COVID-19

Strategic Communications Plan for Vulnerable Populations

*in the Kansas City region*

Mid-America Regional Council • September 2020

This plan was created with funding support from the Health Forward Foundation and REACH Healthcare Foundation
Introduction

Since the beginning of the coronavirus pandemic, we have all been inundated with information about COVID-19. Misinformation often spreads faster than the virus itself, making it difficult for people to know what to believe. This is especially true for vulnerable populations — people who have particular risk factors, either medical or socio-economic, that increase their vulnerability to this disease and its impacts.

Health care providers, government agencies, employers and nonprofit organizations have been working together for months to separate fact from fiction and provide accurate information to their clients and constituents. The Mid-America Regional Council is actively participating in three local efforts:

1. Initiated by the Greater Kansas City Chamber of Commerce, the Kansas City Area Development Council, the Civic Council of Greater Kansas City and others, the “Responsible Re-entry” group focuses on coordination and communication with businesses about masking, distancing, testing and other proactive strategies in the workplace.

2. The “Comeback KC” communications task force, part of a public-private collaboration led by KC Digital Drive, focuses on general public outreach and has developed messages specifically targeted to young adults.

3. The Regional Association of Public Information Officers, made up of communications professionals from local governments, school districts, libraries and other public organizations, focuses on providing consistent, accurate and coordinated messages to people across the region.

This plan builds on those efforts, but with a focus on providing clear and accurate information to the region’s most vulnerable residents. It provides a framework for engaging and educating these populations, encouraging proactive and preventive behaviors, and quelling rumors about the coronavirus.

Like any strategic communications plan, this document includes basic elements of communications: defining our audience, identifying key messages and communications tools, and outlining methods to disseminate those methods. However, unlike many communications plans, this plan is — and will continue to be — a work in progress. Our understanding of the pandemic and the actions we need to take to get it under control are changing rapidly from week to week, and sometimes day to day, and the plan must be flexible enough to adapt to those changes. Ongoing feedback from those on the front lines of communicating with at-risk populations is welcome.

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Defining our Audience

Public health experts have recognized that some populations are more at risk from the coronavirus pandemic than others.
• As with any disease, health outcomes are impacted by social conditions such as income, education, race or ethnicity, neighborhood environment and access to health care.
• Specific to COVID-19, health care providers have documented disproportionate negative impacts among certain groups, including older adults, people with pre-existing health conditions, and people of color.
• Those individuals working in settings where they are more likely to be exposed to individuals with the disease as essential workers, make them at greater risk.

To define the audience for this plan, we looked at the intersection of those three groups — those most socially at risk, those physically at risk, and those most medically at risk. We reviewed and compared existing definitions of vulnerable populations identified through MARC’s work with the Community Disaster Resilience Network and Census 2020 Outreach, as well as the US Centers for Disease Control and Prevention (CDC) list of populations needing to take extra precautions for COVID-19. With input from the Communications Task Force and other regional partners, we also considered populations that are often underserved by traditional communications and outreach strategies in order to identify our priority target audiences.

Priority At-Risk Populations

The three priority audiences for this communications plan are people of color (in particular, Blacks and Hispanics); people with limited access to accurate information; and essential, front-line workers. Data about these populations is provided below.

1. People of Color

According to CDC data, people of color are at greater risk from COVID-19. Non-Hispanic Blacks have a COVID-19 hospitalization rate approximately five times that of non-Hispanic whites, and Hispanic or Latino populations have a hospitalization rate approximately four times that of non-Hispanic whites.1 (Note: The CDC also lists American Indians and Alaskan natives as minority populations with high hospitalization rates, but these groups make up less than 1% of the nine-county region’s population. Non-Hispanic blacks comprise about 13% of the region’s total population and Hispanics just over 9%.2) Death rates are also higher for Blacks and Hispanics than for whites across all age categories.3

2. People with Limited Access to Accurate Information

People who live in poverty and those with limited English (including recent immigrants) often have fewer sources for accurate health information. They are less likely to have access to the internet or local news media and may not have a primary care physician or other health care provider. They often rely on family and friends for information and may be particularly susceptible to rumors and misinformation about COVID-19.

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2 MARC compilation of census data for the region, https://gis2.marc2.org/metrodataline/
Approximately 530,000 people, or 26.3 percent of the nine-county region’s population, live below 200% of the federal poverty level, the cutoff point used for many assistance programs. For a family of four, this level indicates a household income of $52,400 or less.\(^4\)

According to recent data, 18,599 households in the region are defined as “limited English,” meaning no one in the household over the age of 14 speaks English very well.\(^5\)

The Migration Policy Institute reports that immigrants make up 6.7% of the Kansas City region’s population. The institute also found that the immigrant population in the region has increased by 300% over the last quarter century.\(^6\)

### 3. Essential and Front-Line Workers

According to the Bureau of Labor Statistics, 63% of jobs require the employee to work all or mostly onsite.\(^7\) Those who cannot work from home — especially those who work in public settings — have an increased risk of exposure to COVID-19. This includes not only front-line health care workers, but also delivery drivers, store clerks, restaurant workers, janitors, factory workers and more.

