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REACH - COVID and Flu Vaccine Supplement Listening Sessions Report

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We would also like to honor the participants who gave of their time and energy to help us learn about community concerns. These conversations occurred during difficult times and some topics were difficult not only because of the loss that occurred during the COVID-19 pandemic but also the contentious nature of the topic. Because of their willingness to participate, we can better understand community perspectives with the aim of improving services and access.

This report was produced by the University of New Mexico Prevention Research Center. Please contact Theresa H. Cruz at thcruz@salud.unm.edu if you have questions about this report.

BACKGROUND

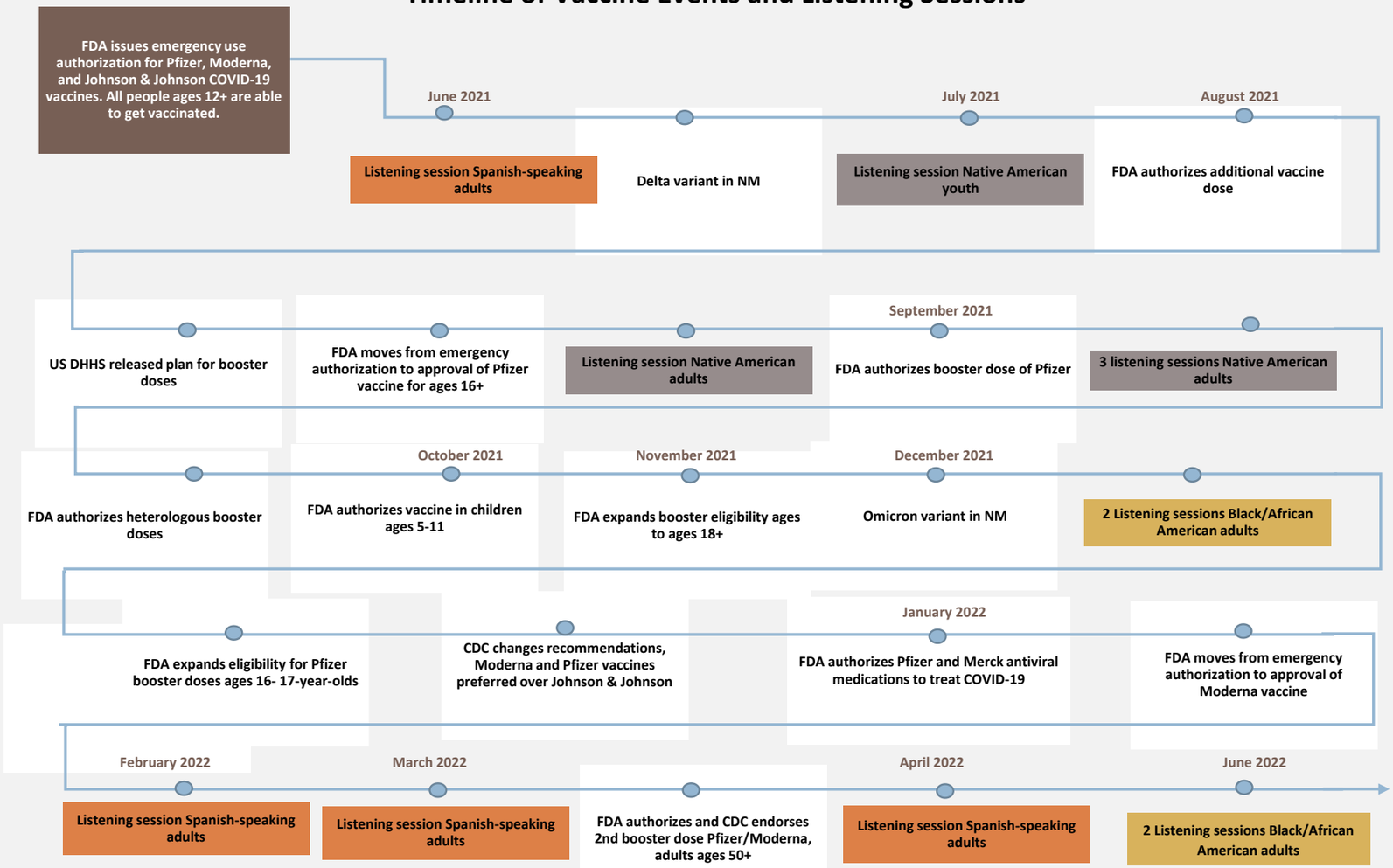
In collaboration with Presbyterian Healthcare Services Community Health, partners in the Racial and Ethnic Approaches to Community Health (REACH) Healthy Here Project, and other respected community leaders, the UNM Prevention Research Center conducted listening sessions focused on COVID-19 and flu vaccine confidence. The sessions identified barriers and concerns about the COVID-19 and flu vaccines, and strategies for increasing vaccine confidence in Hispanic, Native American and Black/African/African American communities in New Mexico.

METHODS

A total of 13 listening sessions were scheduled with these priority populations, 4 with Hispanics, 5 with multiple Tribes in New Mexico, and 4 with Black/African/African American communities. The listening sessions occurred both virtually and in person with a total of 143 individuals ranging in age from 11-75 years old. These sessions were recruited through, hosted by, and facilitated by trusted community partners. The listening sessions were recorded, transcribed and summarized for salient findings across and between groups. This report will highlight the overall findings and will also detail the unique findings between racial/ethnic groups.

Listening session topics included the COVID-19 vaccines, booster doses, child vaccinations, barriers and concerns, flu vaccines, trusted messengers, and potential messages and strategies for increasing confidence in the differing communities.

Timeline of Vaccine Events and Listening Sessions



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RESULTS

COVID-19 VACCINE HESITANCY ACROSS LISTENING SESSIONS

Vaccine efficacy and safety. Participants were concerned with vaccine ingredients, rapid vaccine production, and the lack of long-term studies of safety and efficacy. They were curious about how the vaccine was created so quickly and wanted to know if it will be safe long-term. Participants expressed anxiety about both immediate and long-term side effects of the vaccine. They had heard stories in their communities about instances where the vaccine made people sick. Many individuals voiced concern about being test subjects and expressed fear of life-threatening side effects in the future. As different COVID-19 variants emerged over time, and breakthrough cases were occurring among vaccinated individuals, listening session participants expressed doubts about the efficacy of the vaccines.

