-19 vaccine will not affect fertility. The truth is that the COVID-19 vaccine encourages the body to create copies of a protein found on the coronavirus’s surface. This “teaches” the body’s immune system to fight the virus with that specific protein on it. This protein is not related to the fertility of women seeking to become pregnant, including in vitro fertilization methods. (Source: [CDC](https://www.cdc.gov/coronavirus/2019-ncov/vaccines/recommendations/pregnancy.html))

1. **How long does a vaccination last?**

Experts are working on learning more about both natural immunity and vaccine-induced immunity. Research is pointing toward the need to get additional boosters after the initial vaccine. Confirm with your doctor if they recommend a booster shot in the future. (Source: [CDC](https://www.cdc.gov/coronavirus/2019-ncov/vaccines/faq.html))

1. **If the vaccine doesn’t last, why should I get it in the first place?**

The vaccination does protect you and your family from the virus for some time. COVID-19 has caused severe illness and death for a lot of people and if you get COVID-19, you also risk giving it to loved ones who may get very sick. Getting a COVID-19 vaccine is a safer choice. (Source: [CDC](https://www.cdc.gov/coronavirus/2019-ncov/vaccines/faq.html))

1. **I already had COVID-19, so am I immune?**

You should be vaccinated even if you already had COVID-19. That’s because experts do not yet know how long you are protected from getting sick again after recovering from COVID-19 – it may not be very long. Even if you have already recovered from COVID-19, you could be infected with the virus that causes COVID-19 again, a variant such as the Delta or Lambda, and you could spread it to others. (Source: [CDC](https://www.cdc.gov/coronavirus/2019-ncov/vaccines/faq.html))

1. **Is this vaccine a new and untested technology?**

The mRNA technology behind the new coronavirus vaccines has been in development for almost two decades. Vaccine makers created the technology to help them respond quickly to a new pandemic illness, such as COVID-19.  (Source: [CDC](https://www.cdc.gov/coronavirus/2019-ncov/vaccines/different-vaccines/mrna.html))

1. **What’s in the vaccine and should I worry about it?**

The first two COVID-19 vaccines authorized by the FDA contain mRNA and other common vaccine ingredients, such as fats, salts and a small amount of sugar. These COVID-19 vaccines do not use fetal tissue, and they do not contain hidden material, such as implants, microchips or tracking devices. (Source: [FDA](https://www.fda.gov/emergency-preparedness-and-response/coronavirus-disease-2019-covid-19/covid-19-vaccines))

1. **Was the creation of the vaccines rushed? Can they be trusted?**

Studies found that the two initial vaccines by Pfizer and Moderna are about 95% effective — and reported no serious or life-threatening side effects. The third vaccine, the Johnson and Johnson’s Janssen COVID-19 vaccine, was amended by the FDA on April 23, 2021 to include information about a rare, but serious type of blood clot occurring in some people. Here’s how the vaccines were created so quickly: (Source: [FDA](https://www.fda.gov/emergency-preparedness-and-response/coronavirus-disease-2019-covid-19/covid-19-vaccines) & [CDC](https://www.cdc.gov/coronavirus/2019-ncov/vaccines/distributing/steps-ensure-safety.html))

* They were created with a method that has been in development for years so that the companies could start the vaccine development process early in the pandemic.
* Scientists started working on vaccines as soon as COVID-19 was identified.
* The vaccine developers didn’t skip any testing steps, but conducted some of the steps on an overlapping schedule to gather data faster.
* Vaccine projects had plenty of resources, as governments invested in research and/or paid for vaccines in advance.
* Social media helped companies find and engage study volunteers, and many were willing to help with COVID-19 vaccine research.
* Because COVID-19 is so contagious and widespread, it did not take long to see if the vaccine worked for the study volunteers who were vaccinated.
1. **Why do I need two COVID-19 shots?**
* Currently authorized vaccines, and most vaccines under development, require two doses of vaccine. The first shot helps the immune system recognize the virus, and the second shot strengthens the immune response. You need both to get the best protection. (Source: [Arizona DHS](https://www.azdhs.gov/covid19/documents/communication-materials/covid-19-vaccination-quick-answers-for-healthcare-professionals.pdf))
1. **Is the COVID-19 vaccine safe for children?**