Industries most likely to have jobs requiring onsite work employ a significant number of workers in the Kansas City region. June 2020 industry data shows that the region had 78,400 jobs in manufacturing; 110,500 jobs in retail; 55,300 jobs in transportation and utilities; 154,500 jobs in health services and private education; 116,600 jobs in leisure and hospitality.\(^8\)

### Barriers and Strategies

#### Communications Barriers

There is significant crossover among the three target audiences described above; for example, many people of color and recent immigrants may work in front-line jobs. These populations also share many of the same barriers to effective communications and outreach. Some of the biggest barriers include:

- **Lack of trust** — At-risk populations often display a lack of trust in government agencies and the health care system. The pandemic has exacerbated this problem, especially with mixed messaging in the early stages of the outbreak.
- **Reliance on uninformed sources** — At-risk groups may be more likely to rely on information they hear from family and friends than health experts or responsible news sources.
- **Fear of losing income** — People who live paycheck to paycheck are often hesitant to get tested for COVID-19 for fear that they will have to miss work, which could lead to a loss of critical income or even their job.
- **Privacy concerns** — Immigrants, in particular, are concerned that personal information from testing and/or contact tracing might be shared with federal officials and could lead to deportation, even for those legally in the U.S.

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\(^4\) MARC census data

\(^5\) Ibid.

\(^6\) Migration Policy Institute, [https://www.migrationpolicy.org](https://www.migrationpolicy.org).


\(^8\) MARC workforce data, [http://kcworkforce.com/indicators.htm](http://kcworkforce.com/indicators.htm)
• **Cultural differences** — Community service agencies and others have shared anecdotal information about differing cultural beliefs related to COVID-19. For example, many Mexican immigrants have an ingrained fear of hospitals and mistaken belief that if they are admitted to the hospital they will die. Some Congolese immigrants who rely on news sources from their homeland, where cases and deaths are relatively low, mistakenly believe they have a natural immunity.

• **Job requirements** — Even without socio-economic challenges, essential workers whose jobs require extended proximity to and/or interaction with others face a higher risk of infection. These workers may lack adequate information about how to best protect themselves.

**Communications Strategies**

Effective communications with at-risk populations will require addressing barriers and concerns for each targeted population. Some initial overarching strategies include:

• **Provide consistent messaging** — Coordinate outreach efforts so that people hear the same information from multiple sources. This will not only broaden our reach but also provide people with reassurance that the information they receive is valid.

• **Rely on trusted networks** — Work with community-based service providers, faith-based organizations, neighborhood groups and other trusted partners to deliver messages, meeting people where they are.

• **Support peer-to-peer communications** — People are more receptive to messages delivered by someone like them. Identify and recruit volunteers who can speak the language of the audience (both literally and figuratively) when delivering key messages.

• **Be clear and honest** — Provide simple, direct messages that explain what is happening, what we need to do about it and why it matters. Instead of telling people how to behave, explain how the actions we take affect others.

• **Dispel rumors** — Misinformation will spread like wildfire if not confronted. Keep an ear to the ground for rumors and counter them with factual information as quickly as possible.

• **Lead with positivity** — Frame messaging around working together to keep everyone safe and helping people protect themselves, their families and their communities. Avoid “us versus them” comparisons. This is not a blame game, but a challenge we are working together to overcome.

**Key Messages and Communications Tools**

There is a need to share high-priority information with targeted populations as quickly as possible. Several messaging tools are available for immediate use, and they can be expanded and updated as new information becomes available and new priorities are identified.

**Priority Message Sheets**

These one-page summaries (see Appendix A) provide brief, high-level messages that can be quickly adapted for social media and other communications. These sheets can be updated regularly and
distributed to any committees or groups with a role in COVID-19 communications. They are appropriate for all audiences, not just at-risk populations.

Distribution of the first edition of the priority message sheet began on August 21. Each edition will reiterate basic, ongoing messages (e.g., wearing masks and social distancing) and emphasize other messages important at the time of publication.

**Message Maps**

Designed for use by local officials, community organizations and other partner agencies that work with at-risk populations, each COVID-19 message map focuses on a single topic. Each one provides several key points, followed by supporting facts and related action steps.

