AMERICAN PSYCHOLOGICAL ASSOCIATION

Building Vaccine Confidence Through Community Engagement

PURPOSE

The Equity Flattens the Curve Initiative at APA has developed this resource to assist community leaders and others to better understand the psychological and other scientific phenomena related to vaccination attitudes and behaviors. Current surveys suggest that widespread reticence to and rejection of vaccinations may exist once they become available.[1] Community leaders, grassroots activists, as well as all types of healthcare providers need to be able to recognize barriers to vaccination acceptance while at the same time maintaining respect for differences. Out of such understanding, it is hoped that culturally competent interventions and deployment strategies will promote individual health choices and civic responsibility.

WHY THIS RESOURCE IS NEEDED

The COVID-19 pandemic has magnified long embedded racial, ethnic, and socioeconomic inequities across the public health sector. From case identification, testing, data collection practices, surveillance, and easily accessible treatment and care, communities of color and economically disadvantaged persons living near or at poverty levels have been burdened with few protections to stem the viral spread. As a result, marginalized populations and other under-resourced communities have experienced disproportionate rates of infection, as well as higher morbidity and death rates attributable to COVID-19. Moreover, the economic fallout tied to the pandemic has had even more of a disastrous impact on less advantaged individuals and families, as seen in staggering rates of job loss, housing instability, and food scarcity.[2] Children and young people living at the margins have experienced significant educational losses throughout the pandemic because, when compared to more advantaged learners, many more poor students of all ages lack access to technology and broadband necessary for remote learning. It is well established that poor and/or remote communities, older adults, individuals with disabilities, economically disadvantaged families, and persons of color will have harder times during periods of recovery than those with greater financial advantage and security.[3]

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1   pewresearch.org/science/2020/09/17/u-s-public-now-divided-over-whether-to-get-covid-19-vaccine

2   pewsocialtrends.org/2020/09/24/economic-fallout-from-covid-19-continues-to-hit-lower-income-americans-the-hardest

3   brookings.edu/wp-content/uploads/2020/09/20200923_BrookingsMetro_Distressed-Communities-COVID19-Recovery_Bartik_Report.pdf; ncbi.nlm.nih.gov/pmc/articles/PMC2862006; onlinelibrary.wiley.com/doi/abs/10.1111/disa.12161

In the upcoming months, vaccinations to prevent COVID-19 are expected to become available to the public. Widespread concerns are known to exist regarding the safety and equitable participation of diverse populations during pre-production and testing of the candidate vaccines *currently in development*.[4] And once vaccines do become available, a range of anticipated challenges may forestall utilization within and across communities. APA remains committed to using psychological science and advocacy to promote equity across *all* populations in terms of access to and cost of vaccinations while at the same time remaining attentive to the importance of trust and acceptance across cultural contexts and diverse communities.

ACCEPTANCE OF VACCINATIONS

Psychological science indicates that vaccine acceptance is an outcome behavior that can be influenced by a wide array of factors.[5] While individuals engage in complex decision-making models to reach desired outcomes, not all members of a given population will reach acceptance at the same rate or through the use of the same decision-making processes.[6] Identifying barriers to vaccination acceptance and other appropriate health interventions is necessary to deploy a safe and trusted vaccination successfully.[7]

Research related to vaccination behaviors utilized in past pandemics consistently demonstrates reluctance among populations to participate in public health interventions involving inoculations. The 2009 H1N1 (swine flu) outbreak provides a recent example of vaccination attitudes and behaviors influenced by the mistrust of the public health system.[8]

