



GOTV-Style Organizing
to Vaccinate California's
Hardest Hit Communities

MARCH - JUNE 2021

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OVERVIEW

The Healthy Future California (HFCA) Vaccination Project was created to support California's COVID-19 recovery and reopening efforts.

The statewide project was a collaboration between labor and community groups - with GroundWorks Campaigns (GWC) and California Calls (CA Calls) tasked with running a robust, targeted community outreach program focusing on promoting and scheduling COVID-19 vaccination appointments. Specifically, the HFCA Vaccination Project was designed to proactively improve COVID-19 vaccination rates in low-income communities of color; a group who had been disproportionately and deeply impacted by the pandemic.

To "Get Out the Vaccine," the project incorporated "Get Out the Vote" (GOTV) person-to-person contact strategies traditionally used in election campaigns, such as phone banking and door-knocking. Organizers overwhelmingly lived in their outreach communities, with the campaign being conducted in more than seven languages. Households targeted included those in zip codes identified as the lowest and second-lowest according to the Healthy Places Index (HPI); a population estimated to be over 7.5 million people.

BY THE NUMBERS

6,488,817
DIALS MADE

705,709
DOORS KNOCKED

612,307
TOTAL CONTACTS

36,383
TOTAL
APPOINTMENTS
MADE

 **149**
PHONE BANKERS

 **412**
CANVASSERS

 **16**
HEALTH & SAFETY
LEADS

 **52**
TEAM LEADERS

 **15**
COUNTIES

 **17**
COMMUNITY
ORGANIZATIONS

COMMUNITY PARTNERS



STATEWIDE

- SEIU
- CA Labor Fed
- GroundWorks Campaigns
- California Calls



NORCAL & CENTRAL VALLEY

CENTRAL VALLEY

- Communities for a New California (CNC)
- Dolores Huerta Foundation (DHF)

SACRAMENTO COUNTY

- Communities for a New CA
- Asian American and Pacific Islanders for Civic Engagement
- California Native Vote Project

BAY AREA

- Working Partnerships USA
- Oakland Rising



SOCAL

LOS ANGELES REGION

- Community Coalition (CoCo) in South LA
- Strategic Concepts in Organizing & Policy Education in South LA
- Pacoima Beautiful in the San Fernando Valley
- Inner City Struggle in East LA and Boyle Heights
- Dolores Huerta Foundation (DHF) in Antelope Valley
- Los Angeles Alliance for a New Economy (LAANE/Long Beach Rising) in Long Beach

SAN DIEGO COUNTY

- Alliance San Diego
- Partnership for the Advancement of New Americans (PANA)

INLAND EMPIRE

- Starting Over
- Communities for a New California

CENTRAL COAST

- Central Coast Alliance United for a Sustainable Economy (CAUSE)

BACKGROUND

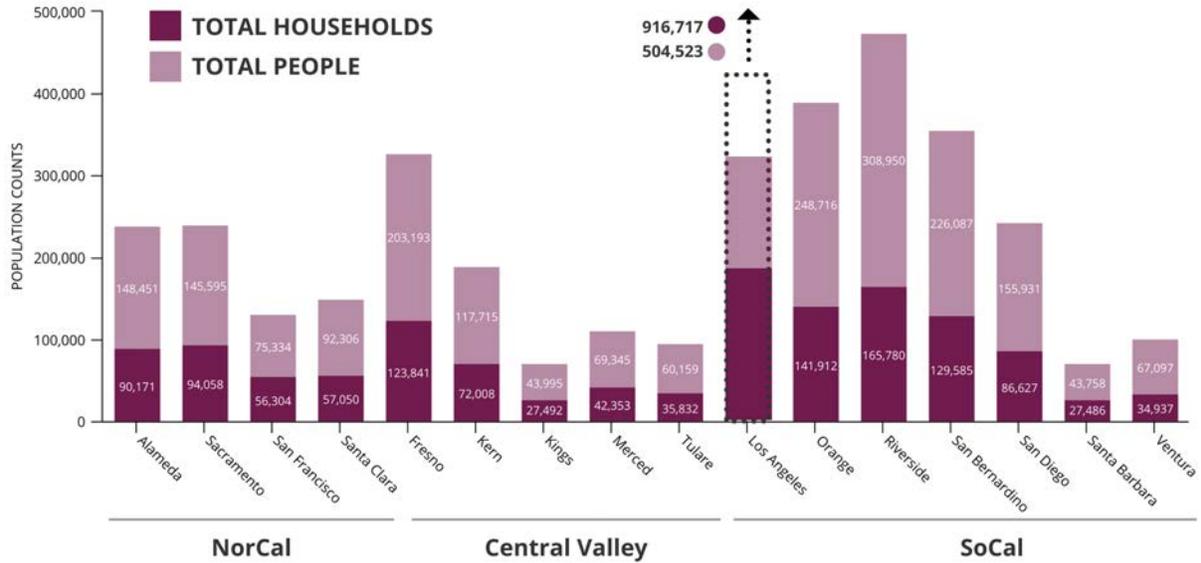
When the HFCA Vaccination Project began in early April 2021, scheduling a COVID-19 vaccine appointment in California was difficult and time consuming. As the state's vaccination drive was rolled out in phases, eligible people scrambled to get a vaccine appointment, spending long hours on the phone or navigating tricky websites. **Many eligible people from low-income communities of color faced additional obstacles to scheduling their vaccinations: such as a digital divide, language barriers, or simply a lack of free time to wait on the phone.** Previous attempts to remedy this situation (e.g. providing special access codes for targeted communities) were not successful because of widespread abuse.