A sample message map is shown on the following page. The initial set of message maps (Appendix B) address the following topics:

1. Together we can stop the spread.
2. Do I need to be tested for COVID-19?
3. Where can I get a COVID-19 test?
4. What happens after I get tested?
5. What should I do if I’m told to quarantine or isolate?
6. If I test positive, will I have to go to the hospital?
7. Why is the health department asking me personal information about where I’ve been and who I’ve been with?
8. Is it safe to go back to work?
9. Is it safe for my kids to attend school or play sports?
10. Don’t neglect other vaccines.

**Fact Sheets**

Fact sheets are designed for direct distribution to targeted populations. Each fact sheet focuses on one or more message points, using simple language appropriate for the audience. Where needed, multiple versions of a fact sheet can be customized for different audiences (including language translation).

Fact sheets will be available online, and printed copies can be provided to agencies that serve customers in our priority audiences (e.g., food pantries, housing authorities, city offices). Each fact sheet will also provide contact information for agencies that can provide assistance. A sample fact sheet is provided in Appendix C.
Message Distribution

This plan envisions reaching target audiences through a combination of outreach methods that includes working with trusted partners, sharing information through regional committees, investing in a modest paid campaign, and working with local news outlets to expand our reach.

- **Community agencies** — MARC will reach out to community organizations that have established trusted relationships with clientele in our target audiences to seek their participation in sharing key messages and ask for their input on additional messages and materials needed. An initial list of agencies is included in Appendix D. Any agencies interested in joining this network should contact Catherine Couch, Public Affairs Coordinator, MARC, ccouch@marc.org

- **Regional committees** — MARC will share the plan and messaging materials with regional public health leaders and committees that might play a role in COVID communications, including Public health directors, local health equity task forces, RAPIO, CDRN, MEMC, Comeback KC, others.

- **Paid media** — With funding support from the Health Forward Foundation and REACH Healthcare Foundation, MARC will invest in a modest paid media campaign (including targeted social media posts, radio and print advertising as shown in Appendix E). As additional private and public funds are secured, additional paid media will be used consistent with this plan.

- **Earned media** — Work with communications task force members to generate earned media coverage by local outlets. Identify a handful of spokespeople who can participate on talk shows and panels to discuss key messages.

Rumor Control

All partner agencies are encouraged to monitor social media and community discussions for misinformation about COVID-19 and share rumors with the communications team so that consistent and accurate responses can be developed and disseminated to all partners.

An archive of rumors and responses will be maintained online at http://www.preparemetrokc.org/covid19/rumors.htm.

Evaluation

The effectiveness of this plan will be monitored on an ongoing basis. Metrics will continue to evolve along with the plan over the course of the pandemic. Potential metrics may include:

- Data on social media reach and interactions.
- Data on paid media reach.
- Archive of earned media.
- Website analytics.
- Anecdotal information on quelling of rumors.
- Survey of community agencies to gauge effectiveness of communications.
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Appendix A: Priority Message Sheets

These one-page summaries provide brief, high-level messages that can be quickly adapted for social media and other communications. These sheets can be updated regularly and distributed to any committees or groups with a role in COVID-19 communications. They are appropriate for all audiences, not just at-risk populations. Samples are shown below.

Edition #1

CASES ARE STILL GOING UP IN THE KC METRO
Working together, we can bring down the number of COVID-19 cases in the region before the virus gets out of control like it did in New York, Texas, Florida and other places. Your actions make a difference.

Masks Matter
There is strong evidence that cloth face coverings can help slow the spread of COVID-19. Wear a mask in public places, and make sure the cloth covers your nose and mouth.

- Supporting data: In Kansas, counties that adopted a mask mandate saw a 34% decrease in new cases between July 3 and Aug. 5, while counties without a mask mandate saw an 0.7% increase in new cases. (Source: KDHE)
- In Missouri, health officials reported no COVID cases among 159 clients exposed to two symptomatic hair stylists with confirmed COVID-19 while both the stylists and the clients wore face masks. (Source: CDC)

Keep Your Distance
Staying six feet apart makes it harder for virus droplets to move from one person to another. Even people who don’t have symptoms might be carrying the virus. Avoid crowds and use drive-through or curbside services when you can.

Stay Home As Much As Possible
Many of us have to leave home for work or essential errands, but being out and about increases your risk of exposure. If you have a choice, stay home. If you must go out, wear a mask and keep your distance from others.

This Is Not Like The Flu
While many people with COVID have relatively mild symptoms — and some have none at all — doctors are learning more every day about long-term effects of the disease. This is a serious illness, and we need to take it seriously.

Children Are At Risk, Too
Early on, infection rates were lower among children than adults, but that doesn’t mean kids are immune. They can get COVID and can spread the virus to others.