> "I can't take something that I'm not 100 percent sure is going to help me, you know because…people are taking [the COVID-19 vaccine] and are still dying with it."

Natural healing. Participants across listening sessions discussed beliefs in natural healing methods and building natural immunities, either through contracting the virus or building their immune systems with healthy eating practices. Natural methods of health and wellness they felt could be used to prevent COVID-19 infection included exercise, sunshine, social interactions, and access to healthy foods and herbs.

> "…[eating] regular green vegetables – we believe it makes our immunity strong. And that's why we don't believe that vaccines will…do much for us to protect the people."

Individual freedom. Participants discussed the politics of vaccination. They felt there was censorship of information, and that this was cause for distrust of the government. Participants also expressed that vaccine mandates infringed upon people's rights to choose for themselves, which increased resistance among people that feel strongly about individual freedoms. Not vaccinating was seen by some as taking a political stand.

Detachment. Some younger participants expressed a sense of detachment from the issue or apathy. COVID-19 was not a major concern for them or their peers. The lifting of restrictions was viewed as a sign that the situation would resolve with little involvement from them. Some participants also felt that, since severe COVID-19 cases occurred among the sick and elderly, vaccination for youth was not necessary.

Distrust. Distrust was the most common sentiment expressed at all listening sessions. Participants voiced distrust of the government, politicians, the public health system, healthcare providers, and the pharmaceutical industry. Distrust varied by racial and ethnic group and was specific to their experiences and histories. These differences are further described in the section on vaccine hesitancy within different racial and ethnic communities.

COVID-19 VACCINE HESITANCY WITHIN RACIAL AND ETHNIC COMMUNITIES

Although there was variation among individual participants of the different racial and ethnic communities, there were some themes that were only expressed, or were expressed differently, within each of those communities. For example, Latinx and Black participants that were resistant to the COVID-19 vaccine voiced suspicion and distrust of monetary incentives which were seen as bribes or a way of tricking people into getting vaccinated whereas most Native American participants that spoke of monetary incentives saw them as motivators to vaccinate. Differences among subgroups are summarized by community below.

***Hispanic/Latinx Communities*.** Members of NM Latinx communities expressed religious and ethical concerns about the COVID-19 vaccine. Specifically, there were concerns about the use of stem cells in the production of the vaccine, which they felt violated religious and ethical beliefs. Some participants commented that the Catholic Church had approved use of the Pfizer and Moderna vaccines because stem cells were only used in one phase of the development process. Other participants disagreed with this reasoning and still saw stem cell use as a concern. One participant explained she lost work because she would not get vaccinated, but her religious beliefs were more important to her. "…we are more afraid of God than we are of COVID." Latinx participants also discussed fear of the vaccine in their community, exacerbated by misinformation. This included fear that people getting the vaccine will be implanted with a microchip, possibly for tracking. Participants also discussed a concern that pregnant women in their community do not want to vaccinate because of concerns for birth defects.

. "…we are more afraid of God than we are of COVID."

Hispanic/Latinx Immigrants. Participants in the Spanish-speaking listening sessions spoke about concerns among the immigrant community. This included anxiety about signing up for the COVID-19 vaccine through the New Mexico Department of Health's website. Participants saw this as a need to register with the government, which they were afraid to do. One participant, when discussing the NM Department of Health's vaccine website reported, "One of the things I heard a lot was, 'Why do you need my address and my phone number? How do I know that immigration is not going to arrive at my house?'" Spanish-speaking immigrants that were undocumented or in mixed status families stated that they were afraid to attend vaccine clinics where uniformed police officers or National Guard soldiers were assisting with the clinics because they felt that they would risk deportation. Spanish-speaking immigrants also described a lack of health insurance as a barrier to vaccination, as the vaccine website requested health insurance information. Some community members thought that they would have to pay for the vaccinations. Others, because they did not have health insurance, did not see doctors regularly and therefore did not have as many opportunities to get vaccinated or have access to good information from a source they could trust, like a Spanish-speaking physician. Additionally, not knowing if there would be Spanish-speaking staff present at the vaccine clinics was concerning for some.

"How do I know that immigration is not going to arrive at my house?'"

Native American Communities. Native American listening session participants discussed holistic health practices as well as indigenous methods of healing and spirituality. Several participants talked about family members who prefer a holistic

"I think there wasn't enough talking to our communities with like our medicine folks, or our elders, who hold [traditional] medicinal knowledge."

approach using herbs and natural medicines and traditional remedies for their health. They supported family members and community members' decisions to use more traditional approaches to healthcare. Several participants were upset that people who chose traditional healing instead of the vaccine were stigmatized and treated as "difficult". They talked about the generations of knowledge unique to them as indigenous people, and how this generational knowledge is important to maintain and uphold. Some participants stated that they practice holistic medicine and traditional healing, but they also chose to get vaccinated. They expressed the importance of considering traditional, indigenous methods as a supplement to western medicine.

Participants from Native American communities also talked about fear and distrust as a significant factor for vaccine refusal, especially among elders. Participants described suspicion around how quickly the vaccine became available to Tribal communities, and the push to get Tribal populations vaccinated early. While some participants recognized that this was because several local tribes were severely impacted by COVID-19 deaths early in the pandemic, it also aroused suspicion that they were being used as test subjects for the vaccine. One participant stated, "When Tribal communities were one of the very first communities that were offered the vaccine, it really freaked me out, because I thought, like, 'Oh, God, this is history repeating itself." Participants also discussed how most of the people urging the uptake of the vaccine were white. The researchers, doctors, and public health professionals, from the national level to the local level, that were promoting the vaccine were not indigenous. One participant stated, "I heard it from a lot of white folks, and a lot of white doctors and non-indigenous doctors, and non-indigenous people. And just historically, I don't trust non-indigenous folks. Just generational trauma." Participants also voiced distrust of the pharmaceutical industry, noting the large financial incentives they have for people to get vaccinated and that the companies were also released from liability if the vaccine was harmful. Participants spoke of distrust of the news media and the scientific community because of what seems to be inconsistent information provided throughout the pandemic. This, in addition to the incomplete and inaccurate information spread on social media, undermined vaccine confidence. A few participants also noted that distrust among some in their communities was exacerbated by pressure from authority figures and by vaccine mandates. Although these strategies admittedly motivated people to vaccinate, they

were also seen by some as suspicious. Participants also voiced frustration with the scarcity of medical and public health services on Tribal lands pre-pandemic, and contrasted that with the sudden inundation of services specifically for the vaccine. This aroused suspicion and vaccine hesitancy in their communities.

