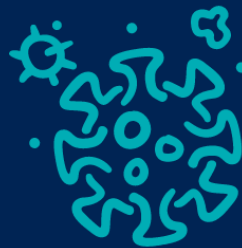


COMMUNITY ENGAGEMENT ALLIANCE (CEAL)
AGAINST COVID-19 DISPARITIES

CONVERSATIONS WITH COMMUNITY HEALTH
WORKERS RESEARCH BRIEF

*COVID-19 vaccine hesitancy, misinformation, and strategies to build
confidence among adults, parents, and youth*

AUGUST 2021



Center for Health
Equity Research



IMMUNITY starts with
COMMUNITY
THE ARIZONA CEAL CONSORTIUM



AzCHOW

Arizona Community Health Workers Association

This work is supported by the National Institutes of Health funded Community Engagement
Against COVID-19 Disparities (CEAL), Arizona CEAL COVID-19 Consortium (NIH 888-15-16-29)

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BACKGROUND

The Community Engagement Alliance (CEAL) Against COVID-19 Disparities works closely with the communities hit hardest by COVID-19. The Arizona CEAL Consortium is a collaboration of Northern Arizona University, University of Arizona, Arizona State University, Mayo Clinic, and the Arizona Community Health Worker Collaboration.

In partnership with members and leaders of African American, Latino/a/x, and American Indian communities, we aim to:

provide trustworthy information through active community engagement and outreach to the people hardest-hit by the COVID-19 pandemic, with the goal of building long-lasting partnerships as well as improving diversity and inclusion in our research response to COVID-19.

PURPOSE

Through CEAL, NAU researchers partner with the Arizona Community Health Workers Association (AzCHOW) to develop and disseminate accurate, up-to-date COVID-19 information for community health workers to give to their communities. Community health workers – also referred to as community health representatives (CHRs) and *promotoras*, herein referred to as CHWs, are – “frontline public health workers who are trusted members of the communities they serve.” CHWs have a unique understanding of their community’s experiences during the COVID-19 pandemic.

To learn about what local communities are experiencing during the COVID-19 pandemic and their opinions and beliefs, we conducted focus groups with CHWs throughout the state. Their ideas and opinions are used to develop and adapt COVID-19 educational materials and health education messages. CHWs and CHRs then use the materials to serve their clients for COVID-19 prevention, including COVID-19 vaccine education and COVID-19 research. *This Research Brief updates focus group results conducted in January – March 2021 with CHWs, CHRs, and Promotoras about experiences with COVID-19.*

APPROACH

We engaged 13 Hispanic/Latino/a/x and American Indian serving CHWs in four focus group interviews via Zoom. Interviews were conducted in English and Spanish. A rapid assessment procedure (RAP) was used to allow for rapid diagnosis issues and collecting information for decision making and action.

The research brief draws from group discussions with 13 CHWs collected in August 2021, which aimed to:

1. Identify motivations, hesitations, and misinformation about the COVID-19 vaccines and the strategies CHWs use to promote vaccine confidence among adults.
2. Identify parent and youth motivations, hesitations, and misinformation about COVID-19 vaccines in children and youth and the ways CHWs promote vaccine confidence among parents.
3. Identify emerging knowledge, attitudes, and behaviors about COVID-19 and its variants and how CHWs support clients in making decisions about prevention.

Acknowledgements: We recognize the thousands of courageous community health workers of Arizona who have worked tirelessly to support their communities in the darkest of times – the support and trust and proactive education and advocacy provided by CHWs to Arizona families are exemplary.

Suggested Citation: Jiménez, D., Gomez, O., Pollitt, A., Evans, L., Meraz R., Lee, N., Redondo, F., & Sabo, S. (2021). *Community Engagement Alliance (CEAL) Against COVID-19 Disparities Research Brief: Conversations with Community Health Workers*. Flagstaff, Arizona: Center for Health Equity Research, Northern Arizona University.

To access this report digitally, please visit the NAU-CHER website (<https://nau.edu/cher/ceal/>)

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RESULTS

Data is compiled in table form to allow for rapid review and interpretation of the user. Data is organized for rapid decision-making and planning among decision-makers involved in the COVID-19 response. We differentiate between hesitancy and misinformation in the following ways: *hesitancy* refers to the concerns and fears held by CHW/R clients, while *misinformation* is information which is believed by CHW/R clients and known to be untrue or false.

