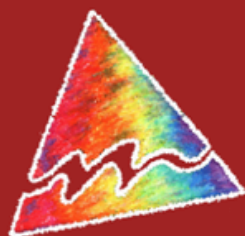




VACCINE HESITANCY

To increase demand for, and access to flu, COVID-19, and other adult vaccinations via 40 pop-up community clinics at the places that cultural groups feel comfortable and connected, and increase regularity of vaccine promotion in priority communities; and increase the percentage of pan-Asian and pan-African seniors who are up-to-date with recommended adult vaccinations.



Preface

Project SUPPORT (**S**upporting **U**nder-served through **P**roduce **P**rescription, and **O**pportunities to **R**ecreation-activity & **T**obacco-control), is led by Asian Media Access (AMA), collaborated with Multi Cultural Community Alliance (MCCA), Project SUPPORT is a cross-cultural, cross-generational, and cross-sectoral initiative, aims to improve health, prevent chronic disease, and reduce health disparities among Black, Indigenous, and People of Color (BIPOCs) who face the highest risk, and bear the highest burden of chronic disease, named: African American/Black, Asian American and has put a special focus on young people from the two poorest but most diverse neighborhoods in MN – North Minneapolis, and Midway St. Paul.

Supported by CDC's REACH funding, AMA has leveraged our extensive network of trusted community partners who provide subject matter expertise and have a history of successful engagement with the respective cultural and geographic communities. All partners have been involved in co-designing this Initiative – Project SUPPORT, through below 4 culturally tailored strategies to promote Bicultural Healthy Living, especially for immigrant and refugee communities:

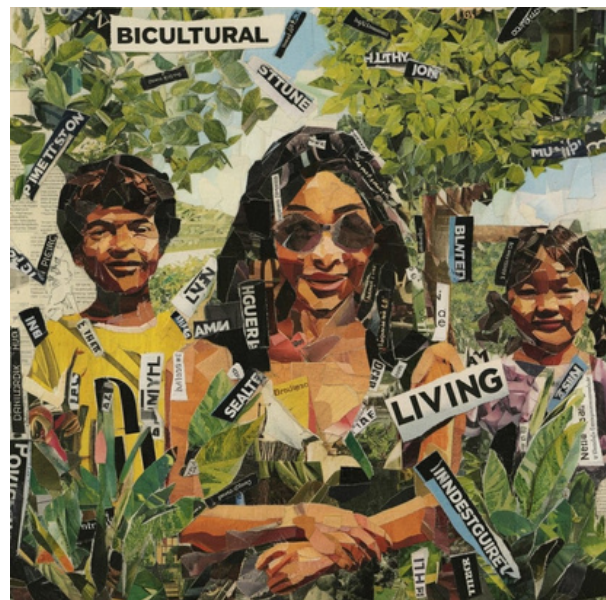


1) Nutrition: Increase healthy cultural food access by implementing Food Service Guidelines (FSG) at area Asian Temples and Black Churches, and establishing Produce Rx at area clinics/hospitals.

2) Physical Activity: Increase policies, plans and community designs through North Minneapolis Blue Line and St. Paul Sears Redevelopment to better connect residents with activity friendly routes to everyday destination to live/learn/work/play, and provide safe, culturally based places for increasing physical activities.

3) Tobacco Control: Support a Media Campaign to educate BIPOC communities about the potential statewide tobacco flavor ban, and work with area sports teams to find out what people/youth know and feel about flavored tobacco products. Focus groups and media message testing will be done to determine what the community needs to know and what messages related to flavored tobacco would appeal to which cultural groups. We will focus on young athletes from pan-Asian and pan-African communities, and a media campaign featured the young athletes based on what the message testing reveals.

4) Vaccination for Adults: Increase education, demand for, and access to flu, COVID-19, and other adult vaccinations via pop-up community clinics at the places that cultural groups feel comfortable and connected, and increase regularity of vaccine promotion in priority communities; and increase the percentage of pan-Asian and pan-African seniors who are up-to-date with recommended adult vaccinations.



Project SUPPORT

(Supporting **U**nder-served through
Produce/**P**ark Prescription, and
Opportunities to **R**ecreation-
activity & **T**obacco-control)

Vaccination for adults



Increase education, demand for, and access to vaccinations such as flu and COVID-19 via pop-up community clinics. Selected locations emphasize cultural groups and where they feel most comfortable and connected with.

Additionally, an emphasis to increase the percentage of pan-Asian and pan-African seniors who are up-to-date with recommended adult vaccinations and promote normalization within the community.

104 pop-up Vaccination Clinics throughout the state of Minnesota

2300 administrated total COVID and **2129** Flu shots

Conclusion

In collaboration with cultural partners, Asian Media Access successfully organized: 1) Vaccination pop-up clinics for uninsured and underinsured BIPOC communities; 2) Culturally and linguistically responsive vaccination education sessions for Limited English Proficiency (LEP) members; and 3) A vaccination awareness-building campaign to promote health equity.