In addition to distrust, some Native American participants spoke about refusing the vaccine as a form of resistance by people who have felt marginalized over generations. Some felt that refusing to get vaccinated was courageous. Additionally, some individuals in the community did not want others to know that they got vaccinated – they felt there was a stigma in some communities associated with vaccination.

"…this is about power. This is about the power to make our own decisions…"

Black/African/African American Communities. Within the Black, African and African American communities in New Mexico, fear and distrust of the federal government and the history of abuses by researchers had specific consequences for vaccine uptake. Listening session participants explained their experiences receiving lower quality medical care, and their resultant distrust of the healthcare system. Some participants stated that they are reluctant to go to the doctor, or even to get tested for COVID-19, because they are concerned that they will be unwillingly vaccinated. "Honestly, our community sometimes can't trust some of our doctors and that is a scary part. The medical doctors are dangerous as well" Participants also expressed concern about the vaccine being a mechanism for population control – that the vaccine could cause death as well as infertility, and that this was being done deliberately. Some also felt that the vaccine could be a mechanism for tracking minorities and poor people. The participants expressed distrust of local and state governments as well, which they felt "just wanted the [vaccination] numbers" so they would look good and could boast about higher vaccination rates. They also felt that the pharmaceutical industry was taking advantage of the opportunity that the pandemic presented for financial gain.

"Honestly, our community sometimes can't trust some of our doctors and that is a scary part. The medical doctors are dangerous as well"

"I say it's all about money [for the pharmaceutical companies]…, it's always been financial as far as I'm concerned."

Participants also spoke of distrust due to the overwhelming pressure to get vaccinated. Vaccine mandates for jobs and school, as well as going for weekly testing if unvaccinated, were discussed as oppressive, and an intrusion on individual rights. This distrust was exacerbated by cash incentives, which participants felt wouldn't be needed

if the vaccine was actually good for people. Specifically promoting COVID-19 vaccines in their communities arose suspicion and made participants feel targeted.

Lastly, participants expressed concerns about pre-existing health issues that may put people in their communities at higher risk for complications and side-effects from the vaccine like heart problems and blood clots.

***African Refugee Communities*.** Participants from NM African refugee communities shared that COVID-19 was not a grave concern for many African immigrants who have seen harsher situations. They spoke about how malaria, HIV, and other diseases have devastated the African continent with little response from the west. They expressed anger and disbelief that there was no HIV vaccine, after 40 years with the disease, but that the COVID-19 vaccine was created in months. They questioned how this could be possible. Furthermore, African refugees resented being told that, as immigrants, they needed to vaccinate when other prominent white Americans were not getting the vaccine. Similarly, the bans restricting travel from Africa that were enacted in response to the Omicron variant increased disillusionment among these participants.

> "So, on one hand, you're telling us that we need to get this vaccination, but on the other hand, you don't belong here in the United States."

REASONS FOR VACCINATING AGAINST COVID-19

Reasons for getting the COVID-19 vaccine were generally consistent across listening sessions and communities. Participants spoke of preventing infection and staying healthy as well as protecting the health of others in their communities that were more susceptible to the disease. Others disclosed that they vaccinated because they had pre-existing health conditions that would put them at risk for complications should they contract COVID-19. Participants expressed a desire to "get back to normal', including travel. Many participants talked about people in their community getting vaccinated to comply with work and school mandates,

even if they were concerned about the long-term risks of the vaccine. Others discussed vaccinating because they had contracted COVID-19 and had a bad experience and did not want to go through it again. Some people discussed feeling confident in getting vaccinated because of their work in the medical field and their trust in science. Others were convinced after they saw infection and hospitalization rates drop after the vaccine became available. Some participants mentioned that it felt like a normal thing to get vaccinated because of previous vaccinations for measles, mumps and rubella.

Native American Communities. Participants from Native American communities spoke about a few additional reasons for getting vaccinated. They described the devastating impact of COVID-19 in their communities during the months before the vaccines were available, the loss of family members and other loved ones, especially elders. They expressed a desire to protect their elders, their language, and culture. This was particularly important for those living in multi-generational households, which was common in the participants' communities. Vaccination could keep the disease from spreading quickly and affecting multiple people in the same household. Native American participants were further motivated by the desire to gather in large groups again, to participate in cultural events and practices, and to be with other members of the community and their families after the separations due to COVID prevention measures. Some participants discussed the role that their Tribal leadership had in vaccinations within their communities, and discussed this as a motivating factor for vaccinating. However, for others, having tribal leadership take strong action to get people vaccinated made people feel pressured or "coerced". They felt this was illustrated by Tribal leadership promising a cultural feast day celebration if people got vaccinated. Individuals also spoke of the need to get vaccinated if they wanted to leave Tribal lands, since vaccination was required to return.

> "We were all hit early on and pretty hard with COVID. We lost a lot of family members."

ACCESS TO COVID-19 VACCINES

Access to vaccines varied based on the time during the vaccine rollout that their listening session occurred, and also by population. In the initial stages of the vaccine roll-out, some participants expressed difficulty navigating the statewide vaccine website and discussed the time it was taking to schedule vaccine appointments. This included a lack of access to the internet and difficulty navigating the online system. Some participants mentioned having to travel long distances to get vaccinated sooner. For

> "I don't have the luxury of being sick for three days [from side-effects of the vaccine] and not being able to go to work."

some, getting to the vaccination site was difficult because of a lack of transportation, or the need to take time off work. Other barriers specific to each population are discussed below.

Hispanic/Latinx Communities. Spanish-speaking listening sessions participants indicated that a lack of Spanish-language information was a barrier as well as not having Spanish-speaking staff to administer the vaccine and answer questions. Individuals were intimidated by the amount and types of information requested in order to schedule a vaccine appointment. Among those without health insurance, being asked for insurance information was a barrier as individuals thought they would have to pay for the vaccine. Additionally, some participants felt they were mistreated because they spoke Spanish, didn't have insurance, or didn't have social security numbers.

