#### CLOSING VACCINE GAPS: NATIONAL STUDY FINDINGS AND COMMUNICATION OPPORTUNITIES

Maryland Philanthropy Network June 3, 2021



### VISION

#### Our vision is for all people in Howard County to live long, healthy lives.

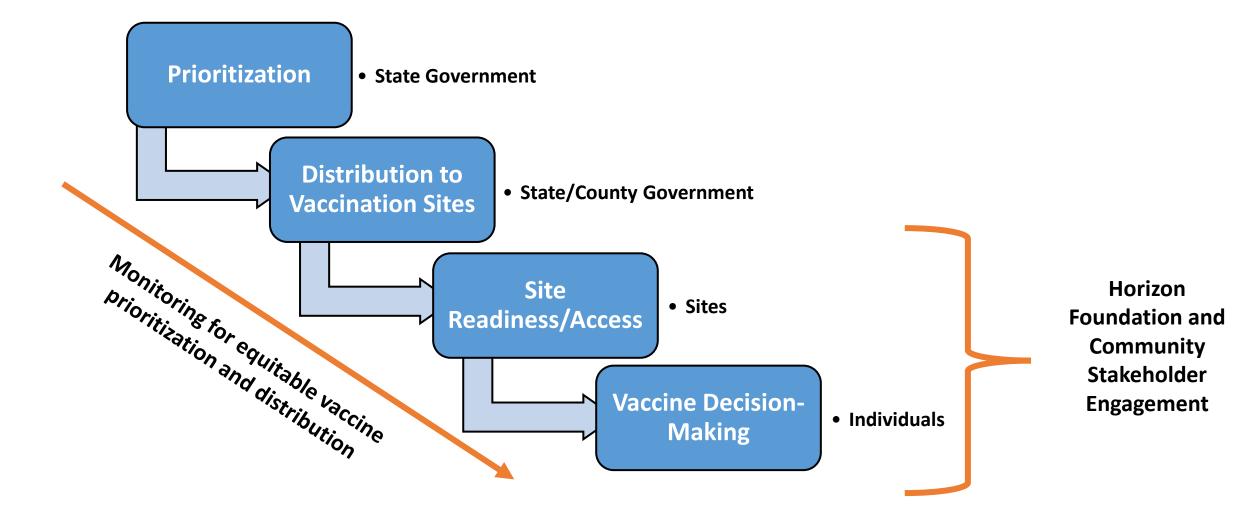




## MISSION

Our mission is to improve the health and wellness of people who live or work in Howard County.

#### **COVID-19 Vaccine Distribution Flowchart**



### State and Local Advocacy Efforts

Site Readiness Community Access	Monitoring
<ul> <li>Assistive Technology</li> <li>Language Accessibility</li> <li>Vaccination clinic planning for African American, Hispanic, and essential worker populations.</li> <li>Use of faith-based sites and community centers</li> <li>Mobile vaccination units (MICH)</li> </ul>	<ul> <li>Vaccinations based on age, race, ethnicity</li> <li>Enhanced community access to target populations</li> <li>Prioritization, distribution and COVID-19 funding</li> </ul>

#### UNDERSTANDING DIVERSE COMMUNITIES AND SUPPORTING EQUITABLE AND INFORMED VACCINATION DECISION-MAKING

A PROJECT OF THE JOHNS HOPKINS SCHOOL OF PUBLIC HEALTH

Supported by the Robert Wood Johnson Foundation



### **A Focus on Decision-Making**

- Focused on public health practice. Designed to rapidly inform local and tribal health – on the ground and in communities.
- Project Perspective: This project is centered on what underpins decisionmaking in an effort to inform strategies that serve communities based on their experiences, perspectives, and needs. The opportunities extend beyond messaging focused on promoting vaccination to include engagement and supporting decision-making.
- About the Key Findings and Opportunities: The following findings represent a point in time in a rapidly changing environment. The opportunities identified are considerations for implementation, with full recognition that communities have different challenges and there is no one-size-fits-all approach. Public health authorities are community health strategists and the opportunities outlined are intended to support or stimulate additional thinking about how to customize approaches for a given community.

