

VACCINATION FOR ADULTS



STRATEGY INTRO: Increase demand for, and access to flu, COVID-19, and other adult vaccinations via 40 pop-up community clinics at the places that cultural groups feel comfortable and connected, and increase regularity of vaccine promotion in priority communities; and increase the percentage of pan-Asian and pan-African seniors who are up-to-date with recommended adult vaccinations.

BLOG DISCUSSION #8

PERCEPTIONS OF COVID-19 VACCINE AMONG THE LGBTQIA+ COMMUNITY

PREFACE: Since late last year, Asian Media Access has been actively interviewed BIPOC members for issues related to vaccination hesitancy, in order to better design our vaccination mobilization effort. Please follow us, we will have a new story every month.

And this time the Vaccine Hesitancy story is focused on the LGBTQIA+ community. We have also seen a surge of COVID this summer again, please consider update your COVID Vaccine.



Minority groups are often more hesitant than the general population to get vaccinated. Even though COVID-19 vaccines are now safe, effective, and available, LGBTQIA+ communities are still skeptical and reluctant to receive vaccinations. Although many studies have been conducted relating to vaccine hesitancy, few of them specifically address the LGBTQIA+ population, revealing that underrepresentation is an evident problem. Similarly to other marginalized groups, the LGBTQIA+ community's hesitancy stems mainly from distrust of America's healthcare system. This and other factors have resulted in a disproportionate amount of those who are vaccinated compared with the general population.

Willingness to receive a vaccination depends largely on trust. If people do not trust the vaccine, they aren't willing to get it because they do not know what negative effects will result from it. If people do not trust the government, they won't respect and follow policies that the government recommends or puts in place. In this case, the LGBTQIA+ community does not trust either, resulting in the lack of vaccinations. For some communities, hesitancy is mostly driven by misinformation. Especially right after the COVID vaccines were developed, lots of false information was spread on social media. People were unsure of the side effects, including long-term ones, and there are always those who spread rumors. Not a lot of effort was put into thoroughly explaining the possible risks and effects of the vaccine, impacting its credibility. This was made worse by deeper mistrust of the government from the LGBTQIA+ community. Since the American government and public has historically disempowered the LGBTQIA+ community, there is a somewhat negative relationship toward the authorities. After the vaccine was released and the government started recommending people to get the vaccination, they didn't focus on rebuilding a more positive relationship with marginalized communities. They expected citizens to follow orders, but people aren't likely to follow someone that they don't trust. The government doesn't hold much credibility to certain communities because of historical grievances.

More recently, there's been less interest in the topic in general, which can both be positive and negative. People are feeling more comfortable to talk about COVID but this has also resulted in less people caring about vaccinations. Since it may not be a big deal anymore whether or not you've been vaccinated, as opposed to the height of the pandemic where you needed to prove COVID vaccination in some places. It's now more of a personal decision that people don't really talk about. Also, since LGBTQIA+ people may be viewed differently from others, there is often a sense of isolation and lack of assistance from family and friends. Social stigma has resulted in negative experiences with both general clinical setting and healthcare workers.





Communities are improving by establishing a sense of normalcy as the pandemic is becoming less severe, but even more can be done to improve vaccination rates. Building open and honest communication starts with one-on-one direct communication. People value being able to share their own experiences and discussing with others in their community without feeling judged. Instead of treating others differently based on gender, race, or other categorizations, taking steps to bridge the disparities in healthcare system is a positive start to repairing broken relationships and increasing willingness for vaccines. Reducing stigma in communities can also lead to a sense of acceptance and more communication and knowledge being spread relating to COVID-19 and vaccines.

Suggested from our interviewees - providing role models could help – having individuals that are part of the LGBTQIA+ community to take the lead and get vaccinated. Afterwards, they can integrate individuals by helping to explain COVID and the impact of the vaccine. Encouraging leaders to engage in and initiate campaigns that target awareness and addressing vaccine hesitancy among LGBTQIA+ community is also important. Doing so requires trusted individuals part of LGBTQIA+ communities to step forward and lead others. Everyone has a story that they would like to share, which is why forming direct relationships is important. Having trusted members lead one-on-one direct communication leads to open and honest relationships. In addition, looking up to a role model can push other members of these communities to step forward and receive vaccinations. Leaders and role models are necessary to inspire and support other individuals. Having a system of support and guidance can really make a difference in influencing LGBTQIA+ members to receive vaccinations.

Educational Article

BARRIERS TO COVID-19 VACCINE UPTAKE IN THE LGBTQIA COMMUNITY



by Danny Azucar, PhD, MPH, Lindsay Slay, MSW, Damaris Garcia Valerio, and Michele D. Kipke, PhD

Objective: To report findings from qualitative research that describe sources of hesitancy and barriers to vaccine uptake among lesbian, gay, bisexual, transgender, queer, intersex, and asexual (LGBTQIA) populations.

Methods: In March 2021, we conducted focus groups with members of the Los Angeles, California LGBTQIA community to identify barriers to becoming vaccinated. Semistructured interviews were conducted with 32 individuals in 5 focus groups. Thematic analysis was conducted to identify themes.

Results: Historical and ongoing medical trauma, including misgendering, and perceived emotional violence emerged as significant barriers to LGBTQIA individuals becoming vaccinated. Fear of violence was found to be a major barrier among transgender individuals, whereas fear of an unwelcoming vaccination site was a barrier for seniors. Finally, surviving was a higher priority than becoming vaccinated.

Conclusions: Participants reported vaccine hesitancy and barriers that are unique to the life experiences of LGBTQIA individuals; these include medical trauma, violence, stigma, and discrimination. Our findings highlight the need to include LGBTQIA leaders and trusted individuals in the development of vaccination education and the delivery of vaccination services. (Am J Public Health. 2022;112(3):405– 407. <https://doi.org/10.2105/AJPH.2021.306599>)

Check out the full article at:

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8887181/pdf/AJPH.2021.306599.pdf>