Unlike the current COVID-19 pandemic, the 2009 H1N1 was widely perceived to be mild, and the introduction of a vaccine *after* the disease's heightened peak resulted in minimal vaccine uptake. In fact, the rates of infection and mortality associated with the 2009 H1N1 pandemic were dramatically lower, with limited economic fallout.[9] Since then, a phenomenon of more widespread cynicism and mistrust concerning vaccines has become directed at public health systems, the media, and pharmaceutical companies. This mistrust has grown and is believed to permeate attitudes toward the development of vaccinations developed in response to the much more widespread and dangerous global COVID-19 pandemic. Acceptance is further stymied by several root causes including histories of unethical practices by public health systems directed at Black, Indigenous, and People of Color (BIPOC); religious traditions that prohibit routine vaccinations across the life cycle, vocal interest groups and movements known as anti-vaxxers, and the *politicization* of vaccine development in the current election cycle by both parties. Also contributing to mistrust is the unprecedented speed of vaccination development over a relatively short period of months fostering concern about safety, testing and transparency. These barriers contribute to a concept called vaccine hesitancy.

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Vaccination hesitancy is defined as a delay in acceptance or refusal of vaccines despite availability.[10] Community leaders must be aware of how vaccine hesitancy applies within the context of their communities. The World Health Organization's Strategic Advisory Group of Experts on Immunization (SAGE) workgroup explains the scope of vaccination hesitancy as follows[11]:

- The scope of vaccine hesitancy does not apply to situations where vaccine uptake is low because of poor availability e.g., lack of vaccine (stock outs), lack of offer or access to vaccines, unacceptable travel/distances to reach immunization clinics, poor vaccine program communication.

4   statnews.com/pharmalot/2020/08/31/most-americans-believe-the-covid-19-vaccine-approval-process-is-driven-by-politics-not-science; theguardian.com/us-news/2020/jun/22/trump-circle-pressure-fda-rush-covid-19-vaccine-election; wsj.com/articles/fda-officials-say-vaccine-decisions-will-be-guided-by-science-not-politics-11599762805; reuters.com/article/us-health-coronavirus-vaccine-safety-idUSKCN252284

5   Hornsey, M. J., & Fielding, K. S. (2017). Attitude roots and Jiu Jitsu persuasion: Understanding and overcoming the motivated rejection of science. *American Psychologist*, *72*(5), 459–473. https://doi-org.libdata.lib.ua.edu/10.1037/a0040437; Brewer, N. T., Chapman, G. B., Rothman, A. J., Leask, J., & Kempe, A. (2017). Increasing vaccination: putting psychological science into action. *Psychological Science in the Public Interest*, *18*(3), 149-207.

6   who.int/immunization/sage/meetings/2014/october/1_Report_WORKING_GROUP_vaccine_hesitancy_final.pdf

7   kff.org/policy-watch/racial-disparities-flu-vaccination-implications-covid-19-vaccination-efforts; cdc.gov/flu/fluvaxview/coverage-1819estimates.htm

8   Bangerter, A. (2014). Investigating and rebuilding public trust in preparation for the next pandemic.
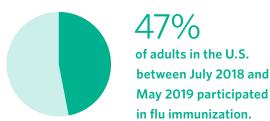
9   Ibid.

10 who.int/immunization/sage/meetings/2014/october/1_Report_WORKING_GROUP_vaccine_hesitancy_final.pdf

11 Ibid.

- In low uptake situations where lack of available services is the major factor, hesitancy can be present but is not the principal reason for unvaccinated and undervaccinated members of the community. *In these settings, improving and expanding services must be the priority.*

- Concerns about vaccine safety may be associated with vaccine hesitancy. However, it is important not to equate vaccine hesitancy and vaccine safety. Safety is only one driver of vaccine hesitancy. Nevertheless, in situations where vaccine safety is one of the underlying causes of vaccine hesitancy, using appropriate best practices to address concerns over potential adverse events following immunization can minimize the potential negative impact that may result.

- Communication is a key tool for success of any immunization program but is not a specific determinant in vaccine hesitancy. However, inadequate or poor communication about vaccines (e.g., why they are recommended and their safety and effectiveness) can contribute to vaccine hesitancy.

WHAT DOES THE RESEARCH SAY ABOUT VACCINATION ACCEPTANCE?

