

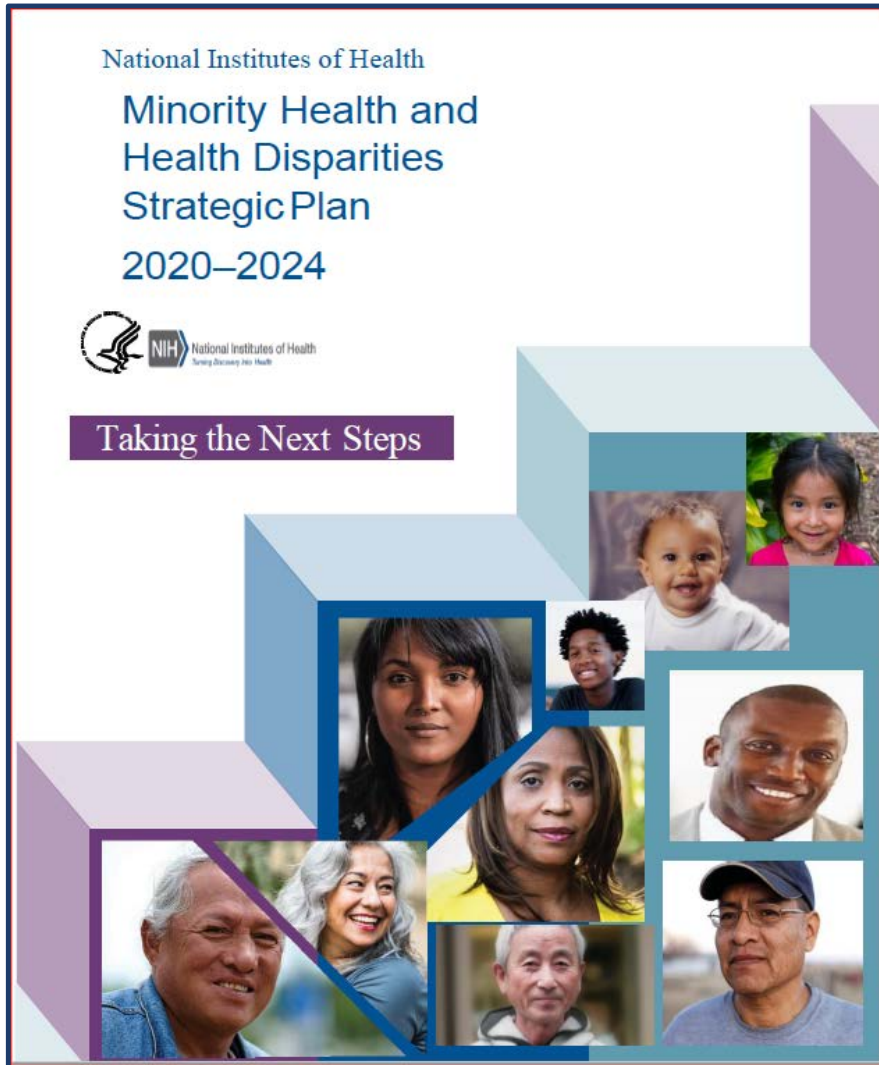
Addressing COVID-19 Vaccine Hesitancy in Communities with Significant Health Disparities

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NIH CEAL Initiative



Racial and Ethnic Minority Populations



Categories by Race

1. American Indian or Alaska Native
2. Asian American
3. Black or African American
4. Native Hawaiian or Other Pacific Islander

