Share, Trust, Organize, Partner: the COVID-19 California Alliance

STOP COVID-19 CA

January 2020

Multiethnic Community Focus Groups on Vaccine Hesitancy & Acceptability in Los Angeles County

UCLA

Slides updated 1/28/21

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THE COVID-19 CALIFORNIA ALLIANCE

Partnering Community Organizations, Stakeholders, and Individuals from across California with: UCLA • SDSU • Scripps Stanford • UCD • UCI • UCM • UCR • UCSD • UCSF • USC

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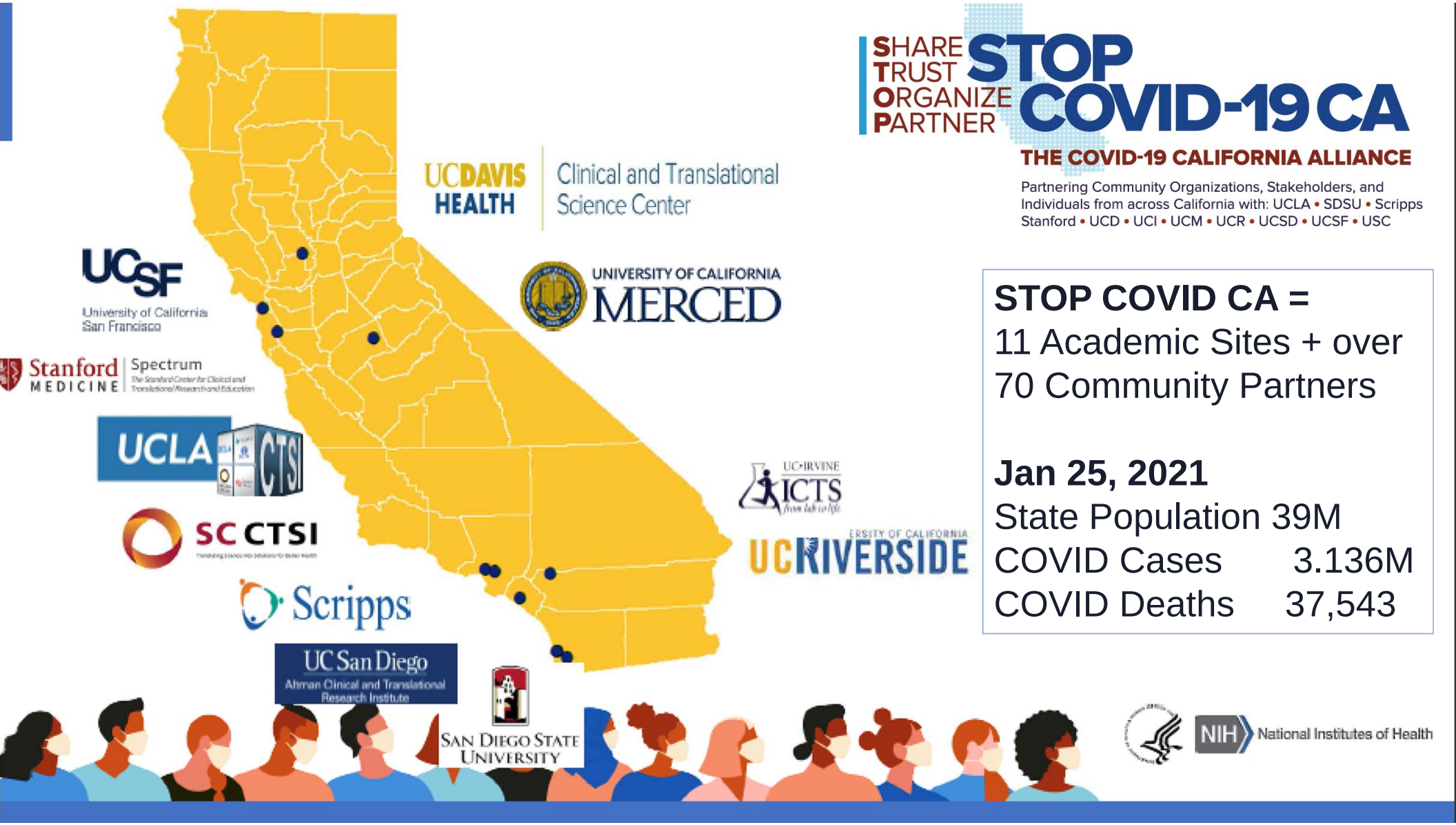
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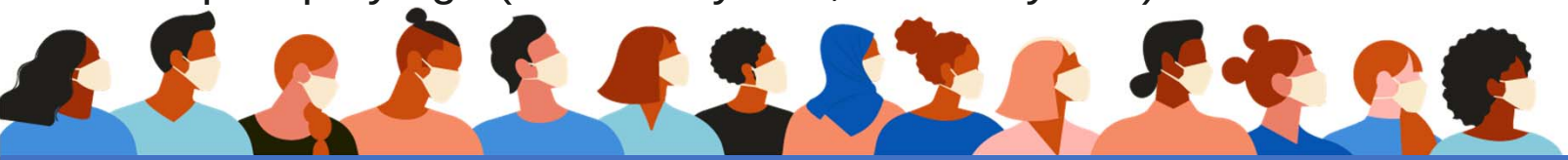
NIH National Institutes of Health
STOP COVID CA =
11 Academic Sites + over 70 Community Partners
Jan 25, 2021
State Population 39M
COVID Cases 3.136M
COVID Deaths 37,543

