Covid-19 Vaccination Promotion:

Building Trust in Historically Hesitant Communities

Presented by:

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Agenda

- Building Trust and Confidence in the Covid- 19 Vaccine:
  - Latinos, Parents of Young Children, Black Americans, Syrians, Chinese, South Asians, Sudanese
- Historical Cultural Hesitancies to Receive Vaccinations
- What Doesn't Work to Advertise and Promote Vaccinations
- Effective Vaccination Interventions
- Discussion: Implications and Vaccination Promotion

Introduction

- Healthcare sector has a history of a lack of responsiveness to cultural differences in attitudes, beliefs, values, lifestyles, and language.
- Culturally competent healthcare is the key to reducing health disparities and improving health outcomes for all populations.
- Culturally tailored COVID-19 vaccine education and advertisements will assist in preventative care efforts aimed at minimizing the spread of COVID-19 across all cultures.

Groen, S. (2009). Recognizing cultural identity in mental health care: Rethinking the cultural formulation of a Somali patient. *Transcultural Psychiatry*, *46*(3), 451-462.

Possible Factors Behind Vaccine Hesitancy in the Latino Community

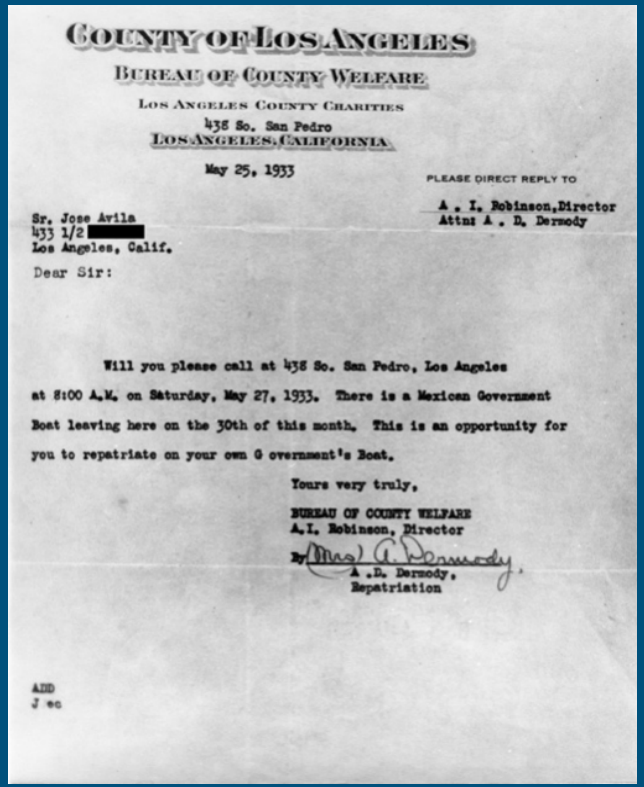
- Barriers
  - Language
    - English may not be the primary language
  - U.S. citizenship Status
    - Undocumented individuals are usually not elilble for health insurance
    - Access to health care

The COVID Collaborative Vaccination Attitudes survey of 258 Latinx individuals found the following factors would impact their decision to get vaccinated (COVID Collaborative, Langer Research, UnidosUS, & NAACP, 2020)

- Vaccine safety
- Vaccine effectiveness
- Confidence in the institutions [developing and delivering the Vaccine]

A History Behind the Latinos Lack of Trust with the US Government

- Past: Anti-Latino Discrimination
  - Illegal Deportation/Repatriation
  - https://youtu.be/WpRK4vSZ7Nc
- Present: Anti-Immigrant Rhetoric
  - Latinx Americans felt unsafe after hearing our current administration's statements about undocumented immigrants (Reuters, 2019)
  - “Words can be dangerous and they can even kill when they create barriers to healthcare access.” - Dr. Albert Wu (Reuters, 2019)



COUNTY OF LOS ANGELES
BUREAU OF COUNTY WELFARE
LOS ANGELES COUNTY CHARITIES
435 So. San Pedro
LOS ANGELES, CALIFORNIA

May 25, 1933

PLEASE DIRECT REPLY TO
A. I. Robinson, Director
Attn: A. D. Dermody

Sr. Jose Avila
433 1/2 [redacted]
Los Angeles, Calif.