Native American Communities. Native American participants discussed initial difficulties in accessing the vaccine. Some spoke of needing to travel over state lines to areas of their Tribal lands where the vaccine became available first. Some urban Native Americans went back to their Tribal lands to get vaccinated, after being encouraged to do so by their Tribal president and because of better vaccine availability. Those that did so, expressed comfort in getting vaccinated on Tribal lands with their families. Many Native American participants felt that the efforts of their Tribal governments, the Indian Health Service (IHS), and the NM Governor were effective in making the vaccine available. A few participants commended the IHS and their own Tribal communities for their ability to get people vaccinated safely.

> "Going with the certainty that there will be people who speak Spanish is important, specifically when it comes to health."

DIFFICULT DECISIONS

In all session's participants talked about the divisive aspects of deciding to vaccinate. The participants talked about the decision to vaccinate as being political and moral. This was exacerbated by the 2020 election discussions and the dissent from various public and political figures. The values of individual freedom, choice, and autonomy were aligned with the decision not to vaccinate. Mandates for individuals with a strong sense of individual freedom were seen as oppressive

and an indication of political corruption, which furthered resistance. The values of social responsibility and unity were expressed more among those who chose to vaccinate. Some talked about not feeling comfortable getting together with family members and friends who had not been vaccinated. Others talked about the difficulty that occurs when parents have differing views from their children on vaccinations. These difficulties were magnified when trying to decide to vaccinate children. Participants talked about the importance of making the decision as a family to protect the household. Others talked about how some felt stigmatized with both decisions depending on the views held by their friends and family. Some shared that they knew of people not disclosing their status in order to 'fit in'. Not only was the decision difficult for social reasons but also cultural reasons.

Native American Communities. Additional factors in the decision-making process expressed by Native American participants was the personal difficulty in trying to balance science and religion. They disclosed the difficulty in not being able to participate in religious ceremonies in order to protect their own health, and the difficulty in losing elders who continued to be involved in religious ceremonies. One participant was able to find a balance by using religious prophecies to justify the use of the vaccine. With some Native Americans it was also difficult to balance traditional wellness and spiritual views with western medicine.

VACCINATING CHILDREN

Across all groups, participants felt that the decision of whether or not to vaccinate children was more difficult than the decision or whether or not to get vaccinated themselves. The participants discussed perceptions in the community that the vaccine was fine for adults but not for children. They heard people saying that children are resilient and have strong immune systems so they should be fine without the vaccine. Others said that their children had already contracted COVID-19 and therefore didn't need the vaccine. There were some concerns about the vaccine stunting growth and development, leaving children sterile, with heart conditions, and with other unknown long-term side-effects. One participant felt that there needed to be more advocacy to protect the children from the potential unknown side effects of the vaccine. Participants

> "Because my husband and I are [vaccinated] but when it was time to get ready for the kids to do it, it was a big debate in our household. We wondered what side-effects they would have with the [COVID-19] vaccine."

who had side-effects or adverse reactions to the vaccine were concerned about similar or worse reactions for children.

Other participants felt confident that the vaccine will protect their children. Some mentioned wanting their children vaccinated so that they could be safer at school. Participants also mentioned the requirements to be vaccinated to return to in-person instruction.

BOOSTER DOSES OF THE COVID-19 VACCINE

After booster doses of the COVID-19 vaccine were approved, listening session participants were asked what they, and others in their communities, thought of them. Some felt it was necessary and important for people with compromised immune systems and also expressed confidence that the series would make their immune system strong enough to fight COVID-19 and not need hospitalization should they become infected. Others were concerned that they did not have sufficient information on the booster doses or why they were necessary. Some wondered if the COVID-19 booster shot was going to be needed annually, like the flu shot. Among those willing to get the booster dose, they wanted the flexibility to choose the brand of vaccine that they would receive. Some didn't know that the Johnson & Johnson vaccine was not recommended as a booster dose and didn't understand why they needed to switch to Moderna or Pfizer. Some participants felt forced to get the booster doses to maintain full vaccination status for employment.

The need for booster doses also made participants question the efficacy of the vaccines. They felt that, if it worked well, a booster dose shouldn't be needed. Participants had also heard that the reaction to the booster dose was much more severe than the original vaccine, and that some older adults had died from the booster dose, making other people hesitant to receive it. Because of these concerns about an anticipated severe reaction to the booster dose, some people felt that they could not afford taking

> "It's almost like the goalpost is being moved every time. I understand there are variants that do come in that the virus might change and stuff like that, but it just kind of keeps going."

time off from work to deal with the side-effects of the vaccine. Still others said that people were tired of the vaccines and didn't want to keep getting them. Some expressed a distrust of the pharmaceutical industry and felt the booster doses were only a way to increase profits.

FLU VACCINE

> "With the flu shot, you at least have a greater sample size and more rigorous testing. And just like examination over time, rather than an emergency use authorization vaccine."

Most participants across the listening sessions felt that there is a long history of research with the flu vaccine that makes it safer. Some people expressed that the main reason they would get the COVID vaccine was for the safety of others, whereas the main reason for the flu vaccine was to keep themselves healthy. COVID-19 was seen as a threat to the community whereas the flu was seen as more of an individual health risk. Participants noted that there is more social pressure to get the COVID-19 vaccine because of the risk to others. Participants mentioned that the COVID-19 vaccine is being promoted much more widely than the flu vaccine has ever been. They discussed pervasive messaging about the COVID-19 vaccine and the more systematic push for everybody to get vaccinated. Participants discussed community concerns about the COVID-19 vaccine being new and that it has not been studied as much, so there is a potential increased risk of side-effects. Initially participants discussed higher demand for the COVID-19 vaccine, limiting accessibility. They also spoke about the need for the COVID-19 vaccine to be temperature controlled, which limited access. Participants explained that having the flu shot available as a nasal spray makes it easier to receive and administer, and makes it less scary.

A few people spoke of distrusting all vaccines including the flu vaccine. Some discussed how their experience has been that the flu vaccine actually gives people the flu. They stated that they do not get the flu vaccine because they believe in holistic health practices and therefore don't think that they need the vaccine. Others discussed getting the flu shot based on requirements of their professions.

INFLUENCES ON COVID-19 VACCINE DECISION-MAKING

> "Many of us rely on acquaintances for information. We learn from other people's experiences."

