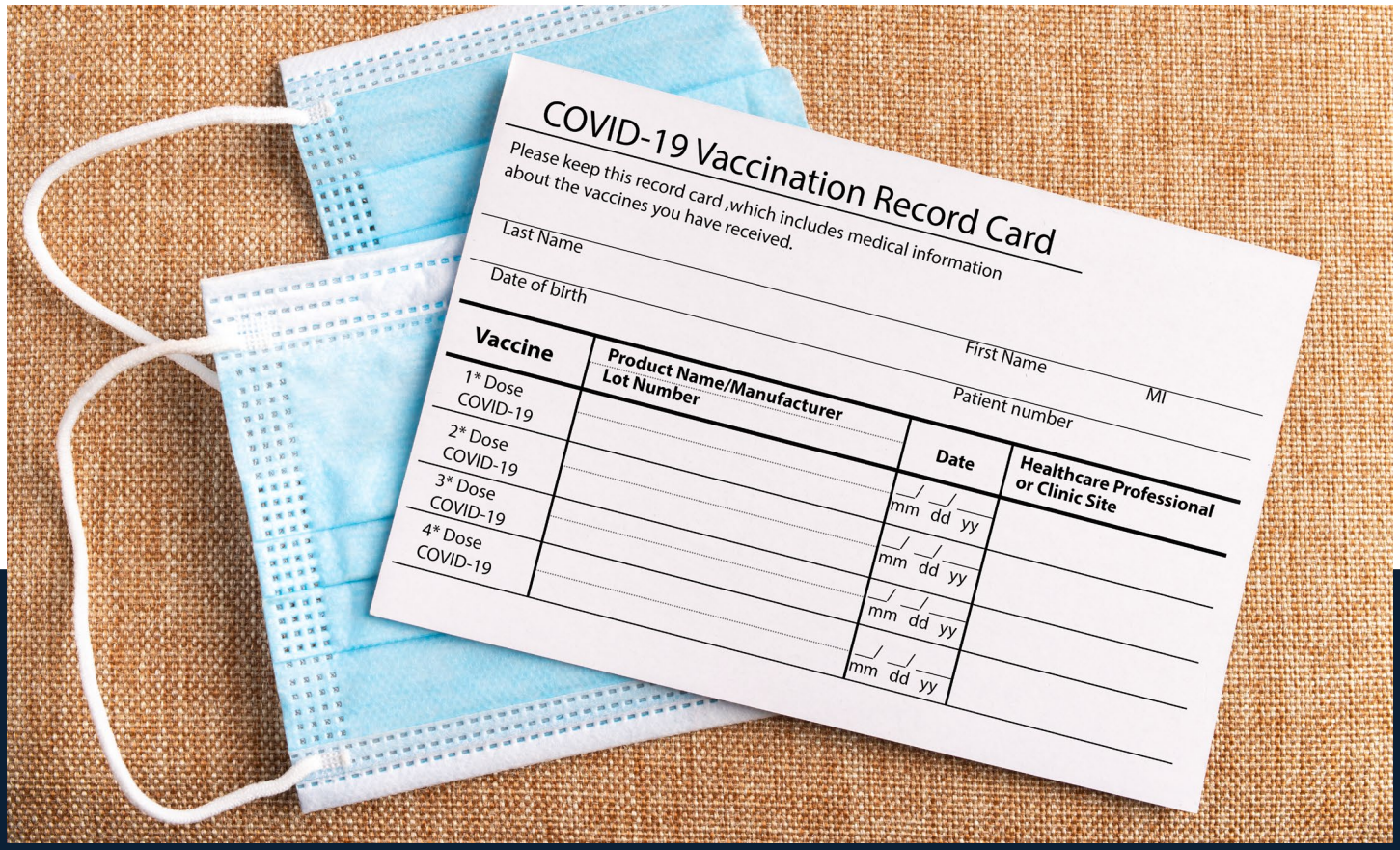

Community Champions and COVID-19 Vaccination: Concerns, Challenges and Contributions of Community Health Workers, Contact Tracers and Community Based Organizations during the First 60 Days of the COVID-19 Vaccine.

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The National Association of Community Health Workers (NACHW) unifies the voices of Community Health Workers to support communities in achieving health equity and social justice.