Dear Sir:

Will you please call at 435 So. San Pedro, Los Angeles at 8:00 A.M. on Saturday, May 27, 1933. There is a Mexican Government Boat leaving here on the 30th of this month. This is an opportunity for you to repatriate on your own Government's Boat.

Yours very truly,

BUREAU OF COUNTY WELFARE
A.I. Robinson, Director
By Mary A. Dermody
A.D. Dermody,
Repatriation

AHD
J cc

How to Bridge the Gap: Solutions

1. **Transparency**
    a. **E**ducate how vaccines are created and how they work
2. **Communication**
    a. Ensure all messaging are provided in both Spanish and English languages
3. **Representation**
    a. Seek influential members of the Latino community (religious leaders, physicians , news anchors, radio personalities, to spread the importance of COVID-19 vaccines

Resources

- Healthcare access for Undocumented Folks in the Time of COVID19 | United We Dream
- PowerPoint Presentation (protectingimmigrantfamilies.org)
- Cultural Insights: Communicating with Hispanics/Latinos (cdc.gov)

Parents of Young Children: Cultural Hesitancies to receive Vaccines

Possible Reasons for Vaccine Hesitancy

1. Religious
2. Personal or philosophical
3. Safety concerns
4. Desire for additional education

(McKee & Bohannon, 2016)

“Some parents delay or stagger vaccines, because they presume that doing so is safer. But this is a false assumption based on..nothing. Not evidence, not fact, not science, not research. It’s on years (and years) of all of those things that immunization medicine, and the immunization schedule, is based.” Dr. Todd Wolynn, the CEO of Kids Plus Pediatrics *(Wolynn, 2020)*

How to Bridge the Gap: Solutions

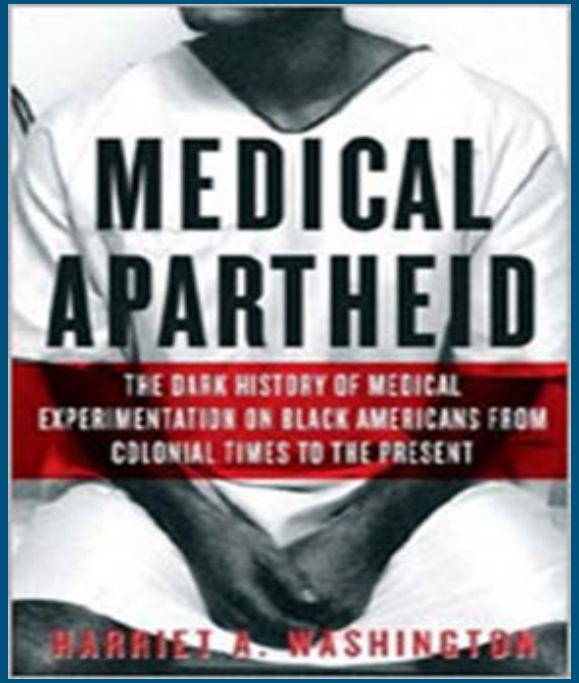
- Maintain a trustworthy patient-provider relationship
  - https://youtu.be/s7xKvqoxIMA
- Tailor communication to specific patient's concerns and doubts

History of Lack of Trust of Health Professionals among Black Americans

Past History:

- Health profession has history of utilizing black bodies for experimentation without informed consent
    - The Tuskegee Study