Section 1: COVID-19 Vaccine Hesitancy, Misinformation, and Strategies to Build Confidence Among Parents and Youth

Data Summary 1: Motivations for COVID-19 Vaccine Among Parents and Youth as Perceived by CHW/Rs

Population	Motivations
Parents	<ul style="list-style-type: none"> ● Safety and peace of mind are motivators for children, parents, and families to get vaccinated. ● Parents want their children to be safe and protected from COVID-19, both generally speaking and in the school environment. ● Parents want to instill good behaviors and morals in their children to show that they care and want them to be healthy. ● The past year and a half have been difficult for youth, being physically and socially isolated from their peers and outside of the school environment adapting to remote learning. As a result, youth mental health was greatly impacted. ● Parents want their children to feel secure at school and to ‘return to normal’ while reducing their risk of COVID-19 illness. The ‘return to normal’ includes youth being around their peers in person, resuming their education without the challenges of remote learning. ● The vaccine provides hope and comfort for both parents and their children. “Getting the vaccine has been a saving grace.”
Youth*	<ul style="list-style-type: none"> ● Parents often motivate their children to get vaccinated – without parental motivation, youth may not be interested in getting vaccinated. ● Youth are excited to return to in-person learning and getting the vaccine will help them do so while feeling safe. ● Youth want to help keep their friends and peers safe from COVID-19.

** Results represent CHW/R’s perceptions as parents of youth*

Data Summary 2: COVID-19 Vaccine Hesitancy, Misinformation, and CHW/R Strategies to Build Confidence Among Parents and Youth

In early 2021 focus groups with CHW/Rs, most clients were hesitant and believed misinformation about the fast-paced development of COVID-19 vaccines, ingredients, side effects, and overall safety because these vaccines were not FDA approved at the time. Parents were most hesitant to encourage vaccination in their children due to fears of sterilization (or infertility) and health complications (e.g. stroke, seizures). Over six months later, CHW/Rs reported that hesitancy and misinformation had improved, yet similar concerns about safety and the need for data persist; however, the topic of natural immunity, especially in youth, has gained more attention.

Population	Hesitancies to Vaccinate (Concerns and Fears)	Misinformation (Information known to be false)	CHW/R Strategies to Build Vaccine Confidence
Parents	<ul style="list-style-type: none"> ● Insufficient data to determine if the vaccine is safe and effective for children. Parents are waiting until more data is available. ● Long-term effects or how the vaccine may affect child development are unknown. ● Children are believed to have stronger natural immunity, “New generation [of young people] will probably be stronger than the current generation.” ● Parents believe their children will become sick or get hurt from the vaccines. 	<ul style="list-style-type: none"> ● The vaccine is not necessary for children because they are healthy. 	<ul style="list-style-type: none"> ● Acknowledge parental fears, connect as parents, and share their own concerns, and provide the facts so they make an informed decision as a family. ● Refer to their primary care providers and pediatricians as a trusted source of information. ● Use examples. Remind people that babies get vaccines when they are born. Allergic reactions are also unknown at that time. ● Use humor to build trust.
Youth*	<ul style="list-style-type: none"> ● Getting vaccinated is not necessary. Youth believe they are young, healthy, and invincible, and will be safe even if they get COVID. ● Fear of needles makes some youths vaccine-hesitant. 	<ul style="list-style-type: none"> ● The vaccine may affect fertility and is therefore not safe. ● The vaccine is not necessary for youth because COVID mostly affects the elderly. 	<ul style="list-style-type: none"> ● Youth are influenced by peers, family, and friends. CHWs remind youth they can look into facts related to COVID and the vaccine just like they do on other topics.

* Results represent CHW/R’s perceptions as parents of youth

■ Text indicates perspective unique to CHR and American Indian clients

Section 2: COVID-19 Vaccine Hesitancy, Misinformation, and Strategies to Build Confidence Among Adults Served by CHW/Rs

Data Summary 3: Motivations for COVID-19 Vaccine Among Community Members

Population	Motivations
Hispanic and Latino/a/x	<ul style="list-style-type: none"> ● Concerns over the Delta variant and other new or potentially new variants have motivated people towards vaccine uptake. ● As time has passed by, people have become better informed and overcame their fear and concerns around vaccination. People were initially waiting to see how others reacted to the vaccine, but now they want to live their life. ● Seeing people around them that they know get sick, go to the hospital, or pass away is a motivator to believe COVID is real and to get vaccinated. ● Reduction in misinformation and fear initially spread through media and word of mouth, such as microchips injected with vaccines and government tracking. ● Positive family experiences with vaccination and a desire to return to pre-pandemic social interactions with loved ones.
American Indian	<ul style="list-style-type: none"> ● Clients served by CHRs largely have chronic illnesses and are high-risk for COVID-19, so watching those around them get severely sick or pass away is a motivation for vaccination. ● Reduction in misinformation and fear that was initially widespread. As time has passed by, people have become better informed and overcame their fear and concerns around vaccination.