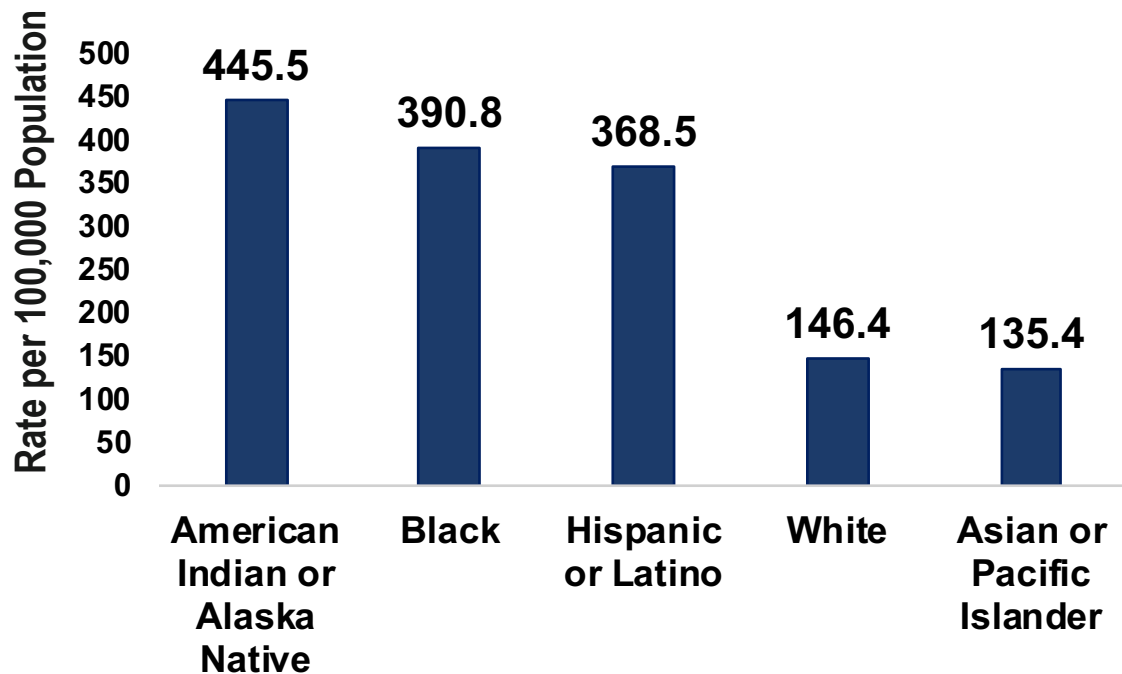
Categories by Ethnicity

1. Latino/Hispanic
2. Not Latino/Hispanic

Two or More Race Categories

The COVID-19 Pandemic in the U.S. Disproportionately Affects Communities of Color

COVID-19-Associated Hospitalization Rates
March 7–November 21

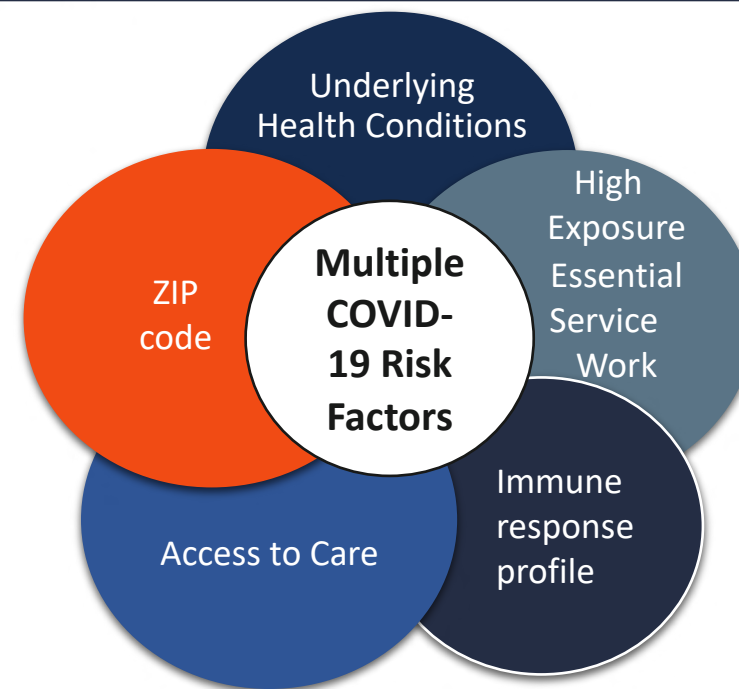


Among some racial and ethnic minority groups, evidence points to higher rates of hospitalization or death from COVID-19 than among non-Hispanic white persons.

COVID-NET

Interplay of clinical characteristics and social determinants of health puts minority communities at high risk for COVID-19 complications

- Heart Disease
- Hypertension
- Diabetes
- Lung Disease



CDC, National Center for Health Statistics (NCHS), National Vital Statistics System, 2019; Yan R, et al., *Science*, 2020.

COVID-19 and Health Disparities

Rate ratios compared to White, Non-Hispanic persons	American Indian or Alaska Native, Non-Hispanic persons	Asian, Non-Hispanic persons	Black/African American, Non-Hispanic persons	Hispanic or Latino persons
Cases¹	1.8x	0.6x	1.4x	1.7x
Hospitalizations²	4.0x	1.2x	3.7x	4.1x
Deaths³	2.6x	1.1x	2.8x	2.8x

¹ Data source: Data reported by state and territorial jurisdictions (accessed 11/27/2020). Numbers are ratios of age-adjusted rates standardized to the 2000 US standard population. Calculations use only the 52% of reports with race/ethnicity; this can result in inaccurate estimates of the relative risk among groups.