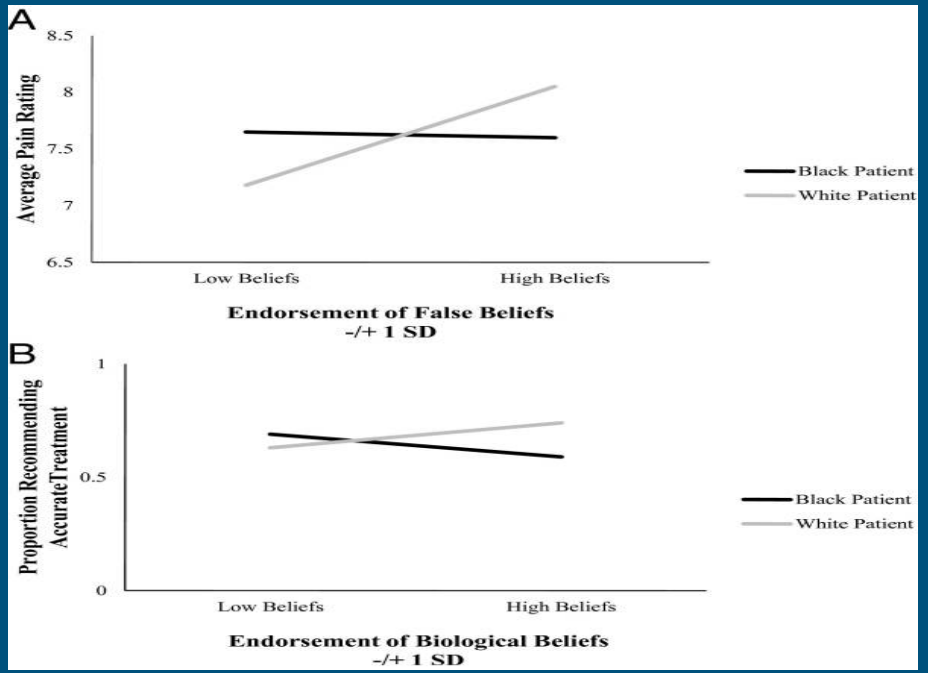
- Discussion: After watching this video, can you think of some reasons why trusting vaccinations is concerning for Black Americans?



History of Lack of Trust of Health Professionals among Black Americans

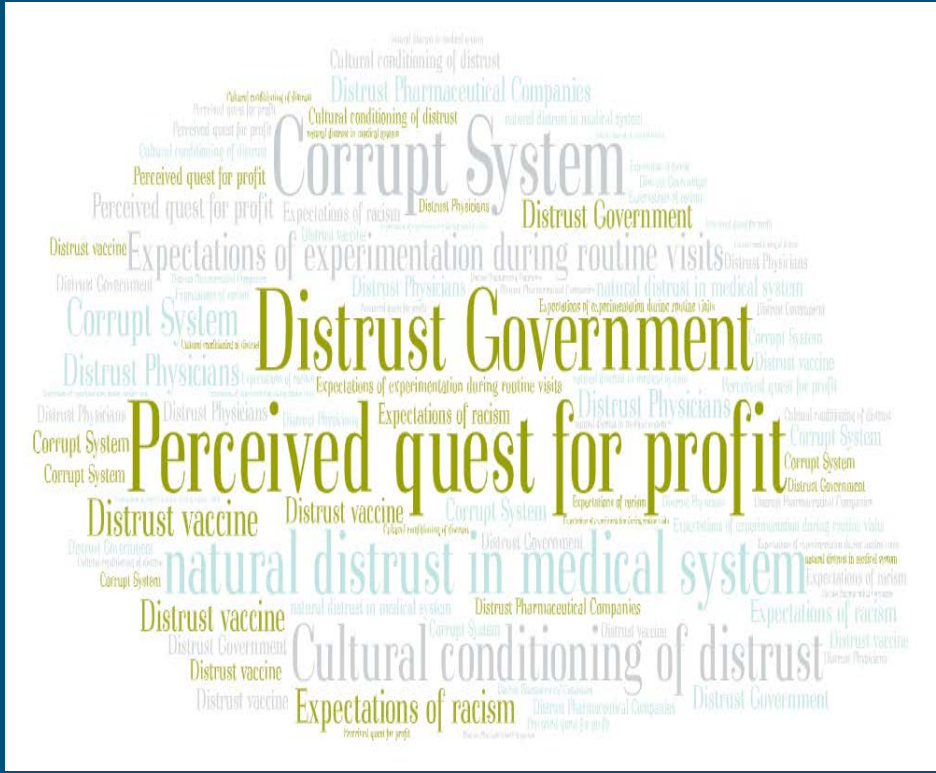
Present day:

- Medical institutions used to reinforce systems of oppression
- Lack of adequate medical treatment, differential treatment
- Mortality disparities - lower life expectancy



Hoffman, K. M., Trawalter, S., Axt, J. R., & Oliver, M. N. (2016). Racial bias in pain assessment and treatment recommendations, and false beliefs about biological differences between blacks and whites. *Proceedings of the National Academy of Sciences*, *113*(16), 4296-4301.