Project SUPPORT is led by Asian Media Access, collaborated with Multi Cultural Community Alliance, for more information at 612-376-7715 * amamedia@amamedia.org

Successful Vaccination Stories

01

Conducted **25** video interviews and **7** focus groups with BIPOC community leaders, addressing vaccination hesitancy and exploring potential community-led solutions.



03

Conducted vaccine education sessions for Limited English Proficiency seniors in heritage languages - Cantonese, Hmong, Laotian, Mandarin, Somali, and Vietnamese.



02

Trained trusted community messengers to apply bicultural healthy living concepts, mobilizing members to learn more about vaccines and host vaccination clinics at times and places that are culturally comfortable for their communities.



04

Empowered diverse BIPOC communities by fostering autonomy in understanding the importance of vaccines while respecting their decision-making processes.

Learn more at -
<https://ballequity.amamedia.org/project-support/>

Chapter 1

Background Information: Insights from the Landscaping Report

In the 1st year for the Project SUPPORT, Asian Media Access (AMA) conducted 25 interviews and 7 focus groups with public health workers and community-based organizations. We focused on individuals who work with various communities, in order to understand how organizations can effectively reach BIPOC populations to address vaccine hesitancy in a culturally responsive way for Asian, Black, Hispanic/Latino, American Indian, LGBTQ+, and pregnant women-serving organizations. Please refer to the Attachment - AMA's Landscape Report for more information.

The data gathered through video recordings and transcriptions were analyzed for key themes, which has informed AMA's approach in the second year. Additionally, AMA collaborated with the Asian American Business Resilience Network and Pan Asian Arts alliance to host "Train the Trainers" sessions with trusted community leaders. Following these sessions, focus groups were conducted to explore vaccine hesitancy and acceptance across cultural groups, revealing the following key findings:

Population of Focus	Key Findings Across Activities	Barriers to Vaccinations	Facilitators of Vaccinations	Proposed Solutions from the Community
African American / Black	<ul style="list-style-type: none">• Historical trauma^{1, 2}• Religious beliefs²• Cultural beliefs²• Misinformation¹	<ul style="list-style-type: none">• Tuskegee Experiments^{1,2}• Trust in God to protect against illness and heal illness²• Preference toward natural / holistic medicines²• Belief that vaccinations do not work or are contaminated with microchips¹	<ul style="list-style-type: none">• Trust-building¹• Education¹• Clear and accurate communication¹• Culturally relevant communication¹• Use of personal stories¹	<ul style="list-style-type: none">• Rebuild community trust- acknowledge historical trauma¹• Empower autonomy in vaccination- choice in type of vaccine¹• Provide scientifically accurate education on vaccinations and importance¹
Asian American	<ul style="list-style-type: none">• Cultural beliefs²• Language¹	<ul style="list-style-type: none">• Preference toward natural / holistic medicine²• Lack of education and information in preferred languages¹	<ul style="list-style-type: none">• Clear and accurate communication¹• Culturally and linguistically relevant communication¹	<ul style="list-style-type: none">• Provide scientifically accurate education on vaccinations and importance^{1,2}• Meet the community where they are at:<ul style="list-style-type: none">◦ Health fairs²◦ Cultural events²◦ Vaccine events²
Hispanic / Latinx	<ul style="list-style-type: none">• Misinformation¹• Language¹• Immigration status¹• Access to vaccines / vaccination sites¹	<ul style="list-style-type: none">• Belief that vaccine was created too quickly¹• Lack of resources / providers in Spanish, Portuguese, and indigenous languages¹• Fear of deportation¹• Timing and locations of	<ul style="list-style-type: none">• Trusted messengers¹• Trust-building¹• Clear and accurate communication¹• Culturally relevant	<ul style="list-style-type: none">• Partner with community organizations and build community relationships¹

Population of Focus	Key Findings Across Activities	Barriers to Vaccinations	Facilitators of Vaccinations	Proposed Solutions from the Community
		vaccination sites inaccessible for working population ¹	communication ¹	
Native American	<ul style="list-style-type: none"> Historical trauma^{1,2} Cultural beliefs² Access to vaccines / vaccination sites¹ 	<ul style="list-style-type: none"> Historical trauma of Boarding Schools^{1,2} Preference toward natural / holistic medicine² Difficult to obtain vaccines on reservations / rural communities³ 	<ul style="list-style-type: none"> Trusted messengers¹ Trust-building¹ Clear and accurate communication¹ Use of personal stories¹ Intergenerational¹ 	<ul style="list-style-type: none"> Utilize traditional designs and messaging¹ Rely on elder expertise for culturally relevant messaging¹
LGBTQ+	<ul style="list-style-type: none"> Misinformation¹ Competing health priorities¹ 	<ul style="list-style-type: none"> Belief that vaccine was created too quickly¹ More interest in HIV/AIDS and STD prevention and HPV vaccinations¹ 	<ul style="list-style-type: none"> Education¹ Clear and accurate communication¹ Use of personal stories¹ 	<ul style="list-style-type: none"> Go to events where the community is already gathering¹ Utilize community leader voices for messaging¹
Pregnant Women	<ul style="list-style-type: none"> Misinformation¹ Competing health priorities¹ Fear of effects on baby¹ Access to vaccines/ vaccination sites¹ 	<ul style="list-style-type: none"> Belief that the vaccine is dangerous to fetus¹ Fear of health effects for the baby¹ Fear of obtaining illness while in public places hosting vaccinations¹ Autonomy factor¹ 	<ul style="list-style-type: none"> Trusted messengers¹ Intergenerational¹ 	<ul style="list-style-type: none"> Consistent messaging across toolkits, medical providers, and trusted messengers¹