- Supporting data: Over 400,000 children have tested positive for COVID-19 since the pandemic began, and the rate of infection among children recently jumped dramatically, with 76,715 new cases from July 50 to Aug. 13. (Source: American Academy of Pediatrics)

Follow Local Guidelines
Local governments, health departments and school districts are tracking COVID data carefully and sometimes have to make tough decisions to close businesses or cancel activities. Do your part to protect your health, your family and your community by following established guidelines.

Get Tested
If you have symptoms or have been exposed to someone who has COVID, after the test, follow your health provider’s instructions to isolate or quarantine to help stop the spread.

Note: Exact wording and message delivery methods will vary by audience, but these are the most important points to focus on right now in our public communications.

August 2020
COVID-19 Priority Messages
KANSAS CITY REGION | COMMUNICATIONS RESPONSE

IMPORTANT PUBLIC INFORMATION #2 | SEPTEMBER 2020

Note: Your wording and message delivery methods may vary by audience, but these are the most important points to focus on right now in our public communications.

DON'T LET YOUR GUARD DOWN
We're all getting tired of dealing with COVID-19, but we can't let our guard down yet. As of the middle of September, we are still averaging hundreds of new cases per day in the Kansas City region.¹ Your actions are more important than ever as we work together to stop the spread.

WEAR A MASK
Masks are the most effective tool we have right now to stop the spread of COVID-19, and there is strong evidence that they make a difference.² Always wear a mask in public places, and make sure the cloth completely covers your nose and mouth.

KEEP YOUR DISTANCE
Staying six feet apart makes it harder for virus droplets to move from one person to another. Even people who don't have symptoms might be carrying the virus, so keep your distance.

AVOID CROWDS
More people means more risk. Large gatherings can easily become "super-spreaders" and they are not worth risking your life — or someone else's.

GET TESTED
If you have symptoms or if you have been exposed to someone who has COVID-19, you need to get tested. After the test, follow your health provider's instructions to isolate or quarantine to help stop the spread.

GET A FLU SHOT
It is possible to get both the flu and COVID-19 at the same time, which means flu vaccinations are more important than ever this year. Get a flu shot before the end of October, and don't neglect other vaccines.

FOLLOW LOCAL GUIDELINES
Local governments, health departments and school districts are tracking COVID-19 data carefully and sometimes have to make tough decisions to close businesses or cancel activities. Do your part to protect your health, your family and your community by following established guidelines.

¹ Kansas City Region COVID-19 Data Hub. https://kcrc2.org/covidhub/
² In Kansas, counties that adopted a mask mandate saw a 34% decrease in new cases between July 3 and Aug. 5, while counties without a mask mandate saw an 0.7% increase in new cases. (Source: KDHE) In Missouri, health officials reported 3,487 COVID-19 cases among 1,788 clients exposed to two symptomatic hair stylists with confirmed COVID-19 while both the stylists and the clients wore face masks. (Source: CDC)
## Appendix B: Message Maps

Designed in August 2020 for use by local officials, community organizations and other partner agencies that work with at-risk populations, each COVID-19 message map focuses on a single topic, with several key points followed by supporting facts and related action steps.

### 1. Together we can stop the spread.

<table>
<thead>
<tr>
<th>Key Messages</th>
<th>Supporting Points</th>
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</table>
| **COVID-19 is highly contagious, but together we can stop the spread.** | • COVID-19 has been found to spread more easily from person to person than many other viruses.  
• Infected people may not have symptoms, and they may infect others without even knowing they are sick.  
• It’s important to follow instructions from medical experts.  
• COVID cases are still going up in many parts of the metro. We all need to work together to stop the spread before the virus gets out of control. |
| **This is not just another flu.** | • Doctors are learning more every day about long-term effects of the disease. Even people who have no symptoms from COVID may experience long-term impacts on their heart and lungs.  
• This is a serious illness, and we need to take it seriously.  
• COVID-19 has a higher death rate than seasonal flu (3.4% compared to 1%) according to the World Health Organization. |
| **Simple steps you can take are critically important.** | • Wear a face mask over your nose and mouth in public places. Cloth face coverings serve as simple barriers to prevent respiratory droplets from reaching another person. They are more effective when more people wear them.  
• Keep your distance. Stay at least 6 feet away from others in public places and avoid large gatherings.  
• Wash your hands frequently. Soap kills the virus, but you must wash for at least 20 seconds for it to work. Keep hand sanitizer with you for situations where you can’t access soap and water.  
• Stay home if you are sick. If you have a fever, cough or other symptoms, do not leave your home except to seek medical care. |
| **Your actions make a difference.** | • By taking these actions, you can help protect your family, friends and community.  
• Show you care. Masks and other precautions are a minor inconvenience that can help save someone’s life – including yours. |
| **Stay informed.** | • Turn to reliable, trusted sources for accurate information. Health care providers and local public health departments are there to help you. |
2. Do I need to be tested for COVID-19?