Black Americans: Cultural Hesitancies to Receive Vaccines



"You don't find out about the negative side effects of it until later…So you do have to feel that you're sort of the test dummy for a lot of these drugs (AANTF)."

"… I have major trust issues with my government across the board… A lot of people are trust motivated. If you don't have my trust then I'm not going to pay you much mind no matter what you say" (AAM).

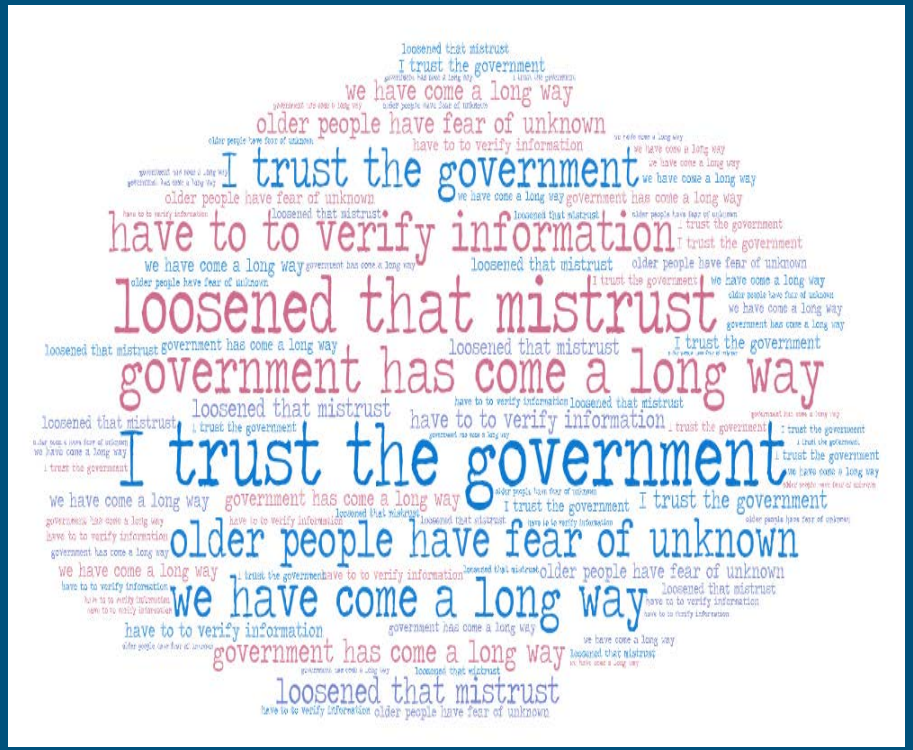
"Well, African American folks, they don't really trust as much as White—you know, as White Americans trust, because you know due to this history of slavery and the whole nine yards, they just a little bit – they doubt a little bit" (AANTM)

"I don't trust the government for nothing that they're mixing up" (AANTF)

"…different things that have been done to us in the past. A certain portion of that is still holding true for a lot of us. We're not trusting" (AANTF)

"I think the older generation, you hate to say, set in their ways, but it's a pattern that they associated with fear of the government doing the unknown. I think that is something that still has not changed even to this day" (AAM)

Black Americans: Cultural Hesitancies to Receive Vaccines



"I think the older generation, you hate to say set in their ways, but it's a pattern that they associated with fear of what the government may do the unknown. I think that is something that still has not changed even to this day" (AAM).

"However, most of us, I'm glad to say, or it seems, have loosened that mistrust. I trust people… I trust you, but I got to verify it. So we've come a long way. So has the government. So have those that run the government" (AATM).