**Interview Data¹

**Focus Group Discussion Summary Data²

Chapter 2

Findings from Landscape Report

For the first year, our primary objective was to understand the underlying causes of vaccine hesitancy, identify barriers to vaccination, and explore community sentiments towards vaccination efforts. This comprehensive qualitative research provided valuable insights that inform our action plan moving forward. In summary:

A. Causes of Vaccine Hesitancy

1) Fear of Adverse Reactions:

Concerns about potential side effects were prominent, particularly among pregnant women and parents. Many participants expressed anxiety regarding the long-term impact of vaccines on their health and the health of their families.

3) Access to Vaccines and Information:

Barriers such as transportation issues, lack of insurance, and insufficient navigational support within the healthcare system made it difficult for some individuals to access vaccinations. Linguistic barriers also hindered effective communication.

5) Cultural and Religious Beliefs:

Certain communities preferred alternative health practices over vaccination due to traditional beliefs, necessitating culturally sensitive outreach.

2) Misunderstanding the Vaccination Processes:

A lack of understanding regarding how vaccines work led to misconceptions. Many individuals believed vaccination guarantees complete immunity, contributing to hesitancy.

4) Autonomy and Pressure from Mandates:

Many respondents felt coerced by workplace vaccination mandates, leading to a perception of loss of personal choice, which further fueled hesitancy.

6) Mistrust Rooted in Historical Context:

Deep-seated mistrust stemming from historical mistreatment in healthcare, particularly among marginalized groups, influenced vaccine skepticism. Community members frequently referenced past medical injustices as a basis for their concerns.

B. Solutions to Vaccine Hesitancy

In response to the identified causes of vaccine hesitancy, the following solutions were proposed from BIPOC community leaders:

1) Comprehensive Outreach and Education:

Initiatives included community health fairs, providing access to vaccines along with education about vaccine safety and efficacy to address fears and misinformation directly.

2) Culturally Relevant Engagement:

Participation in cultural events fostered discussions about vaccinations, allowing community members to express concerns and receive information in a trusted setting.

3) Collaboration with Trusted Community Messengers:

Messages delivered by familiar and respected community figures increased the credibility of vaccination campaigns and improved engagement.

4) Accessible Vaccination Services:

Partnering with local organizations to co-locate vaccination services in community centers and familiar locations helped reduce barriers to access.

5) Empowering Communities through Autonomy:

Providing clear, evidence-based information while respecting individuals' choices was crucial in building trust and increasing vaccine uptake.

Chapter 3

Lessons learned from year 1

A. Lessons Learned from Year One

The first year of the Vaccine Hesitancy Project provided critical insights that have informed the development of the action plan for Year Two:

- **Trust Comes First:** Building trust is essential for community engagement.
- **Representation Matters:** Engagement is stronger when messengers reflect community culture and experiences.
- **No Community is a Monolith:** Acknowledging the unique needs and beliefs of each community is vital.
- **Consider the Larger Context:** Social and economic factors significantly influence health decisions.
- **Center Community Priorities:** Aligning project goals with community values ensures relevance.
- **Provide Enough Time:** Building trust and effective outreach requires time.
- **Nothing About Us Without Us:** Involving community members in planning and implementation is essential.

B. Proposed Guiding Principles and Strategies

Based on our Year 1 findings, AMA will adopt the following tactics going forward. These guiding principles and strategies were developed according to the information we have gathered above. The most salient points of feedback and our best strategies for achieving our goals were synthesized into the following five guiding principles.

**Guiding Principle 1:
Trusting Relationships with Community Members, Leaders, and Partners Are Foundational to Success**

Strategies:	Actions:
Be a Consistent Presence	Hold regular, open-forum community meetings in accessible locations, allowing space for honest feedback and dialogue. Host recurring vaccination clinics at community centers to foster familiarity and trust.
Respect Individual and Cultural Autonomy	Ensure each individual and community group can make informed vaccination decisions without undue pressure. Information is provided as a choice, not a directive, respecting diverse beliefs and autonomy.
Engage Trusted Messengers	Partner with respected community leaders, such as faith and cultural figures, who can champion vaccination within their networks. These messengers are essential in reinforcing trust and cultural alignment.
Maintain Open and Honest Communication	Establish dedicated communication channels (hotlines, social media) and maintain transparency, ensuring community members can directly access project representatives for support and inquiries.