As the vaccination roll-out progressed, the aforementioned challenges of appointment availability morphed into the "needle in a haystack" phenomenon: finding unvaccinated people who were *inclined* towards vaccination, but still had questions or just needed technical help to book an appointment. There were plenty of individuals in this group who held suspicions about the government, process, and/or safety of the vaccine. For the most part, people who were eager to be vaccinated were already fully or partially vaccinated. Conversely, individuals who were firmly against getting a vaccination were not on a list to exclude from contacting. The HFCA Vaccination Project needed to sort through all these individuals to persuade those who were unvaccinated but not against the vaccine, per se.

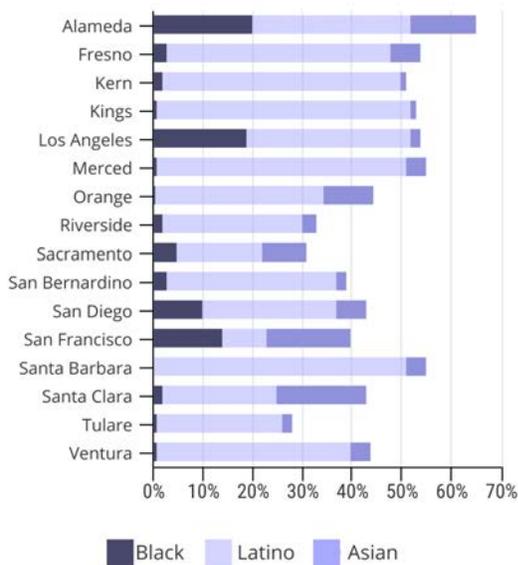
Importantly, the HFCA Vaccine Project was designed to improve COVID-19 vaccine access in target communities by leveraging partnerships with community/labor groups and employing trusted Get Out The Vaccine Messengers who reflected the cultural and linguistic diversity of those same communities. The vast majority of the Organizers who worked on the HFCA Vaccination Project lived in the communities they were outreaching to and personally wanted to address the devastation they were seeing in their communities caused by COVID-19.

OUTREACH DEMOGRAPHICS

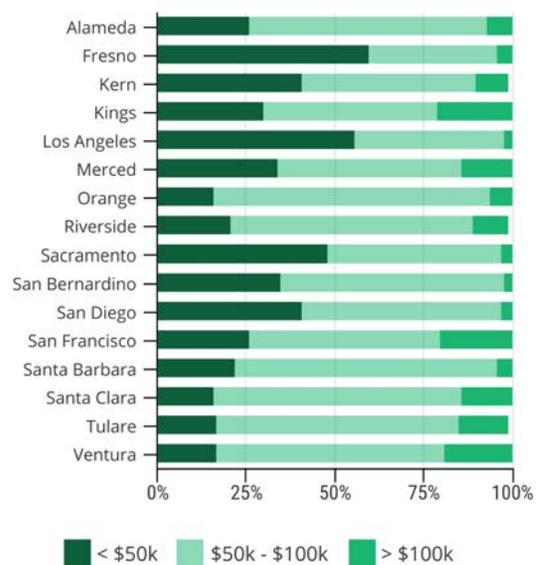
OUTREACH POPULATION



OUTREACH POPULATION - RACE %



OUTREACH POPULATION - AVERAGE INCOME



BUILDING THE PROJECT

The HFCA Vaccination Project was highly accountable and data-driven. So that every dollar invested could secure the maximum number of vaccination appointments, the campaign did daily check-ins to share best practices, formalized reporting, and fine-tuned strategies based on data-driven metrics. The narrative below describes the progression of the project through the set-up and execution phases as well as some of key opportunities and challenges that arose.