I trust them, and I'm going to tell you why… Because if they were, if I felt like I couldn't trust them that I means I can't trust everybody's that's working with them. There are too many people that work in the government that have our best interest. So, please don't think that the government is trying to hurt us if they say, 'Go get your flu shot.' Because I don't believe they are, period (AAM).

Recommendations to Overcome Hesitancies and Barriers to receive Covid Vaccination among Black Americans

Short-term

- Target population by age and gender
- Community-based vaccine programs
  https://www.thecommunityguide.org/sites/default/files/Vaccination-Community-Based-Interventions-Implemented-in-Combination-Archive.pdf
- Partner with trusted individuals and organizations within the black community
  - Faith-based (Pastor John Harrell of Proviso Baptist Church in Maywood)
  - Elected Officials (Rep. La Shawn Ford)
  - Historically Black Colleges and Universities

https://chicago.suntimes.com/coronavirus/2020/11/29/21725597/black-brown-communities-should-get-first-dibs-on-coronavirus-vaccine-minority-leaders-say

Recommendations to Overcome Hesitancies and Barriers to receive Covid Vaccination among Black Americans

Long-term

- Provide on-going supports and investments to the black community
- Address generational trauma
- Address racism as a public health concern

Syrian Population

- Common Religion: Muslim (Zong & Batalova, 2017)
- Language: Arabic (Zong & Batalova, 2017)
- Population: 1,059 Syrian Refugees Resettled in Illinois between 2012-2017 (Zong & Batalova, 2017).

SYRIANS:

Cultural Hesitancies to Receive Vaccines

Religious Barriers:

- Fears that vaccines are not halal certified (Ahmed et al., 2017).
- Many view vaccinations as "unacceptable" during the month of Ramadan (Peiffer-Smadja et al., 2017).
- Same gender preferences when receiving healthcare (Alqufly, 2019).

Language Barriers:

- Limited english speaking skills and preferences to communicate in Arabic create challenges in understanding why vaccines are beneficial as well as coordinating vaccines with the healthcare providers (Pearson et al., 2011).

SYRIANS:

Ineffective Vaccination Promotion

- Educating the public that in way that attempts to convince that a vaccination is the “less risky option” than the virus (Angelmar, 2013).

- Lack of appropriate cultural representation when advertising the vaccinations (Proto, 2019).

Promote Vaccinations with Confidence:

Steps to Build Trust in the Syrian Population

SYRIANS:
Building Trust in the Community

Healthcare providers are highly influential in vaccination decisions.

Strategies Include:

- Scheduling vaccines in the doctor's office (WHO, 2014).
- Providing interpreters and health care providers of the same gender (Attum, 2020).
- Effective evidence-based communication strategies include motivational interviewing (Gagneur, 2020).

SYRIANS:
Building Trust in the Community

- Collaboration with Muslim community leaders to make public announcements about the necessity of non-halal vaccinations through online forums (History of Vaccines, 2018).

- Combination of community-based interventions specific to the Muslim community (Task Force, 2015).

Question:

How would you respond to this hesitancy:

"I'm waiting to see if others at my mosque will decide to get the vaccine before I decide to get vaccinated."

Chinese Overview

- Common Religion: Buddhism and Folk Religion (cfr, 2019).
- Language: Most common language for Chinese immigrants in the United States is Mandarin (Sawe, B. 2020)
- Population: Largest population in the world with over 1.4 billion people (worldometer, 2020) The population of Chinese immigrants in the United States has grown nearly seven-fold since 1980, reaching almost 2.5 million in 2018, or 5.5 percent of the overall foreign-born population.
- Gender (in America): Higher majority of men in population (Textor, P., & 17, N. 2020)

South Asian

Overview

- South Asian nations include, India, Pakistan, Bangladesh, Nepal, Bhutan, Sri Lanka, and Maldives (cotf, 2018).
- Religion: Hinduism, Islam, Sikhism, and Christianity. The most common is Hinduism. (cotf, 2018).
- Language: Most linguistically diverse areas in the world. (cotf, 2018).
- Home to one of the worlds earliest known civilizations, the Indus civilization, and today is one of the most densely populated regions on the planet. (cotf, 2018).
- As of 2017, 5.4 million South Asian immigrants in the United States