<table>
<thead>
<tr>
<th>Key Messages</th>
<th>Supporting Points</th>
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| **You may need a COVID-19 test if you have symptoms.** | • The most common symptoms are fever and chills, dry cough, and shortness of breath. Other symptoms include fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting, or diarrhea.  
• Contact a health care provider to discuss whether you should be tested. If your symptoms are mild, it may not be necessary, especially if test supplies are limited.  
• If your symptoms are severe, don’t wait for a test. Call a health care provider or go to the emergency room.  
• Not everyone who has COVID-19 will have symptoms. |
| **You may need a test if you’ve been exposed to someone who tested positive for COVID-19.** | • You may have been exposed if you’ve been in close contact (less than 6 feet) with someone who tested positive, especially if the contact lasted more than 10 minutes or if the person coughed or sneezed near you.  
• You may have been exposed if you attended an event with others who may have had COVID-19.  
• You may have been exposed if you’ve recently traveled to a location with a high rate of COVID-19 infections.  
• You might have been exposed if there is an outbreak at your workplace or school.  
• The virus may not show up on a test until 5 days or more after the exposure, so you may want to wait a few days to get tested. Check with a health care provider or local public health department. |
| **You may need a test if you work or live in a high-risk situation** | • You may be at higher risk if you work in a health care facility or other medical setting.  
• You may be at higher risk if you live in a long-term care facility or other group setting.  
• You may be at higher risk if your job makes it impossible to maintain 6 feet of distance between yourself and your coworkers or customers. |
| **Testing is safe.** | • The most common type of COVID-19 tests involves using a swab to collect mucus from your nose or throat.  
• [Rumor control] You cannot catch COVID from getting a test.  
• The swab may be uncomfortable, but only for a few seconds. The procedure is completely safe.  
• A temperature check only monitors one symptom (fever), and it is NOT an accurate test for COVID-19.  
• Test results are private. Doctors and health departments will only report total numbers of test results and will never identify you by name. |
Testing is a critical step in getting the virus under control.

- Test data helps health officials determine how widespread the virus is in a given community and identify possible points of exposure.
- By identifying outbreaks early, health departments can take steps to contain them.
- By getting tested, you can help stop the spread.
- While you are waiting for your test results, stay away from family, friends and others to avoid spreading the disease, even if you are not showing symptoms.

3. Where can I get a COVID-19 test?

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<tr>
<th>Key Messages</th>
<th>Supporting Points</th>
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<tbody>
<tr>
<td>Check with your local public health department for testing events in your community.</td>
<td>• Every county has a local public health department, as does the city of Kansas City, Missouri. Find contact information online: <a href="http://www.preparemetrokc.org/covid19/publichealth.htm">http://www.preparemetrokc.org/covid19/publichealth.htm</a> • Many health departments are hosting mobile or pop-up testing events at different locations around the community. • Most events are free, but some may require a fee or insurance information. • Appointments may be required, and you may be asked for proof of residency or employment in the city/county hosting the event.</td>
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<tr>
<td>Contact a doctor’s office, an urgent care facility or local hospital to see if tests are available.</td>
<td>• Not all doctors’ offices are equipped to offer COVID tests, and test supplies may not always be available. • Health care facilities may have limits on who can be tested, such as people with symptoms or those at high risk. • Fees or insurance co-pays may be required. • Appointments may be required.</td>
</tr>
<tr>
<td>Check with local pharmacies (like CVS or Walgreens) to see if they offer COVID testing.</td>
<td>• Testing may be limited to certain dates and times or subject to availability of testing supplies. • Fees or insurance co-pays may be required. • Appointments may be required.</td>
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<td>Your employer may offer COVID testing.</td>
<td>• Health care facilities and other large employers may offer testing to employees. • Employers who learn of positive cases in their facilities may offer testing to all workers to monitor potential spreading of the virus.</td>
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4. What happens after I get tested?

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| Find out how and when you can expect results. | • When you get tested, you will likely be asked for contact information (phone, address, email). You may be asked to identify how you would prefer to be contacted and whether it is acceptable to leave a voice message on your phone.  
• Follow any instructions you are given by health care providers administering the test.  
• [Rumor control] Positive and negative results are based only on laboratory tests. Doctors, medical facilities and health departments do not receive any extra money for reporting positive tests. |
| Take precautions while you wait for results. | • The vast majority of tests come back negative, but until you get your test results you should behave as you would if you had the virus.  
• Take steps to protect your family, friends and others in the community while you wait for results, even if you don’t have symptoms.  
• Stay home and maintain social distancing. Keep apart from family members as much as you can.  
• Wash hands frequently. Cover any coughs and sneezes. Clean and disinfect high-touch surfaces. Wearing a mask protects others that may be around you. |
| Treat symptoms appropriately. | • For many people with symptoms, COVID-19 home treatment is similar to what you might do with a bad cold or flu: get plenty of rest, hydrate, and take over-the-counter medicines like acetaminophen as needed.  
• If your symptoms worsen or you are having trouble breathing, call your doctor immediately. |
5. What should I do if I’m told to quarantine or isolate?