BUILDING THE FOUNDATION FOR A PROGRAM AT SCALE

While a number of community, labor, and government groups statewide had already begun community outreach to encourage COVID-19 vaccination in the weeks leading up to the decision to launch the HFCA Vaccination Project, none of them were operating at the scale or with the technical tools and systems envisioned to substantially increase vaccination rates.

Accordingly, HFCA staff moved aggressively to develop unified data systems, scripts and other tools needed to operate statewide at scale.

Campaign Directors worked together to:

- Create the initial scripts, FAQs, and trainings for Leads and Organizers.
- Set up the tech tools such as PDI and the dialer system.
- Create the cahealthyfuture.org site, including features such as instantaneous call back and targeted advertising.
- Coordinate data and target geographically at the local level for both phones and doors.

BUILDING A STATEWIDE TEAM

While developing these foundational elements, Directors simultaneously dove into recruitment, hiring, and training of management staff for both the walk and phone teams in our initial target areas, as well as recruiting community partners.

This newly-hired leadership team then moved on to the concrete work of building and housing the Organizer teams who would do the work including:

- Locating and equipping offices in target geographic areas.
- Recruiting, screening, interviewing, and hiring initial teams of Organizers to walk and/or phone 25 hours/week.
- Maintaining a strong emphasis on hiring bi-lingual English/Spanish Organizers, as well as Organizers of color.
- Hiring experienced Organizers when and where possible, although all teams included many people who had never previously been involved in community-based outreach.

TIMELINE

MARCH

22nd

Began prep for HFCA field launch

5th

Launched 60 person phone-bank team

15th

Everyone in CA 16+ eligible for vaccination

17th-20th

Walk teams launched in 10 counties with 354 organizers and management staff

APRIL

1st

- Increased phone teams, adding in 20 AAPI Organizers doing in-language calls: 6 calling Native people, 30 calling targeted zips in English/Spanish
- Launched walks in an additional 5 counties with 58 additional organizers and management staff
- Revised script and retrained teams to include more presumptive ask on appointment setting

15th

12+ eligible to be vaccinated, revised script and retrained teams to include 12+ eligibility

27th

State launches Vax for the Win incentive program, revised script and retrained teams to include incentives

MAY

30th

HFCA wraps up program - **612,104 contacts, 36,378 appointments set** mostly in targeted Tier 1 zip codes, with some in Tier 2 zip codes

JUNE

TRAINING A STATEWIDE TEAM

Initial and ongoing training and team development included:

- All leadership staff participated in thorough training on all elements of the program, COVID safety measures, as well as general team management and preparation.
- Training and materials for Organizers were developed and offered in Spanish and six different AAPI languages - reflective of the communities we most needed to reach.
- Throughout the program, Leads walked with their Organizers daily to do on-the-job coaching, and quality control.
- Teams met with their Leads at the start and end of every shift to train, re-train, practice, update, and debrief conversations. This included discussing what was working or needed adjustment to ensure that the highest quality conversations were taking place on the doors.
- Daily debriefs with campaign managers, statewide weekly Leads' meetings, and nightly documentation of quantitative successes contributed to our full understanding of our impact, opportunities, and challenges.
- Dissemination of information about changes to eligibility and the state's incentive program.

For the duration of the campaign, strategic adjustments were made in how we approached residents. By incorporating data and real-world learning from our staff, we were able to consistently improve the success of our teams.



STORIES FROM THE FIELD



One man was open to let me help him get his vaccination. But little did I know that while I was helping him, everyone else in the apartment was listening to our conversation. **I made 6 appointments on a single building for the remaining people who hadn't received their vaccinations.** -Efrin, Los Angeles

At a trailer park I met an old Vietnamese monolingual couple who were completely homebound without internet. They were so happy that I came to their door because they had missed their appointment and could not get another appointment scheduled. He was able to get in touch with MyTurn services and followed up with them and they got vaccinated! -Binh, Santa Ana



I met a young man who didn't want to get it because of the side effects and his current ill health. I told him I'd schedule it a month in advance to give him time to speak to his doctor and do more research. I gave him my number and told him to call me if he had any questions. **About a month later, he called to thank me, and told me he had received his first dose and felt great.** -Christopher, San Bernardino

I knocked on a door, waking the lady up from her nap. She was kind, but said that she didn't need any help. I thanked her and went on my way. **Later she tracked me down and gave me a beautiful umbrella, and said "God is good."** She scheduled an appt! -Caroline, Sacramento