Multiethnic Focus Groups on of Hesitancy & Acceptability COVID-19 Vaccines

- **Objective**: Amplify the voice of community members to understand potential barriers and facilitators for preparing for COVID-19 vaccine readiness (once a vaccine is available) to inform public health initiatives.

- **Methods**: 2-hour focus groups with Los Angeles County community members at high-risk for COVID-19. Led by Trained facilitators and community representatives who self-identify with each ethnic group. Participants asked to contribute and reflect as individuals and experts from their communities.
  - Race/ethnicities facing a high burden of COVID-19 and related comorbidities
  - Essential workers
  - Low-income zip codes
  - Split up by age (under 50 years, over 50 years)



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Focus Group Guide

- Developed from HPV and PrEP literature.
- Modified to make questions simplistic and discussion-friendly.
- Asked for perspectives beyond the individual (one's community, family, friends).

- Example questions:
  - **Perceived knowledge**:
    - What have you or members from your community heard about any vaccines to protect against COVID-19?
  - **Social processes/cues to action:**
    - What concerns do you, your family, or your community have about receiving the COVID-19 vaccine? What additional information do you need to feel comfortable to receive the COVID-19 vaccine?
    - When a COVID-19 vaccine is available, who and where would you feel most comfortable getting the vaccine?
  - **Perceived risks/benefits:**
    - What do you think are some risks and benefits of the COVID-19 vaccine?
    - How would you feel about the information (that getting the vaccine does not 100% protect against getting infected)?
  - **Perceived barriers/practical barriers/facilitators**
    - What challenges do you, your family, or people you know may face in getting the COVID-19 vaccine?
    - What are some ways to get the COVID-19 vaccine to the people who need it most when it becomes available?

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Focus Groups Conducted, November 2020-January 2021

13 Focus Groups by Race/Ethnicity and Age

69 LA County Residents (Prioritized low income zip codes, essential Workers)

2.5 Month Period

Group	Date Completed	# of participants (N=69)
Filipino <50y	11/16/20	5
Filipino >50y	1/19/21	6
Pacific Islander <50y	11/19/20	4
Pacific Islander >50y	12/21/20	5
American Indian/Native American >50y	12/3/20	6
American Indian/Native American <50y	12/9/20	6
American Indian/Native American*	1/21/21	5
Black/African American >50y	12/14/20	6
Black/African American <50y	12/16/20	6
Black/African American*	1/28/21	5
Latinx >50y (Spanish)	12/15/20	6
Latinx <50y (Spanish)	1/26/21	5
Latinx (English)*	1/27/21	4

*Mix of under/over 50y for discussion

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Preliminary Themes in COVID-19 Vaccine Acceptability/Hesitancy

Vaccine Knowledge, Misinformation, & Concerns

Barriers: Social Determinants of Health, Accessibility, Affordability

Population-Specific Considerations

Additional Requests/Hope in Vaccine Delivery

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Key Takeaways - **Preliminary**