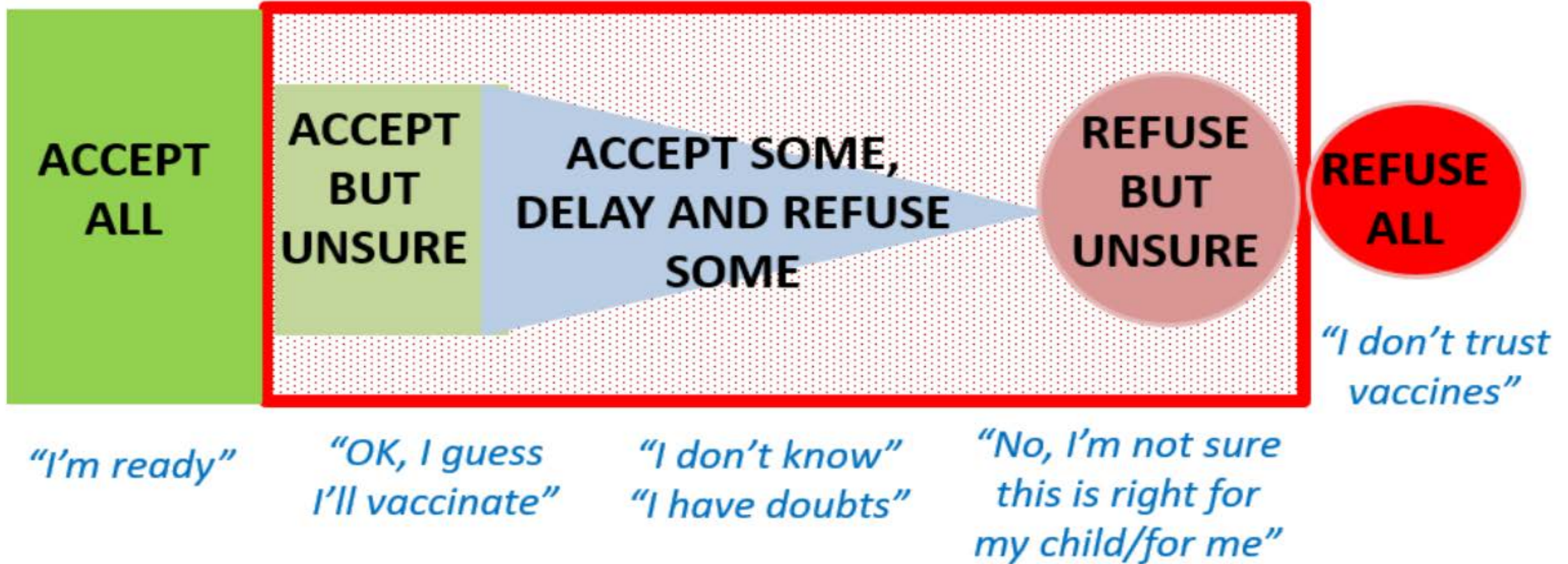
² Data source: COVID-NET (<https://www.cdc.gov/coronavirus/2019-ncov/covid-data/covid-net/purpose-methods.html>, accessed 11/25/2020). Numbers are ratios of age-adjusted rates standardized to the 2000 US standard COVID-NET catchment population.

³ Data source: NCHS provisional death counts (<https://data.cdc.gov/NCHS/Deaths-involving-coronavirus-disease-2019-COVID-19/ks3g-spdg>, accessed 11/27/2020). Numbers are ratios of age-adjusted rates standardized to the 2000 US standard population.