### **National Study Timeline**

- •Nov 1-Dec 21, 2020
- 2525 person Panel Survey
- 25 online Community Conversations (approximately 400 people)
- Preliminary findings 12/15/20
- Webinars, roundtables, ETC
- Peer-reviewed journal article

## Wave 1

## Wave 2

- Jan 26-Feb 13, 2021
- 25 online Community Conversations (90% retention from Wave 1)
- Preliminary findings 2/15/21
- Webinars, roundtables anticipated
- Manuscript anticipated

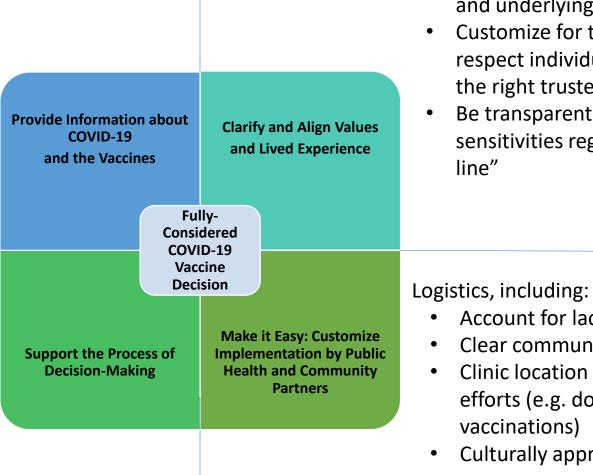
Survey #2 and Community

 25 online Community Conversations -- TBD (April-June time period)

Wave 3

### **Fully Considered COVID-19 Vaccine Decision**

- Safety monitoring and longterm impacts
- Allergic reactions
- Up-to-date information on variants, as they are understood
- Speed of vaccine development
- Numbers still matter



- Provide data parsed by race, ethnicity, and underlying conditions
- Customize for the community (e.g., respect individual opinions, identify the right trusted messenger)
- Be transparent and acknowledge sensitivities regarding "jumping the line"

Account for lack of internet access

Clear communication on eligibility

Clinic location and other outreach

Culturally appropriate materials

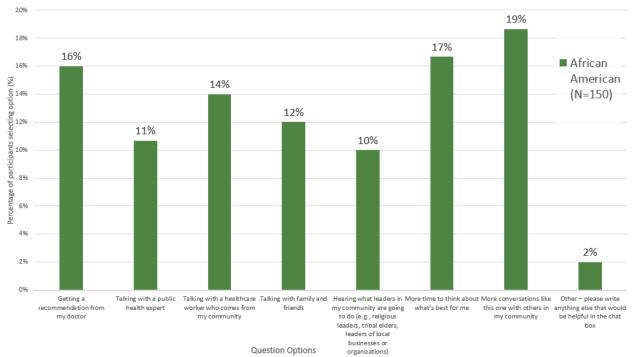
efforts (e.g. door-to-door

vaccinations)

- Provide safe platforms to talk to experts and with each other
- Support positive public health behaviors and decisions, beyond vaccination