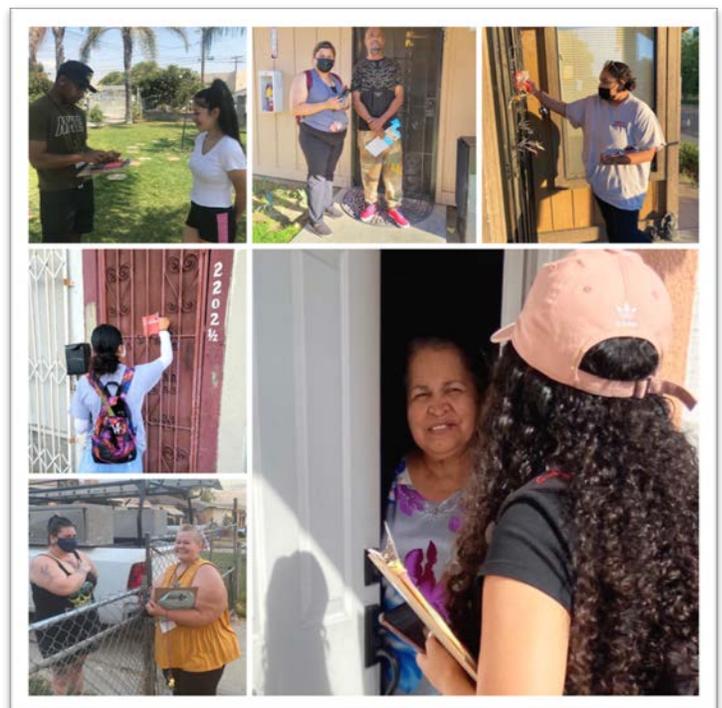
STORIES FROM THE FIELD

Dean, an essential worker, had wanted to get his vaccine for a long time, but had been working 70-80 hour weeks and had no idea where to get his shot. It took a little while to find him an appointment that worked with his schedule, but **I was able to book him an appointment an hour before his work.** That felt really amazing. -Natalie, Los Angeles

I encountered a family in Moreno Valley where all of the members got COVID-19. **While most of the family recovered, the youngest, age 20, passed away from the virus.** This incident led the rest of the family to schedule their appointments. -Angel, Riverside

The reason I'm so dedicated to ensuring my community is vaccinated is because **I have had family and friends stricken with this virus and even some who have died.** We are all in this together and I will continue to fight until my community is safe. - Canvasser, SCOPE LA

A household of all middle-aged men who work in the fields, picking fruit and vegetables, all came out and were excited to get the vaccine. They had wondered how to get it but none of them knew English and had not received any information on the vaccine. -Ivan Martinez, Dolores Huerta Foundation, Bakersfield



STORIES FROM THE FIELD

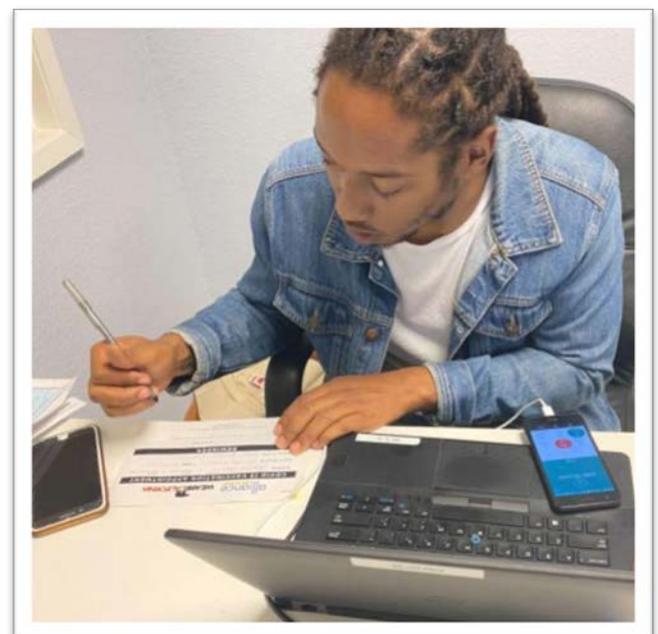
Early on in the campaign, I spoke with a man who very proudly told me that his family was almost fully vaccinated. He then got very serious and said he was concerned because his adult daughter needed the vaccine, but she has seizures and he wasn't sure if the vaccine would make them worse. I didn't feel the need to be guarded about my experiences because, much like me, this man had limited access to relatable support. So, I told him about my seizures and that they hadn't increased, that the vaccine gave me one less thing to stress about. He really liked this for his daughter. **I was able to set an appointment for her with some time built in for her to be monitored and her needs to be accounted for.** - Maya, GroundWorks Phoner



It was quite fulfilling to be a part of this historic moment. As I did my best to connect San Diego residents to vaccine appointments, I was thanked by many and was told that my actions were appreciated. Although I received many negative comments, the positive ones stuck with me throughout my experience. - Sahar Alfatlawi, PANA San Diego



I met a young man who didn't want to get it because of the side effects and his current ill health. I told him I'd schedule it a month in advance to give him time to speak to his doctor and do more research. I gave him my number and told him to call me if he had any questions. **About a month later, he called to thank me, and told me he had received his first dose and felt great.** -Christopher, San Bernardino



OPPORTUNITIES, ADJUSTMENTS & CHALLENGES

OPPORTUNITIES & ADJUSTMENTS

In late April, based on the experiences of our most successful Organizers, **we adjusted the outreach script to a “presumptive yes” model:** asking individuals *which* day would be best to set an appointment for them, rather than asking *if* they needed assistance booking their appointment. Once our Organizers became comfortable with this new approach, we saw a marked improvement in our overall appointment scheduling numbers.