Vaccine Hesitancy is a Continuum Between Complete Acceptance & Complete Refusal

HESITANCY





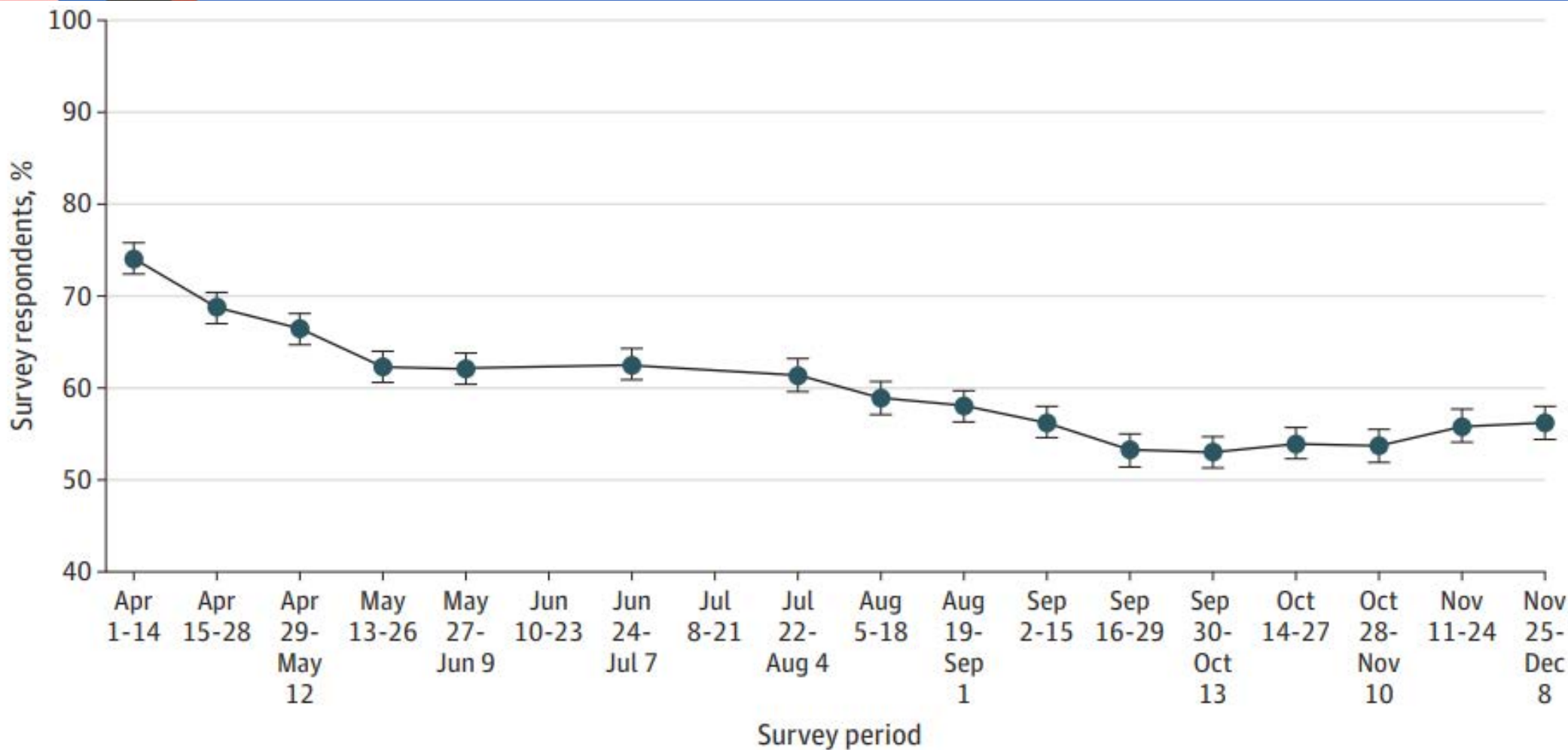
Reasons for Vaccine Hesitancy in the COVID-19 Era

1. Questions and concerns about benefits, safety and side effects.
2. Concerns about speed of development process and representation of people “like me.”
3. Distrust in political and economic motivations of the government and companies involved
4. Misinformation: Established and new conspiracy theories about vaccines and COVID-19





National Trends: Percentage of US Adults Who Say They Are Likely to Get a COVID-19 Vaccine, Apr 1 – Dec 8, 2020

