



Massachusetts League of Community Health Centers Customizing Questions and Concerns by Population

The League's COVID-19 Vaccine Community Engagement Campaign begins in a place of respect for vaccine-hesitant patients and their autonomy: Our job is to listen to them, provide them with information, and let them make their own decisions. To support these one-to-one sessions—whether they happen in health centers, in the community, or in homes—we've developed lists of common questions and concerns that are customized for each target population among communities of color and immigrants. The lists were developed—and will continue to be updated—with a unique three-stage process.

1. We conducted an extensive PubMed literature review of vaccine hesitancy among the groups from which health centers draw their patients. We reviewed the few studies that were available on COVID-19 vaccine hesitancy and then focused on influenza vaccine hesitancy, since it was most similar. We excluded studies of vaccine hesitancy related to sexually transmitted diseases as these involve another set of issues. A total of 42 studies were reviewed. **From this, a list of about a dozen recurrent questions and concerns was developed in order of most to least common.**

2. These core questions were then circulated for review by health centers, community groups, and outside experts. Reviewers were asked to rank the questions in order of most to least common for their populations, indicate any that did not apply, and to add new questions. We received responses from dozens of community groups, about a third of the state's health centers, and many individuals.

3. A final layer of review—the same steps as described above—was provided by members of the League’s COVID-19 Vaccine Community Engagement Campaign CHW Advisory Group. This group continues to provide help with updates to the materials, which are now on their third round. The advisory group consists of community health workers or health center staff representing the Arabic-speaking population in Greater Boston; the Black population in Boston; Brazilians in Greater Boston; Cambodians in Lowell; Cape Verdeans in Brockton; Haitians in Brockton; Latinx in Chelsea/East Boston, Springfield and Southeastern Massachusetts; Swahili speakers in Lowell; and Vietnamese in Dorchester.

Based on this process, we’ve developed a comprehensive list of questions and concerns in English at a standard reading level (8th grade) and 11 customized lists of common COVID-19 questions and concerns at a basic reading level (5th grade) in English and translated to Arabic, Spanish, Brazilian Portuguese, Chinese (both Traditional and Simplified), Haitian Creole, Vietnamese, Cape Verdean Creole, Khmer, Arabic and Swahili. Each list includes only those questions and concerns identified by health centers, community groups, and CHW advisors as being pertinent to each population and, after three basic COVID-19 vaccine specific questions, is mostly organized in order of priority for each population. Any and all questions that arose are answered in a straightforward, factual tone intended to acknowledge the one concern that underlies them all: Patients’ deep desire to stay healthy and protect their families.

HESITANCY PROFILES

In the course of getting initial and ongoing feedback, we’ve discerned some patterns in the questions and concerns that may help to arrive at a more

nuanced understanding of hesitancy for those populations and suggest some new approaches. We observed that the COVID-19 vaccine questions we compiled generally fell into one of the following five domains:

- The COVID-19 vaccine
- Vaccines and vaccination in general
- Trust
- Logistics
- Personal situation

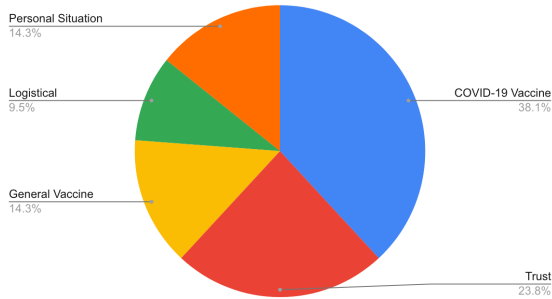
We then sorted the questions and concerns in the customized lists by domain (the comprehensive list of questions and concerns shows our classifications). Although the number of questions varied from population to population, the relative weight of the domains for each group can be viewed as their hesitancy profile. Below are our findings for each population.

IMPORTANT NOTE: The below is not based on a survey. It is based on the personal assessments of doctors, nurse practitioners, health center administrators, community health workers, and community organization leaders. The number of respondents varied by group.

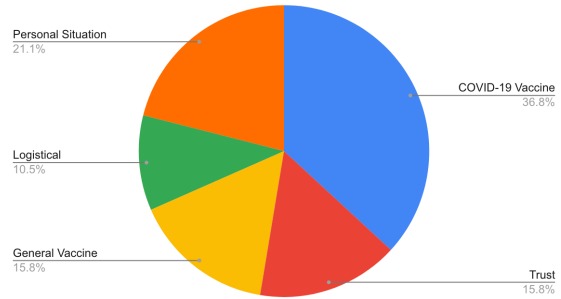
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HESITANCY PROFILES MASSACHUSETTS HEALTH CENTER POPULATIONS

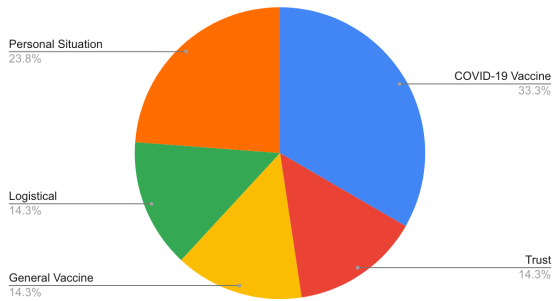
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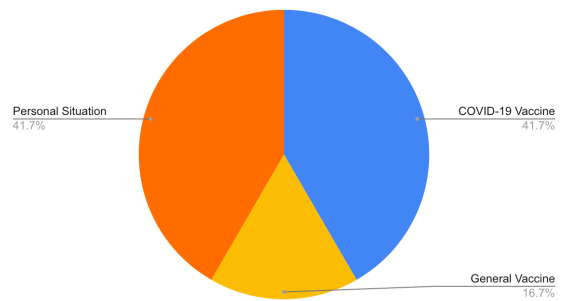
Latinx