The state’s incentive program provided a new opportunity to persuade and motivate residents to schedule a vaccine appointment. For those already inclined towards getting vaccinated, it added an uplifting sense of urgency and excitement. Conversely, those who were already a “no” would, at times, react negatively to the incentive program. By far, the immediacy and tangible nature of the gift cards was the most effective of the incentives, while the lottery for larger amount didn’t have the same impact as few people could really imagine themselves winning. The gift cards, as they were open to all who get vaccinated (including minors), involved no luck or chance. For multi-appointment households, this quickly added up to an amount that could make a real difference.



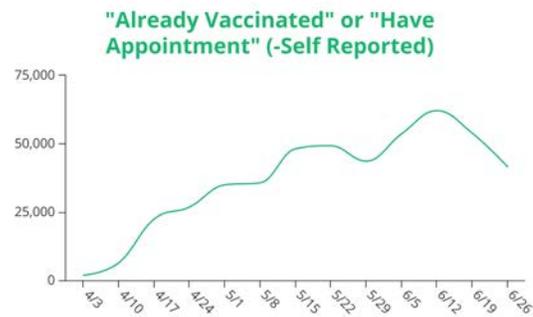
Expanding vaccines to teenagers 12+ was a huge opportunity for our Organizers, particularly when combined with the gift card incentives. Many families were eager to sign up their children, especially in households where the parents were already vaccinated. The incentive program contributed to an urgency in scheduling appointments and helped address a common challenge on the door: moving people from a “wait and see” mindset to actually setting an appointment.

The opportunity to make appointments for minors was also helpful in moving beyond only contacting the sole individual in each household who initially responded to the Organizer (either on the phone or at the door). Offering the opportunity for minors to be vaccinated allowed us to “deep canvass.” In other words, we could initiate conversations with other members of the household, whether or not the first contact booked an appointment through us. For example, a person might initially state that they were vaccinated (or uninterested in vaccination), but if an Organizer inquired about others in the house - including minors about to go back to summer activities or school - an initial “no” could be turned into an appointment for someone else in the house.

The addition of the group appointment-setting option on MyTurn was also helpful for capturing as many appointments in a house as possible, as quickly as possible.

GENERAL OUTREACH CHALLENGES

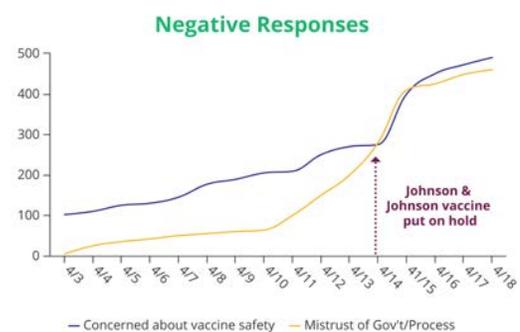
A common tactic people used to get rid of our Organizers was to say that they had already been vaccinated. People reported that they were already vaccinated at rates that were not reflective of the data showing actual vaccination rates per zip code. It was almost impossible to prove who was being truthful, even though we trained Organizers on how to ask strategic questions and push through this initial resistance.



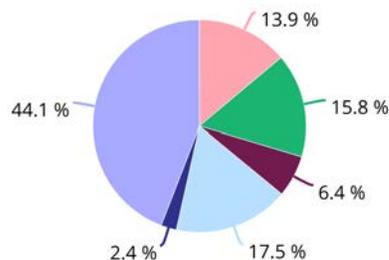
In the later weeks of the program, Organizers were seeking needles in haystacks: those who were persuadable or *inclined* towards the vaccine, but who had not yet made their appointment. Their reasons were often things an Organizer able to address - such as language barriers, lingering questions, combating misinformation, and/or assisting with the technical steps of making an appointment.

One major obstacle was a growing sentiment of government distrust and resentment about the process for distributing vaccines in low-income communities of color. These perceptions are rooted and reinforced by lived experiences of decades of underfunding in their schools and communities. The vaccine roll-out played into these perceptions because many Black and Latino families were devastated by the pandemic - yet their communities were the least vaccinated. Meanwhile, white, wealthier communities had easier and earlier access to the vaccines. Misinformation on social media about vaccine safety helped to fuel and grow these perceptions. To overcome this mistrust, organizers made a point to identify first as being with a local community or labor organization, and then disclosing that the vaccination effort was a government project. The message was clear and effective: this was about helping **our** communities to overcome the virus.