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| Quarantine means keeping someone who might be sick away from others. | • If you’ve been exposed to someone who has COVID-19, your health care provider will tell you to quarantine for a specific period of time.  
• If told to quarantine, stay home as much as possible. Stay home from work and school. You should only leave the house (with a mask on) for essential supplies and medical care.  
• Watch for symptoms such as fever, cough or shortness of breath. If you develop symptoms, call a health care provider. |
| Isolation means protecting others when you are sick. | • If you test positive for COVID-19, your health care provider will tell you to isolate at home for a specific period of time.  
• If told to isolate, you must stay home. Do not go to work or school. Do not visit with friends or family. Ask others to help you with shopping needs.  
• If possible, separate yourself from others in the home by staying in a specific room and using a separate bathroom. Wear a mask if you must be around others.  
• Cover your coughs and sneezes and wash hands frequently. Clean and disinfect surfaces you touch. Don’t share dishes, towels or other household items. |
| How long must quarantine or isolation last? | • Quarantine typically lasts 14 days from the date of exposure.  
• Isolation typically lasts 10-14 days after you tested positive or first experienced symptoms.  
• Ask a health care provider about your specific situation. |
| What if I can’t afford to stay home? | • When ordered by a medical professional, quarantine and isolation are not optional. You must follow these orders.  
• Our community wants to assist you if you need help staying home because you have the virus or have been exposed. Resources are available to help if missing work causes you to fall behind on bills or if you need help with groceries. Call United Way 2-1-1 or visit the PrepareMetroKC COVID resources page, [http://www.preparemetrokc.org/covid19/resources.htm](http://www.preparemetrokc.org/covid19/resources.htm) to find help. |
### 6. If I test positive will I have to go to the hospital?

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| **Most people who have COVID-19 can recover at home.**                        | • About 80 percent of people who get the virus recover without any special treatment. Don’t let the fear of potential medical bills stop you from getting this important test.  
  • If your symptoms are mild to moderate, treat yourself as you would for a cold or the flu: stay home, rest, drink plenty of fluids, and take over-the-counter medicines such as acetaminophen if needed. |
| **If your symptoms are severe, you may need hospital care.**                 | • You or your caregiver should watch for signs of severe symptoms, such as trouble breathing, persistent chest pain or pressure, new or worsening confusion, being unable to wake up or stay awake, or a bluish tint to your lips or face.  
  • Call 911 or seek medical help immediately for severe symptoms.           |
| **Hospitals and doctors have learned a lot about caring for COVID-19.**       | • If you have to go to the hospital, that doesn’t mean you will automatically be put on a ventilator. Recent data shows that fewer than 5 percent of patients with COVID-19 end up in the ICU or on ventilators.  
  • Hospitals want to help you get better and get back home as soon as possible. Doctors and hospitals are using proven treatments to help patients recover.  
  • [Rumor control] Hospitals are not automatically paid more if a patient is diagnosed with COVID-19 or placed on a ventilator. Some people have used average Medicare fees for similar treatments to make this claim. Medicare does not pay any set or predetermined amount to hospitals for COVID patients. |
7. Why is the health department asking me personal questions about where I’ve been and who I’ve been with?

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| “Contact tracing” is an important way to stop the virus from spreading. | • If you test positive for COVID-19, health department officials will likely contact you to ask about places you have been recently and people you have been in close contact with.  
• Close contact is typically defined as being within 6 feet of someone for at least 10 minutes. Examples: Sitting right beside someone during a worship service or at a restaurant or would count as close contact. Chatting with a cashier in the few minutes it takes to check out at a grocery store would not.  
• This allows health officials to notify others who may have been exposed, ask them to get tested and quarantine if necessary, and follow up if they develop symptoms.  
• Timely contact tracing can help prevent growing outbreaks of the virus.  
• Health departments have practiced contact tracing for a wide variety of disease outbreaks over the years. This is not something new with COVID. |
| Your information is private. | • State and local health departments will not share your name or other personal information with anyone they talk to during contact tracing, even if asked.  
• Health departments only report aggregate totals of positive tests. If you test positive, they will not share your name or personal information with any other government agencies. [Rumor control]  
• Health department officials will always clearly identify themselves and will never ask for your social security number or any financial information. If you are suspicious of someone asking questions, call your local public health department to verify the employment of the person seeking your information. |
| Local public health departments have an important role in the community. | • Every county and some larger cities (like Kansas City, Missouri) has a local public health department. These local departments work closely with state health departments.  
• Health departments work to detect, control and prevent communicable diseases. In addition to testing and tracing for a disease like COVID, health departments offer a wide range of wellness programs, such as child immunizations, particularly to low-income residents. |
8. Is it safe to go back to work?