Participants discussed individuals, and sources of information that were trusted in making their decision to vaccinate. In general, word-of-mouth influences

were important among all groups. Hearing personal testimonials or secondhand storytelling was persuasive in both the decision to vaccinate or not vaccinate. Participants also discussed that a lot of people get information from social media, although they recognized that there could be some misinformation. They also talked about getting information from family members who worked in health professions. Some felt that scientific and medical experts who were also community members would be seen as trusted messengers.

Black/African American/African Refugee Communities. The Black/African American/African refugee participants spoke of the importance of representation having Black, African, immigrant, or other people like them as trusted messengers. They suggested having medical professionals, both African American and African, partner with trusted community leaders to provide honest vaccine information. They felt that having local community leaders partner with "medical experts" to present transparent information would be beneficial. They felt their local religious and community leaders were trusted but might not know enough about COVID-19 and the vaccine to provide the correct information, but that having their local leaders partner with an informed healthcare provider would be ideal. A few individuals didn't trust health professionals, feeling like they have their *own personal motives.*

Hispanic/Latinx Communities. Latinx participants discussed religious leaders as influential messengers, especially those doing community work. Participants also felt that Spanish-speaking, Latinx health professionals would be a valuable source of information. Participants suggested having individuals that had strong roots in the community trained as vaccine promoters since they are already trusted in the community.

Native American Communities. Native American participants discussed vaccination as a family decision. They spoke of seeking health information as a family and looking for trusted sources of information. Some elder parents look to their adult children to seek out information, specifically western science information, whereas the elders are a source for indigenous knowledge. Children were also a source of information because of

their access to and use of technology. Participants talked about how youth would look up COVID-19 and vaccine information for older adults in their families, and that the older adults trust the younger generation when it comes to new information and technology. Participants also discussed including extended family in decision-making around vaccination including grandparents, aunts, uncles, brothers and sisters.

National and Tribal presidents were discussed as being influential, and indigenous medical providers were seen by participants as trusted messengers. Participants also revealed that women, particularly women authority figures, were considered influential, especially with regard to health decisions.

> "It would help me ease my mind too if it would have come from our older folks who hold traditional ecological knowledge and our traditional herbalists and our mothers and grandmothers. But that's just my little take on that."

Schools were also an important factor, not only helping to facilitate the vaccinations, but encouraging discussions about vaccinations and COVID-19 in classes. Some of the Native youth discussed school assignments about COVID-19 and the vaccine, and how they were encouraged to learn and talk about the disease and prevention. Participants also talked about being exposed to various perspectives, backed by credible research, which made them more knowledgeable and able to make an informed decision regarding vaccination. Native youth also mentioned peers as vaccine influencers. Seeing others their age getting vaccinated influenced them to get vaccinated as well. The youth also talked about how they were encouraging other family members to get vaccinated.

MESSAGES

Overall, listening session participants discussed the importance of sharing scientific and statistical information in easy to read, plain language from credible sources. Statistics were seen as valuable information, along with knowing about the research and development of the vaccines. Participants talked about the importance of visual statistical comparisons. Additional suggestions included comparing the risks and benefits of vaccinating versus not vaccinating. Participants felt it was important to correct misinformation as well. In addition to data, participants wanted messaging that included real stories, or testimonials, from community members. They felt hearing about positive vaccine experiences from vaccinated community members, and having the opportunity to ask questions about vaccine concerns, were potentially valuable

> "It's about authentic voices. A lot of times the messages coming from TV are corporate and they have an agenda."

strategies. Participants also talked about the importance of presenting accurate information and then allowing individuals to make their own decisions.

Black/African American/African Refugee Communities. This population felt that messaging should focus on freedom and choice. They conveyed that the more that pressure, incentives, and mandates were used, the less likely they would be to trust the vaccine and the entities promoting it. They recommended providing transparent information and allowing people to make a choice. They recommended having local community leaders' partner with "medical experts" to present accurate information. They would also like to have a clear description of all side-effects of the COVID-19 vaccine, as they feel that those promoting the vaccine currently try to hide or negate the information about side-effects. The felt it would be helpful to have community meetings where community members could ask trusted messengers questions and receive honest and clear information without a strong push to vaccinate. This population recommended against promoting incentives as they tend to evoke feelings of distrust.

> "When we talk about medicine, we are usually warned of potential side effects and other problems. But on the vaccine, they should also show what the secondary effects of it can be."

Native Americans Communities. Native American participants felt it was important to have positively framed messages. The youth wanted to see messages that included humor, positive reinforcement, and a focus on the vaccine's benefits. They also discussed the use of social pressure to increase vaccination as potentially effective. Adult participants shared the importance of communicating using positive messages, messages of hope, and resilience. The participants discussed how critical it is not to shame, stigmatize, or stereotype people who do not get vaccinated. The participants talked about coming from a perspective of understanding and respect. This is particularly important because of the "legacy of racism" against Native Americans and "other marginalized communities". Participants also felt that it was important to address historical and current mistrust by providing accurate information and trusting people with the choice. They felt vaccine mandates increased distrust and anxiety regarding the vaccine. Participants expressed the importance of having Native people represented in materials and involved

in vaccine confidence efforts – people that understand the culture, identify with the communities' interests and beliefs, and support their goals. Examples included messaging around getting vaccinated in order to celebrate feast days together. "Robo calls" were suggested as an effective way to reach people and facilitate vaccinations. Participants felt it was important when talking with hesitant people to acknowledge their individual choice and ability to decide for their families based on their beliefs and knowledge.

Native American participants also thought it was important in messaging to support people who want to use traditional, holistic practices. They felt that messages could focus on integrating vaccine information with traditional healing or having traditional healers sharing information on the vaccine when visiting people in the community. Participants also suggested a more balanced dialogue about the vaccine to increase understanding and show both sides of the issue. Sources of information most valuable to these participants were other indigenous people, indigenous medicine people, indigenous spiritual leaders, and elders.

***Hispanic/Latinx Communities*.** Latinx participants suggested that messages be low literacy and available in Spanish. They also felt that it is important to have people on hand during the sign-up and vaccination process who could answer questions in Spanish and without the pressure to vaccinate. They also recommended walk-in clinics and making it clear that the vaccines were free to individuals. Hispanic and Latinx participants preferred the use of incentives and particularly those that could offset missed work.