Other common refusals included the perception that the vaccines were created too quickly without thorough review - the Johnson & Johnson vaccine pause was initially a setback and caused a noticeable increase in questions, concerns, and distrust at the doors - a feeling that COVID was "not that big of a deal" or individuals believing that their immune system or vitamin intake was exceptional and could protect them from the virus.



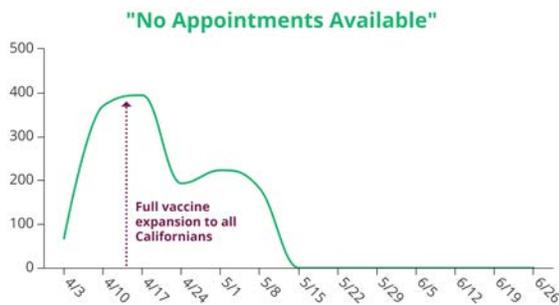
Common reasons for a "No" or "Undecided" about getting vaccinated



- COVID "not a big deal"
- Concerned about vaccine safety
- Fear of side effects
- Don't trust in gov't/process
- Logistical issues
- Other, didn't want to say

APPOINTMENT SITE CHALLENGES

While it was easy to book appointments through MyTurn or other scheduling sites in most areas of the state, some rural areas and South Los Angeles faced challenges finding available appointment times on the weekends or after 5pm on weekdays, and/or access to transportation. This improved as the phased roll-out added more options.



Flexibility in appointment times - and vaccine sites near public transportation - were a critical issue given that many residents in targeted communities worked as essential workers and only had availability to get vaccinated after work or on the weekends.

STAFFING CHALLENGES

The retention rate for Organizers was lower than usual.

Understandably, hiring organizers to do door knocking during a global pandemic presented a staffing challenge - with a constant cycle of hiring and re-training. Ultimately, this prevented us from reaching our maximum employee capacity - as most hiring was back-filling to the initial staffing levels. Although we maintained a core group of Organizers in each area, turnover contributed to a longer learning curve for our teams.

As we moved into the summer months, heat waves became a health and safety challenge both in ensuring the safety of Organizers in the walk program, as well as getting residents to open their doors. As temperatures in the Central Valley and Sacramento reached over 100 degrees daily, many teams adjusted their walk schedules by going later in the evening, or forwent walking to phoning.

DIGITAL DIVIDE CHALLENGES

Digital divide challenges fell into two categories:

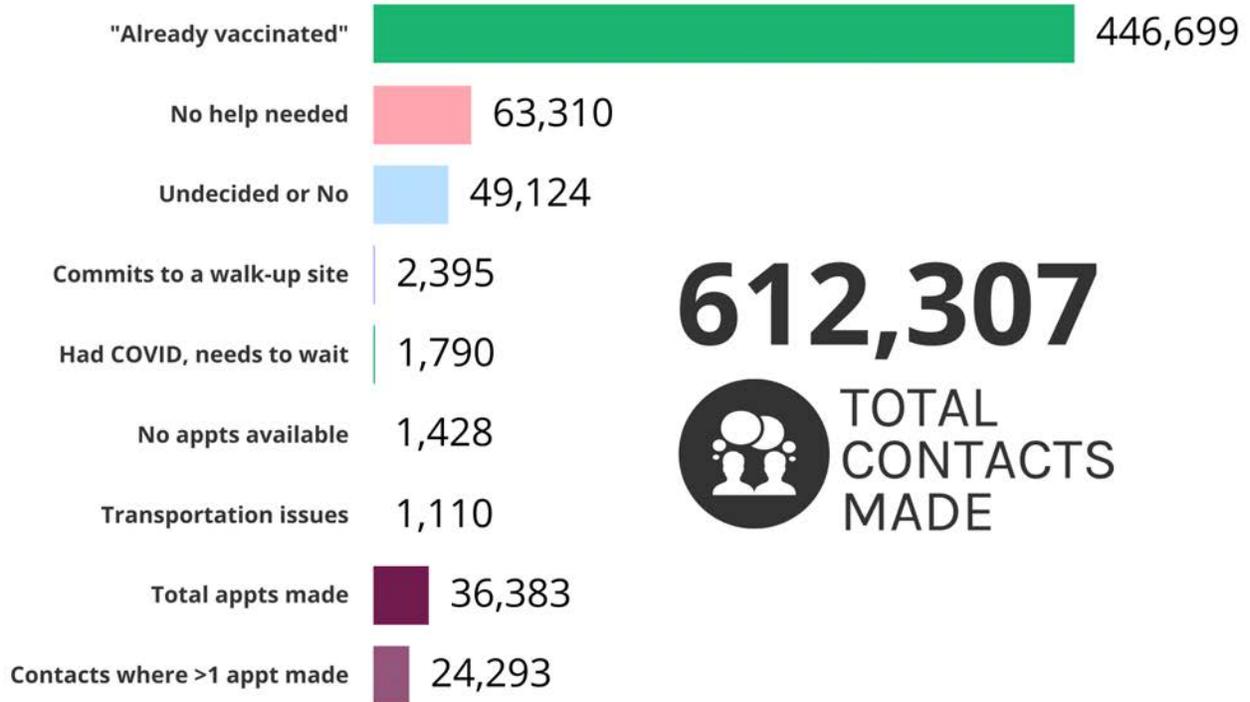
1. When the resident did not have a cell phone or an email - initially required to schedule an appointment.
2. When they had a cell phone but couldn't receive text messages.

