



SPECTRUM
NEWS

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VACCINATELA SUMMARY REPORT: LISTENING AND LEARNING FROM THE COMMUNITY HEALTH WORKERS IN SPANISH-SPEAKING COMMUNITIES

The COVID-19 pandemic has highlighted longstanding racial disparities in the U.S. healthcare system, including the fact that Black and Latinos are disproportionately affected by the virus and experience illness and death at two to three times the rate of Whites, according to the Centers for Disease Control and Prevention. In addition to illness and death, these communities experience challenges like unemployment, under-employment, financial hardship, residential instability, homelessness, and food insecurity. Many Black, Indigenous, and People of Color (BIPOC) communities remain under-vaccinated, which further drives health disparities in these populations. In BIPOC communities, vaccine hesitancy is the result of considerable fears, misinformation, and practical barriers to becoming vaccinated.

BACKGROUND & OUR RESPONSE

In response, the University of Southern California (USC) and its Southern California Clinical and Translational Science Institute (SC CTSI) launched a new initiative, called VaccinateLA, designed to listen and learn from these communities, deliver evidence-based, culturally tailored multi-media educational messages in partnership with the community, and support the work of local community health workers in an effort to reduce persistent barriers to becoming vaccinated.

We listened to and learned from the community by conducting focus groups with promotoras/es de salud across the state of California. Promotoras/es, or community health workers, are community members who serve as trusted liaisons between their communities, and health and social service providers, to provide structurally competent information and resources to their neighbors and neighborhoods. We collaborated on this research with the Education Team of Visión y Compromiso (Vision and Commitment in English), a non-profit organization based in California that promotes the health and wellbeing of Latino communities by supporting and advocating for promotoras/es.

We had three objectives for this research:

1. Learn about promotoras/es' role in their communities during the COVID-19 vaccine rollout
2. Better understand the potential barriers and facilitators to the COVID-19 vaccine in promotoras/es' communities
3. Identify opportunities regarding vaccine logistics aligned with promotoras/es' community values and health needs

To explore these research objectives, we conducted a total of 11 two-hour focus groups with 72 participants during an eight-week period between April 3, 2021, and May 29, 2021. We performed rapid qualitative analysis using a focused, team-based approach to review and analyze our findings (Hamilton and Finley, 2019). The following report provides a summary of the key themes and discussions we heard during these focus groups.



PROMOTORES IDENTIFIED AND SOLVED LOGISTICAL AND SCHEDULING-RELATED BARRIERS

Promotoras/es were concerned that even among people in their community who wanted to get vaccinated, access to scheduling a vaccine appointment remained a significant barrier. Promotoras/es saw their communities struggle with receiving the vaccine due to: a) a lack of technological and language literacy (including illiteracy) needed to make an appointment; b) a lack of vaccine appointment resources in Spanish and indigenous languages; and c) limited appointment times and sites that accommodated people's work schedules. Often, promotoras/es worked to close this gap in access by scheduling and filling out vaccine appointment information for their community members.



"I don't know much about using a computer, so I struggled a lot to get vaccinated."

"There aren't people who speak Mixteco—we have a lot of indigenous community here, Mixteco or Zapoteco. There aren't [resources in their language] so again, there are more obstacles."



"Logistically, it's affecting me because they do not give me access to vaccinate near my work."



"I took care of scheduling appointments for people. There are many people in our community who do not know how to read or write, who do not speak English or Spanish. It's very difficult for them."



PROMOTORES SERVE AS THE PUENTE, OR BRIDGE, OF THEIR COMMUNITIES

Unlike the confusing online vaccination appointment systems, promotoras/es spoke of being an under-utilized human system in the fight against COVID-19. Promotoras/es described not only acting as a mediator between the digital and the community, but as a promotor of the vaccine by disseminating vaccine information. For example, one promotora described how she learned that vaccines were available for a particular age group via a text from the local pharmacy. She then disseminated the message broadly through text message blasts. Even in a pandemic where personal contact can be challenging, promotoras/es offered to go door-to-door to connect their community to the vaccine and make sure no one is overlooked due to lack of access.

“It is difficult [to make an appointment] because they don’t know the language, they don’t know how to use the system, they don’t know the resource. The promotora takes care of that bridge from A, B, to Z.”

“CVS sends me a message that says, ‘We have vaccines for kids 12 and up.’ What I would do is send this information to community, so they realize [it’s available].”

“The promotor can go where the TV doesn’t reach. The one who promotes more is the one who is walking from house to house rather than the one who is just watching television.”

“We influence them to make that decision. Not instantly, but maybe they will assimilate and later say, ‘Hey, where can I make an appointment? Can you make the appointment for me to get the vaccine?’”



PROMOTORES FELT THAT VACCINATION SITES COULD BE MORE CELEBRATORY AND WELCOMING TO THE LATINO COMMUNITY

For a vaccination site to be welcoming, it needed to provide more than just services in Spanish to its Latino visitors. Rather, promotoras/es felt vaccination sites could take a more active role in recognizing that getting the vaccine can be an emotional experience. They felt that vaccination site staff could do a better job of instilling confidence, especially to their Latino visitors who may be apprehensive. To do so, promotoras/es described taking vaccination sites out of medical spaces and placing them in community spaces, such as churches and schools, to facilitate access and confidence in community members.

