



## Vaccine Hesitancy: Learning from the Community (Interim Brief)

As the coronavirus vaccine moved through clinical trials in 2020, conversations took place nationally, locally and at WellSpan about acceptance levels within our communities for the vaccine. Based on national tracking<sup>1</sup> of vaccine hesitancy and WellSpan's own experience with disparities in COVID positivity rate by race, ethnicity, and language, the question was posed – who will be hesitant to receive the vaccine and what are the contributing factors to this hesitancy?

### **Purpose**

To understand vaccine hesitancy within the at-risk population, Community Health & Engagement and Diversity and Inclusion planned and has undertaken a community listening campaign. The purpose of the campaign is to listen and learn about the opinions, thoughts, and barriers that form hesitancy to acceptance of the coronavirus vaccine within the community and for this learning to inform vaccination planning. (Barriers can be related to gaps in knowledge; trust; culture and language; and accessibility that could be related to location, perceived cost, leave from work, childcare, cell phone ownership, etc.)

While learning from the community is the reason this listening campaign was undertaken, the primary focus of each conversation is to demonstrate cultural humility, respect for all views and to build relationships and trust.

### **Scope and Structure**

This listening campaign (December 17, 2020 – January 30, 2021) adopted a format of introductions by host; health equity/coronavirus information by facilitator; questions initiated by host; conversation content directed by community participants; and all clinical information provided by a clinician. We heard from 180+ community members and these community members encompassed:

- nine conversations with Latino/Hispanic community members in Lebanon, Adams, York, and Franklin counties
- two conversations with African American/Black community members in York
- Participation by WellSpan and Family First Health physicians. All physicians were bilingual for the Latino/Hispanic groups with one physician being bilingual/bicultural and a native speaker.
- Participation by FQHC partners. In Lebanon County - Welsh Mountain was a conversation participant; in Adams and York Counties - Family First Health participated with a bilingual clinician in three conversations; and in Franklin County - Keystone Health participated with a bilingual clinician
- Participants included parents of school-aged parents; faith-based leaders and congregants; school staff and administrators; community leaders; and community members from the Latino/Hispanic communities across all counties
- Partnership with community organizations: CASA/York and Adams counties; Black Ministers Association/York; Combatting Racism Coalition/York; Latino Services Task Force/Adams County; York City School District; Vida Charter School/Gettysburg; Juntos de Lebanon; AGAPE and ESL Ministry/Franklin County; Hispanic Pastors/York; and The Movement/York.



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*Observation: Participant willingness to share their thoughts and opinions did not appear to be related to group size, ranging from six to 50, but more to the rapport created by the host and/or clinician. For the Latino/Hispanic groups, holding conversations in Spanish and the participation of a bilingual clinician seemed to make people comfortable and reinforced the message that this was “their conversation”.*

*Observation: These conversations would not have been possible without the facilitation, community relationships and logistical support of Marcela Myers, Jenette Lloyd-Jones, Javier Muniz, Ronny Rivera Davila, Yeimi Gagliardi, and Noel Purdy; the clinical support of Dr. McCracken, Dr. Varahrami, Dr. Contractor, Dr. Guerra, Family First Health and Keystone Health; and the faith and guidance of Kim Brister.*

### **Themes and Observations**

Questions were used as a vehicle to promote conversation that created learning for WellSpan and provided critical, accurate information about the vaccine for participants. Notes were taken by a scribe and WellSpan and partner team members debriefed after each conversation. Following is a summary of learning:

**When asked where community members went for information about the coronavirus vaccine, we heard the following:**

- Social media
- Internet
- influencers (i.e. YouTube)
- Church – leaders; meetings; Bible study
- Community organizations – social service agencies; immigrant-serving agencies
- Someone they trust
- My doctor

*Observation: Very few people mentioned their health care provider / doctor as a source for information. The participation of a doctor in these conversations was well received and made a critical difference in participants’ understanding and acceptance of the factual information shared about the vaccine and the coronavirus.*

*Observation: Community members want to hear from someone who looks like them and has their shared experience. Physicians who were bilingual and of the same ethnicity and race appeared to have the greatest impact on the conversation participants.*

**When asked questions about the vaccine, barriers, and willingness to receive the vaccine, community members shared multiple reasons for their hesitancy:**

#### **Information**

A message that came through in each conversation was that the information about the vaccine is overwhelming, confusing, contradictory, hard to understand, and not accessible. Generally, there is a



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lack of accurate, easy-to-understand, credible information reaching community members. Following are comments we heard:

- Too much information is confusing
- How do we decipher information that is meaningful?
- "It's no different than the flu shot" is a misleading statement
- Too much misinformation and conspiracy theories
- Not enough information about the things that are important to them
- All information needs to be translated
- Create paper options, not everyone has internet
- What are the components of the vaccine? Does it have a chip? The live virus?
- How does the vaccine work? Explain two shots
- Do I still need to wear a mask after I'm vaccinated? If so, does that mean I'm not really immune? So, what is the purpose of getting vaccinated?