**Guiding Principle 2:
Culturally and Linguistically Responsive Communication Strategies Improve Relevance, Resonance, and Reach of Project Materials**

Strategies:	Actions:
Tailor Message Content, Mediums, and Messengers	Design culturally relevant vaccination materials (flyers, social media, videos) in multiple languages, based on each community's preferred mediums.
Fulfill Language Needs and Preferences	Translate all materials into the main languages of the target populations and provide interpreters at events to remove language as a barrier.
Recognize Diversity Within Communities	Develop targeted outreach for subgroups within communities (e.g., youth, elders, new immigrants) to ensure inclusivity and effectiveness.

**Guiding Principle 3:
Aligning Project Activities with Community Needs, Interests, and Values Facilitates Buy-In and Participation**

Strategies:	Actions:
Meet Communities Where They Are	Host events in accessible and culturally significant locations like community centers and religious venues, integrating vaccination into familiar, comfortable spaces.
Co-locate Events with Other Health and Social Services	Collaborate with health organizations to provide vaccination alongside wellness screenings, general health check-ups, and resource distributions to create a holistic service experience.

**Guiding Principle 4:
Cultivate New Partnerships and Build Coalitions**

Strategies:	Actions:
Engage Partners to Amplify Impact	Work with local health and community organizations to broaden outreach and increase awareness of vaccination efforts through cross-organizational collaboration.
Build Cross-Cultural Coalitions	Form partnerships with organizations from different cultural backgrounds to develop unified vaccination messages that address shared concerns.
Work with Partners to Navigate Complex Political Environments and Shifting Public Health Guidance	Communicate policy changes with partners and coordinate responses tailored to each community's specific needs.
Establish Lasting Partnerships	Focus on developing enduring relationships with partner organizations for long-term support in vaccination and other health initiatives.

**Guiding Principle 5:
Strengthening Partner and Community Capacity Supports the Sustainability of Current and Future Projects**

Strategies:	Actions:
Provide Partners with Needed Resources and Skills	Offer workshops on health communication, cultural competence, and navigating healthcare resources, equipping partners to support the community more effectively.
Adapt Project Requirements and Activities to Partner Needs	Allow flexibility in project roles to respect each partner's unique capacities and resources, fostering sustainable collaboration.
Develop Materials and Resources Addressing Health Literacy and Navigating the Healthcare System	Create accessible resources that empower community members to navigate the healthcare system, enhancing health literacy beyond vaccination topics.

Chapter 4

Key Activities Planned for Year 2

A. Proposed Key Activities for Year 2

In accordance with our Year 1 findings and the analyzed/coordinated Guiding Principles, AMA has outlined a set of activities for a successful Year 2. To further enhance Project SUPPORT's impact on vaccination, AMA will focus on below five main activities:

1. Ongoing Community Needs Assessment	
Goal:	Method:
Continuously identify community concerns, knowledge gaps, and barriers related to vaccination. Insights will inform adjustments in materials, ensuring relevance and responsiveness.	Deploy surveys, feedback sessions, and focus groups across cultural and linguistic groups.
2. Capacity Building with Trusted Messengers	
Goal:	Method:
Strengthen relationships with local messengers, including faith leaders, healthcare advocates, and cultural figures, to foster trust and counter misinformation.	Provide training and resources that enhance their role as credible sources of vaccination information within their communities.
3. Mobile Clinics in Congregated Settings	
Goal:	Method:
Increase vaccination accessibility by setting up clinics in familiar, trusted locations, such as senior centers and community hubs.	Partner with healthcare providers to offer mobile clinics, simplifying the vaccination process for community members.
4. Co-locating Vaccinations with Community and Cultural Events	
Goal:	Method:
Integrate vaccination opportunities into popular cultural events, making it convenient for attendees to receive vaccinations in a comfortable, celebratory environment.	Collaborate with event organizers and coordinate vaccination services at festivals, markets, and gatherings.
5. Ongoing Vaccine Education Efforts to Diverse Communities	
Goal:	Method:
Continue to provide ongoing vaccination and mobilization messages that are culturally and linguistically appropriate.	Work with community members to develop multilingual and multicultural social media posts, flyers, and pamphlets to answer their community's common questions and concerns.

B. Overall Evaluation Plan

To measure the effectiveness of Project SUPPORT, AMA will use a combination of quantitative and qualitative evaluation methods. The following strategies have been used in Year 1 also, with high success.