One of the Spanish-speaking listening session included the presentation of flyers advertising a vaccine clinic. Participants discussed the messaging and felt it was important to state that the clinic was walk-in and that the vaccines were free to individuals. They appreciated that the flyer advertised Spanish-speaking providers. The participants preferred family-oriented messaging ("My family and I are ready. Is yours?") versus individualized messaging (I'm ready for the vaccine. Are you?). There was some disagreement regarding having vaccine events with a fair-type atmosphere. Some participants liked the upbeat nature of the event described as a fair with games and

prizes for the kids. Participants recommended offering food or having food trucks at the vaccine event. Others felt having health fairs was contradictory to the message of practicing social distancing. Also, to some, the games and music advertised made the issue seem less serious.

RECOMENDATIONS

GENERAL RECOMMENDATIONS

- Provide clear, transparent information
- Provide side-by-side accurate comparisons of the likely side-effects of the vaccine and the risks and effects of COVID-19
- Explain clearly how the vaccine was able to be created so quickly
- Address questions about getting vaccinated after having COVID-19, and potential interactions between other medications and the COVID-19 vaccine
- Meet people where they are and address individual concerns
- Talk about the vaccine as one of multiple ways of keeping healthy, using a more holistic approach
- Don’t stigmatize the unvaccinated
- Show empathy in messaging
- Use testimonials in messaging
- Enlist people representative of communities to deliver messages (i.e., have vaccine researchers, doctors, nurses, and public health workers that are from the same populations delivering the messages.)
- Use TikTok and Facebook to get messages out through social media

SPECIFIC SUBGROUP RECOMMENDATIONS

Native American Communities

Youth

- Focus on positive messages, be clear and transparent, and use humor in messaging
- Have youth participate in development of messaging
- Use TikTok to share messages with youth

Adults

- Focus messaging on family, then community, then self
- Acknowledge family decision-making process
- Have positive messages of hope and resilience
- Acknowledge experiences of loss during the pandemic, including loss of elders, children, relatives, freedom, personal health, and well-being
- Acknowledge historical trauma and distrust
- Use Native people, Tribal leaders, and storytelling by community members to get messages out
- Have facts regarding COVID-19 vaccinations come from Tribal Leaders, Indian Health Service, and the NM Governor
- Partner western medical providers with traditional healers to deliver messages
- Provide accurate, reliable information about the vaccine through a community-based campaign
- Provide transportation and monetary incentives
- Use work policies to encourage vaccination (mandates and paid time off for getting vaccinated)

Hispanic/Latinx Communities

- Focus messaging on family, including multi-generational families
- Provide clear consistent information and personal testimonies
- Have community organizers or other trusted community members trained to promote the vaccine
- Develop and disseminate low-literacy materials about the vaccine in Spanish as well as English
- Advertise that the COVID-19 vaccine is free to individuals
- Provide more drive-through/walk-in clinics where people do not have to sign-up ahead of time

- Have Spanish-speaking staff at vaccination sites
- Do not have uniformed police officers, National Guard troops, or other law enforcement personnel at vaccine events
- Communicate with Spanish-speaking Latinx adults through Spanish-language radio as this is the media most used

Black/African/African American Communities

- Communicate in a simple, honest, and transparent way about COVID-19 and the vaccine
- Have community leaders that have gotten vaccinated share their stories
- Share information in community forums with a trusted community member partnered with a medical person
- Have Black/African/African American medical providers discussing the vaccine in communities
- Work with Black/African/African American community organizers and leaders to communicate information regarding COVID-19 and the vaccine
- Create a media/social media campaign that discusses the need for vaccinations through adulthood

RESEARCH INFORMING PRACTICE

Presbyterian Healthcare Services Community Health, and the UNM Prevention Research Center have shared the Listening Session Summaries with the Centers for Disease Control and Prevention (CDC) REACH project team. The information was presented at two national zoom calls for CDC's DNPAO division and the Association of Immunization Managers (AIM). In addition, the Summaries were shared with the New Mexico Department of Health (NMDOH) and Presbyterian Healthcare Services Immunization Task Force and Marketing Department. This information was shared with the understanding and agreement by the participants that no names would be used. The participants and the facilitator had an opportunity to review the summaries and suggest edits before any of the summaries were shared. Final Summaries were shared with the facilitators and participants. Information from the listening sessions was also shared with partners in New Mexico working on increasing vaccine confidence in order to inform their work.

The information garnered from the listening sessions has been used to inform message development and channels. For example, participants in our first Latinx Listening Session in June 2021 informed our communications work to a great extent. Hearing from participants that their preferred media was local Spanish radio helped Presbyterian Community Health re-evaluate all media buys. Instead of local English-language radio that had a wider range in audience demographics, we chose local Spanish-language radio with more focused messaging. We used a local Spanish-speaker from the community to help us craft the radio message. This resulted in a greater turnout at our community-based vaccination events.

NEXT STEPS

Presbyterian Community Health and the UNM Prevention Research Center will continue to collaborate on the dissemination of Listening Session findings. We will also promote the use of the findings and recommendations to inform COVID-19 and flu vaccine work moving forward. Lastly, additional Listening Sessions will be held in the coming year to better understand how the changing context of the virus, the vaccines, and vaccine messaging influence vaccine confidence and behaviors.

REACH - COVID-19/Flu Vaccine Confidence Listening Session Summaries and Recommendations

Community	Motivations for getting vaccinated	Reasons for vaccine hesitancy	Influences (not necessarily pro - vaccine)	Message suggestions	Additional Ways to increase vaccine intake	Recommendations
1- Spanish Speaking 06/12/21	• Staying healthy • Protecting family members • Getting back to "normal"	• Religious and ethical concerns • Personal freedom • Holistic health preferences • Lack of trusted information • Detachment/apathy • Unknown side-effects • Lack of long-term research • Concerns about vaccine efficacy	• Word-of-mouth • Family and friends • Religious leaders • Scientific experts and health professionals • News • Internet • Large companies • Social media (WhatsApp, Instagram, Tik Tok)	• Provide clear, consistent information • Use personal testimonies	• Help people sign up • Provide more drive-through clinics • Increase the hours • Provide the vaccine through home visits • Use a vaccine that does not use stem cells • Provide a single dose vaccine	• Communicate with Latinx adults through Spanish-language radio • Provide clear consistent information and personal testimonies • Provide more drive-through clinics where people do not have to sign up