Chinese and South Asian Population

Cultural Hesitancies to Receive Vaccines

- **Distrust- In China there is a lack of governance on vaccine safety and there is a lack of transparency from the government to its civilians. This translates to the Chinese population here in the United States.**
- **Perceived religious prohibition- Buddhism and Hinduism**
- **Traditional complementary and alternative medicine (WHO, 2020).**
- **History of low percent of childhood immunization and immunizations in South Asian culture- not a top priority.**
- **Lack of understanding and education on importance of vaccinations in South Asian cultures.**

Chinese and South Asian
Ineffective Vaccination Interventions

- ➔ Lack of appropriate cultural representation when advertising the COVID-19 vaccinations- making both populations feel as if their culture and belief systems are not important.
- ➔ Lack of transparency
- ➔ Educating the populations in a way that makes them feel as if their alternative medicine is not as viable as the vaccination

Chinese and South Asian Effective Vaccination Interventions

- **Adequate vaccine knowledge- online communication mechanism should be established to engage with the public with language distinction in a timely manner that gives transparency, avoids misinformation, and informs the public on side effects.**
- **Immunization programmes with focus on raising caregiver awareness and education-systematically using communication and advocacy activities to change parental behaviour**
- **Representation- Translators available in doctors offices, seeking influential members of the Chinese and South Asian communities to spread the importance of COVID-19 vaccines, and global partnerships. Engage religious or other influential leaders to promote vaccination in the community**
- **Individual action plans based on concerns, religious beliefs, healthcare providers of certain genders, and preferred language**

True Or False

Chinese and South Asian Populations

1. **T or F:** The Most common religion practiced by the Chinese population is Buddhism and Folk religion
2. **T or F:** The South Asian population has a historically low percentage of childhood immunization
3. **Tor F:** There is a higher number of women in the chinese population than men

True or False: Correct Answers

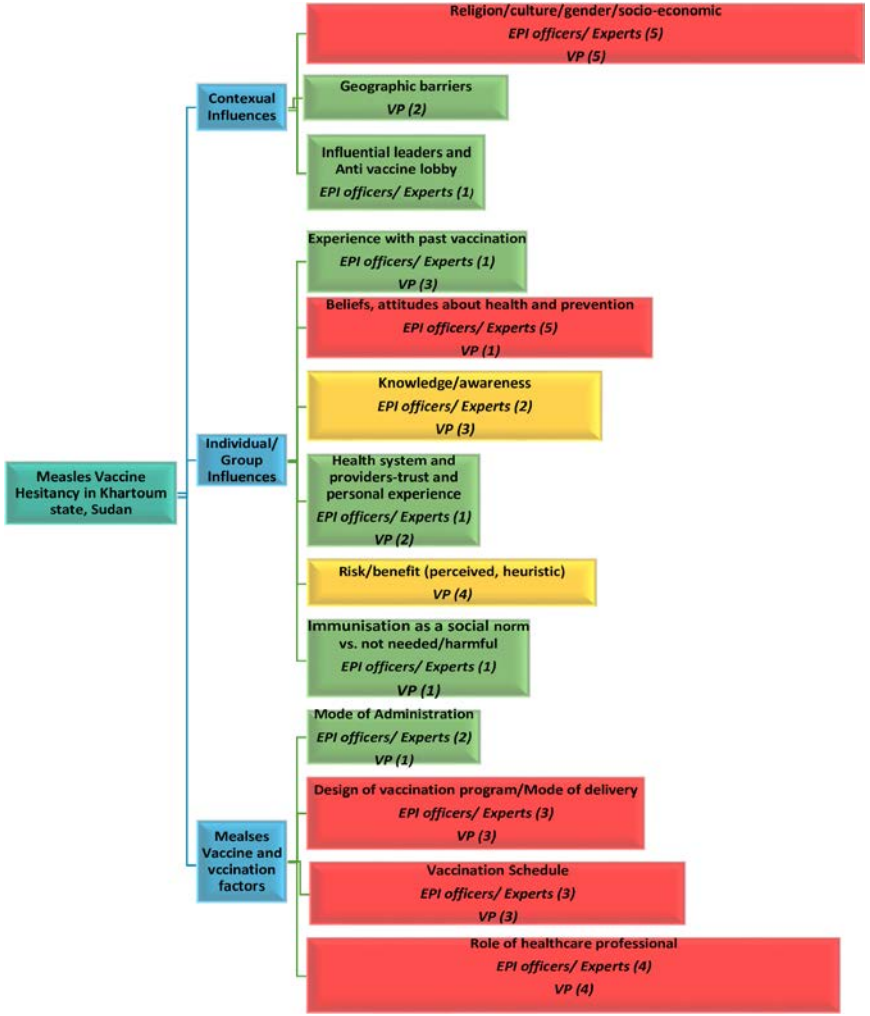
1. **T** or F: The Most common religion practiced by the Chinese population is Buddhism and Folk religion
2. **T** or F: The South Asian population has a historically low percentage of childhood immunization
3. T or **F**: There is a higher number of women in the chinese population than men