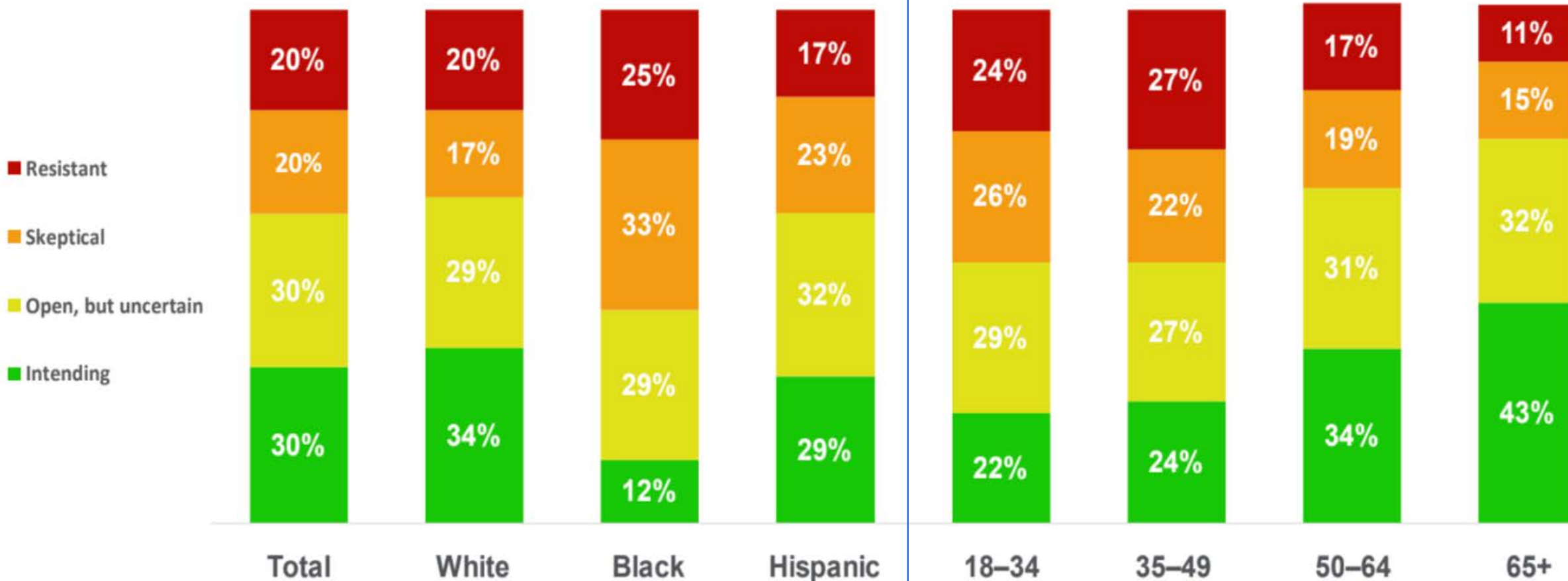


Percent of Adults Who Stated in April & December 2020 That They Were Somewhat or Very Likely to Get Vaccinated for COVID-19, and Change Over Time

Demographic characteristic	April 2020 survey (April 1-14); likely to get a vaccine, % (95% CI)	December 2020 survey (November 25-December 8)			Change over time: April 2020 survey to December 2020 survey, % (95% CI) ^b
		Sample size	Likely to get a vaccine, % (95% CI)	Adjusted risk ratio (95% CI) ^a	
Overall	74.1 (72.4-75.8)	5660	56.2 (54.4-58.1)		-17.9 (-20.0 to -15.8)
Sex					
Men	79.1 (76.8-81.5)	2362	62.3 (59.6-65.0)	1 [Reference]	-16.9 (-20.0 to -13.8)
Women	69.5 (67.1-71.9)	3298	50.6 (48.1-53.1)	0.9 (0.8-0.9)	-18.9 (-21.8 to -16.0)
Age group, y					
18-49	69.1 (66.5-71.7)	2431	50.9 (48.2-53.7)	1 [Reference]	-18.2 (-21.4 to -15.0)
50-64	76.7 (73.8-79.6)	1755	57.0 (53.7-60.4)	1.2 (1.1-1.3)	-19.7 (-23.5 to -15.8)
≥65	83.8 (81.0-86.6)	1473	69.1 (65.7-72.5)	1.4 (1.3-1.5)	-14.7 (-18.6 to -10.8)
Race/ethnicity ^c					
White	77.8 (75.9-79.6)	3851	58.6 (56.5-60.8)	1 [Reference]	-19.1 (-21.5 to -16.8)
Black	50.7 (44.7-56.7)	413	37.6 (32.0-43.2)	0.7 (0.6-0.8)	-13.1 (-19.9 to -6.3)
Hispanic	73.1 (67.8-78.3)	810	52.7 (47.1-58.2)	1.0 (0.9-1.1)	-20.4 (-27.2 to -13.6)
Asian	90.9 (86.1-95.7)	290	80.6 (73.9-87.2)	1.3 (1.2-1.4)	-10.3 (-18.5 to -2.2)