This was particularly an issue for low income/government issued cell phones (e.g. Obama phones). **Similarly, many seniors did not have access to either email or a cell phone**, which created a digital divide obstacle to schedule an appointment.

Different adaptive tactics were used when we encountered these challenges, such as writing out appointment information on a card, or identifying someone else in the household with access to a cell phone or email to be the point of contact for the individual making the appointment.



OUTREACH RESPONSES & METHODS



TOTAL CONTACTS



TOTAL APPOINTMENTS



TOTAL WALKS



TOTAL CALLS



COUNTY OUTREACH & OUTCOMES - WALKS

SACRAMENTO COUNTY

Doors Knocked - 34,486
 Contacts Made - 13,849
 Appointments Made - 580
 No Help Needed - 1,121
 Undecided or No - 1,298

MERCED COUNTY

Doors Knocked - 11,975
 Contacts Made - 5,521
 Appointments Made - 186
 No Help Needed - 505
 Undecided or No - 552

ALAMEDA COUNTY

Doors Knocked - 13,503
 Contacts Made - 5,489
 Appointments Made - 158
 No Help Needed - 605
 Undecided or No - 209

FRESNO COUNTY

Doors Knocked - 70,549
 Contacts Made - 33,278
 Appointments Made - 2,131
 No Help Needed - 5,894
 Undecided or No - 3564

TULARE COUNTY

Doors Knocked - 34,479
 Contacts Made - 17,213
 Appointments Made - 325
 No Help Needed - 3,443
 Undecided or No - 2,073

SANTA BARBARA COUNTY

Doors Knocked - 4,597
 Contacts Made - 4,076
 Appointments Made - 103
 No Help Needed - 719
 Undecided or No - 459

KERN COUNTY

Doors Knocked - 29,837
 Contacts Made - 9,624
 Appointments Made - 340
 No Help Needed - 1,917
 Undecided or No - 1,371

VENTURA COUNTY

Doors Knocked - 6,994
 Contacts Made - 4,159
 Appointments Made - 81
 No Help Needed - 595
 Undecided or No - 320

LOS ANGELES COUNTY

Doors Knocked - 291,690
 Contacts Made - 134,113
 Appointments Made - 8,790
 No Help Needed - 11,386
 Undecided or No - 7,265

ORANGE COUNTY

Doors Knocked - 43,936
 Contacts Made - 18,880
 Appointments Made - 3,715
 No Help Needed - 886
 Undecided or No - 1,145