2-Native American Youth 06/23/21	• Community Protection • Getting back to "pre-COVID life"	• Unknown side-effects • Lack of long-term research • Family members not supporting	• Parents • Friends • National and Tribal leaders • Schools/ teachers	• Use humor • Use positive reinforcement • Provide plain language statistical and scientific information • Describe vaccine benefits (don't focus on negatives of COVID-19)	• Increase locations • Increase times of vaccine availability • Provide incentives • Provide transportation	• Use TikTok to share messages with youth • Focus on positive messages, be clear and transparent, and use humor in messaging. • Have youth participate in development of messaging • Provide transportation and incentives
3-Native American Adults 09/23/21	• Wanting to protect others • Familial support • Coming together for social and cultural events • Maintaining good health • Concern about health risk factors	• Distrust of government and institutions • Unknown side-effects • Lack of long-term research on vaccines • Traditional spiritual practices • Personal freedom • Holistic health preferences	• Family • Elders • Tribal leaders • Other community members • Trusted scientific experts (need Native American scientific experts) • News/radio	• Use personal testimonies • Use plain language information • Host community meetings or Q&A sessions • Speak of how this aligns with religious prophecies • Use visual and storytelling media • Have messages produced in the	• Provide monetary incentives • Implement work mandates • Encourage employers to provide paid time off to get the vaccine	• Focus messaging on family, then community, then self • Use Native people, Tribal leaders, and storytelling by community members to get messages out • Consider using work policies (vaccine mandates and paid time off) and monetary incentives

			• Religious leaders • Social media	community by community members • Have leaders model the behavior		
4-Native American Adults 9/30/21	• Protect elders • Protect language and culture • Living in multigenerational households • Encouragement from Tribal officials • Scientific knowledge • Seeing declining infection rates after vaccinations	• Lack of trusted information • Concerns about both long- and short-term vaccine side-effects • Current health issues • Belief in holistic and traditional indigenous health practices • Distrust in the federal government • Seen as an act of resistance • Exercising free will • Others in community not vaccinating	• Indigenous scientific experts • Tribal leaders • News • Word-of-mouth/ other community members • Indigenous people • Women and women authority figures	• Not shaming the unvaccinated • Showing respect and understanding • Acknowledging historical trauma • Using real stories and testimonies • Identifying with the community's interests and beliefs and supporting their goals • Word-of-mouth communication • In-person communication • Risk benefit comparison		• Have facts regarding COVID-19 vaccinations come from Tribal leaders, Indian Health Service, and the NM Governor • Explain clearly why the vaccine was able to be created so quickly • Address specific health questions (e.g., about getting vaccinated after having COVID-19, potential interactions between the vaccine and other medications)

				between vaccinating and not vaccinating • Native representation • Simple, direct information • Educating adult children		
5-Native American Adults 9/30/21	• Wanting to protect vulnerable family and community members • Having a background in community health and/or medicine • Working with the public • Mandates	• Unknown side effects • Insufficient research • Early focus on vaccinating Tribal populations/feeling like test subjects • Existing illnesses • Historical trauma • Distrust of public health, western medicine, government, and pharmaceutical industry • Lack of Native representation	• Tribal leaders • State and national political leaders • Indigenous people • Indigenous medicine people • Indigenous spiritual leaders and elders	• Acknowledging traditional wellness and spiritual practices • Not stigmatizing the unvaccinated • Including indigenous perspectives • Making space for a balanced dialogue • Addressing the historical distrust between Tribes and medical and governmental agencies	• Indigenous methods to wellness as a supplement to western medicine • Support Indigenous and holistic health practices • Focus on choice, not mandates	• Acknowledge experiences of loss during the pandemic including loss of elders, children, relatives, freedom, personal health, and well-being • Acknowledge historical trauma and distrust • Show empathy in messaging • Don't stigmatize the unvaccinated • Partner western medical providers with traditional healers to deliver messages

6-Native American Adults 9/30/21	• Working in healthcare and with the public • Protecting vulnerable family members - elders/ children/ immune-compromised • Complying with mandates • Protecting themselves • Community responsibility • Protecting people in multigenerational households	• Trust in indigenous spirituality and medicine • Distrust resulting from historical trauma • Individual freedom • Lack of information • Concerns about long and short-term side effects • Not effected/not important • Distrust of news media and scientific community	• Medical providers • Adult children within multi-generational households • Social media	• An open dialogue with understanding and care • Accurate, reliable, consistent information • Correcting misinformation • Community-based campaigns • Education grounded in support and respect • Positive messages • Messages of hope and resilience • Acknowledging individual choice and decision making • Acknowledging family decision making processes	• "Robo call" reminders/ info on vaccines • Supporting adult children through education and advocacy • Streamlining the process to get vaccinated • Accounting for differences in technology literacy	• Provide accurate, reliable information about the vaccine through a community-based campaign • Have positive messages of hope and resilience. • Acknowledge family decision-making process

7-Black/ African/ African American Adults 12/01/21	• Complying with mandates for employment	• Distrust of those promoting vaccinations (i.e. government, public health professionals, doctors, pharmaceutical industry) • Concern about the lack of research on the long-term effects • Lack of transparency about short-term side- effects • Lack of information regarding the vaccine production, composition, and function • Individual health concerns • Concerns about the efficacy of the vaccine • Vaccine mandates	• Local community leaders paired with medical experts.	• The idea of freedom and choice • Clear, transparent information regarding potential side effects	• Incentives and mandates decrease confidence and trust • Getting questions answered in a comfortable community setting	• Communicate in a simple, honest and transparent way about COVID-19 and the vaccine. • Use direct comparisons of effects and side-effects of COVID-19 and the vaccine. • Share information in community forums with a trusted community member partnered with a medical person. • Have African or African American medical providers discussing the vaccine in communities.