**Observation: the level of misinformation and lack of a correct understanding of the vaccine was striking. People were either ignorant or uncertain of basic information. People want to be connected to a trusted source who can answer the questions most important to them.**

**Observation: community members were grateful to receive information from a clinician that spoke their language.**

On January 26<sup>th</sup> a poll was conducted by a The Movement with their Facebook followers, a group of York City residents composed of Black/African American and Latino/Hispanic members. Members were asked about their willingness to receive the coronavirus vaccine. Of the 202 respondents, 88 or 43% said yes and 144 said 57% no. When asked if they would like additional information, 23 said yes.

### Trust

A lack of trust in the vaccine was expressed in many ways. Mistrust was related to a group's history with vaccines and medical experimentation and individuals' experiences with health care and vaccines. Mistrust also stemmed from mistrust of the government; mistrust of how privacy and data collected will be protected; and mistrust of pharmaceutical companies to act in the interest of public health vs. profit. The baseline is mistrust and this mistrust needs to be proven unfounded. Following are statements and thoughts heard during the conversations:

- Trust will affect people of color... science will promote science (interests)... pharmaceutical companies are going to promote their own products
- Culture impacts hesitancy
- History impacts hesitancy; information from trusted leaders is needed to counter misinformation
- "Are we getting the real vaccine? Is everyone getting the same vaccine? Are black people getting the same vaccine as white people?"
- What will happen to the data collected when the vaccine data is reported to the state?
- How do I trust the vaccine if I see health care workers not trusting it?



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- What will you do with the information you gather at time of vaccine? Do you ask for SSN? If the information goes to state(DOH), does the state share it with immigration (ICE)? Does my immigrations status matter/can I get the vaccine regardless of immigration status?
- When a medical person rejects the vaccine, we ask why should I trust it?

***Observation: there is a long and justifiable history of mistrust around medical treatment and vaccines. Within the African American/Black community, we heard a strong need to see how the vaccine works overall and within the community to begin to believe the vaccine is safe and that the benefits outweigh the risks.***

***Observation: from the Latino/Hispanic community, we heard that the government cannot be trusted particularly as it relates to how the government and health care providers treat immigration status.***

***Observation: when clinicians and WellSpan facilitators shared their own stories of being vaccinated, participants responded positively, expressing that hearing their stories gave them reassurance.***

### Fears/Concerns

Fears and concerns about the vaccine centered around the speed with which the vaccine was approved; the side effects, both immediate and long-term, including allergic reactions; the components of the vaccine (what's inside it?); the safety for children and pregnant/nursing moms; fears of infertility; and the taboo nature of COVID and thus the vaccine. Following are statements and thoughts heard during the conversations

- Worries about side effects of the vaccine; are there (long-term) side effects?
- Worries about the rush to market of this vaccine, lack of long-term study of the vaccine
- vaccine's efficacy and safety? We don't want to be guinea pigs
- I'm looking at those who get the vaccine to see – did it really protect them?
- It's too early to know; (I will know when) someone close to us has had it and it worked
- If you get the vaccine but you can still pass it on
- Can the vaccine be trusted since it came to market so fast?
- What are side effects? What if I have allergies? What are the consequences of taking it in (my) future (health)? What are contraindications?
- COVID is taboo within the community
- Is it safe for children? Is it safe for my children if I take it?
- Will I become infertile if I take the vaccine?
- Does the vaccine have microchips inside so I will be tracked? Will the vaccine change my DNA?
- Will people see me standing in line to get the vaccine?

***Observation: a lack of information or misinformation about the vaccine contributes to the fear experienced in the community. Misinformation/lack of information is supported by the primary information sources cited by community members – social media; the internet; churches; family members; you-tube – and there are not readily accessible and credible sources to counter misinformation.***



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***Observation: fear of the vaccine is reinforced by a lack of trust for the government and health system entities responsible for developing, delivering, and injecting the vaccine.***

### Faith

Faith and churches were referenced in conversations as sources of information/misinformation and a foundation of belief that helps guide decisions regarding the vaccine. Following are statements and thoughts heard during the conversations:

- faith – “my health and healing are based on scripture”
- “I stand on my faith”
- there is a lot of misinformation shared through the churches
- churches held services despite public safety concerns around transmission
- People listen to their clergy

***Observation: churches are trusted sources for information and church members incorporate the actions and information from churches into their decision-making.***

***Observation: participants referenced churches as a source of misinformation about the vaccine.***

### Cost/ Work/Transportation

There are practical barriers to receiving the vaccine that contribute to vaccine hesitancy. Following are statements and thoughts heard during the conversations

- Is there a cost? What if I don't have insurance? What if I don't have a PCP?
- How do I navigate the systems to register for the vaccination?
- Parents are busy working and have little time to go and get the vaccine
- Reach out to big employers to have vaccine PODs and distribute information
- Could the employers be educated on the vaccine, safety protocols and holding them accountable?
- Could the vaccine be distributed at employer sites?