Yes. The FDA and CDC have carefully reviewed the clinical trials for Pfizer’s COVID vaccine, and it has been proven to be safe and effective for children 12 and older. Moderna has also applied for authorization for its vaccine for 12- to 15-year-olds, and that data is currently under review. Clinical trials are also underway regarding the potential use of these vaccines for children under 12. The vaccines are being closely monitored to ensure the safety of the vaccines for all eligible age groups. (Source: [Public Health Collaborative](https://publichealthcollaborative.org/faq/))

**13. Why should children get the COVID-19 vaccine?**Medical and public health experts, including the American Academy of Pediatrics, recommend that children and adolescents 12 years of age and older get a COVID-19 vaccine to help protect them from contracting and spreading the virus. COVID-19 has caused serious illness, complications, and even death in some children and teens, and those with underlying health conditions may be more likely to become severely ill. And being vaccinated will allow kids to get back to the things they have missed: in-person school, playing with friends, and participating in sports activities. (Source: [Public Health Collaborative](https://publichealthcollaborative.org/faq/))

1. **Is it better to get natural immunity to COVID-19 rather than immunity from a vaccine?**
* No. While you may have some short-term antibody protection after recovering from COVID-19, we don’t know how long this protection lasts. Vaccination is still the best protection, and it is safe. People who get COVID-19 can have serious illnesses, and some have debilitating symptoms that persist for months. (Source: [AzDHS](https://www.azdhs.gov/covid19/documents/communication-materials/covid-19-vaccination-quick-answers-for-healthcare-professionals.pdf) & [CDC](https://www.cdc.gov/vaccines/covid-19/clinical-considerations/covid-19-vaccines-us.html))
1. **Can I use alternative medicine such as herbal remedies or dietary supplements?**
* Some people are seeking alternative remedies to prevent or to treat COVID-19. Some of these remedies include herbal therapies such as teas or essential oils. **There is no scientific evidence that these alternative remedies can prevent or cure COVID-19.** In fact, some of them may not be safe to consume. It’s important to understand that although many herbal or dietary supplements come from natural sources, **“natural” does not always mean that it’s a safer or better option for your health**. (Source: [NIH](https://www.nccih.nih.gov/health/in-the-news-coronavirus-and-alternative-treatments))
1. **Why did the CDC guidance on masks change?**

The CDC’s updated masking guidance (July 27) advised that vaccinated and unvaccinated people communities with substantial or high transmission rates should wear a mask in indoor, public settings. This new guidance is based on data showing that in rare instances, vaccinated people can still spread the virus. The CDC continues to encourage everyone to be vaccinated and wear masks. (Source: [CDC](https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/diy-cloth-face-coverings.html) and [Public Health Collaborative](https://publichealthcollaborative.org/faq/))

1. **When is a COVID-19 vaccine booster available to everyone?**

Subject to FDA approval and CDC recommendations, booster shots are expected to be available beginning the week of September 20, starting 8 months after an individual’s second Pfizer or Moderna dose. Those who were vaccinated earliest, particularly those who are most at risk — such as health care workers, nursing home residents, and seniors — will be prioritized. Currently, the U.S. Department of Health and Human Services is developing a plan to begin offering booster doses starting the week of September 20. The plan to offer booster shots does not currently include recipients of the Johnson & Johnson vaccine, but experts anticipate that these boosters may also be needed. More data on the J&J vaccine and booster is anticipated in the coming weeks. (Source: [Public Health Collaborative](https://publichealthcollaborative.org/faq/))

1. **What does it mean that the Pfizer vaccine (Comirnarty) has full FDA approval?**

On August 23, the FDA issued full approval to the Pfizer COVID-19 vaccine, now known as Comirnaty. The vaccine has been fully approved for use in individuals age 16 and older, with a two-dose regimen spaced at least three weeks apart. The full approval by the FDA means that the Comirnaty vaccine now has the same level of approval as other vaccines routinely in use in the U.S., such as vaccines for hepatitis, measles, chickenpox, and polio. (Source: [Public Health Collaborative](https://publichealthcollaborative.org/faq/))

1. **Why did the Pfizer vaccine name change to Comirnarty? Is that still the same vaccine?**

Comirnaty is the new name for the Pfizer-BioNTech COVID-19 vaccine. Once a drug or other intervention receives FDA approval the manufacturer typically gives it a brand name, and Comirnaty is the brand name that Pfizer has chosen for its COVID-19 vaccine. It is the exact same vaccine as the COVID-19 Pfizer vaccine that was first authorized for use in 2020, with the same high degree of safety and effectiveness. (Source: [Public Health Collaborative](https://publichealthcollaborative.org/faq/))

