



CALIFORNIANS SPEAK

Achieving Equity in COVID-19 Vaccination

PREPARED BY:

Working Group of STOP COVID 19 Community Alliance

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NIH CEAL
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THIS REPORT

The Share, Trust, Organize, Partner COVID-19 California Alliance (STOP COVID-19 CA) is a statewide community-partnered collaborative funded by the National Heart, Lung, and Blood Institute to address gaps in COVID-19 (mis)information, vaccine trial participation, and vaccination accessibility. The statewide collaborative of eleven academic institutions and over 75 community partners in California work together to build community capacity, conduct research, create accessible training materials for trusted community leaders, and develop policy recommendations for improving information, reducing misinformation, increasing diversity and accessibility of vaccine clinical trials and vaccination.

From September 2020 – February 2021, members of the collaborative met as the Vaccine Hesitancy Working Group to bring together findings on vaccine accessibility and hesitancy from individual and focus group interviews, townhalls, community advisory board meetings, listening sessions, surveys, and other sources of data collection from across the state. The findings in this report reflect responses from **Black, Indigenous/American Indian, Latinos/as/Latinx, Asian, South Asian, Native Hawaiian, Pacific Islander, Middle Eastern, Immigrant Groups (documented and undocumented), Refugee Groups (including East African, Somali, and Sudanese), incarcerated people, rural, and LGBTIQQA California residents**. This report describes the challenges and solutions faced by California communities related to COVID-19 vaccines. Through community-partnered and grassroots efforts, this document seeks to raise the voices of those most impacted by COVID-19.



KEY FINDINGS

BARRIERS



SOCIAL DETERMINANTS OF HEALTH

Social determinants of health are the greatest barrier to vaccine uptake for Californians, especially community of color.



INFORMATION

There is a need for accurate and quality information that is accessible in multiple languages.

SOLUTIONS



INCREASING ACCESS

Removing social and geographic barriers to vaccination is critically important.



COMMUNITY ENGAGEMENT

Partnering with local community-based organizations and related grassroots resources is essential for successful outreach and dissemination.

BARRIERS

SOCIAL DETERMINANTS OF HEALTH

RACISM

- Historical abuses that have not been sufficiently acknowledged & remedied
- Ongoing discrimination that feeds distrust
- Vaccine rollout is an example of structural racism

INEQUITY

- Lack of prioritization of vulnerable groups (BIPOC, Immigrants, Incarcerated people, and LGBTIQQA)
- Documentation requirements & a fear of deportation & mistreatment
- Overemphasizing hesitancy instead of increasing access

ACCESS

There are impediments to scheduling and receiving vaccination, including:

- Internet access
- Transportation
- Paid time off (i.e., lost wages)
- Caregiver support
- Navigation for differently abled persons
- Culturally- and linguistically appropriate, sensitive, & competent support

CONCLUSION

Racism and other social inequities are the primary influencers of vaccine inequities among marginalized communities in the state of California.

INFORMATION

LACK OF INFORMATION

- In diverse languages
- For different cognitive abilities
- On vaccine development, ingredients, rollout, and protocol (e.g., monitoring for 15 min.)
- On multiple pathways to vaccine access

MIS- INFORMATION

- On COVID-19 diagnosis manageability, vaccine efficacy, & side effects
- Confusing & conflicting information from medical experts & scientists
- Inconsistencies between local, state, & federal guidelines

DIS- INFORMATION

- On immunity, alternative medicine, effectiveness of masks, and vaccine ingredients
- Unsure of who to trust
 - Doctors
 - Scientists
 - Social media
 - Community leaders

CONCLUSION

Lack of information, misinformation, and disinformation reinforce hesitancy initially established by racism and other social inequities and make it difficult to access vaccination.

