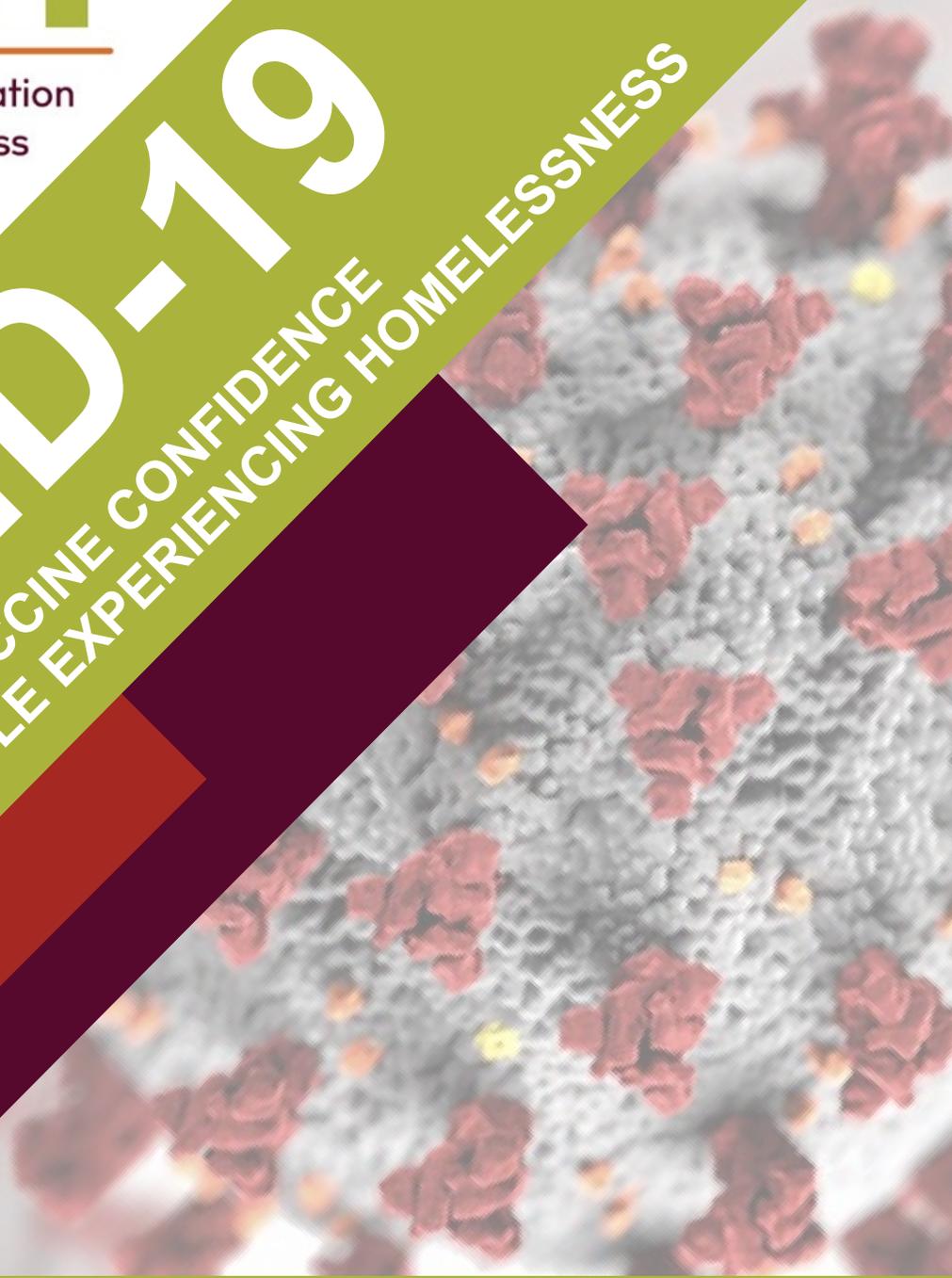




Tucson Pima Collaboration
To End Homelessness

COVID-19

PROMOTING VACCINE CONFIDENCE
AMONG PEOPLE EXPERIENCING HOMELESSNESS



PIMA COUNTY
HEALTH DEPARTMENT

CHAPTER 4 VACCINE HESITANCY

This chapter is excerpted from TPCCH's Promoting COVID-19 Vaccine Confidence Toolkit for Homeless Advocates and Service Providers.

Toolkit Chapters

Download at <https://www.tpch.net/vaccine-toolkit>

Introduction: Overview of the toolkit's purpose, commonly used terms, and updates.