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<th>Key Messages</th>
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| If you’re an essential front-line worker, take steps to protect yourself. | • Practice social distancing whenever possible by staying 6 feet away from others.  
  • Wear a face mask when you must be around other people, particularly indoors.  
  • Wash hands frequently and use hand sanitizer. |
| Talk to your employer about safety strategies. | • Employers should have procedures in place for social distancing, cleaning and disinfecting, and maintaining good hygiene.  
  • In some cases, flexible or staggered work schedules may help limit contact.  
  • Temperature checks and testing can help identify people who have the virus before others are exposed.  
  • Expanding sick leave for those who need it can be more cost-effective in the long run than risking a larger outbreak. |
| How soon can I go back to work after a positive test? | According to the CDC:  
  • People who test positive for COVID-19 but have no symptoms should isolate at home for 10 days before returning to work.  
  • People who test positive for COVID-19 and have symptoms should not return to work until at least 10 days have passed since the onset of symptoms, their symptoms have improved, AND they have gone at least 24 hours without fever (with no fever-reducing medications).  
  • People with more severe symptoms and those who are hospitalized should follow guidance from their doctors.  
  • Employers should not require a negative test before allowing employees who meet these criteria to return to work. The latest CDC data shows that a person who has had and recovered from COVID-19 may have low levels of virus in their bodies for up to 3 months after diagnosis. This means that the person who has recovered from the virus may continue to have a positive test result, even though they are not spreading COVID-19. |
| Seek out accurate information. | For more information visit cdc.gov or preparemetrokc.com or comebackkc.com or contact your local public health department. |
## 9. Is it safe for my kids to attend school or play sports?

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| **School districts across the metro area are working with health professionals to develop plans and make decisions in the best interest of students and staff.** | • School districts have relied on information from the CDC, hospitals such as Children’s Mercy and local public health officials to develop plans to guide the reopening and operation of schools.  
• Most school plans are based on evaluating the level of virus present in the community.  
• Gather all of the facts you can to help make an informed decision.  
• Weigh both the risks and benefits of returning to school, considering your child’s particular needs. For example, if your child has difficulty with online learning or needs more social interaction, the benefits of returning to school may outweigh the risk of exposure to the virus. |
| **Parents across the country are asking this question, and there are no easy answers.** |  |
| **Children are less likely to contract COVID-19 than adults, but they are still at risk.** | • According to the CDC, children are at lower risk for contracting the virus and less likely to be seriously ill if they do get it.  
• Nationwide, the number of children testing positive for COVID-19 has risen significantly since early August.  
• Many school districts have decided to hold classes online for now and cancel fall sports. These decisions are not made lightly, and school officials understand the impact on families.  
• If your child or someone in your household has underlying health conditions, the risk of serious illness may be greater. |
| **Check with your child’s school to see what precautions they have in place.** | • How is social distancing maintained in the classroom, on the playground, during meals, in hallways and on school buses?  
• What processes are in place to keep high-touch surfaces cleaned and disinfected?  
• What are the policies for face masks and hand washing?  
• What plans are in place for continued learning if a student has to quarantine for because a family member is sick?  
• How will the school adapt its plans if positive cases are found among students or staff?  
• Your child’s health – and that of others in your family and community – is far more important than their attendance record. Many schools have eliminated perfect attendance awards and recognition. |
| **Keep children home if they are sick.** |  |
| **Ask about plans for ongoing communications with parents.** | • How does the school plan keep you informed about positive cases or possible exposure?  
• How will the school communicate any changes in plans as the school year progresses?  
• Will you be required to notify the school if your child or someone in your household tests positive? |
10. Don’t neglect other vaccines.