Vaccine Intent is Lowest Among Black and Young Adults

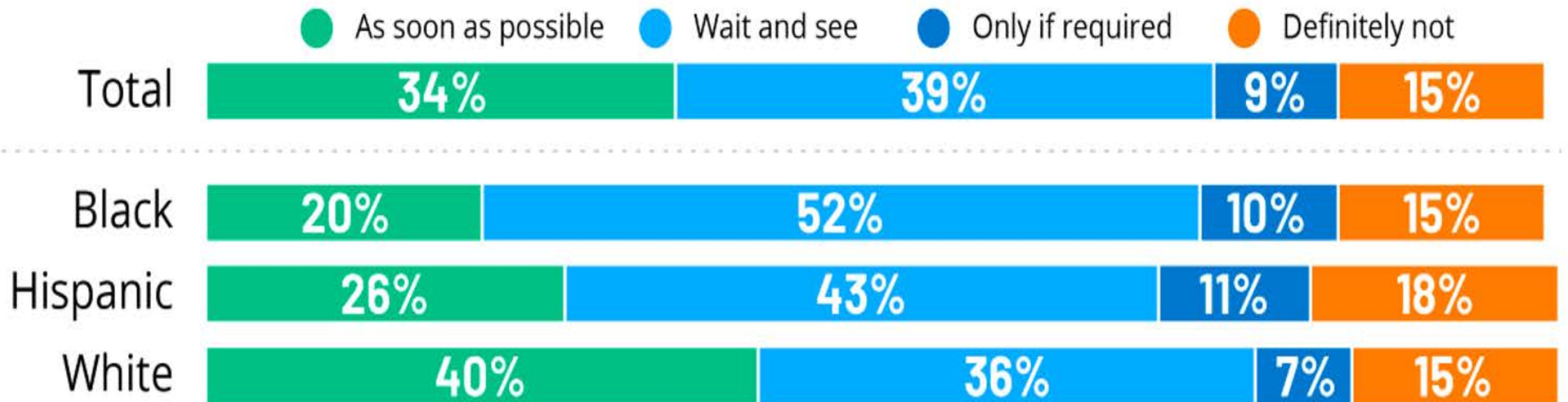
COVID-19 Vaccination Intent





In this survey, nearly two-thirds of African Americans were COVID-19 vaccine hesitant

African Americans/Blacks are more likely to be hesitant to COVID-19 Vaccination

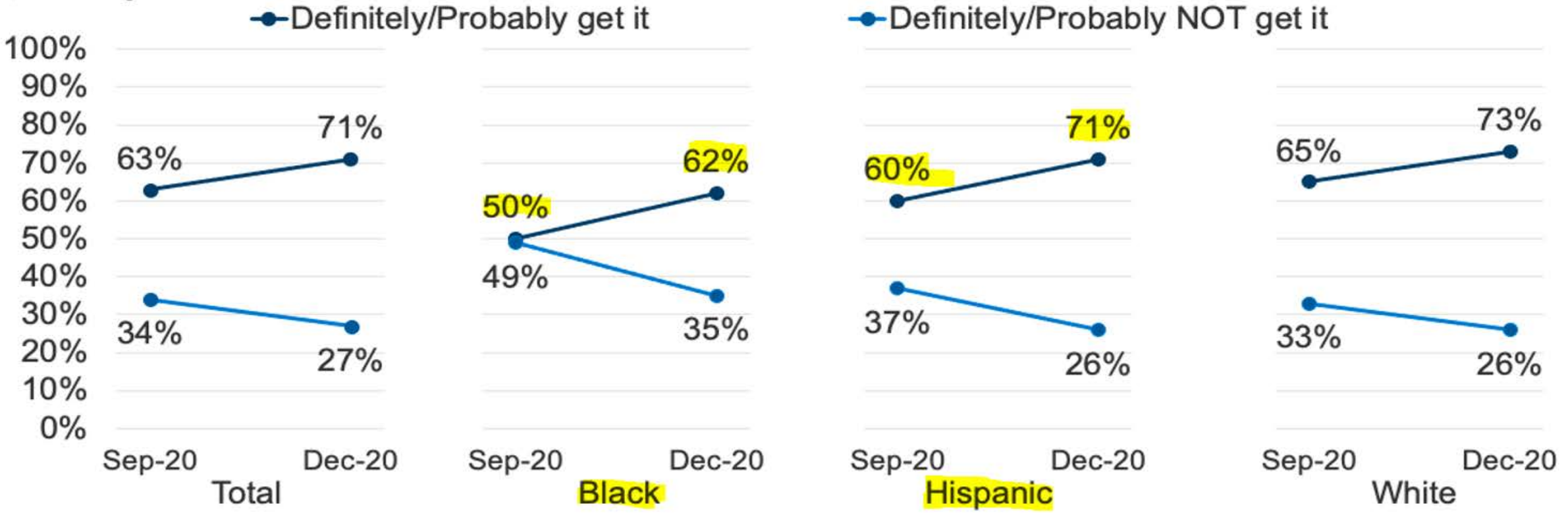


SOURCE: KFF COVID-19 Vaccine Monitor (KFF Health Tracking Poll, Nov. 30-Dec. 8, 2020). See topline for full question wording.