Chapter 1 - Vaccine Ambassadorship: Introduction to vaccine ambassadorship and the important role that homeless advocates can play in building vaccine confidence and uptake among people experiencing homelessness.

Chapter 2 - COVID-19 Basics: Basic information about SARS-CoV-2, COVID-19 illness, and risk management.

Chapter 3 - COVID-19 Vaccines: General information about currently available COVID-19 vaccines.

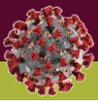
Chapter 4 - Vaccine Hesitancy: An introduction to vaccine hesitancy, common concerns expressed by people experiencing homelessness, and the relationship between racial trauma and vaccine hesitancy.

Chapter 5 - Promoting Vaccine Confidence: Tailored strategies to address common vaccine concerns among people experiencing homelessness, and sample responses to those concerns using messages that are proven to work.

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Chapter 4: Understanding Vaccine Hesitancy

What is Vaccine Hesitancy?

Source: World Health Organization – SAGE Working Group on Vaccine Hesitancy

Vaccine hesitancy refers to delay in acceptance or refusal of a vaccine despite availability of vaccine services. Vaccine hesitancy is complex and context specific. It varies across time, place, and vaccines. Vaccine hesitancy is influenced by factors such as complacency, convenience, and confidence.

It is important to understand that vaccine hesitancy is common and experienced by people regardless of their housing status. It should not be pathologized or trivialized as “crazy talk” or “conspiracy theories.”

Vaccine hesitancy can stem from past traumas with medical/health services, negative experiences with an adverse side effect of a vaccine or medication, lack of accurate information available in language that is understandable, or widespread misinformation campaigns in popular and social media, among other reasons. Listening openly to the concerns expressed by PEH, responding with accurate information, and sharing relatable personal experiences about COVID-19 illness and vaccines offer effective strategies for helping PEH explore underlying beliefs about vaccines and make informed decisions about their health.

Common Themes in Vaccine Hesitancy Among PEH

There are many reasons that an individual may be hesitant to get the COVID-19 vaccine. While every individual's perception and concerns about COVID-19 vaccines are uniquely influenced by their personal beliefs, experiences, and social context; several common themes in vaccine hesitancy have emerged among PEH and others. By understanding and exploring these themes, homeless advocates can play an important role in dispelling vaccine myths and encouraging vaccine confidence among PEH.

Misinformation and Lack of Basic Knowledge

Inaccurate and/or incomplete information about COVID-19 and available vaccines can spread like wildfire especially in such a quickly evolving pandemic environment. PEH who may not have regular access to reliable information about the virus and the development and availability of vaccines can be especially susceptible to misinformation shared through social media and other formats.

Misinformation and a lack of basic knowledge about COVID-19 illness and vaccines can lead to a variety of vaccine concerns. Sharing honest, accurate information about COVID-19 can go a long way in helping PEH build vaccine confidence.

Perception of Risk

Many people, including some PEH, believe that the COVID-19 vaccine isn't needed if you are healthy and/or at lower risk of severe illness. Some PEH don't have accurate information about risk factors and



may not realize how use of congregate shelters, public transit, and other public accommodations may increase their risk of exposure.

Sharing honest, accurate information about COVID-19 risks and the role of widespread vaccination in creating herd immunity and protecting people at higher risk, along with relatable personal experiences about COVID-19 illness and vaccination, provide effective strategies to help PEH evaluate their own risk and consider vaccination as a strategy to protect others.

Vaccine Safety / Mistrust

Many people, including some PEH, have concerns about vaccine safety and/or are mistrustful of the vaccine development process and/or those involved in the process. These concerns may be exacerbated by misinformation, especially among people with serious mental illness and/or substance use disorders that may impact their ability to interrogate vaccine falsities. Sharing accurate information from medical experts and relatable personal experiences about vaccine safety and vaccine confidence can help PEH re-examine their vaccine concerns. People who have established trust with PEH are especially effective in influencing their perspectives about vaccine safety and trust.

Medical Concerns and Histories

Many PEH have underlying health conditions and/or complicated medical histories that may impact their comfort obtaining the vaccine and confidence in its safety as it relates to their health needs. It is also possible that they have experienced negative interactions or traumatic experiences with medical services in the past. Sharing honest, accurate information about vaccine recommendations related to common health conditions, validating past experiences, and connecting PEH to medical professionals who they trust can help PEH make informed decisions about their health and vaccination.