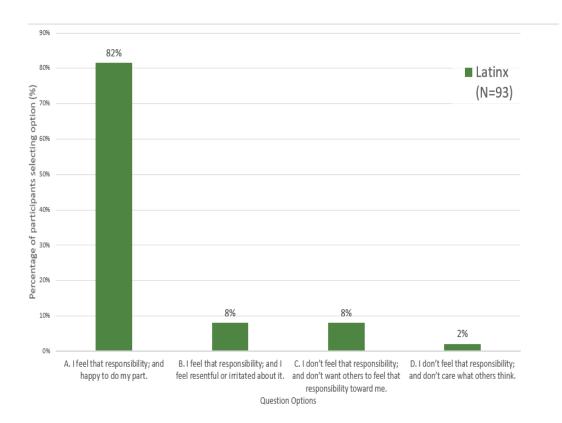
#### COMMUNITY CONVERSATIONS WITH AFRICAN AMERICANS

- <u>Evolving information needs</u>: Need time to process information and chance to express concerns and skepticism, rather than more information; need relationship repair
- <u>Values/Lived Experience</u>: Historical trauma legacy and skepticism: "Why all this attention now?" Real discrepancies in treatment today "If I have a problem with vaccine, will anyone listen?" Political element: "I have to man up for public health, other groups have 'right to choose'."
- <u>Support Decision-Making</u>: More conversations/dialogue like this one; more time to process info; talking to local doctor/health worker
- <u>Make It Easy</u>: Convenience with a focus on equity; "I want it accessible, but don't push me."





### COMMUNITY CONVERSATIONS WITH LATINX



To what extent do you feel a responsibility to get the vaccine to protect others in your community?

- <u>Evolving information needs</u>: Information and misinformation about the vaccines and side effects is prevalent; and there's a need for clear information and about how to access the vaccine
- <u>Values/Lived Experience</u>: Vaccine roll-out has let the community glimpse the possibility of getting "back to normal" – economy/jobs, school, and family gatherings
- <u>Support Decision-Making</u>: Hearing from local members of the Latinx community who have received vaccination has been meaningful
- Make It Easy: Materials in Spanish are important

### Wave 2 – Key Findings

- Increased comfort for many
- Perspective and emphasis varied by community
- Safety concerns persist
- Information needs are evolving
- Concerns about the speed of vaccine development diminished
- Experience with the roll-out of vaccines has been uneven; but frustrating for many

- There is still a "Wait and Learn" approach for many
- Community conversations are important to customizing support for decision-making
- For those who don't want a vaccination now, or maybe ever, there was an interest in how else, beyond vaccination, they can help end the pandemic
- Meeting this moment

#### VACCINE MEDIA CAMPAIGN



#### The vaccination norm doesn't feel relevant

... because they don't see themselves reflected in it.

• Many already think they're in the minority in their decision / wariness.

They see pictures of people getting vaccinated. They know family and friends who have gotten it.

• They've received criticism and ridicule for their position,

which can make them defensive and entrenched. Many have similar feelings about other vaccines as well, not just COVID, and believe in more natural, homeopathy.

#### • **Define themselves differently** from those eager to get vaccinated:

- Vulnerable populations that can't further risk catching COVID (seen as reasonable)
- People wanting things to open up and get "back to normal" (seen as naive and less adaptable)
- People who can afford to weather the side effects from the vaccine

# Why unified campaigns are difficult for these populations



"They're just trying to get people vaccinated. They don't understand me specifically."

We'll Get Through This Together



## Side effect strugglers



- Concerned with the impact of side effects (known and unknown)
- Scared of feeling / getting sick or having a particularly adverse reaction
- Struggle to imagine managing severe side effects in their life (taking off work, taking care of children, etc.)

Confident and in control

- Have adjusted to pandemic life
- Reporting knowing and taking steps to prevent infection
- Feel confident and safe in approach
- Versus the unknown impacts of the vaccine
- Interest in vaccine once it's been time-tested and further proven



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- Earned distrust of institutions, grounded in real, historical abuse, as well as rumored instances
- Range from broad suspicion to specific theories (e.g., Bill Gates' population control)
- Feel defensive and justified in suspicion

#### Guiding principles

Memorable

Transparent

Non-judgmental

Informative

- Give people information to make the choice for themselves
- Inform about the whole process, especially what happens after the vaccine
- Avoid messages of blame
- People feel skeptical about the vaccine's safety & long-term effects
- Don't presume to speak for a community
- Be supportive of other safe, precautionary approaches, not just vaccination

#### **Short Term Crises, Long Term Solutions**

# Opportunities to address systems and processes through policy solutions



## **THANK YOU!**

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