Willingness to accept the COVID-19 vaccine is increasing; however, we have more work to do

If a COVID-19 vaccine was determined to be safe by scientists and available for free to everyone who wanted it, would you...?



SOURCE: KFF COVID-19 Vaccine Monitor (KFF Health Tracking Poll, Nov. 30-Dec. 8, 2020); KFF/The Undeclared Survey on Race and Health (conducted Aug. 20-Sept. 14, 2020). See topline for full question wording.

KFF COVID-19 Vaccine Monitor





Important concepts in addressing vaccine hesitancy

- A one-size approach does not fit all communities.
- Begin by listening to the community's needs and concerns.
- Needs should be tailored to the individual or targeted and contextualized to the community.
- No single intervention strategy addresses all instances of vaccine hesitancy.
- **Assess the 3Cs:** community's vaccine confidence, complacency, and convenience



Addressing Vaccine Hesitancy: Begin with the 3 Cs Model

Confidence:

- Refers to trust in the effectiveness and safety of vaccines, the system that delivers them and/or the motivations of policy-makers who make determinations about vaccines.

Complacency

- Refers to a low perceived risk of vaccine-preventable diseases and therefore it is assumed vaccines are not needed.
- Other issues are considered more important.

Convenience

- Refers to the degree to which the comfort, convenience, time, place, and quality of a vaccine affects uptake of the vaccine.



Count on Trusted Voices and Trusted Messengers in the Community

- Doctors, nurses, pharmacists, and other health professionals in the community
- Clergy and other faith-based organization leadership.
- Trusted voluntary organizations and institutions.





Promising Strategies to Overcome COVID-19 Vaccine Hesitancy in Communities with Significant Health Disparities

Effective Communication:

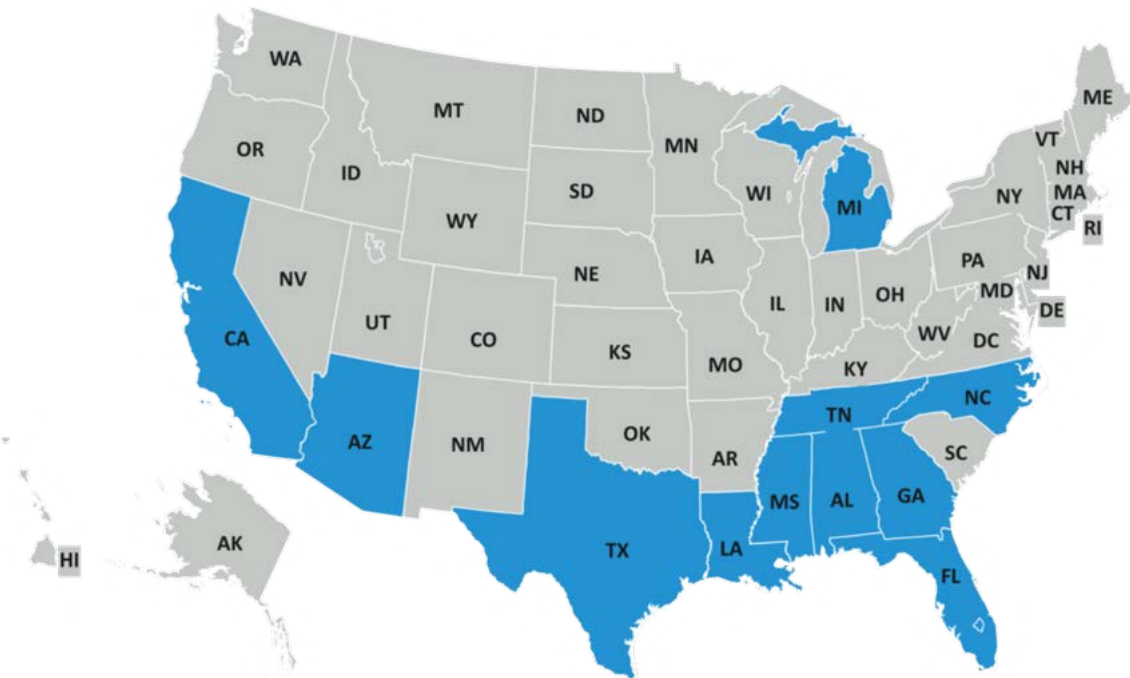
- Share accurate information from trustworthy sources.
- Use clear, concise, plain language.
- Deliver trustworthy messaging using different modes- print, video, infographics, in-person, social media.
- Provide information in multiple languages.
- Develop FAQs, update based on feedback and new questions.
- Use visuals with diverse representation.