		• Monetary incentives • Speed of COVID-19 vaccine development • Concerns regarding vaccine effects on sexual health and reproduction				
8-Black/ African/ African American Adults 12/08/21	• Complying with school/work mandates • Avoid contracting COVID-19 • Trying to stop the spread • Getting "back to normal"	• Lack of information from trusted sources • Lack of information regarding vaccine ingredients • Lack of transparency regarding the short- and long-term side-effects • Concerns about the quick production and lack of testing of the vaccine • Concerns about vaccine efficacy • Distrust of health care professionals and the	• Word-of-mouth • Representative community members in media • Representative community leaders	• Honest transparent information especially concerning the risk of vaccinating • Easily understood cost benefit analysis • Less scapegoating of Africans, African immigrants • Plain language information	• Reducing political divisions on vaccinations • Seeing leaders, public figures, political figures getting vaccinated • Partnering medical professionals, American and African, with trusted community leaders to provide honest	• Provide clear, transparent information • Use African or African American messengers to communicate information regarding COVID-19 and the vaccine • Create a media/social media campaign that discusses the need for vaccinations through adulthood • Have community leaders that have gotten vaccinated share their stories

		pharmaceutical industry • Concerns about the vaccine as a method of population control (death or infertility) • Feeling targeted as immigrants • Strong belief in natural immunity and nutrition for optimal health • Seeing vaccines as only for children			vaccine information	
9- Spanish-speaking adults 02/26/22	• Protecting from COVID-19 and complications from pre-existing health conditions • Seeing medical	• Lack of information on the vaccine • Misinformation about the vaccine being a tracking device • Fear that the vaccine is toxic or harmful • Status as immigrants made them fearful to give information or	• Family and friends • Family in medical professions • Spanish-speaking medical providers from their countries	• Side-by-side comparisons of vaccine side-effects and COVID-19 symptoms and effects • Risks of the vaccine in plain language • Understandable statistics	• Walk-in clinics • Spanish-speaking staff • Advertising free vaccines • Having food available at vaccine clinics • Incorporating vaccine clinics	• Conduct walk-in clinics without a need to register and with Spanish-speaking staff • Advertise that the COVID-19 vaccine is free to individuals • Do not have uniformed police officers, national guard, or other law enforcement personnel at vaccine events

	professionals vaccinate • Family members in health professions • Complying with mandates • Protecting the community and children • Seeing vaccines as normal • Protecting unborn babies	register with the state for vaccinations • Uniformed officers helping with vaccination clinics made them fearful • Lack of Spanish-speaking providers at vaccine events • Religious beliefs • Not having access to primary care providers to ask individual questions • Thinking the vaccine requires insurance or cost • Faith in God to protect them	• Religious leaders • Community leaders already working in the community • Social media: Tik Tok	• Appropriate language and literacy level • Highlighting choice	into family friendly events	• Develop and disseminate low-literacy materials about the vaccine in Spanish • Provide side-by-side comparisons of the likely side-effects of the vaccine and the symptoms of COVID-19 • Have community organizers or other trusted community members trained to promote the vaccine • Focus messaging on family, including multi-generational families • Use Tik Tok and Facebook to get messages out
10-Spanish-speaking adults 3/12/22	• Wanting to protect themselves • Feeling the vaccine is safe and effective	• Lack of long-term studies on the vaccine • Short- and long-term vaccine side-effects	• Physicians • Word-of-mouth	• Correcting misinformation • Messages in Spanish and lower literacy level	• Educating the public so they feel confident in their own knowledge	• Provide Spanish-language materials with facts that counter misinformation • Provide simple, straightforward information at a low-literacy level

	• Getting back to normal life • Feeling comfortable in public	• Unsure how the vaccine works and what is in it • Fear of the vaccine as a tracking device or being implanted with a microchip • Religious beliefs		• Visual data and illustrations • Personal stories • Messages regarding personal responsibility	about the vaccine	• Use data visualization to present information • Provide transportation to vaccination sites or take mobile sites to neighborhoods or popular community locations • Use motivational interviewing techniques to start where people are, address concerns, and provide information to assist in decision-making • Use testimonials and Spanish-speaking doctors to deliver vaccine messages
11-Spanish-speaking adults 04/12/22	• Complying with work, school and travel mandates • Avoiding COVID complications	• Preference for non-pharmaceutical interventions • Exercising individual autonomy • Lack of long-term studies • Unknown long- and short-term side effects	• Trust own judgement	• Presentation of balanced options for optimal health that included other methods of wellness • Take interest in general health not just focused on vaccine promotion		• Meet people where they are and address individual concerns • Present accurate understandable data on the risks of COVID and side-effects of the vaccine for adults as well as children • Talk about the vaccine as one of multiple ways of keeping healthy, using a more holistic approach

		• Feeling like a lack of transparent balanced information				
12-Black/ African/ African American Adults 06/17/22	• Complying with employment mandates • Protect others, especially health vulnerable and children • Lessening COVID-19 symptoms • Avoiding complications from COVID-19 due to pre-existing health conditions	• Distrust of governmental and health agencies due to historical trauma • Negative health care experiences as African Americans • Belief that the vaccine could be a method of population control • Vaccine could a way to track minorities and poor people • Religious concerns • Concerns about efficacy • Concerns about short- and long-term side-effects	• Social media • Word-of-mouth • Health professionals (some trust and others do not) • State health reports	• Personal testimonies • Personal stories from health professionals • Emphasizing choice		• Develop messages focused on choice and including personal testimonies • Refrain from making Black/African American communities feel targeted • Make messaging more universal and inclusive of other populations • Use Black/African American physicians and health professionals in messaging • Focus on the ability of the vaccine to reduce illness, hospitalizations, and deaths

13-Black/ African/ African American Adults 06/18/22	• Avoiding complications from COVID-19 due to pre-existing health conditions • Not wanting to get COVID-19 • Lessening COVID-19 symptoms	• Distrust of medical research and government agencies due to history of abuses • Beliefs about the vaccine as a method of population control • Long- and short-term vaccine side-effects • Feeling targeted • Beliefs about the vaccine altering DNA	• Religious leaders • Word-of-mouth • Friends and family • Medical professionals who treat the community • African American researchers	• Explains what puts their community at risk for COVID-19 complications	• Small group sessions with medical providers and community leaders • Having the opportunity to ask questions	• Have religious leaders, local community organizers or other trusted community members trained to promote the vaccine • Conduct small group discussions with physicians, preferably Black or African American, where community members can get their concerns addressed and questions answered • Refrain from making Black/African American community members feel targeted by making messaging more universal • Refrain from using monetary incentives which may be interpreted as coercion