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NATIONAL ASSOCIATION OF COMMUNITY HEALTH WORKERS
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www.nachw.org

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ABOUT THE REPORT

On December 11th, 2020 the U.S. Food and Drug Administration granted emergency use authorization to the Pfizer BioNTech COVID 19 vaccine for persons over the age of 16 in the United States; Moderna's vaccine was approved one week later. (FDA.gov, 2020).

While hailed as the beginning of the end of a pandemic that had already taken the lives of more than 308,000 people, the U.S. braced for a new set of challenges: a troubling transition from the Trump-Pence to the Biden-Harris federal administration, barriers to vaccine supply, and the need to coordinate public health education and engagement of diverse communities across tribal nations and territories, rural and urban communities to get vaccinated.

Both Pfizer and Moderna vaccines require extremely cold storage temperatures, which most healthcare providers struggle to accommodate, creating additional barriers for local access at the time of the poll. These challenges were made worse due to systemic underfunding of the U.S. public health infrastructure before the pandemic and lack of coordinated communications during the pandemic had created substantial racial inequities in COVID-19 testing, infection and deaths.

The new administration released their National Strategy for the COVID-19 Response and Pandemic Preparedness in late January 2021, with the aim of "restoring public trust and mounting an aggressive, safe, and effective vaccination campaign." Their strategy outlined specific activities to surge healthcare workers, contact tracers, community health workers and partner with community-based organizations.

On the same day as the release of Biden's National Strategy, the National Association of Community Health Workers (NACHW) launched a national poll to understand early vaccine experiences of our individual and organizational members involved in pandemic response. NACHW members are CHWs (includes Promotoras and Community Health Representatives) and cross-sector allies, as well as Community-Based Organizations and CHW Networks (membership Associations and Coalitions led by CHWs whose missions include leadership development, mentoring, training, and advocacy).

This report provides a snapshot of respondent perspectives from individual, community, and system-levels, as well as challenges, bright spots and recommendations in vaccine distribution from 192 self-identified community health workers, contact tracers and community and organizational leaders.

METHODS

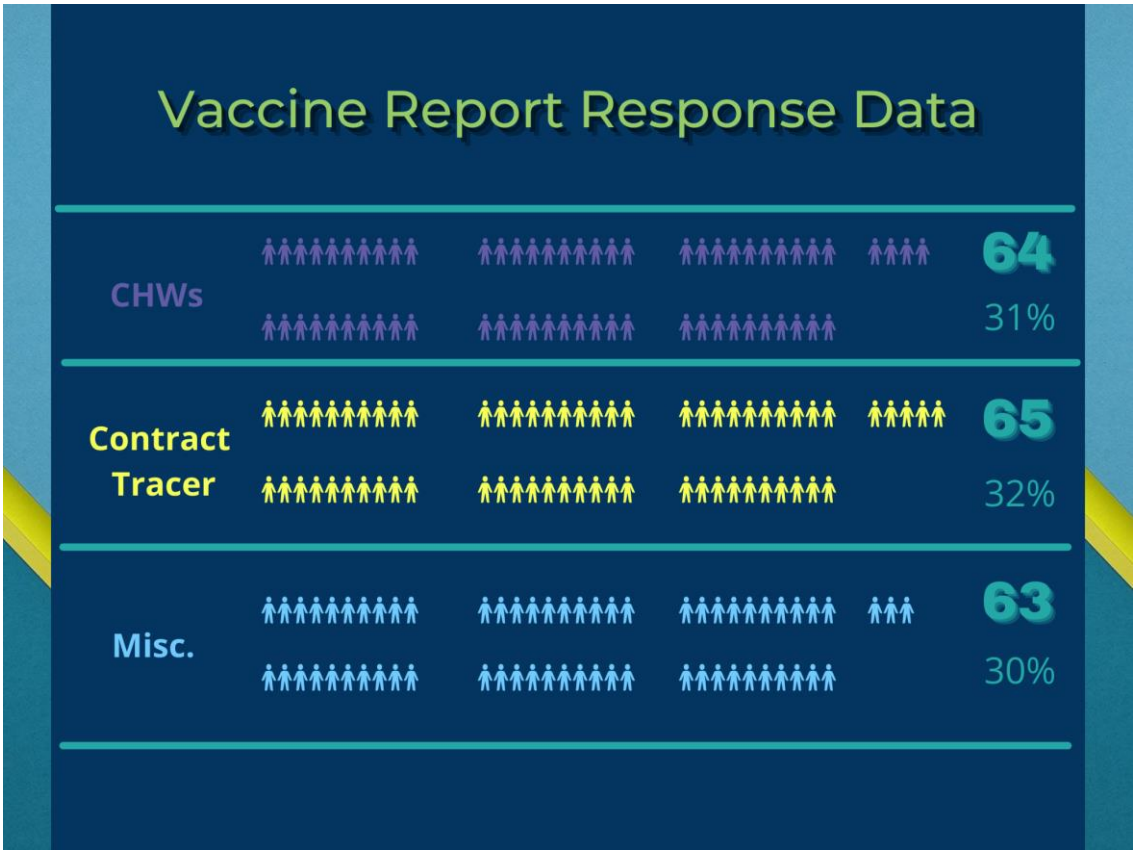
In January 2021, NACHW distributed a poll through our electronic newsletter for NACHW members and other subscribers to document their individual, community, and systems level