- **Adult vaccination rates are consistently low**. Despite decades of vaccination safety and efficacy, recent research from the Center for Disease Control (CDC) concluded that only 47% of adults in the U.S. between July 2018 and May 2019 participated in flu immunization.[12]

- **Social norms can influence vaccination acceptance behaviors**. An individual's social circles can influence their health behaviors toward vaccination uptake

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(family, friends, and acquaintances).[13] In a study focused on flu vaccination among adults, decisions to vaccinate were influenced by their social circles' actions and the consequences of the flu without immunization.[14]

- **Persistent gaps and racial disparities exist in vaccination uptake**. Some populations are less likely to accept vaccinations due to a legacy of mistrust rooted in unethical public health practices. In contrast, others cannot access public health interventions due to inaccessibility (e.g., excluded from clinical trials, limited access to health care, physical accessibility).[15] Research suggests building trust, and providing information about vaccines can mitigate gaps in vaccination uptake.[16] Creating mechanisms for vaccine distribution that incorporate cultural norms and address barriers, such as vaccination sites that address off-work hours and transportation access, are critical.[17]

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BUILDING VACCINATION CONFIDENCE AMONG COMMUNITY MEMBERS

Discussions about the highly anticipated COVID-19 vaccinations have included concerns about politicization, safety, and mistrust. Despite the need for a vaccine that is safely produced, previous low vaccination uptake coupled with vaccination hesitancy may prove problematic as countries try to regain any semblance of normalcy and economies strive to recover. Research has demonstrated that trust-building borne of effective and respectful communication can influence communities and individuals to participate in immunization. The following information should be used to facilitate transparent and thoughtful conversations between community leaders and individuals to foster informed decisions about vaccination behaviors:

12 cdc.gov/flu/fluvaxview/coverage-1819estimates.htm

13 Bruine de Bruin, W., Parker, A. M., Galesic, M., & Vardavas, R. (2019). Reports of social circles' and own vaccination behavior: A national longitudinal survey. *Health Psychology*, *38*(11), 975

14 Ibid.

15 Rios, D., Magasi, S., Novak, C., & Harniss, M. (2016). Conducting accessible research: including people with disabilities in public health, epidemiological, and outcomes studies. *American journal of public health*, *106*(12), 2137-2144.

16 kff.org/policy-watch/racial-disparities-flu-vaccination-implications-covid-19-vaccination-efforts

17 tfah.org/story/vaccine-access-safety-in-communities-of-color

Discuss Mistrust of Public Health Systems with Community Members

Acknowledging and discussing distrust toward public health officials should not be avoided. Creating safe spaces where community members can honestly and freely discuss their mistrust toward public health systems can mitigate vaccination hesitancy. The following resource can help facilitate discussions around building trust across many communities (e.g., older adults, racial and ethnic minorities):

- Building Community Trust to Improve Participation in COVID-19 Testing and Contact Tracing

Tailor Evidence-Based Strategies to the Community

Community members will bring differing perspectives to the vaccination conversation. Although increasing the uptake of a safely produced vaccine as a mode of pandemic control and eradication is a mainstream belief, not all community members will share this view. Meeting people where they are and tailoring interventions are vital steps for vaccine uptake across community members.[18]

1. **Engage** community, religious, or other influential grassroots leaders to promote vaccination uptake.

2. **Communicate** effectively with community members. Intentional and effective communication can increase uptake and save lives.[19] Using evidence-based strategies can promote free-flowing communication between community leaders and members. Using resources such as Communicating Risks and Benefits: An Evidence-Based User's Guide provides concrete strategies for effective communication.

3. **Partner** with existing federal, state, and local vaccination programs as well as targeted initiatives to identify and implement successful strategies for addressing vaccination needs of marginalized and vulnerable populations such as BIPOC, children, elders, families, immigrants, refugees, and LGBTQ individuals.

4. **Improve** convenience of access to immunizations at local community centers (e.g., community center, school, church) using social distancing best practices.