- **Community Trust and Engagement:** Track attendance, collect feedback, and assess community relationships through surveys and interviews to evaluate engagement quality.
- **Cultural Relevance and Accessibility:** Assess reach and engagement with culturally tailored messages; track the distribution and impact of translated materials and participation in events.
- **Partnership Strength and Sustainability:** Monitor partner engagement, collaborative continuity, and their capacity to carry out independent health initiatives in the future.
- **Vaccination Uptake and Health Outcomes:** Track vaccination rates across targeted communities, analyzing whether AMA's outreach efforts have positively influenced vaccination uptake and health outcomes.

Year 2 of Project SUPPORT builds on essential first-year insights, focusing on fostering community trust, culturally relevant messaging, and partnerships with trusted figures. This plan aims to sustain and deepen AMA's impact within the community, creating a stronger foundation for vaccination outreach and long-term public health improvement. Through ongoing assessment, dedicated relationship-building, and targeted outreach efforts, AMA will continue to support increased vaccination rates and empowered health decision-making in priority targeted communities.

Chapter 5

Attachments

- **AMA Landscape Report: Vaccination Hesitancy in Diverse Populations in Minnesota**

VACCINE HESITANCY IN DIVERSE POPULATIONS IN MINNESOTA

Landscape Report

September 2024

Prepared by:

Prepared for:



Asian Media Access

BACKGROUND

Community Vaccine Hesitancy

There have been multiple studies on vaccine hesitancy since the beginning of the COVID-19 pandemic. A study by Quadri et al. shows that language barriers lead to delayed vaccine uptake and worse COVID – 19 health outcomes (2023). A literature review by Khubchandani & Macias (2021) shares that factors related to vaccine hesitancy among Hispanic and African American populations can include: younger age and female gender (Daly & Robinson, 2021); lower-income and education (Fisher et al., 2020); medical mistrust and lack of information (Latkin., 2021); racial discrimination and past mistreatment (Khubchandani et al., 2021); perceived barriers such as lack of time, costs, and fear of getting sick (Ruiz et al., 2021); and concerns about side effects, efficacy, and safety (Gibson et al., 2021). However, a study by Szilagyi et al. found that healthcare provider recommendations are associated with lower vaccine hesitancy rates (2021).

There have also been studies about the speed of vaccine uptake. Vaccine uptake data at a national level state that Black, Hispanic, and White Americans have an 84-85% two dose vaccination rate, and American Indians and Alaska Natives (AIAN) have a 77% uptake rate (Na et al., 2023). However, uptake of the boosters is much lower; White Americans have the highest rate at 35%, then Asian at 29%, AIAN at 26%, Black at 23% and Hispanic Americans at 17%. This matches current Minnesotan data which states that booster uptake as of Spring 2024 was at the following rates: White at 24.6%, Asian/Pacific Islander at 22.5%, AIAN at 16.1%, Hispanic at 15.2%, Black at 13.2%; Multiracial at 11.1% (MDH, 2024). This shows that there is still a low uptake rate of the boosters even if more people have the initial two shot dose.

In the initial Covid-19 vaccination pushes, rural areas had lower rates of vaccine uptake than the Twin Cities area (Halter 2021). There were also delays in reaching uptake threshold goals between different groups – White and Asian communities in Minnesota reached a threshold of 50% vaccination against COVID-19 in June 2021. However, Latino and Black Communities reached that same threshold in December 2021, and American Indian and Alaska Native communities reached that same threshold in March 2022, indicating a gap in uptake rates of COVID-19 vaccinations (Planlap, 2023).

KEY OBJECTIVES AND METHODOLOGY

Community Assessment Interviews

Asian Media Access (AMA) conducted 25 interviews with public health workers across the country working with a variety of different communities. AMA's objective in conducting this interview was to understand how organizations across the country were reaching BIPOC populations and addressing vaccine hesitancy in a culturally responsive way. They sought to gain information from their own trusted network of public health providers.

The interviewees were selected from a group of contacts that AMA has across the country who are trusted messengers within their own communities and working with vaccine hesitancy. AMA reached out to a larger group of contacts and conducted interviews with those who responded. AMA was seeking to work with Asian, Black, Hispanic/Latino, American Indian, LGBTQ+, and pregnant woman serving organizations. These interviews took place from March 2024 to August 2024. They were conducted in New York, California, Oklahoma and Minnesota. These interviews were video recorded and then transcribed. HACER staff read the interviews and coded them for key themes.

Vaccination Education Session Following-up with Focus Group Discussions

Collaborated with our partner Asian American Business Resilience Network, who hosted the following vaccination education sessions with trusted community leaders. After their training, AMA also conducted focus groups with participants across cultural groups exploring vaccine hesitancy and acceptance. The discussions were aimed to uncover the level of understanding after addressing misconceptions about vaccines. Initial thematic summaries highlight key findings.