experiences with the Pfizer and Moderna vaccines authorized for emergency use. Newsletter recipients include individual and organizational members as well as anyone who visits the website and signs up for the newsletter. Individuals may also receive the newsletter through their networks as emails are forwarded.

We anticipated that we would capture diverse respondents, including but not limited to those who self-identify as CHWs and allies. The poll, which collected responses for two weeks, asked participants to self-identify as a CHW, ally, CHW network/organization, ally organization, or other. An additional write-in option was also made available for those wishing to describe their role. The survey consisted of one open-ended response field asking about the participant's experience with vaccination.

Responses were reviewed to identify the role of each respondent. Three different types of roles were identified:

1. CHW (the respondent stated they were a CHW/promotor(a) and/or clearly identified the roles and approaches of a CHW based on C3 roles, skills and qualities).
2. Contact Tracers (individuals who self-identified as contact tracer in their primary role or their response clearly identified them as a contact tracer and not also a CHW) and
3. Miscellaneous individual and organizational representatives (this type of respondent did not identify explicitly as CHWs or contact tracers). Miscellaneous respondents included "vaccine schedulers" or those "working at a distribution site", allies, and individuals who did not clearly specify roles or skills.



There were a total of 192 correspondents that participated in the Vaccine Report Survey. Of those, 14 had missing data, 6 were duplicates, leaving a total of 192 correct responses.

The responses to the main survey question were reviewed to identify key themes. Responses were initially coded according to three domains: the respondent's individual experience with vaccines, the respondent's perspective on their community's experience, and the respondent's perspective on system-level issues. These responses were further reviewed to identify key themes within each domain. Key themes represent ideas that were discussed frequently or other notable responses that reflect broader areas of relevance to CHW policy. The following sections are organized by respondent role (CHW, contact tracer, or miscellaneous), and describe respondents' vaccine experience and perspective (at the individual, community, and systemic level).

FINDINGS

CHWs Responses Summary

Out of 192 completed responses, 64 identified as CHWs. These responses represented a wide geographic diversity, coming from 9 of HRSA's 10 regions across the U.S. (Region 8 was not represented).

CHW respondents wrote about a variety of experiences with the COVID-19 vaccine, most of which fell into three categories:

1. individual experiences with the vaccine and how they leveraged that experience in helping clients build confidence in getting vaccinated
2. community level mistrust and misinformation surrounding the COVID-19 vaccine and especially how social media has contributed to those barriers
3. systemic barriers around vaccine access and lack of healthcare infrastructure which impeded on their community's ability to vaccinate their residents and adequately address the COVID-19 pandemic.

CHWs Leverage their Individual Vaccine Experiences to Build Trust

Many CHW respondents described how they leveraged their personal vaccine experience to instill trust in the community. One CHW wrote, "I try to use my vaccination experience as a personal anecdote to give people more confidence." Another CHW explained how they "have found it

helpful to learn all we can from our in-house experts (doctors/local health authorities in our health department) to share accurate information with the community in order to build trust and make sure they are getting scientific information from reliable resources." When CHWs have positive experiences with vaccination or are able to gain access to public health and medical experts to learn specialized content, they leverage this knowledge to directly educate the public they serve.