**How to address COVID-19 misinformation**

1. Identify key misinformation in the community.
2. Choose which misinformation to address.
3. **Acknowledge and Empathize.** Do not make assumptions; inquire to **understand values, concerns and past experiences.**
4. Consider acknowledging, **empathizing with and affirming the person’s (or audience’s) perspective first,** then offer **fact-based correction.**

Here’s an example:

*“I understand what you are saying and why you might have concerns.* ***Because of things that have happened in the past, many people have shared similar thoughts****. We want to make decisions that we are comfortable with, while avoiding the blind trust of the past. So, when physicians say everything is fine, we will still question and challenge it, but* ***in the end make an informed decision for our loved ones, ourselves, and our community. Here are the facts*** *from people we know and trust...”*

1. Debunk and Explain. **Use plain language;** be responsive to literacy levels and **culturally acceptable language.** Debunk misinformation using fact-based information and persuasive strategies to support the facts.

Here’s an example:

*“You care about your community and you want to make an informed decision for yourself, your loved ones, and your community. Here’s* ***what people we trust say*** *about the facts behind this decision...”*

1. Avoid reinforcing the misinformation. Instead, state the accepted facts.
2. Encourage **partnership with credible community members** and trusted messengers willing to tell their stories but **don’t oversell their stories or sugarcoat** real and common physical reactions.

Here is an example:

*"The vaccine went fine but I had a sore shoulder for a day or so. vs. Overall, I felt relieved to get my first shot and be on the road to immunity."*

1. Accurate claims can be interpreted in misleading ways. The same facts have more than one explanation. **Don't change the facts; challenge the story** behind the facts.

Here’s an example of a response to a concern that **politicians** influenced quick approval of the vaccine for their own benefit:

*“It is true that the vaccines were developed at a historically fast pace but that happened because the technology behind coronavirus vaccines has been in development for almost two decades. Vaccine makers created the technology to help them respond quickly to a new pandemic illness, such as COVID-19. Developers and independent review committees worked very carefully and fast to decide whether approval was warranted in order to stop the spread of COVID-19 and save lives.”* (Source: [NIH](https://covid19community.nih.gov/sites/default/files/2021-03/Addressing_COVID-19_Misinformation.pdf))

**Structural Inequities and Racial Disparities**

Many populations disproportionately affected by COVID-19 have distrust of the medical industry and government-sponsored initiatives based on historical trauma and glaring racial and ethnic disparities. We recognize these inequities and want to partner with impacted communities to help them navigate fact from fiction, so they can make informed decisions about whether to be vaccinated or not.

**1. Vaccination rate in Arizona** (as of September 1, 2021)

As of early September 2021, more than 56% of people received at least one dose of COVID-19 vaccine. Out of 7.2 million population in Arizona, 3.5 million individuals are fully vaccinated against COVID-19. (Source: [ADHS](https://www.azdhs.gov/covid19/data/index.php#vaccine-admin) dashboard & [CDC](https://covid.cdc.gov/covid-data-tracker/#vaccinations_vacc-total-admin-rate-total) data tracker)

**2. Vaccination rate by race in Arizona** (as of September 1, 2021)

COVID-19 has disproportionately affected Black or African American and Hispanic communities. Among persons vaccinated in Arizona, the share of vaccine doses administered to Black/African American was underrepresented (2.7%), non-Hispanic American Indian/Alaska Native (3%), Hispanic/Latino (17%), compared to the proportion of the state population for these groups (5%, 5%, and 32% respectively). (Source: [ADHS](https://www.azdhs.gov/covid19/data/index.php#vaccine-admin) & [Census](https://www.census.gov/quickfacts/AZ)).

**How to engage with Local Health Care Workers**

AzCHOW is working hard to unify the diverse groups within the Community Health Worker (CHW) workforce and to strengthen the CHW workforce through statewide training and capacity building. CHWs are trusted members of the community and play a vital role in supporting our underserved populations. With that in mind, AzCHOW ensures partnerships are created to build upon organizational capacities and strengths while serving under-served and at-risk populations within our state, as well as addressing relevant political and policy issues.To connect with community health workers in your area, visit <https://www.azchow.org/> for more information.

**Social Media and Website URLs**

Websites: [ceal.arizona.edu/engage](https://ceal.arizona.edu/engage) and [nau.edu/cher/ceal/](https://nau.edu/cher/ceal/)

Facebook & Instagram: at @ArizonaCEAL (spell out Arizona then say the letters)