Symptoms and Perception of Severity

Some people, including some PEH, do not believe that the COVID-19 vaccine is needed for people who are healthy. Because many people can recover safely and without major medical complication from COVID-19 infection, PEH may not believe that vaccination is important.

Sharing honest, accurate information about health risk associated with COVID-19, the importance of widespread vaccination to support herd immunity, and relatable personal experiences about discomfort and serious COVID-19 illness are effective strategies to encourage vaccine confidence. Providing this information in a way that highlights the benefits of the vaccine, as opposed to the consequences of not getting the vaccine, can be especially effective.

Racial Trauma and Health Disparity

Racial trauma and inequitable access to affirming healthcare and health information that centers the health experiences and concerns of Black, Indigenous, and People of Color can lead to vaccine hesitancy and mistrust. Validating and respecting the legitimacy of these concerns while providing information about COVID-19 vaccine safety and connecting BIPOC and other medically disenfranchised communities to experts and advisors with whom they share racial, ethnic, cultural, linguistic, and/or spiritual ties have proven to be effective strategies in promoting vaccine confidence.

Religious and Spiritual Concerns

Faith is central to many people's lives and decision-making. Faith has provided reassurance and solace to many people, including many PEH, throughout the pandemic and should be honored in vaccine



conversations. Most faith communities encourage adherents to get the COVID-19 vaccine, however, there are exceptions. Helping PEH explore their faith's perspective on vaccination and connecting them to faith leaders with whom they have established trust can be effective strategies to reducing vaccine hesitancy.

Honoring the Self-Direction and Health Decisions of People Experiencing Homelessness

The strategies described in this guide are intended to help people explore and interrogate their underlying beliefs about COVID-19 and vaccines. It is not intended to force anyone to get vaccinated or to invalidate their vaccine concerns.

PEH, like all of us, deserve the respect and autonomy to make their own health decisions without fear of retribution. Vaccination should never be required to access homeless services and PEH should not be prevented from accessing housing or services they need because of their vaccine status. Instead, PEH who choose not to be vaccinated should be encouraged to practice harm reduction strategies including continuing to follow CDC recommendations for social distancing, masking, and handwashing can reduce the risk of COVID-19 exposure and illness.

See the section of Chapter 5 titled, "Respecting 'No' and Harm Reduction" for information about reducing the risk of exposure and illness to PEH and others.

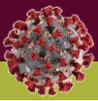
Racial Trauma and Vaccine Hesitancy

Examples of medical experimentation and abuse of Black, Indigenous, and People of Color (BIPOC) can be found throughout American history. They range from the Tuskegee syphilis experiments conducted on unknowing Black men to the involuntary sterilization of Native American women and, more recently, lead paint studies that caused unjust harm to Black and Brown children. After these and other collective experiences of racial trauma, trust in medical systems has been broken for many BIPOC communities.

Current discussions of racial trauma and medical mistrust too often stop there, reducing racial trauma to a collection of historical experiences. The truth is that racial trauma is inflicted on BIPOC communities every day in very direct and tangible ways. The influence of white dominant culture overwhelmingly centers the health concerns and needs of white people and systemic racism disenfranchises BIPOC communities from accessible and affirming healthcare resulting in health disparities like those observed throughout the COVID-19 pandemic.

Misinformation about COVID-19 and available vaccines is available in every language and circulates social media; however, readily accessible and accurate health information that centers the health experiences and concerns of BIPOC communities remains scarce. And while equity-focused vaccine distribution and communication strategies are being developed and implemented across the nation, it is only reasonable that this sudden focus on racial equity in vaccine distribution may lead to skepticism, especially if those efforts are led by the same systems and institutions that have inflicted past harm.

An equity-focused approach requires us all to acknowledge the very real harm that BIPOC communities have experienced, to affirm and validate those experiences and the resulting mistrust, and to act with cultural humility when addressing vaccine hesitancy that results from racial trauma and as we work to build more trustworthy systems of health, housing, and social services.



Centering the voices of trusted BIPOC community leaders in vaccine messaging and creating opportunities for BIPOC experiencing homelessness to discuss their vaccine concerns with people who share common racial, ethnic, linguistic, and/or spiritual ties are especially effective strategies to helping them address vaccine hesitancy within the framework of their own lived experience.

Conclusion

Vaccine hesitancy is a common experience. It is not a pathology or a moral failing. By validating the concerns of PEH, sharing accurate and honest information, and providing opportunities for PEH to explore and interrogate their underlying beliefs about COVID-19 and available vaccines, homeless advocates can play an important role in helping PEH make informed health decisions.