Population of Focus	Partner organization	Focus Group dates	Number of community member participants
Hmong	Hmong Senior Center	6/11/2024	32 participants
Vietnamese	Vietnamese Center, MN	6/30/2024	69 participants
African American	Urban Research and Outreach Engagement Center (UROC), MN	7/02/24	32 participants
Chinese	UROC	7/09/24	19 participants
Hmong	UROC	7/16/24	16 participants
BIPOC Homeless and low income	UROC	7/23/24	18 participants
Somali	UROC	7/30/24	7 participants
Laotian	UROC	8/06/24	32 participants
Somali	Skyline Math and Science Academy	8/24/24	14 Participants

FINDINGS

AMA conducted focus group discussions and interviews to learn more about the causes of vaccine hesitancy, the barriers to vaccination, and the community approaches to addressing vaccine hesitancy and improving vaccine uptake.

SECTION I. Focus Group Results

A. Causes of Vaccine Hesitancy

Fear

Fear of adverse reactions was one of the factors mentioned by multiple different communities. Misinformation and a lack of information caused community members to worry about what could happen to them once they received the vaccine. *“Some people have side effects. We’re all different at the end of the day and what if someone has an allergic reaction and dies?”* One of the focus populations, pregnant women, had worries about what could happen to their babies. Additionally, immigrant communities reported higher numbers of concerns related to COVID-19 side effects.

Misunderstanding

Lack of general understanding was another cause for hesitancy when the public did not understand the process of vaccination or how vaccines work. *“If I get a COVID-19 vaccination, I will be protected 100% against coronavirus”*, one focus group participant reported, highlighting the lack of awareness of how immunizations affect the immune system.

Access

Lack of access to vaccines and to culturally and linguistically relevant education materials was another factor related to vaccine hesitancy. Some focus group participants reported it was hard to travel to the vaccination locations and some individuals had insurance concerns. Additionally, costs, and lack of cultural knowledge on navigating the healthcare system created structural barriers to vaccinations and increased vaccine hesitancy. Additionally, participants highlighted that linguistic access was also a common barrier, especially for interpretation services and healthcare materials; Many times, information and interpretation services were not available in respondents’ primary language.

Autonomy

Other focus group respondents felt there was a lack of autonomy in the vaccination process, increasing vaccine hesitancy. They felt that they had to choose between their job and their bodily autonomy due to workplace vaccination mandates, saying, *“They don’t want to lose their job, and it’s been forced upon them. You have to take it. They have no choice.”*

Cultural and Religious Beliefs

Some groups felt that their health was better addressed through traditional medicine or through religions. Asian, African immigrant, and Indigenous focus group respondents most often stated they relied on natural immunization and traditional medicines as an alternative to vaccination.

“I’ve always struggled to get basic vaccines; just because all my family prefers more traditional methods of protection, prevention, illness and such.”

Mistrust

The historic mistreatment, abuse, and enacted racism against marginalized populations within both the medial and public health fields played a major role in mistrust of vaccination efforts. African American populations brought up past medical experimentation as a reason to not trust the vaccine, such as the Tuskegee Syphilis Experiment. *“When it came to COVID-19, I was wary that they might not give me the best or they might not give me the right one because of the way I look”*. Others stated that the vaccine was produced too rapidly for them to trust it.

B. Solutions to Vaccine Hesitancy

These concerns were addressed by community organizations and AMA through outreach and health fairs, education, and community interactions at cultural events. Outreach and health fairs helped provide access to vaccines, while education efforts helped with the fear of adverse reactions and lack of understanding of vaccines. Cultural events helped alleviate vaccine hesitancy caused by cultural and religious beliefs, concern over autonomy, and historic racism and mistrust. Additionally, some community organizations are making vaccines accessible through community events and working with partner organizations to have vaccination available to their members at the time/place members feel comfortable with.

SECTION II. Interview Results

Interviews focused on examining the barriers to vaccination and potential facilitators of vaccine uptake. Looking at the interviews, the main themes that were brought up were communication, having trusted messengers, and culturally relevant care or messages. The second most common themes were the importance of intergenerational connections, trust building, and access to vaccines. Many of these themes tie together and overlap, such as communication being more effective when it comes from trusted messengers and when it is culturally relevant.

A. Communication

There were many methods mentioned by those interviewed who brought up communication as one of the ways that they countered vaccine hesitancy, but some themes stood out – honesty, engaging openly and on a one-to-one level, and family stories.

Key communication methods mentioned included:

- Open and honest communication: Telling the truth of vaccines and vaccination.
- Personal stories: Sharing how the vaccine has helped you or those you love directly.
- Communication to counter misinformation: Ensuring that community members had accurate information even if they'd come in with misconceptions.
- Not acting from a sense of entitlement in communications: Approaching community members with humility.
- Representing the community in communications: Using photos of people who looked like the communities for whom you are engaging.
- Mailings to spread the word: Making the information accessible by text and at a distance.
- Asking those who got vaccines to advertise: Using trusted community members to promote vaccinations using both verbal and non-verbal communications (such as providing vaccination themed t-shirts and having conversations).
- Family-based communications: Reaching out to specific members of the family or specific members of a community was another strategy used by many of the public health workers.