Data Summary 4: CHW/R Client Current COVID-19 Motivations, Misinformation, and CHW/R Strategies to Build Confidence

In early 2021 focus groups, CHW/Rs described their clients' mistrust of government as they believed the COVID-19 pandemic and the vaccines were political tools meant to infringe on people's rights or control the population. Similarly, faith and religion were at times sources of hesitancy where clients believed COVID-19 was leading spiritual persecution (attacking people of faith, forcing the use of fetal tissue, or marking them with the devil's number) and social control. The present report shows that mistrust of the government continues to underlie hesitancy and misinformation such that initiatives to promote population health (e.g. vaccine campaigns) are seen as government efforts to reduce individual freedoms or control the masses. Faith and religion were less emphasized but continue to hold a place in the public consciousness. Communication is difficult with clients that hold strong political and/or religious beliefs, but CHW/Rs use various strategies to connect, build trust, and share information with these clients.

Perspective/ Worldview	Hesitancies to Vaccinate (Concerns and Fears)	Misinformation (Information known to be false)	CHW/R Strategies to Build Vaccine Confidence
Political & Ideological	<ul style="list-style-type: none"> ● General distrust in the government, which has grown as the political divide in the county deepens. ● Lack of consistency in COVID-19 public messaging: changes in Dr. Fauci's recommendations are a reason to distrust current recommendations. ● The US government generally is infringing on personal rights and freedoms; COVID-19 vaccine/mask mandates open the door for the government to take away other freedoms. ● Concerns related to incentive programs for vaccination – people feel the vaccines are being forced onto them, which infringes on their rights. 	<ul style="list-style-type: none"> ● Government control by microchips and tracking people through vaccines. ● The government is exploiting the pandemic to reduce individual freedom and engage in political games (i.e. Democrats vs. Republicans) or is overplaying the severity of the pandemic. American ideals of freedom, individual choice, and personal rights underlie resistance to US government COVID-19 health policy and recommendations. 	<ul style="list-style-type: none"> ● Point out that children get many other vaccines without politicizing, so why is the COVID vaccine different? ● Provide clients with factual and consistent information to reduce confusion. ● Use real-world examples (e.g. people around them and their community have been vaccinated and are okay; if the government wanted to track them, they can do it through cell phones and do not need a vaccine). ● Use humor with people when appropriate. ● Keep communication open and provide information, but do not push vaccination.

Faith & Religion

- God (or a higher power) will protect them from COVID-19; COVID-19 is not God’s plan for their individual health and life.
- COVID-19 is the mark of the Devil or some negative spiritual source.
- Vaccine contains fetal tissue or other substances that are not natural or against religious tenets.
- Use religion to convey that caring for our bodies is a way to honor God, and vaccines are one way to take care of our bodies.
- Science comes from God to help us take care of ourselves and God gives us the wisdom to believe in it.
- Refer to the commandments: God and Jesus direct you to take care of your neighbor.
- Protecting those who have gotten sick, “take care of me as I care for you.”

 *Text indicates perspective unique to CHR and American Indian clients*

Data Summary 5: General Client Perspectives on COVID-19 & Vaccines

In early 2021 focus groups, CHW/R reported their clients believed COVID-19 was not as severe as portrayed in the media (e.g. news channels want more viewers), healthy people would recover quickly from COVID-19 (e.g. it's like the flu), or people would become completely immune after recovery. Although these beliefs continue among CHW/R clients, vaccine-specific beliefs (e.g. healthy people don't need to get vaccinated) have become more widespread among their vaccine-hesitant clients.

Hesitancies to Vaccinate (Concerns and Fears)	Misinformation (Information known to be false)	CHW Strategies to Build Vaccine Confidence
<ul style="list-style-type: none"> ● Vaccinated individuals can still get sick with COVID-19. ● Some people believe they are healthy and therefore, do not need the vaccine to be safe from COVID-19, and they may actually fare worse if they do get vaccinated since they would experience the side effects. ● Friends and family share negative experiences from vaccination, including side effects and feeling sick afterward. ● People believe one vaccine is better than another, but the information is constantly changing, making it confusing and difficult to decide. ● People are unsure of vaccination after the J&J pause. They apply the side effects or efficacy of one vaccine to all the other vaccines. ● Concerns over the Delta variant have made people fearful and hesitant because they are unsure if they will be protected even with vaccination. 	<ul style="list-style-type: none"> ● Individuals who were sick with COVID-19 and got better believe they do not need the vaccine because they are already immune and/or can overcome it again. 	<ul style="list-style-type: none"> ● Emphasize that even though vaccinated individuals may still get COVID, the vaccine reduces the severity of the illness. ● Explain that healthy people may not even experience side effects from the vaccine. ● Through personal stories, remind clients that everybody will react differently to vaccines. ● Explain that getting vaccinated is safer because they will be more protected and less likely to die and to spread COVID; being unvaccinated puts others at risk. ● Focus on the positives and frame benefits in terms of the individual and family. ● Direct to trusted sources of information (e.g. primary care providers, CDC, and local health departments), and encourage self-reliance to build their confidence in decision making. ● Be a resource so clients can follow up with additional questions or concerns. ● CHW/Rs are honest, patient, and have open conversations; use empathy to connect with clients; allow clients to express concerns; and respect their autonomy to make decisions.