Vaccine Knowledge, Questions, Misinformation, & Concerns

- Operation Warp Speed / development: *was it rushed? Is it a draft? Will there be a better vaccine later?*
- Stigma of COVID-19 (i.e. I did something wrong)
- Government / politicization of vaccine / profit over protection / pharmaceutical companies
- Outcomes Data "*Do they look like me?*" (in reference to chronic disease, race/ethnicity, age, disability, etc..)
  - Effectiveness, differences between vaccines (for different populations, effectiveness, if you have a choice)
  - Side effects
  - Numbers of participants and who participated in trial
  - Who's been vaccinated so far and outcomes (healthcare workforce/leaders, politicians, community leaders, etc.)
  - Ensuring COVID-19 rates go down post-vaccine
- Information for the public
  - Doses, how it works, level of protection
  - Safety/risk at place of vaccine, long lines, etc. ("don't want to jeopardize one's health to protect one's health")
  - Allocation (when you will be eligible and notified, how it works, who is eligible, insurance/payment needed)
- Misinformation, social media

Key Takeaways - **Preliminary**

Barriers: Social Determinants of Health, Accessibility, Affordability

- Transportation (no car, public transportation dependent, Los Angeles, remote/rural)
  - *What if only a portion of the family is eligibility for vaccination now? Burden on families for transportation/rides considering two doses*
- Child/elder care (i.e., single mom's having to bring two kids on public transportation, deciding between work and vaccine)
- Costs of vaccine, healthcare access (lost job/insurance)
- Legal status (fears, affects on eligibility/timeline for vaccine, documentation during vaccine process)
- Disabilities, home/bed ridden, hearing/seeing impaired,
- Incarcerated individuals, elders, homeless
- Reducing lines/waits for those whom this is hard/impossible (or if is unsafe), medical conditions requiring access to restrooms/eating/other on site – what will the facilities look like?
- Alternative hours/locations
- IF side effects, will be compensated or have paid time off work? Will they be seen by the "good" doctors?
- Familiar/trusted locations
- Language accessibility

Key Takeaways - **Preliminary**

Population-Specific Considerations, Cultural Considerations

- Worry about ***differential*** access/treatment (or different vaccine) based on race/ethnicity, socioeconomics, neighborhood, “gatekeepers,” available resources
- Outreach & investment through trusted *community* leaders (i.e. faith-based, maternal leaders, providers) in distribution, information, education)
- Engaging different generations within family/network as advocates (children, grandchildren share info with elders)
- Trust, systematic racism
- Previous unethical research studies (Tuskegee [Black], Hansen’s disease research without consent in Hawaii, nuclear weapons tests and COFA benefit delay [Pacific Islander], genetic research without full permission [Pacific Islander & American Indian], USC Study [Filipino/Immigrant women])
- Wanting to see someone “that looks like me”

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Key Takeaways - **Preliminary**

Cues to Action: Additional Requests/Hope in Vaccine Delivery

- Unbiased information, frustration with a lack of “one source” for information, myths and false information, someone to ask questions to
- Empathy and understanding from medical professionals for those with hesitance because of historical events that have led to mistrust – this can be a “very difficulty decision” for some
  - Related: Would like to not be singled out as a race/ethnicity for vaccine skepticism (which can be healthy skepticism based on past)
- Promoting communal reasons to get the vaccine (i.e., do it for your family)
- Influencers: seeing others get the vaccine first (when already so affected, need for ensuring safety)
- Protection after vaccine: Concerns over the community dropping their guard after vaccinations and creating risks for others
- Sensitivity to those whom this pandemic has been devastating, hard, long, lonely
- Ask for understanding if they “can” wait for more information (i.e., already working from home or isolated)
- Choice in vaccination (i.e., optional, not mandatory)
- Incentives
- HOPE!

Select Quotes

"The U.S. has never been 100% pro-Black, so ***why are we getting preferential treatment for a vaccine now****?" -Black*

"What phase is the undocumented in?" - Latino

"It kills me every time I see my Lola [grandmother] and I don't hug her, I don't come near her, I don't let her pinch my belly. I see myself super disrespectful*… [but] if the matriarch of a family got it [the vaccine] more likely other folks in their family would get it and a lot of Filipino households are silently matriarchal.* ***If the head Lola tells everyone to get it they're all getting it."*** *-Filipino*

"For people who have been let down by the system in the past I would hope that there is a little bit of compassion and understanding and patience*, and not treating someone as less than because they are impacted by situations in the past." -American Indian*

"The other concern is the long-term effects and not sampling enough Pacific Islanders, women, people of color, those with health disparities …the timeframe of which a vaccine is normally vetted, this is so quick, it's pretty scary. That's the word on I'm getting on the Coconut Wireless vine."
-Pacific Islander