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| **Whether there’s a COVID-19 vaccine or not, you’ll still need a flu shot.** | • No matter what happens with COVID-19, we can expect seasonal flu to be a concern as it is every year.  
  • A flu vaccination is still necessary to help protect you from influenza. If a safe, effective vaccine for COVID is approved, you’ll need that shot, too.  
  • If you’re sick with the flu, you might be more vulnerable to COVID-19 or other illnesses. Don’t take that chance. Get your flu shot. |
| **Keep your immune system healthy**                                        | • Don’t neglect routine medical care.  
  • Keep your immune system strong with a healthy diet and exercise.  
  • If you’re healthy, you’ll have a better chance to fight the virus if you should contract it.                                                                                                               |
| **Keep up with regular immunizations**                                    | • Children need to stay on schedule with regular immunizations.  
  • Adults may still need boosters, especially before overseas travel.  
  • Everyone should get the influenza vaccine this fall, preferably by the end of October.  
  • Contact a health care provider or local health department to find out where you can get immunizations.                                                                                             |
Appendix C: Fact Sheets

Fact sheets are designed for direct distribution to targeted populations. Each fact sheet focuses on one or more message points, using simple language appropriate for the audience. A sample fact sheet with basic information for Latinos is shown below in draft form.
Appendix D: Partner Agencies List

MARC will reach out to community organizations that have established trusted relationships with clientele in our target audiences to seek their participation in sharing key messages and ask for their input on additional messages and materials needed. An initial list of agencies is shown below. Any agencies interested in joining this network should contact Catherine Couch, Public Affairs Coordinator, MARC, ccouch@marc.org.

- Advocates for Immigrant Rights and Reconciliation
- Bethel Neighborhood Center
- Bishop Sullivan Center
- Black Health Care Coalition
- Bluford Healthcare Leadership Institute
- Cass County Nonprofit Coalition
- Catholic Charities of Kansas City/St. Joseph
- Catholic Charities of Northeast Kansas
- Calvary Community Outreach Network
- Communities Creating Opportunity
- Community Action Agency of Greater Kansas City
- Community Health Council of Wyandotte County
- Community Linc
- Community Services League
- Connecting for Good
- Cornerstone of Care
- Council on American-Islamic Relations (CAIR-Kansas)
- Della Lamb Community Services
- Don Bosco Center
- East Central Kansas Economic Opportunity Corporation
- Economic Opportunity Foundation of Wyandotte County
- EITAS (Empowering Individuals Through Advocacy & Support)
- El Centro
- First Baptist Church
- Full Employment Council
- Greater Kansas City Interfaith Council
- Groundwork Northeast Revitalization Group
- Guadalupe Center
- Harvesters
- Health Care Collaborative of Rural Missouri
- Health Partnership Clinic - Olathe
- Ivanhoe Neighborhood Council
- Jewish Family Services of Greater Kansas City
- Jewish Vocational Services
- Juntos Center for Advancing Latino Health
- Kansas City Center for Inclusion
- Kansas City Missouri Public Schools
- KC CARE Health Center
• KC Healthy Kids
• KC Healthy Start - Swope Health Services
• KC Tenants
• KUMC
• Lee's Summit Social Services
• Legal Aid of Western Missouri
• Livable Communities (KCK)
• Mattie Rhodes Center
• Missouri Jobs for Justice
• Missouri Valley Community Action Agency
• MORE2
• Muslim American Society Kansas City
• NAACP of Johnson County
• NBC Community Development Corporation
• Northeast Kansas Community Action Program
• Northwest CDC
• Nurture KC
• Raytown Emergency Assistance
• Reconciliation Services
• Refugee & Immigrant Services & Empowerment (RISE)
• Salem Missionary Baptist Church
• Samuel U. Rodgers Health Center
• Shawnee Community Services
• Shirley's Kitchen Cabinet
• Swope Health Center
• The Whole Person
• Truman Medical Center
• UMKC Health Equity Institute
• United Community Services of Johnson County
• United Healthcare
• United Way of Greater Kansas City
• United Way of Wyandotte County
• Urban League of Greater Kansas City
• Urban Neighborhood Initiative
• Uzazi Village
• West Central Missouri Community Action Agency
• Westside Community Action Network
• Westside Housing Organization
• Wyandotte Health Foundation
• YMCA of Greater Kansas City
Appendix E: Initial Paid Media Plan

As of September 2020, MARC has allocated $40,000 in grant funds for an initial paid media plan to support public outreach and COVID-19 messaging. More funds may be available in future.

The draft plan, tentatively scheduled to launch in late September, includes:

Radio Advertising — $24,000

    $21,000 allocated for 15- and 30-second spots to air on local radio stations whose listening audiences align with the campaign’s target audience, as well as $3,000 allocated to ads on Spotify and Pandora that will reach users selected by zip code, interests and listening preferences.

Online Advertising — $6,000

    Banner ads on selected websites geared to target audiences.

Social Media — $6,000

    Promoted posts on Facebook, Twitter, Instagram and LinkedIn, targeted by zip codes, interests and occupation.

Print — $4,000

    Ads in local newspapers that reach target audiences, including the KC Globe and KC Call, Dos Mundos, KC Hispanic News and Northeast News.