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 #10 PERCEPTIONS OF COVID-19 VACCINE AMONG THE LATINX AMERICANS

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 Latinx American community. We have also seen a surge of COVID this fall, please consider update your 2024 - 2025 COVID Vaccine.



Despite the many organizations and resources that are working to increase vaccination rates among Latinxs, hesitancy among those communities remains. Misunderstanding and misinformation are the main causes for feelings of hesitancy and ignorance on the topic of the COVID-19 vaccine.

Compared to other populations, Latinxs are less likely to receive the COVID vaccine because of fear of unknown consequences. Multiple different studies show that there is a lack of understanding among Latinxs about the vaccine, leading to a decrease in the likelihood of seeking out vaccinations.

No one knows for sure the long term effects of the vaccine because it hasn't been long enough for these effects to show. This undetermined variable has led to indecision about the vaccine. Latinx Americans are also less likely to trust government claims compared to Mainstream Americans because of different factors.

Some may worry about the residency status, others have suffered from violence and hate in all generations. Racism against those who have different colored skin was and still is prominent in America. Lack of government intervention and even government participation in previous decades has decreased the level of trust that many Latinx Americans have in the American government.

Since a lot of information about the vaccine is provided by the government or public health officials backed by the government, Latinx Americans are not inclined to believe the information they hear from the news. Also because of discrimination, Latinx Americans may be less likely to go to local pharmacies or vaccination sites in fear of being attacked. Due to the lack of trust, false information from unreliable sources spread quickly. Some were unsure of the validity or safety of the vaccine because they were unsure of the source. The vaccine was rapidly developed and put into use, raising concerns on the side effects. Misinformation on social media greatly affected the already negative sentiment towards the vaccine, making Latinx Americans even more hesitant on seeking it out.



There exist ways to improve vaccination rates among Latinx Americans. First, having people who are trusted in Latinx American communities serve as messengers between these communities and the government can improve education and spread awareness about the vaccine. Close knit communities are more likely to listen to someone who is very trusted in the community. Having a messenger could be an effective way for the government to communicate the effectiveness and safety of the vaccine in a way where Latinx American communities would be willing to listen. Having local organizations provide vaccination sites could lead to higher turnout because this would allow those who don't trust the government to get vaccines without having to worry about discrimination or deportation.

Lastly, providing incentives could get more people interested in receiving vaccines. Incentives, especially monetary ones, may be the largest motivator in any community. People want something in return for their time, especially when they are unsure if the vaccine will even work or if it will have negative side effects. Having a positive trade off would greatly improve vaccination rates among the Latinx American community.

Trust, education, safe vaccination sites, incentives. These are effective ways to improve vaccination rates among Latinx American communities that are implementable and can have a large impact. With higher vaccination rates, communities will be safer and more trusting of the COVID-19 vaccination.

LET'S GET VACCINATED





Educational Article

HEALTH CARE DISCRIMINATION AND

Objectives. To examine the relationship between health care discrimination and COVID-19 vaccine hesitancy attributed to fears of immigration status complications among unvaccinated Latino adults and to determine whether the association differs among immigrants and US-born individuals.

Methods. After universal adult eligibility for the COVID-19 vaccine, a nationally representative sample of 12 887 adults was surveyed using online and mobile random digit dialing from May 7 to June 7, 2021. The analytic sample (n = 881) comprised unvaccinated Latino adults. We examined the association between individual and cumulative health care discrimination measures and COVID-19 vaccine hesitancy assignable to immigration-related fears..

Results. Using a cumulative measure of health care discrimination, each additional experience corresponded to a 28% higher odds of reporting vaccine hesitancy Because of immigration-related fears. Findings were consistent across US-born and immigrant Latino adults. Four of the 5 discriminatory experiences were positively associated with vaccine hesitancy, including the absence of optimal treatment options, denial or delayed access to necessary health care, physician communication barriers, and lack of specialist referrals.

Conclusions. Findings confirm a positive association between health care discrimination and COVID-19 vaccine hesitancy attributable to immigration-related fears among Latino adults, regardless of immigration status. (Am J Public Health. 2024;114(S6):S505–S509.

Learn more at: <u>https://ajph.aphapublications.org/doi/full/10.2105/AJPH.2024.307668</u>