Preliminary Recommendations / Takeaways

- **Evolving** and critical need for accessible and timely information and combating misinformation. *Some* examples of questions/concerns have changed over the 2.5 months of this study:
  - November (after election): Politicization
  - January: Reports of deaths after getting the vaccine (Norway, Florida physician), Allocation issues
- Need for better sources of information, needs for engagement with community to share correct updated information with trusted sources in the community
- Altruistic, communal reasons for getting the vaccine resonate
- Need for representation and acknowledgement across **all** high-risk groups to communicate vaccine effectiveness
  - Example: Filipino group asked for an acknowledgement note about why Asian subgroups could not be broken down in effectiveness data – they said that seeing themselves mentioned would go a long way

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Current Community Friendly COVID19 FAQ

- Sent to participants, partners, community clinics
- Word version sent for CBO/clinic partners to add their logo – VERY appreciated
- Will aim to update monthly…

COVID-19 Vaccine Information: Answers to Important Questions!

UCLA

Pfizer & Moderna — **January 2021**

Why should I get vaccinated?

- Vaccination protects you, your family, and your community from any symptomatic COVID-19.
- Reduces the chance of hospitalization and death.
- Being unvaccinated may increase your risk of COVID-19 and serious long-term complications.

How does the vaccine work?

The vaccine teaches your body how to recognize and respond to COVID-19.

Side effects

- Most side effects are mild, may occur over
- d can be stronger after your
- mmon side effects include
- ache, fatigue, headache,
- and fever. After vaccination,
- nnel will monitor you for 15
- ure you get any necessary
- u have a reaction.
- ffects are rare. The vaccine is
- you have seasonal, pet, or
- If you have a history of
- evere allergic reactions),
- e reactions, are allergic to
- ethylene glycol, talk to your
- s no evidence the vaccine

- ctor if you: are
- omised or are taking
- t affects your immune
- been unable to receive
- the past because of a blood
- eding disorder, have a fever,
- r plan to become pregnant.

Is the vaccine safe for someone like me?

Over 70,000 people participated in Pfizer and Moderna trials and were equally safe for all:

- Adults, all ages (65+, over 85% effective)
- Race/ethnicities (Black, Latino, other communities of color, over 95% effective)
- Chronic conditions (about 90% effective)

Even if you had COVID-19 already, the vaccine is safe and can prolong your immunity.

How many people from racial and ethnic groups were part of the clinical trials?

Moderna and Pfizer clinical trials included a broad range of diverse participants: American Indian (0.8%, 0.6%), Asian (4.7%, 4.4%), Black (9.7%, 9.8%), Hispanic/Latino (20.5%, 26.2%), Multiracial (2.1%, 2.5%) and Pacific Islander (0.2%, 0.2%), respectively.

What is in the vaccine?

Four ingredients: Protein (mRNA), fats (called lipids), salt, and sugar (preservatives). No animal products (halal) or thimerosal. No fetal tissue was used to make the vaccine. These vaccines do not contain any parts of the coronavirus and cannot cause COVID-19.

How was the vaccine tested? Was it rushed?

Quickly but carefully and safely! There was no "skipping" of testing steps. Testing and production overlapped to reduce time. These types of vaccines have been studied for years before COVID-19. The vaccines were found to work very well and be equally safe for 70,000 people in the Pfizer and Moderna trials. As of January 2021, over 10 million in the US have received the vaccine.

Which vaccine is better? Do I have a choice?

- Both Pfizer and Moderna vaccines are about 95% effective.
- At this point, due to limited supply, you cannot choose. Your first shot needs to be the same as your second shot. Pfizer is the only vaccine approved for ages 16-17 years of age. Pfizer and Moderna each have two doses, spaced apart 3-4 weeks.

Is the vaccine required?

Not currently, but you are strongly encouraged to get the vaccine. Postponing vaccination can increase your risk of COVID-19 and long-term complications.

Should I get the vaccine if I already had COVID-19?

Yes. Protection from the vaccine is safe and can prolong your immunity. You can wait up to 90 days after infection for vaccination but can receive it as soon as local regulations allow.

Do I still need to wear a mask after getting the vaccine?

Yes. The vaccines protect YOU from getting sick from COVID-19, but it is unclear whether you may still get mild or symptom-free cases, then transmit COVID-19 to others. Continue to follow public health guidelines, such as wearing a mask, social distancing, and avoiding indoor crowds.

How do I find out where to get the vaccine? Is it free?