SOLUTIONS

INCREASE ACCESS

- ✦ Acknowledge and dismantle past and present injustices.
- ✦ Prioritize underserved populations in vaccine rollout.
- ✦ Provide timely, accurate, and quality information in diverse languages in culturally-sensitive ways.
- ✦ Provide culturally-sensitive navigation to vaccine access.
- ✦ Provide funding and personnel for community engagement.
- ✦ Provide transportation to vaccine sites or have licensed health workers from respective communities to deliver vaccine to elderly and differently abled.

CONCLUSION

Access barriers must be removed in order to increase vaccine uptake of marginalized communities in California.

COMMUNITY ENGAGEMENT

INVOLVE

Community leaders in the plan for vaccine rollout.

SHOWCASE

Success stories of Black, Latino/x, and other persons from marginalized groups (e.g., Dr. Kizzmekia Corbett).

VACCINATE

Community leaders.

EDUCATE

Community leaders on the science of vaccines.

Everyone on past scientific abuses and changes made to research since.

CONCLUSION

Marginalized communities must be at the forefront of planning, outreach, and implementation to ensure vaccine equity for those most impacted in California.

The STOP COVID-19 CA Vaccine Hesitancy Working Group

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Community Focus Groups: Key Findings

Reporting Site:
UC Riverside
Center for
Health Disparities
Research



Reporting Period:
January to March 2021

Sociodemographic Data

Participants identified as:

- 32% African American/Black
- 26% Hispanic/Latino
- 17% Indigenous Latin American
- 20% Native American

COVID-19 Statistics:

- 75% had been tested for COVID-19
- 39% tested positive for COVID-19
- 64% planned on receiving or had already received the COVID-19 vaccine

11 focus groups were conducted with 89 participants self-identifying as members of:
African American/Black
Latinx/Hispanic
Indigenous Mexican
and/or Native American communities

57% were women
Most were 20 to 59 years of age

Misinformation

False or misleading information influenced initial experiences of the pandemic. This fostered a lack of trust in information sources.

"There's so much wrong information going around. . . .The information I gather or whatever, I'm afraid to take it."

~Native American community member

"At first there was a lot of fear about COVID and understandably, because we didn't know what was going on. It was so new to everyone."

~African American/Black community member

Community Focus Groups: Key Findings

Fear, Mistrust, Trauma

Latinx/Hispanic community members talked about fear and mistrust in the government and public health and African American/Black and Native American community members discussed past trauma and medical abuses by the government as shaping ideas about COVID-19 testing and vaccination.

"I think not everyone is going to get the vaccine because many have different thoughts, they think differently, some say they can put a chip [in you], so that the government is more informed about everyone."

~Latinx/Hispanic community member

"[it's] not just black people. . . . this government in its tenure has mistreated everyone: the Chinese, the Indians, the Irish. They don't particularly care what you look like, but they will mistreat you and treat you badly if it's for their benefit. When you ask us as humans, as adults, as rational, educated adults to trust you, well, that becomes a little difficult . . . based on past history."

~African American/Black community member

Intentions to Prevent COVID-19

Community members discussed public health measures, such as face coverings and social distancing, sharing that age, economic and political factors, and religion influence following guidelines.

"They [young people] think wearing masks is protecting themselves. When actually it's protecting other people when you wear a mask . . ."

~African American/Black community member

"It's important for us to do our due diligence on keeping each other safe, keeping our elders safe, keeping our children safe, keeping our homes safe, and our bodies, are sacred."

~Native American community member

COVID-19 Information Seeking

Information about the coronavirus, how it spreads, signs and symptoms of infection, and prevention and vaccination is needed for people to have confidence in public health and make informed decisions.

" . . . some of their traditional healers go out in the public to let the public know: 'I'm getting the vaccine, it's safe.' They've had several spokespeople within the Navajo Nation supporting this and going out and telling . . ."

~Native American community member

"We have to make our community more aware of getting tested, to get vaccinated, that we are informed. . . . I have seen many cases in my community, a lot of sadness . . . we have lost people who are important in our community; we have mourned the deaths of many people."

~Latino/Hispanic community member

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To learn more about our project, check out our home page:
<https://healthdisparities.ucr.edu/stop-covid-19-ca>



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