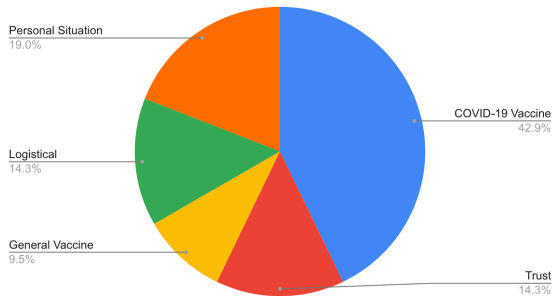
Brazilian



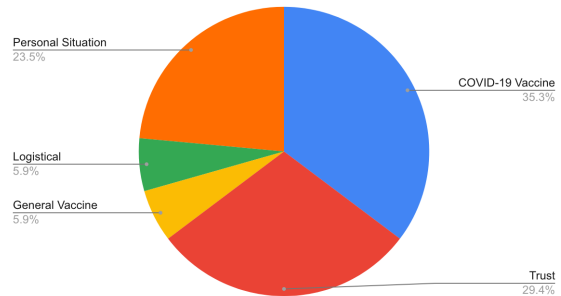
Chinese



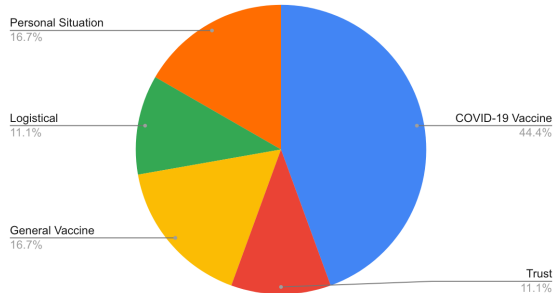
Haitian



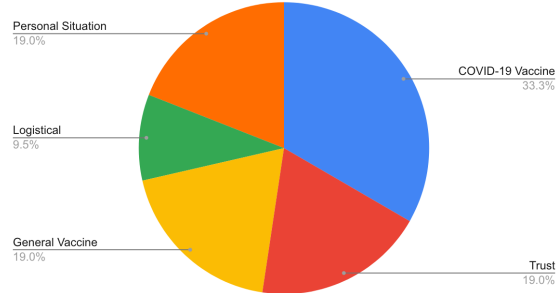
Vietnamese



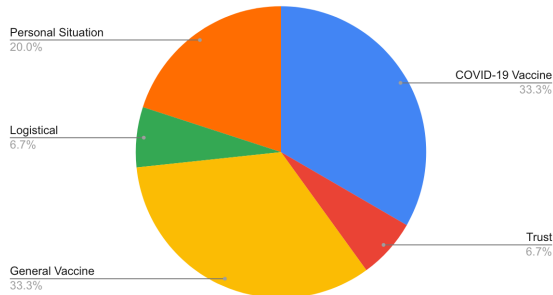
Cape Verdean



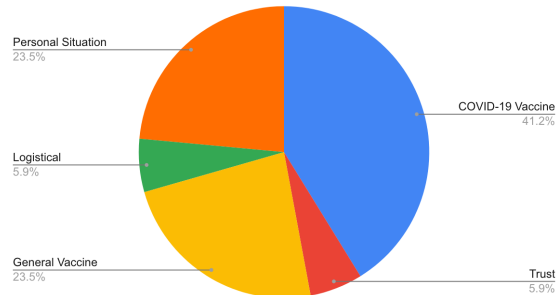
Cambodian



Arabic Speakers



Swahili Speakers



Based on the customization process, as summarized in the above table, there is both good and bad news:

- For all populations but one (Vietnamese), more than half of the questions and concerns were around the COVID-19 vaccine and vaccination in general. This is cause for optimism, since, while there is work to be done, most of these questions can be addressed with education and public information.
- Many immigrants do not display high levels of mistrust and, once other questions are answered, may be ready to get vaccinated. This includes Brazilian, Chinese, Haitian, Cape Verdeans, and Arabic and Swahili speakers. The Vietnamese community, while it scored high on mistrust, respects doctors and many have reportedly already sought vaccination.

- The Black community still has a very high level of distrust. This will require ongoing engagement to dissipate. In addition, the Vietnamese and Cambodian communities had high distrust levels.
- Three groups had a great deal of general-vaccination-related questions and concerns: Cambodians, Arabic speakers, and Swahili speakers. Ongoing education about vaccination and vaccines may help to dispel hesitancy in these communities.
- It is difficult to draw conclusions about the Latinx population from our customization, since there was often little agreement on key questions and concerns, probably because there are at least three broad subgroups, each with their own histories and issues: Puerto Ricans; Dominicans; and Central American/Mexican and South American immigrants. For example, Puerto Ricans don't have the same immigration concerns as do the other groups, especially those in which there are a large number of undocumented. On the other hand, Puerto Ricans and Dominicans may share some of the mistrust issues around race that the Black community has.
- Within the Asian groups, while the Chinese community does not seem to have trust concerns, both the Vietnamese and Cambodian groups do. These overlap with patterns of educational attainment and income.
- For immigrants, personal situations—pregnancy, health conditions, immigration status, having been ill with COVID-19—may play a bigger role in vaccine hesitancy, perhaps because they lack culturally and linguistically appropriate materials to address these.