Engender Trust:

- Acknowledge fears, concerns, and historical injustices.
- Be transparent about side effects & unknowns.
- Use messengers experienced in effectively communicating with diverse audiences.
- Dispel myths with facts, without being critical of individual or group beliefs.
- Partner with trusted leaders to share info.
- Allow people to see themselves - “someone like me”

Addressing COVID-19 Vaccine Hesitancy: NIH Community Engagement Alliance (CEAL) Against COVID-19 Disparities

A trans-NIH initiative leading outreach, engagement and inclusive participation efforts in ethnic and racial minority communities disproportionately affected by the COVID-19 pandemic



11 CEAL state teams partnering with national & local organizations



Academic Partners



Community-Based Organizations



Healthcare Centers & Providers



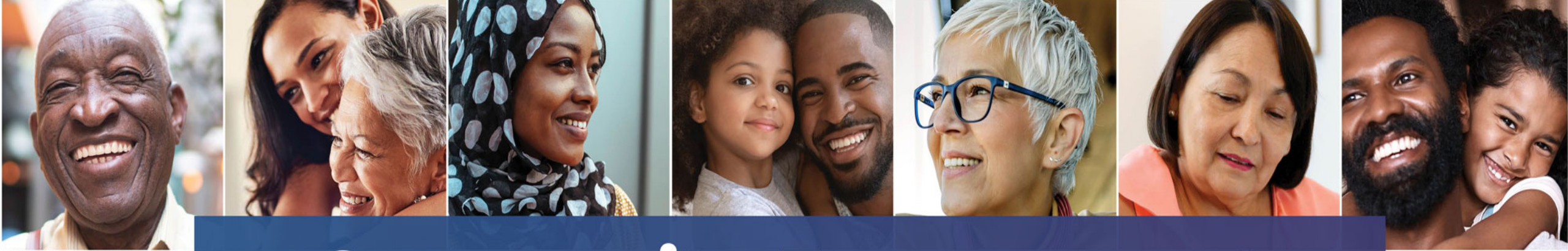
Faith-Based Organizations



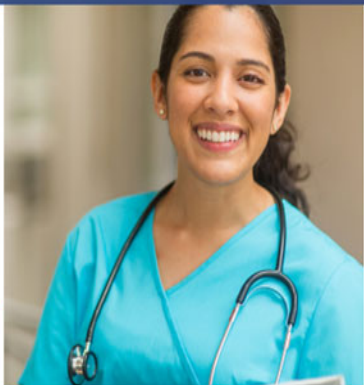
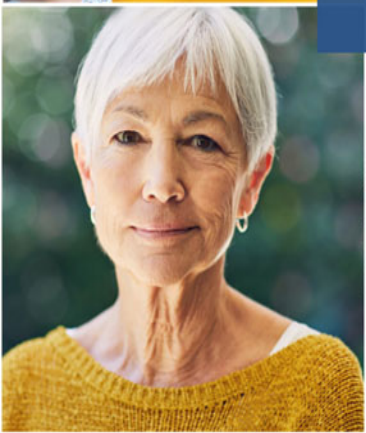
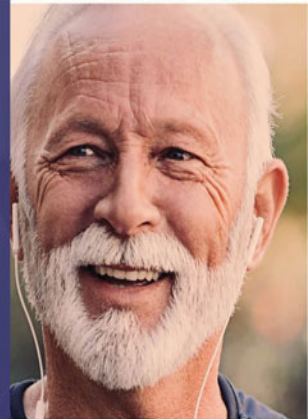
State & Local Government Agencies



Pharmacy Networks



Community Engagement Alliance (CEAL) Against COVID-19 Disparities



Community Engagement Alliance (CEAL)
Against COVID-19 Disparities

<https://covid19community.nih.gov/>



National Institutes of Health

Takeaway Message

Vaccine hesitancy can change, but it requires community engagement, building trust, understanding the vaccine process, and sharing truthful information



A stylized illustration of a diverse crowd of people, all wearing face masks. The figures are rendered in various colors (blue, orange, light blue, grey) and are shown from the chest up, facing different directions. The background is a mix of these colors, creating a sense of a busy, multi-cultural environment.

Thank You!



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