CHWs Describe Community Members' Mistrust and Misinformation with the Vaccine

Many CHW respondents shared that mistrust and misinformation around the COVID-19 vaccine caused hesitation in their clients. Several CHWs said that response to the vaccine is mostly positive, but they see many clients who are worried about the vaccine due to "distrust in the government or US healthcare system." Another CHW wrote that their clients were skeptical of the vaccine due to "how rapidly it was created."

Two CHWs spoke about their use of social media and its role in causing vaccine hesitancy or boosting vaccine confidence. One reported that "I posted on Facebook about my first vaccine and the responses indicated that most people prefer being protected rather than succumbing to fear of side effects or government control." Another said they "haven't seen much on social media at all regarding myth busting." Another CHW describes her experience engaging a family about the COVID-19, "I ask if they could share their reasons and most of them have said "they are scared", or need more information, or because of what they have heard or seen on social media."

CHWs Elevate Vaccine Access Barriers for Diverse Language Speakers

Several CHWs wrote about the barriers their communities were experiencing due to geographic, cultural, and language barriers. Two CHWs wrote specifically about the challenges reaching remote and geographically diverse areas. One share, "I think more outreach efforts need to be focused on the agricultural community - vaccinations should be provided and delivered there as well." Another CHW wrote about the lack of materials specific to remote populations, "I do not have a lot of educational material to hand out towards vaccine advocacy for remote populations."

One CHR wrote that, "Vaccine[s] are not explain[ed] to the elderly in the Navajo Nation, it needs to be explain[ed] in Navajo language, not just given paper to read." This exemplifies the need for additional authentic CHRs (those with linguistic and cultural alignment) and peers to be made available for community members to turn to for guidance in times of need.

Two respondents wrote about hesitancy with Spanish-speakers in their communities, with a third stating that she observed more hesitation from Spanish-speakers than non-Spanish speakers in her community. One respondent shared with us that she asked "if they would be interested in a COVID-19 vaccine, and all of them have said NO, I ask if they could share their reasons and most of them have said "they are scared", or need more information, or because what they have heard of seen on social media." She then continued, "We have created a survey in Spanish to ask this community to answer, my clients, as trust has been created, they have said that they will participate."

Another respondent wrote "Al principio tuve miedo y estaba muy nerviosa porque hay mucha mala información en mi familia y mi religión." (Translation: At first, I was scared and very nervous because there was a lot of negative information in my family and in my religion). This CHW went on to say that she received the vaccine and only had some minor side effects. CHWs, like other health professionals and all community members, must also have their vaccine concerns addressed from their unique perspectives.

CHWs Witness Myriad Systemic Barriers and Inequity in Vaccine Access

Several CHW respondents wrote of witnessing systemic barriers to vaccine access for the communities they serve, naming supply, lack of previous healthcare infrastructure, cultural and language barriers. One CHW stated that they had community members who wanted to get vaccinated but that "The vaccine is in short supply, per the County Health Department and State Governor's office's report." Another CHW said that

> *"Word of mouth has definitely been key in sharing about vaccine distribution, however the exact timeline and rollout is not provided. This has been challenging for folks who desperately want to get vaccinated also ensuring equity along the way... so far when scheduling, no ID has been required to show that you are in group 1a. It is on the honor system."*

Another CHW wrote about how in their small rural community they had yet to receive the vaccine:

> *"Unfortunately, the demand for the vaccine is great in my small rural community, but actually, receiving the vaccine to be administered in my community, hasn't happened. I have received over 400 calls, requesting for the vaccine. I am very prayerful that we will receive the vaccine. My community do not have a hospital or a place for emergent need of the community. If someone needs emergency treatment, they will have to travel 25 - 30+ miles away... By that time it will be too late."*

CONTRACT TRACERS AND MISCELLANEOUS RESPONSES

Contact Tracers Responses summary findings:

Out of the 192 completed surveys, 65 identified as Contact Tracers and all were based out of Chicago, Illinois. The majority of contact tracer respondents wrote about their individual positive experience receiving the vaccine or connecting clients to be vaccinated. A small number shared community and systemic barriers to vaccine access in ways similar to CHW respondents.