***Observation: community members are worried that there will be a cost to the vaccine and need assurances and explanations for why there will be no out-of-pocket costs for the vaccine – regardless of insurance or immigration status.***

***Observation: there is a great deal of confusion about the phases, when a person is eligible for the vaccine, and how to register for the vaccine.***

***Observation: language and technology were cited as barriers to accessing information and registering for the vaccine.***

***Observation: community members expressed concerns about getting time off from work and/or getting to a vaccination site in order to receive the vaccine.***



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### **Conclusions**

The community discussion groups provided important learning about the information, communications and practical assistance that is needed by the community. This learning also provided greater context and insight into areas for improvement and opportunities for building trust and relationships.

### **Areas of Opportunity:**

1. Information needs to be simple and easy-to-understand in the community's preferred language  
recommendation => lower the literacy level; develop infographics; translate materials; utilize short videos
2. Information needs to come from trusted leaders  
recommendation => continue to partner with community leaders to provide accurate information about the vaccine and education around navigation to the vaccine; continue to build trust in the community, through these relationships, of WellSpan as a trusted source of information
3. Testimonials by health care workers are impactful and need to be part of vaccine communications  
recommendation => develop testimonials of health care workers to be shared with community
4. The vaccination needs to be received from trusted providers at trusted locations  
recommendation => continue to build trust in the community of WellSpan as a trusted provider; listen to the community's needs regarding their preferred location for vaccination
5. Recognition of the reasons for mistrust needs to be built into communications and access planning  
recommendation => acknowledge vaccination decisions are individual choices in all communications; acknowledge individuals may have reasons for mistrust; support avenues for continued dialogue about the vaccine and health care; listen to what the community needs and develop responses that meet that need
6. Assistance with navigation to scheduling a vaccination is needed  
recommendation => develop friendly, easy-to-navigate ways for community members to register for the vaccine; develop alternate ways to register for the vaccine, as possible; develop communications to support this; provide community navigator capacity to assist community members (and the organizations with which they are connected)
7. Assistance in overcoming practical barriers related to transportation or time off work is needed  
recommendation => identify strategies for providing the vaccine in locations and at times that are accessible
8. Reassurance about no out-of-pocket costs and that immigration status is not a factor in vaccination  
recommendation => clearly communicate that there are no out-of-pocket costs associated with the vaccine and that immigration status will not be asked or considered

### **Next Steps**

1. Incorporate learning into At-Risk Population Vaccination planning.
2. Finalize dates for three February discussion groups to listen and learn in the Black/African American community.
3. Develop plan for sustained community engagement and listening sessions.
4. Finalize report draft at completion of February discussion groups.



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### Questions Asked:

1. Who do you **go to for information** about vaccinations?
2. Is there **anything that you believe that would cause you to hesitate** to receive the vaccine?
3. Is the **coronavirus vaccine important to you**? Do you think the vaccine is important for the community?
4. Are you concerned about **any risk** with vaccines?
5. Are most people you know **planning to be vaccinated**?  
⇒ Are you planning to get the vaccine?
6. When you consider the vaccine, are there **barriers** for you to receive the coronavirus vaccine?  
[prompts if needed: time off work; transportation; child-care; perceived cost; trust; risks]

### Community Discussion Groups – as of 2.1.21

Host Agency	Day/Time preference	Facilitator	FQHC Partner	Clinician Guest	Language
Combatting Racism Coalition	December 17, 6:30 pm	Kim Brister	n/a	n/a	English
Black Ministers Association	December 19, 9am	Kim Brister	n/a	n/a	English
CASA (Hanover/Gettysburg)	Sunday, 1/17 at 5:30 pm	Thais Carrero/ CASA	WSH	Dr. McCracken and Dr. Varahrami	Spanish
Juntos de Lebanon	1/18 at 6:30	Ronny Rivera; Guadalupe Barba/ Juntos de Lebanon	Welsh Mountain/ Jackie Concepcion	Dr. Varahrami	Spanish
York City School District	1/20 at 10am and 5pm	Gabriela DeHart – welcome; Jenette facilitator	FFH at 10am session; WSH at 5pm	Dr. Bengston/FFH at 10am Dr. Contractor/WSH at 5pm	Spanish
Latino Services Task Force (Gettysburg)	January 21, 12-2pm	Yeimi Gagliardi	FFH	Dr. Finkenbinder/FFH	English
Hispanic Ministers (York)	Thursday, 1/21 at 6pm	Javier Muniz	WSH	Dr. Varahrami/WSH	Spanish
CASA (York)	1/24 at 5:30pm	Thais Carrero/CASA	WSH	Dr. Guerra/WSH	Spanish
Vida Charter School (Gettysburg)	1/28 at 3:30pm on a school day	Kathy Logothetis/Vida	FFH	Dr. Finkenbinder/ FFH	English
AGAPE and ESL Ministry (Chambersburg)	1/30 at 5:30pm	Nancy Mazariegos/Chambers Apothecary; Blanca Niazma/WSH	Keystone	Dr. Tarupathi/Keystone	Spanish
The Movement	February - TBD	Anu Banks	WSH	TBD	English and Spanish
Delta Sigma Theta Sorority - Chapter	February - TBD	Kim Brister	WSH	TBD	English

<sup>i</sup> <https://www.kff.org/coronavirus-covid-19/report/kff-covid-19-vaccine-monitor-december-2020/>