■ *Text indicates perspective unique to CHR and American Indian clients*

Section 3: CHW/R COVID-19 Concerns and Recommendations Moving Forward

CHW/Rs shared their concerns about COVID-19 and the future and provided recommendations to support communities based on current client needs. Initial focus groups at the start of 2021 indicated a need for concise, reputable, and simple (language-appropriate) information on COVID-19 and emerging vaccines. CHW/Rs wanted fact sheets (e.g. COVID-19 symptoms and prevention strategies) to support their clients, especially to encourage vaccination by breaking down misinformation. Currently, these needs still exist but with a different focus on fact sheets (e.g. are they effective against variants, will boosters be needed), and more concerns about the long-lasting effects of rising COVID-19 cases (healthcare system stress, mental health, and pandemic fatigue). CHW/Rs are now experiencing shifting concerns to vaccine facts, immunity, and the pandemic's future impact on their communities.

CHW/R Concerns About the Future

Concerns about vaccine effectiveness.

- Breakthrough COVID-19 cases – were these people vaccinated earlier versus more recently?
- Will I or my family get sick even though we are vaccinated?
- How long are vaccines effective for?
- Will booster shots be needed?
- What happens if we do not reach herd immunity?

Concerns about rise in COVID-19 cases.

- Fear that staff, space, and resources will again be insufficient to treat all COVID-19 cases.
- No or limited capacity in health systems for regular emergencies such as car accidents, etc.
- Healthcare workers are overworked and understaffed. They are frustrated, feeling like they are risking their lives while people do not seem to care about their efforts or other's safety.

Concerns about economic impact of ongoing pandemic.

- Potential lockdown in the future and the impact on jobs and the country's overall economy.
- Previously economically booming towns are now ghost towns.

Concerns about youth and their mental health.

- How will children be affected in the future by this period of social isolation/virtual learning? Including mental health, emotional development deficits, and loss of learning.

Concerns about pandemic being prolonged due to people experiencing pandemic fatigue.

- People have stopped caring about COVID-19 and no longer follow prevention guidelines.
- People are tired of being told what to do, getting mixed messages, and are unable to keep up with constantly changing information.

Concerns about pregnant women.

- How can CHWs support pregnant women in making decisions about vaccination? (i.e. lack of concrete information on vaccines and pregnancy).
- Responding to concerns from breastfeeding mothers.

Some CHWs are not very concerned about the future, suggesting pandemic fatigue may also impact CHWs – “there's nothing we can do to stop it; all we can do is accept it and move forward.”

CHW/R Recommendations: Filling the Gaps

Messaging

- Use positive messaging (e.g. focus on vaccine benefits instead of deaths due to COVID).
- Be clear and consistent in COVID-19 messaging and communication about the vaccine.
- Focus on local “ground” level information. Stick to facts and basics to avoid scaring people.
- Spread the word that COVID-19 vaccines are free, regardless of immigration status.

Prevention at Institutional Level

- Shift the responsibility for COVID-19 prevention to businesses and other institutions. Examples of how this could be done include:
 - Add ventilation and use more effective air filtration systems in public areas
 - Put up clear signs to remind people to practice social distancing
 - Modify indoor spaces to allow for social distancing
 - Set up sanitization stations and UV lights at entrances
 - Use automatic doors

Community Support

- Provide support and opportunities for open discussion for people who get COVID, who might feel embarrassed or upset and need space to talk.
- Provide support for people who recovered from COVID infections but are experiencing long term side effects.
- Provide accurate information and statistics on vaccine outcomes, such as through online trainings or printed materials, that people review at home.

CHW/R Support

- Develop and provide ongoing resources (i.e. materials) and trainings to CHW/Rs so they can stay updated on COVID-19 topics and share with their clients.