Contact Tracers Have Positive Experiences in their Roles and in Receiving the Vaccine

Many contact tracers (CTs) described how much they enjoyed contract tracing and their positive experiences getting vaccinated. One respondent wrote that, "Overall my experience has been good. Majority of the contacts that I speak with are patient and understanding of the reason for the call. This type of job was different, and I have enjoyed putting effort into spreading awareness to the community." This reflected the sentiments of many of the respondents.

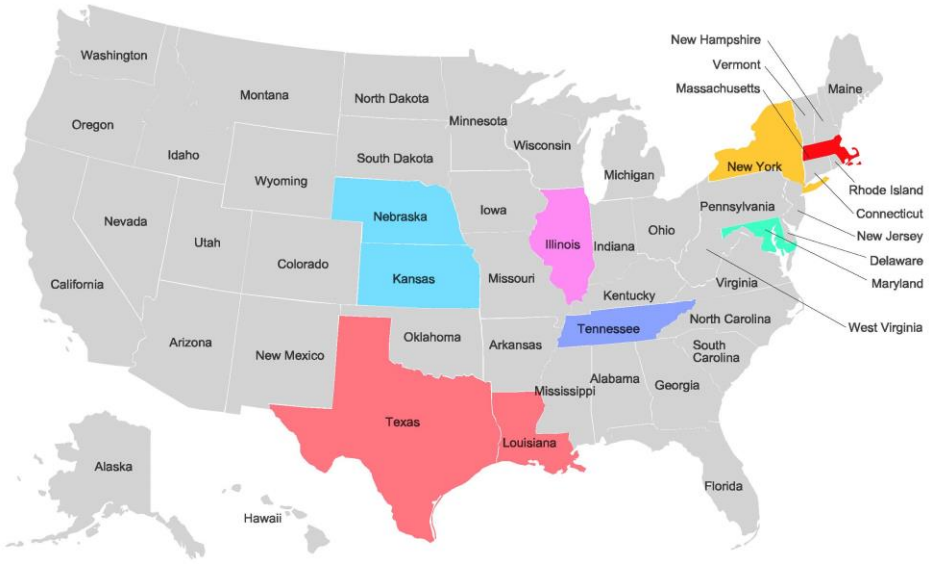
A small number of CTs respondents wrote about more systemic and community issues with accessing the vaccine. One CT was helping seniors access the vaccine,

> *"Vaccine information needs to be disseminated in a way that the general public can understand and that will eventually help them become comfortable enough to take the vaccine."*

Several CTs identified misinformation and access to accurate information as a challenge, "It is my desire to continue to help our communities combat misinformation and slow down the spread of the virus," said one CT. Another wrote, "Not many people that I've talked to ask questions about the vaccine, but when it does come up, they seem uneasy about the situation. I think that a lot of information about the vaccine is not reaching general audiences and most of the information that people have comes from their social circles or social media as opposed to public health professionals. "The CT went on to say: "I see the high amount of need for vaccination registration in elderly folks with no internet or services to access. It seems like they weren't put into consideration for registration. It's a huge problem and very distressing to hear 70+ year old seniors helpless in their situation because everything is online or requires a computer. There needs to be an easier way for seniors to register and get vaccinated."

Contract Tracers pass out essential items to members of their local community.

Miscellaneous respondents



Out of 192 respondents, 70 were classified as Miscellaneous Respondents (MRs) and those respondents came from 7 of HRSA's 10 Regions, regions 1-7 were represented while regions 8-10, which represent the West Coast, had no respondents. MRs included a wide range of individuals, including those working in vaccine distribution and administration, allies and ally organizations (e.g., CBOs). Some did not specify their role. Individuals in this grouping discussed their personal experiences and a variety of tasks including vaccine outreach and registration, outreach to healthcare providers regarding vaccines, administrative duties to support vaccination distribution, community outreach and contact tracing.

Personal experience with vaccination

Some respondents disclosed their vaccination status. A minority of respondents discussed personal hesitation or appeared to be directly influenced by misinformation related to the vaccine.

> *"I had some reservations and even fears around this current vaccine, but eventually decided to trust science. I believe the decision should be a personal one and should be made after analyzing all of the credible information that is available. I am committed to ensuring that our community understands where to obtain credible information to make informed decisions."*

Employer Support

MRs expressed satisfaction and appreciation for being part of the effort to keep communities' safe and make a difference. The importance of employer support and feeling that respondents are working for organizations making a positive impact was highlighted by respondents. One wrote: "So far the experience has been great and I believe we are making a difference within our communities. We are doing everything we can to reach out and help combat COVID-19."