Sudan Overview

- National Name: Jamhuryat as-Sudan
- Population(2014 est)- **Population (2014 est.):** 35,482,233 (growth rate: 1.78%); birth rate: 30.01/1000; infant mortality rate: 52.86/1000; life expectancy: 63.32; density per sq mi: 42.4
- Capital: Khartoum, 4.632 million
- Languages: Abraic(Official), English(Official), Nubian, Ta Bedawie, Fur
- Ethnicity/race: Sudanes Arab(70%), Fur, Beja, Nuba, Fallata
- Religions: Sunni Muslim, small Chrisitan minority

Sudanese hesitation to vaccines

- Ethical/moral/religious reasons
- Fear that vaccination are causing diseases (Measles outbreak in Sudan: example of the right)
- Culture
- Development of autism



Sudanese Vaccine Hesitancies

- 19) French doctors suggest testing Covid-19 vaccine in Africa, slammed as racist – YouTube
- Lack of education
- Lack of knowledge and lack of awareness
- (19) Vaccine hesitancy in Sudan - YouTube

Sudanese Hesitation to Vaccines

- ➔ Disease is more “natural” than vaccine
- ➔ Do not trust the organized medicine
- ➔ Do not trust government health authorities
- ➔ “It is well known that the measles virus vaccine (a live virus vaccine) can cause severe immune dysfunction, greatly increasing autoimmune reactions to the nervous system” Russell Blaylock, MD.

Sudanese Hesitation to Vaccines

More vaccines given at once means a higher risk of adverse reactions.

- ➔ “A review of data from the Vaccine Adverse Event Reporting System (VAERS) shows a dose-dependent association between the number of vaccines administered simultaneously and the likelihood of hospitalization or death for an adverse reaction.” - Neil Miller, Journalist