Trusted Messengers

Communication methods are important, but another common theme was who was doing the communicating. Where messages were coming from was a factor that affected how the community saw the messages. Some public health workers indicated that there were trusted members of the community that they could work with to get the message out to other members of that community, tapping into those networks. A similar method was to look at individual members of families and communicating with the member of the family who would reach out to the others.

Similarly, on a structural level, the organization providing the information was important. Was it a message coming from the local Tribal Council or a local organization that community members would know? Or was it coming from further away, from a federal government that may seem disconnected? Spreading information from sources the community knows and trusts changes the power of the messaging for addressing vaccine hesitancy.

As one interviewee working with a Latino community organization stated, *"If you have the funding and you have community-based organizations that want to help, sure, there's accountability. There's paperwork. We'll do all that. But allow us to do what we do because the community has that relationship that trusted. They know our faces."* This highlights the importance of involving community workers who are a part of that

community.

Culturally Relevant Messaging

One public health worker who was working with an Indigenous tribal organization said in an interview, *“When we create flyers for in-house events or media, we try to incorporate traditional designs as much as we can. For me, that's hard to do. My tribe has different designs that are very different in how they're created. And so I've reached out to an elder and I said, could you help me with this?”* This public health worker stated that they were Indigenous themselves, but from a different tribe than the organization they were working for. This quote highlights the importance of culturally specific communication and reaching out to those with knowledge within a population.

The public health worker's commentary on culturally relevant work was like the trusted messengers and communications aspects reported by other interviewees. They mentioned tying communications into what communities were familiar with, such as including imagery that might feel natural to them or draw them in. Other public health workers also mentioned using familiar symbols in communication materials.

But beyond the messaging itself, the resources available to community members are important. One interviewee mentioned the importance of having access to traditional medicine at the hospital when patients were hospitalized for COVID-19. This is not specifically related to vaccination, but ensuring patients getting vaccinated have access to cultural objects they may need applies to COVID-19 vaccination as well.

B. Intergenerational Connections

Interviewees unveiled the importance of topics related to intergenerational knowledge and power. Topics related to the intergenerational themes included:

- Asking elders with respect for their help
- Protecting elders through vaccinations
- Incorporating multiple generations into programs and messaging

C. Trust Building

Public health workers stated that they used a variety of methods to build trust with the community including meeting members of the community where they're at, telling stories, and hiring or collaborating with people from the community who would then become trusted messengers.

One interviewee highlights the importance of trust building especially given historical trauma and context within communities. Being thoughtful about the historic injustice and abuse caused by healthcare and public health fields within marginalized communities is essential to rebuilding trust and addressing vaccine hesitancy. As one interviewee shared,

“Considering the history of what we've been through as a community, there had to be a lot of education that had to take place on why the vaccination is taking place, why you're receiving the vaccination, and the challenges that come with it. So for the last couple of years, there's been a lot of education and a lot of building trust. And also giving the black community the autonomy to make the decision if they want to receive it or not has been a big deal.”

D. Access

Access was another important topic – if vaccination locations aren't accessible to those you aim to use them, or aren't in locations people are likely to frequent, there will be less uptake in vaccines and less opportunity for those who might not go out of their way to get a vaccine to become vaccinated. One strategy was co-location with other services, partnering with community organizations as well as having access to vaccination and COVID-19 testing at bigger events. Some discussed providing testing access to a much larger range of people than their general activities in order to be of service to the broader community.

“In our tribal communities, in our rural communities, sometimes we don't have access to the services we need and so we take it as our mission to meet the needs of our clients so that they have every health opportunity that they need to have the best outcomes.”



SECTION III: Populations of Focus

Looking at the interview and focus group summaries collectively, key findings elucidate barriers to vaccinations, facilitator of vaccinations, and proposed solutions provided by community members and organizations. AMA reached out to organizations working with Asian, Latino, Black, Indigenous, LGBTQ+ populations as well as organizations working with pregnant people. The table below provides an overview of key findings disaggregated by these populations of focus.