“I had to go to the city [to get the vaccine] and I noticed that it was all blonde people, Anglo-Saxon, so to speak. There was no welcoming atmosphere. There was only one doctor who spoke Spanish. Everything was in English, the only Hispanics you saw there were me and my husband. The environment felt like it was mostly for people who spoke only English.”

“Where I would put [a vaccination] site, knowing that here that religious matters have cultural weight, supporting us in this area [to place site in religious center makes sense].”

“What we have done [as promotoras/es] is bring the vaccine to community places. It is going to church, to work, to school—places that one already has confidence in of being able to go to or where they can get basic information. That has helped a lot—to be able to go to a neutral place where it doesn’t feel like another doctor’s appointment.”

“There was music and that filled me with emotion. There was nice music and the atmosphere was very relaxed. People were very happy, now that we were [getting] the second dose.”



PROMOTORES HEARD FEARS OF GOVERNMENT CONTROL FROM COMMUNITY MEMBERS

As mentioned above, many promotoras/es agreed that the church could be a safe and trusted vaccination space for the Latino community. Yet promotoras/es also saw the church as a double-edged sword: It was a source of COVID-19 misinformation but also a powerful influencer that could encourage mask use and vaccine acceptance among its parishioners. Other common misinformation about the COVID-19 vaccine heard among the Latino community reflected real fears about the U.S. government and its ongoing control and policing of Latino communities, including: Use of the vaccine to track people, vaccination causing people to become sterile or impotent, and using the vaccine as a ploy to get people to come to a vaccination site and then deport them. In addition, other misinformation heard in Latino communities included concerns that the vaccine would change a person's DNA or create future medical conditions; the vaccine could complicate pre-existing health conditions; getting a vaccine could leave a person dead; the vaccine contains "dead" COVID-19 virus, and that a person who already had COVID-19 should not take the vaccine.



SPREADING VACCINE FOMO (FEAR OF MISSING OUT) VIA FACEBOOK AND WHATSAPP

While Facebook and WhatsApp are often seen as sources of COVID-19 misinformation, promotoras/es used these apps to encourage their networks to get vaccinated.

Promotoras/es saw Facebook and WhatsApp as accessible, public spaces where they could share their positive experience of getting the vaccine, thus spreading truthful information in support among their networks. Because promotoras/es are a trusted resource in their communities, their influence online and what they have to say about the vaccine has a positive impact on their networks. Other sources promotoras/es trusted for COVID-19 vaccine information included: people's personal and celebrity doctors such as Dr. Juan, local health departments, religious figures such as the Pope, famous artists and journalists/broadcasters (e.g., Vicente Fernandez, Ricky Martin, Mario Lopez, Chayanne, Maria Elena Salinas) as well as Visión y Compromiso. While promotoras/es spoke of myths they had heard in their communities about government surveillance and tracking via the vaccine, they themselves trusted the information disseminated by national and local bodies of government (e.g., CDC, departments of public health, the Mexican Consulate).

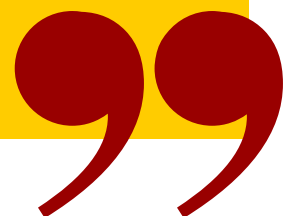


“[My friend called me and said], ‘Mija, let’s go get the vaccine. ‘And I called my whole family, all of them...and I did a Facebook Live telling [others], ‘Come now immediately. They are putting the vaccine here. Come!’ And then people would ask me, ‘What’s it like? What are they asking of you?’ ”

“When I got the first vaccine, I posted it on Facebook and I had about 100 people thanking me, and those people who know me [beyond Facebook] they got the vaccine, because they said, ‘If she got the vaccine, why not we get it too?’ The people who love us and trust us.”

“On Facebook, [the sister-in-law of a person I know] gives a lot of information about the coronavirus. And we listen to her, and she gives all the information about the coronavirus, like how she felt when they gave her the vaccine. Many times, she connects and she gives the information in Spanish and in dialect, because she speaks in Purépecha and Spanish.”

“People trust the CDC. Also the County. Also the politicians—let’s not forget about them. They’ve gone out to their communities. Like the mayor, they have gone out to many places. Some city councils too.”



KEY TAKEAWAYS

Summary:

In conclusion, our focus groups with promotoras/es from across the state of California revealed the need for better access to scheduling vaccine appointments that accommodates and reflects the diversity of Latino communities (e.g., going to door-to-door and signing people up in-person, walk-up sites in community spaces such as local churches). Promotoras/es saw themselves as a critical bridge between the COVID-19 vaccine and their local community, a role in which they fill in gaps in access, disseminate trusted and verified information about the vaccine, and dispel misinformation. Across almost all focus group sessions, promotoras/es shared their positive vaccination stories—including their previous doubts and skepticism. Common myths surrounding the vaccine reflected larger, ongoing concerns facing Latino communities, such as mass sterilization and deportation by the U.S. government. Promotoras/es reported that church leaders sometimes repeated vaccine myths to their parishioners, but they also saw church leaders as promoters of the vaccine and COVID-19 safety protocols. In addition to the respected role of the church in the Latino community, promotoras/es saw themselves as trusted and well-informed pillars of their communities that actively dispel COVID-19 vaccine misinformation. For example, promotoras/es would use Facebook and WhatsApp to dispel skepticism around the vaccine by posting their positive vaccination experiences and encourage others to do the same.

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