SAN DIEGO COUNTY

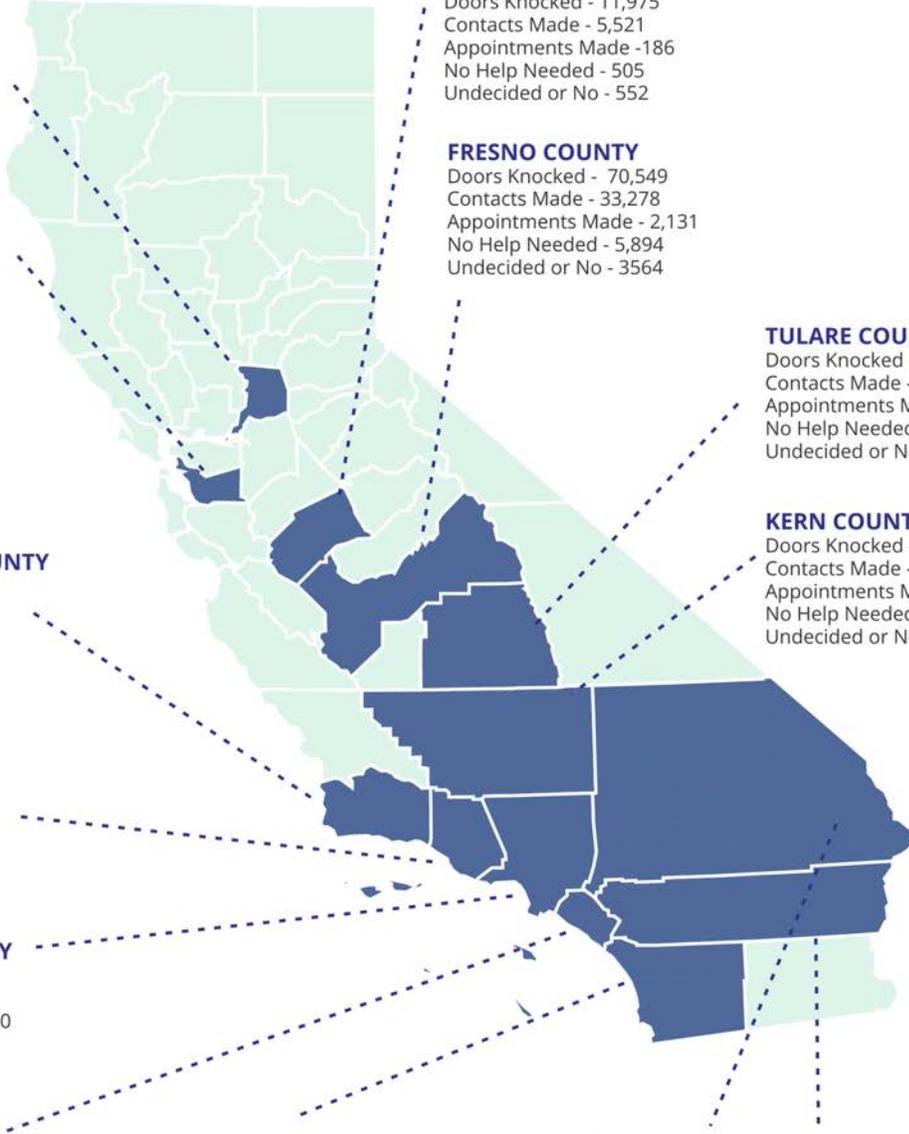
Doors Knocked - 54,723
 Contacts Made - 17,159
 Appointments Made - 392
 No Help Needed - 1,531
 Undecided or No - 1,321

SAN BERNARDINO COUNTY

Doors Knocked - 48,027
 Contacts Made - 22,159
 Appointments Made - 3,448
 No Help Needed - 519
 Undecided or No - 2,503

RIVERSIDE COUNTY

Doors Knocked - 60,785
 Contacts Made - 27,110
 Appointments Made - 3,031
 No Help Needed - 1,518
 Undecided or No - 3,255



CONCLUSION



The individuals who were part of the HFCA Vaccination Project came from many walks of life.

Some were students who were trying to finish college and needed a job. Others were helping their families pay the rent or put food on the table. Organizers came from rural, suburban, and urban communities. Organizers ranged in age from 18 - 70 years young. Some had decades of community engagement experience; others were brand new to this type of work. **As different as they were, there was one common sentiment among all of them: the desire to do something about the devastation they had witness in their families and communities.**

Despite the challenges on the doors and on the phones, HFCA teams continued tirelessly to find people who needed one-on-one contact to sign up for a COVID-19 vaccine. Organizers made appointments with individuals whose spouse was in the background arguing against getting the vaccine. Organizers signed up whole families - including children, parents, and grandparents. Organizers signed up people who appreciated getting assistance in their native languages or had a digital divide. Organizers combated social media rumors, mistrust of the government, and cavalier attitudes about the seriousness of the virus. Above all, Organizers moved people from hesitation to appointments through compassionate conversations.

There were many lessons learned from the vaccination program: the importance of trusted messengers, using a “presumptuous ‘yes’” to get in the door, and that a program run like an electoral campaign was efficient and effective.

The greatest lesson was the need to center the conversation around race and class. **The devastation that we saw in low-income communities of color was not because these were “hard to reach” communities, but because these were communities that were “hardly” reached.** Strategies to help the communities hardest hit by the pandemic *must* involve individuals from those same communities. Trust and credibility isn’t earned as easily from outsiders.

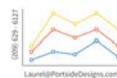
The results were clear: in just 3 months, Organizers spoke with 612,307 residents in our target areas, resulting in 36,383 lifesaving COVID-19 vaccine appointments.

The HFCA Project should be considered a model to be invested in and repeated as we continue California’s recovery to provide booster shots or in the continued effort to vaccinate the unvaccinated.

HEALTHY
FUTURE
CALIFORNIA



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