Another shared:

Allies and CHW employers discussed their experiences, including wanting to support the role of CHWs in this work while preserving self-actualization of CHWs.

> *"I work with a community organization that has passion and patience to help our people with daily life skills so they can help someone else. The vaccines are helping some individuals to live again mentally. The team I work with has a supervisor that is concerned about how we are feeling and the people we service. We are going in the right direction for our future. "*

One MR articulated their desire and challenges supporting CHWs in efforts to provide educational information to the community about vaccination. They stated: "We are in the process of trying to support the community health workers in our region becoming community champions in building public confidence in the vaccine, specifically in marginalized communities. One of the challenges we are seeing is addressing the misinformation that is going around on social media. Many of our CHWs are skeptical themselves and we are trying to find a way to support them and address their concerns while also not telling them what to do."

Systems successes and challenges

Unlike the two prior respondent groups who exhibited consensus in themes MRs expressed a large range of challenges at the systems level.

Systemic challenges and barriers facing communities included misinformation, mistrust, lack of access to vaccines, insufficient information, barriers due to reliance on the internet for vaccine access, and inequitable distribution. A need for vaccine information in multiple languages was discussed. Resources in multiple languages continues to be highlighted by CHWs and allies, as was documented in the NACHW CHW report "From Crisis to Opportunity"

One MR expressed the importance of the messaging and addressing misinformation. "We are also struggling with messaging. It seems that a lot of people are using the official documents from the CDC or pharmaceutical companies. Many people don't trust these organizations and feel that the writing is to protect themselves legally and not out of the best interest of the public. We are trying to work on all of these issues right now." Other MRs highlighted the importance of providing funding to faith-based organizations and community representatives and discussed inequities in vaccine distribution (including individuals receiving the vaccine earlier due to personal or employer connections).

Contract Tracers at mobile testing site assisting their local community by providing COVID-19 test.

The majority of those working in vaccine distribution were located in Chicago. Notably, there was a concentration of positive experiences with the administration of vaccine distribution including receiving positive feedback from clients and community members. Respondents described the experience as "amazing" and "great" and others expressed "I love this exposure," and "I love it, it's the best and my supervisor does an awesome job." Effective administration in distribution sites was highlighted as central to success.

Recommendations and Discussion for CHW Policy and Practice

1. **Engage COVID-19 Frontline Respondents to Develop Culturally Responsive Strategies in Response to Misinformation:** All three respondent groups highlighted the issues of misinformation communications/messaging and vaccine hesitancy (not enough information or not enough of the right kind of information).

Before the emergency use authorization of the Pfizer and Modern vaccines, NACHW conducted a series of Qualitative Interviews with our state ambassadors. Findings from that report indicate CHW outputs are usually documented and not personal experiences. This means that research and data involving CHWs misses a key function of their job, which is creating and maintaining trusted relationships within communities through shared lived experiences. This idea of activating trusted relationships and personal experiences was echoed in the findings in this survey.

From prior national polls, NACHW discovered many CHWs were not included in vaccine roll-out plans or did not consider the barriers CHWs might face in being able to access the vaccine. In addition, CHWs are disproportionately a part of the same communities which have had barriers to equitable vaccine access.

Among CHW that had a positive experience, many used that experience to build confidence in the vaccine for their clients. It is important that CHWs have access to vaccines and adequate medical care as a front-line workforce, but what this data also suggests is that prioritizing CHWs for vaccinations also creates a workforce of experience and expertise on the vaccine. When one CHW gets vaccinated, they can bring their first hand experience to their communities and share, not only the medical knowledge, but the shared life experience. This finding is consistent with other research on CHWs in the pandemic and how they leverage their trusted relationships to build confidence in public health during the pandemic.

2. **Prepare CHWs and CTs to Disseminate Vaccine Facts and Dispel Myths Through Social Media:** CHWs and CT discussed the roles of social media in disseminating both good and bad information.

Media outlets and research institutions often name mistrust or misinformation on the COVID-19 vaccines as certain racial and ethnic groups being "hesitant," without naming the historical injustices caused by US government and medical institutions which invoke mistrust in those institutions. Kaiser Family Foundation in January found that "Black and Hispanic adults and those with lower incomes are less likely than their White and higher-income counterparts to say they have personally received at least one dose of the vaccine or that they know someone who has.