Identify transportation networks and other low-cost mechanisms that enhance the likelihood that people can access immunizations without sacrificing jobs or other responsibilities.

5. **Connect** with Parents and Guardians via multiple communication methods (e.g., postal and telephone reminders and text messaging banks have proven successful in child vaccination interventions).

6. **Identify** community concerns before disseminating communications regarding vaccination uptake. Embedding messaging about community concerns and addressing their needs can improve vaccine uptake. In addition, an approach to respond to anti-vaccine misinformation is recommended as communication plans are developed.

7. **Prepare to address anti-vaccination perspectives.** Research suggests that the attitude roots of anti-vaccination beliefs can include: a) high conspiratorial thinking, (b) high reactance, (c) reported high levels of disgust toward blood and needles and (d) strong individualistic/hierarchical worldviews.[20] These attitudes are not discrete or nonpermeable and can be applied to anyone. Explication is considered to be effective, however, it may not be as effective for individuals who have already adopted an anti-science attitude.[21]

8. **Include** children and youth in communications about vaccination behaviors. Early exposure to immunization information may influence vaccine confidence during adulthood. Social media and text messaging campaigns are strategies that may benefit older children and youth.

9. **Collaborate** with public health officials, academics, and healthcare associations, in addition to community leaders. This approach minimizes redundancy and pools resources together. The Building Community Trust to Improve Participation in COVID-19 Testing and Contact Tracing resource provides a checklist of some of the steps public health officials and other professionals can take to build trust with communities. Being aware of these steps can assist communities in identifying

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18 ncbi.nlm.nih.gov/pmc/articles/PMC5791591

19 fda.gov/about-fda/reports/communicating-risks-and-benefits-evidence-based-users-guide

20 apa.org/pubs/journals/releases/hea-hea0000586.pdf

21 Hornsey, M. J., & Fielding, K. S. (2017). Attitude roots and Jiu Jitsu persuasion: Understanding and overcoming the motivated rejection of science. *American Psychologist, 72*(5), 459–473. https://doi-org.libdata.lib.ua.edu/10.1037/a0040437

systems that are centering their needs within public health infrastructures. In addition, partnering with groups who are committed to vetting COVID-19 processes and vaccine production can build community vaccination confidence.[22]

Review Research with Community Members

There is a widely held erroneous belief that community members are not consumers of research. However, that is not the case; for instance, community members who hold anti-vaccination views usually hyperfocus on certain aspects of research literature to support their beliefs. Community leaders can address this by sharing the larger body of research with these individuals to provide a big picture view.[23]

Some community members may rely solely on public officials for critical health information. These individuals may very well be consumers of research; however, the presentation of research may create an overreliance on health officials, politicians etc. Research strategies from community-participatory research methods may prove useful to these individuals.

Center Civic Responsibility in Vaccination Acceptance

Although there are still many unknowns about COVID-19, social distancing, the use of Personal Protective Equipment (PPE), and contract tracing are interventions that promote the care of oneself and the community at large. When a safely produced vaccination is available, communities will be asked to vaccinate not just for their safety but that of their community. Despite the community benefits of vaccine acceptance, the decision to participate may be daunting, and support resources should be made available for those who are grappling with vaccination acceptance or struggling to build their confidence (e.g., access to religious leaders, mental health professionals).

Communicate Vaccination Allocation Plans with Community Members

Communities may feel anxious about the safety and equitable distribution of vaccinations due to the historical lack of representation in clinical trials and their zip codes. Organizations such as the National Academy of Medicine have developed a framework for the equitable allocation of COVID-19 vaccines. Community leaders should review and adapt the framework in their local communities when developing a plan. In addition, incorporating community members in the development of such a plan can create a smooth process which also easing anxiety about access to vaccinations.

- Framework for Equitable Allocation of COVID-19 Vaccine

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22 livescience.com/black-doctor-task-force-reviews-coronavirus-drugs-vaccines.html
23 Bangerter, A. (2014). Investigating and rebuilding public trust in preparation for the next pandemic.

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