Population of Focus	Key Findings Across Activities	Barriers to Vaccinations	Facilitators of Vaccinations	Proposed Solutions from the Community
African American / Black	<ul style="list-style-type: none"> • Historical trauma^{1,2} • Religious beliefs² • Cultural beliefs² • Misinformation¹ 	<ul style="list-style-type: none"> • Tuskegee Experiments^{1,2} • Trust in God to protect against illness and heal illness² • Preference toward natural / holistic medicines² • Belief that vaccinations do not work or are contaminated with microchips¹ 	<ul style="list-style-type: none"> • Trust-building¹ • Education¹ • Clear and accurate communication¹ • Culturally relevant communication¹ • Use of personal stories¹ 	<ul style="list-style-type: none"> • Rebuild community trust- acknowledge historical trauma¹ • Empower autonomy in vaccination- choice in type of vaccine¹ • Provide scientifically accurate education on vaccinations and importance¹
Asian American	<ul style="list-style-type: none"> • Cultural beliefs² • Language¹ 	<ul style="list-style-type: none"> • Preference toward natural / holistic medicine² • Provide education and information in preferred languages¹ 	<ul style="list-style-type: none"> • Clear and accurate communication¹ • Culturally relevant communication¹ 	<ul style="list-style-type: none"> • Provide scientifically accurate education on vaccinations and importance^{1,2} • Meet the community where they are at: <ul style="list-style-type: none"> ◦ Health fairs² ◦ Cultural events² ◦ Vaccine events²
Hispanic / Latinx	<ul style="list-style-type: none"> • Misinformation¹ • Language¹ • Immigration status¹ • Access to vaccines / vaccination sites¹ 	<ul style="list-style-type: none"> • Belief that vaccine was created too quickly¹ • Lack of resources / providers in Spanish, Portuguese, and indigenous languages¹ • Fear of deportation¹ • Timing and locations of vaccination sites inaccessible for working population¹ 	<ul style="list-style-type: none"> • Trusted messengers¹ • Trust-building¹ • Clear and accurate communication¹ • Culturally relevant communication¹ 	<ul style="list-style-type: none"> • Partner with community organizations and build community relationships¹

Population of Focus	Key Findings Across Activities	Barriers to Vaccinations	Facilitators of Vaccinations	Proposed Solutions from the Community
Native American	<ul style="list-style-type: none"> • Historical trauma^{1,2} • Cultural beliefs² • Access to vaccines / vaccination sites¹ 	<ul style="list-style-type: none"> • Historical trauma of Boarding Schools^{1,2} • Preference toward natural / holistic medicine² • Difficult to obtain vaccines on reservations / rural communities¹ 	<ul style="list-style-type: none"> • Trusted messengers¹ • Trust-building¹ • Clear and accurate communication¹ • Use of personal stories¹ • Intergenerational¹ 	<ul style="list-style-type: none"> • Utilize traditional designs and messaging¹ • Rely on elder expertise for culturally relevant messaging¹
LGBTQ+	<ul style="list-style-type: none"> • Misinformation¹ • Competing health priorities¹ 	<ul style="list-style-type: none"> • Belief that vaccine was created too quickly¹ • HIV/AIDS and STD prevention and HPV vaccinations¹ 	<ul style="list-style-type: none"> • Education¹ • Clear and accurate communication¹ • Use of personal stories¹ 	<ul style="list-style-type: none"> • Go to events where the community is already gathering¹ • Utilize community leader voices for messaging¹
Pregnant Women	<ul style="list-style-type: none"> • Misinformation¹ • Competing health priorities¹ • Fear of effects on baby¹ • Access to vaccines/ vaccination sites¹ 	<ul style="list-style-type: none"> • Belief that the vaccine is dangerous to fetus¹ • Fear of health effects for the baby¹ • Fear of obtaining illness while in public places hosting vaccinations¹ • Autonomy factor¹ 	<ul style="list-style-type: none"> • Trusted messengers¹ • Intergenerational¹ 	<ul style="list-style-type: none"> • Consistent messaging across toolkits, medical providers, and trusted messengers¹

**Interview Data¹

**Focus Group Discussion Summary Data²

CONCLUSION

Recommended Solutions

Based on the content of the interviews and focus groups, it is recommended that vaccine providers work closely with partners in the communities. It is important to connect with trusted community members to better build relationships with the whole community. Trusted community members can bring a vaccination method forward and give advice on communication style, format, and imagery. These trusted community members should be compensated for their time and expertise.

Next Steps

AMA will be continuing their work with vaccine access. They plan to redefine vaccine hesitancy as a multifaceted social issue incorporating historic systemic barriers, cultural beliefs in addition to other factors. Moreover, AMA will be supporting underserved populations, those that are uninsured and underinsured, with pop-up vaccine clinics that prioritize the comfort of those they're serving. AMA intends to analyze the Vaccine Awareness Survey in more depth for increased understanding of the general public's perceptions of vaccinations; This information will be shared with community members to mitigate vaccine hesitancy.

AMA will also be expanding multilingual resources by creating vaccination resources in heritage languages. AMA has multiple ongoing communication strategies including social media, a monthly BALL eMagazine and their website; These will be used to communicate vaccination information. AMA will be improving social media practices providing information that is evidence-based in an area that is often full of misinformation.

Finally, AMA will be offering capacity building opportunities such as Vaccine Awareness Education, Cultural Intelligence Framework Training, and AAPI communication style training to enhance understanding of vaccines and improve communication between health agencies and immigrant and refugee communities. In addition to these steps, AMA will be developing a vaccine equity toolkit with videos and community engagement strategies based on their own successful strategies.

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