Black and Hispanic adults are also among those most likely to say they want to "wait and see" how the vaccine is working for other people before getting vaccinated themselves."

Educating and investing in CHWs is a culturally competent way to begin building the trust between communities and federal and medical institutions. Trusted relationships and trust building is definitely a part of the CHW role and CHWs, through helping clients navigate government and medical programs, are often accustomed to bridging the informational gap between community members and large institutions.

3. **Learn from and Scale COVID -19 Work Sites that Create a Sense of Satisfaction:** CTs and MR expressed satisfaction with their roles/supports/making a difference.

The biggest theme which arose from CTs and MRs was satisfaction in their job and the difference they made in their communities. Efforts should be made to understand why CTs and MRs found such great job satisfaction, and those findings should be scaled-up and applied to other situations of CT and community outreach at large.

4. **Prioritize Spanish Language Proficiency among Vaccine Providers and Spanish Translation of Vaccine Communications:** CHWs and CTs discussed language access/translation of information.

Communities need culturally and linguistically competent liaisons to help bridge the language barrier which exists in many non-English or English as a second language speaking communities. CHWs often share a common language and common life experiences with their community making them the ideal conduit to help address these barriers.

5. **Strengthen Equitable Access to the Vaccine Among Rural Populations and with Seniors:** Lack of vaccine supply, effective vaccine distribution to certain communities (rural communities, seniors).

This survey was sent out in January 2021, before the change of administration. The previous Trump administration reportedly had no COVID-19 vaccine distribution plan. Both the Pfizer and Modern vaccine needs extremely cold storage, which most healthcare providers cannot accommodate, creating additional barriers for local access on top of the lack of central leadership from the White House at the time of the poll. All of these challenges compound with the systematic underfunding of public health and public healthcare infrastructure which has been decreasing since the year 2000**,** has created large inequalities and challenges for vaccinating most communities in the US, especially at the time of the poll in January.

CHWs experience as vaccine ambassadors suggest that CHWs can be mobilized as intermediaries to address overlapping pandemics and epidemics. CHWs facilitate health promoting behavior and resources in communities and can be mobilized to not only address vaccine hesitancy but also address a myriad of other public health challenges facing communities across the United States. Addressing social determinants of health is essential for

ensuring health equity and preventing further disparities, and creating communities where all can live, work, play and thrive.

The public health crisis due to COVID has afforded people from many different backgrounds to participate in supporting communities and advancing community health. It has created opportunities for entry into public health service. However, we do not need to wait for a pandemic to provide opportunities for people to contribute to community health in their community.

Ongoing epidemics and crises in communities across the nation related to substance use, interpersonal violence, lack of affordable housing and displacement, mental health, environmental hazards, health inequity, and structural violence require continued public health investment. As the Biden administration has dedicated funding to developing the public health workforce, some of these same individuals who were hired to respond to COVID-19 should be transferred to sustainable roles where they can continue this service and support their communities. It is imperative that individuals hired as CHWs or do carry out work in line with CHW responsibilities are indeed from or deeply rooted in the community they serve.

ABOUT NACHW

The National Association of Community Health Workers (NACHW) is uniquely positioned to develop this report. Founded in April 2019 after several years of planning and organizing by CHWs and allies, NACHW is a 501(c)(3) nonprofit membership driven organization with a mission to unify Community Health Workers across geography, ethnicity, sector and experience to support communities to achieve health, equity and social justice. Community Health Worker is an umbrella term and includes community health representatives, promotores, peers and other workforce members who are frontline public health professionals that share life experience, trust, compassion, cultural and value alignment with the communities where they live and serve.

Our values - *self-determination and self-empowerment of our workforce; integrity of character; dignity and respect for every human being, social justice, and equity to ensure fair treatment, access, opportunity and outcomes for all individuals and communities* - guide our work. They are north stars we will use to support our members, foster partnerships, advocate nationally, develop strategic objectives, and assess our impact.

NACHW is led by an Executive Director who is also a CHW, and enjoys governance from a national Board of Directors of predominately CHWs and allies with decades of research and practice expertise in CHW training and workforce development, community organizing and engagement, intervention design, equity and social justice advocacy, research and policy leadership.