Visit your local county department of public health website or talk to your provider for information on eligibility and where to get the vaccine.
The vaccine is free. In some cases, you may provide insurance or a facility fee.

Why are some communities, such as Black, Latinx, American Indians, Pacific Islanders, or Asian Americans, being encouraged to get the vaccine?

Some communities may be offered the vaccines earlier than others because their infection, hospitalization, and death rates have been disproportionately high due to occupational risk as essential workers, insufficient medical access, etc.

Other questions or concerns?

Your questions are important and deserve to be answered by knowledgeable and trusted individuals. Contact your physician or local public health department for more questions.

Updated versions of this document will be published on stopcovid-19ca.org

References:
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•United States Food and Drug Administration. (2020a). Fact sheet for recipients and caregivers: Emergency Use Authorization (EUA) of the Pfizer/BioNTech and Moderna COVID-19 vaccine to prevent coronavirus disease 2019 (COVID-19) in people 16 years of age and older. www.fda.gov/media/144414/download and https://www.fda.gov/media/144638/download
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Community Friendly Materials:

Template PowerPoints for Community Outreach

Weighing the Risks: Infection vs. Vaccination

Every million cases of COVID-19 **infection**

~15,000 deaths

~70,000 hospitalizations

Every million COVID-19 **vaccinations**

~2-3 serious reactions

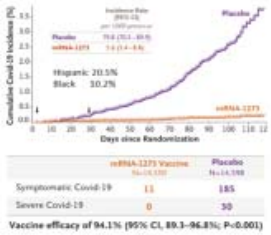
~1-2 hospitalizations

1-2 deaths under investigation

Moderna and Pfizer vaccine each reported 10 serious allergic reactions out of 4 million doses (as of 1/23/21)

Vaccine Effectiveness: Race/Ethnicity Data

Moderna Covid Vaccine Trials

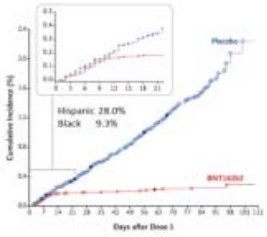


Over 37,000 people

94.1% Effective Overall

97.5% Effective in People of Color

Pfizer Covid Vaccine Trials

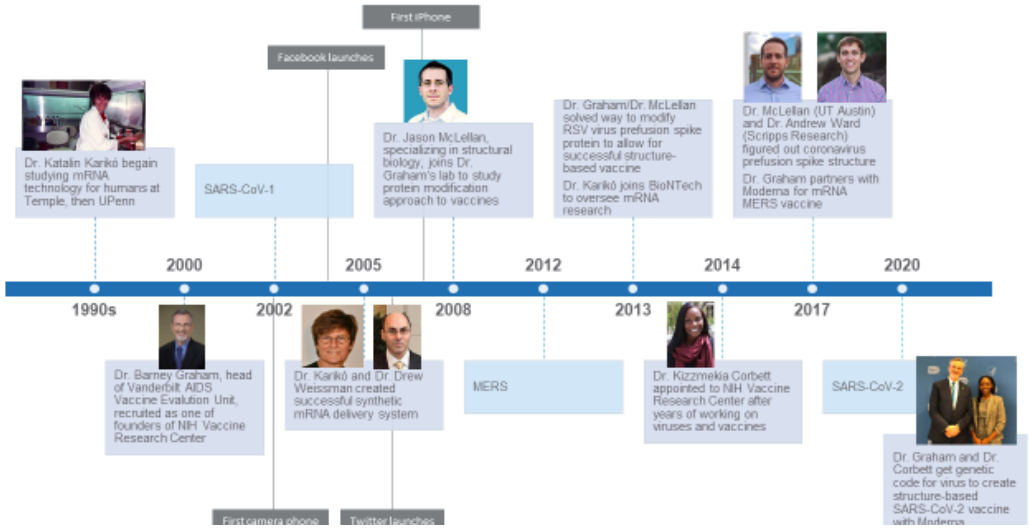


Over 37,000 people

95% Effective Overall

100% Effective in Black persons and 94.4% Latinx

Timeline of mRNA technology and key figures in vaccine development



Next Steps & Deliverables

- February:
  - Start analysis
  - **Race/ethnicity Considerations (1-pager policy briefs?)**
  - **Ongoing vaccine FAQs based upon common questions**
    - Drafts will be sent to participants and stakeholders to re-engage and collect further questions

- Questions? Distribution list for results? scarson@mednet.ucla.edu

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