Sudan vaccine Hesitancy: example

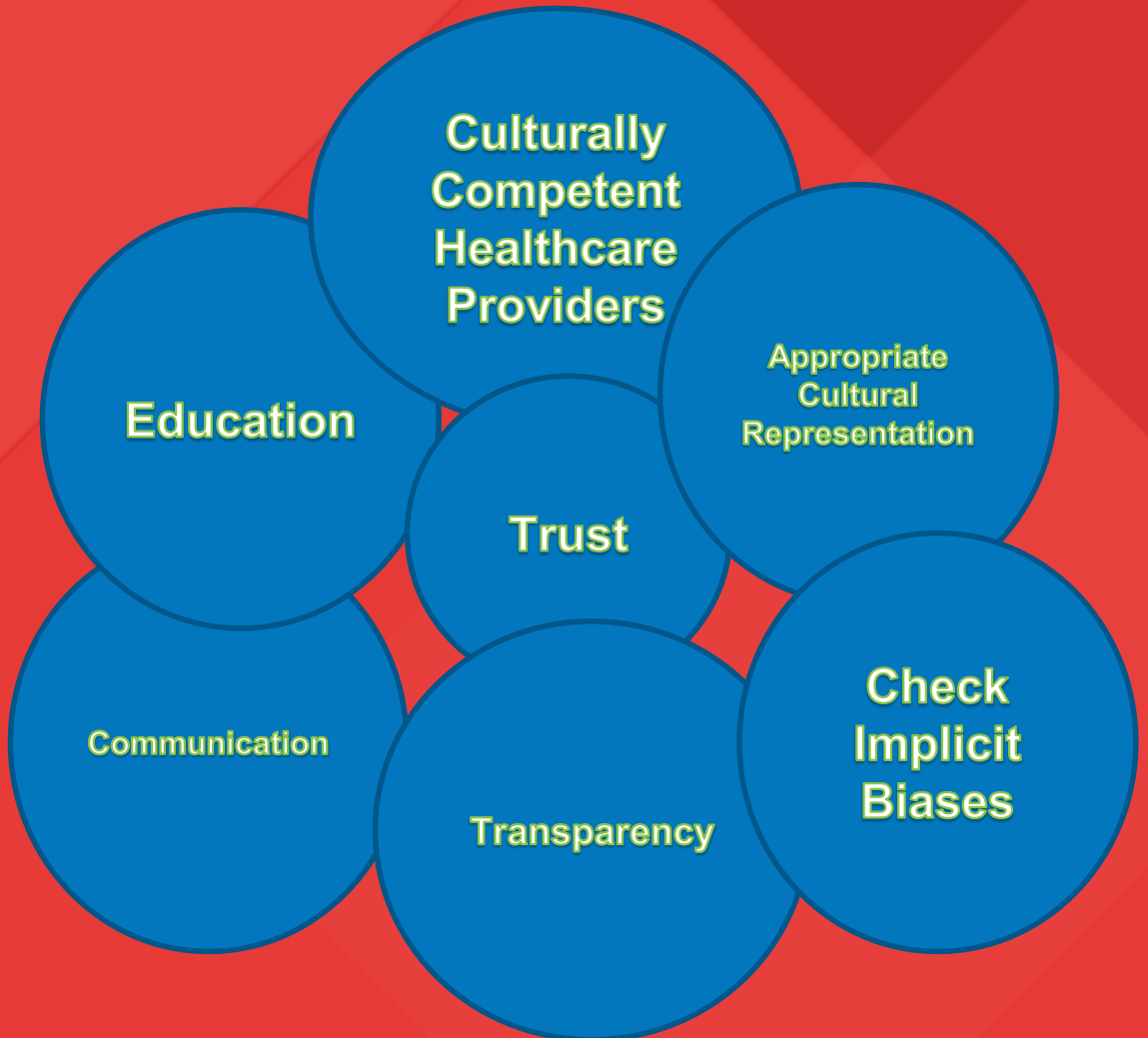
“The vaccine is the disease itself, they are bringing Polio to Sudan”

“The vaccine is only available effective way for protecting our children from both the wild and the vaccine derived (mutated) types of Poliovirus. Non vaccinating our children which implies not training their immune system to appropriately respond and kill the viruses when contracted from the environment, will contribute to availing susceptible population, continued circulation of Polio virus and having more and more children diseased and paralyzed by both wild and vaccine derived Polio viruses, according to UNICEF-Sudan”.

Sudanese
Effective Vaccine Intervention

- ➔ Establishing Truth with the community
- ➔ Treating the source of vaccine misinformation
- ➔ Have an effective social media communications strategy
- ➔ Involve faith leaders, Muslim doctors, and researchers to convey the message
- ➔ Use emotional, personal messages, and stories are most effective
- ➔ Representation- Have translators at a doctor's offices
- ➔ EDUCATION IS THE KEY

Bridging the Gap


Culturally Competent Healthcare Providers
Education
Appropriate Cultural Representation
Trust
Communication
Transparency
Check Implicit Biases

Discussion

- What are the implications you have learned for each population?

- What does your organization need to do to be ready to promote when the health department comes forth with specific information about the vaccine?

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