Kentucky Voices for Health Listening Tour Findings: Kentuckians' Attitudes Toward Immunization

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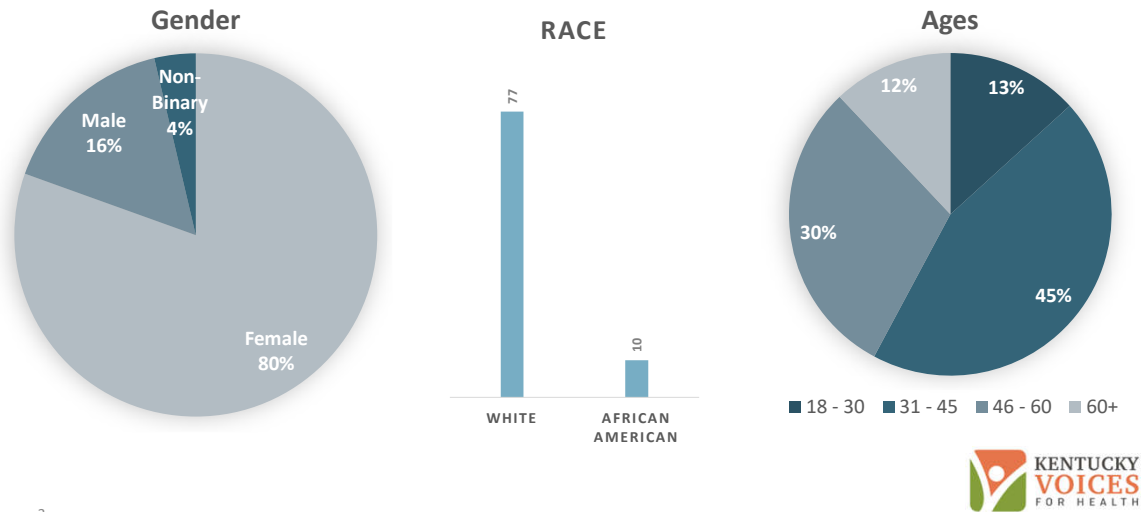
KENTUCKY VOICES FOR HEALTH

I'm Holly Hudnall, and I am the Director of Community Engagement and Education at Kentucky Voices for Health.

KVH is a 501(c)(3) nonprofit, nonpartisan organization focused on consumer advocacy and health policy. Our mission is to amplify the voices of Kentucky's individuals, families, and communities in the decisions that affect their health and well-being. We believe that every Kentuckian has the right to live a healthy life. To achieve this, we bring together individuals, advocates, community organizations, state agencies, and policymakers from across the Commonwealth to address the underlying causes of poor health and promote access to affordable, quality healthcare without barriers.

In 2022, KVH united with our ThriveKY partners to tour the state for our "Advocacy for Thriving Communities" Road Show-16 in-person sessions in roughly 4 months-which offered community professionals throughout the state access to experts in health policy, economics, food access, childcare, healthcare, mental health, and housing. Following each of these events, we held virtual Listening Sessions with people who had attended the Road Show.

Listening Sessions

- 17 listening sessions
- 42 counties
- 87 participants

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So, between July and November 2022, we conducted 17 listening sessions, We had 87 participants, residing in 42 counties. Many of these community professionals talked to us about the counties in which they lived, and because they often worked in neighboring counties, they were familiar with attitudes in those areas as well. These sessions were held 10 days after the in-person event, from 6:00-8:30 pm, via Zoom, and were recorded. The discussions were facilitated by my co-presenters, Melinda Joyce and Emily Smith. Participants did self-select to register for the session and received a gift card to acknowledge their time and participation.

Participant Demographics

We asked participants to share some demographic data, such as their gender, race, and age.

80% of participants identified as female, nearly 89% identified as white 11% as African American. 45% were between the ages of 31 and 45, 30% as between the age of 46 and 60.
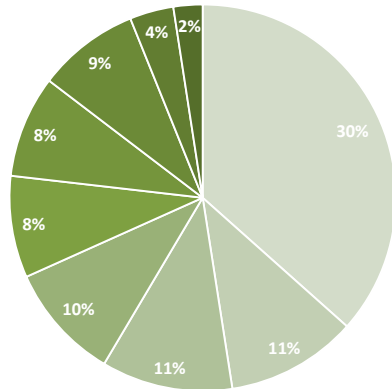
SW(0   Do you think it's worth noting how many are parents (if you have that info)?
Sarah Whitworth (GMMB), 2023-05-05T18:18:44.437

HH0 0   Unfortunately, don't have this info.
Hudnall, Holly, 2023-05-07T18:20:02.542

We also wanted to give you an idea of the capacities in which our participants serve clients. Our listening session participants work in a wide range roles in 63 organizations across the Commonwealth.

30% work in social services, working with Kentucky families and seniors, those with developmental disabilities, or with community members who are unhoused or in unstable housing.

11% work in behavioral health and another 11% in substance use treatment and recovery.

And the remainder represented organizations focused on Public Health, Education, Insurance, Healthcare, Community Health Workers, and legal assistance.

SW(0   Would it be better to say, 'services represented'?
Sarah Whitworth (GMMB), 2023-05-05T18:22:43.845

HH0 0   Done
Hudnall, Holly, 2023-05-07T18:20:17.936

Research Questions

What are the attitudes Kentuckians have towards vaccination?

What are the barriers keeping Kentuckians from getting immunized?

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It's apparent, and this has been reinforced by our speakers throughout our speakers today, that we need to devote some attention to improving our vaccination statistics so that Kentuckians are more protected from communicable illness. To help us pursue that goal, we had two questions guiding our research:

1. What are the attitudes Kentuckians have towards vaccination? We wanted to learn more about the thoughts and feelings people have and hear about immunization for children and for adults. And are those attitudes the same when we discuss routine vaccines and COVID vaccines?

2. What are the barriers keeping Kentuckians from getting immunized? Is it access to healthcare? And if so, is that because of network inadequacy or lack of transportation, or something else? Does cost or insurance coverage play a role in making those decisions? Or are these barriers philosophical—opposition to government and employer mandates, or belief in misinformation and conspiracy theories?

In these listening sessions, we wanted to listen to participants talk about what they see and hear in these communities and from the people getting (or not getting) the vaccinations. With this information, we wanted to make sure that we advocate for policies that address real needs in real communities,

And we wanted to create a toolkit with resources that can be used by these community professionals as they help provide needed assistance for Kentuckians
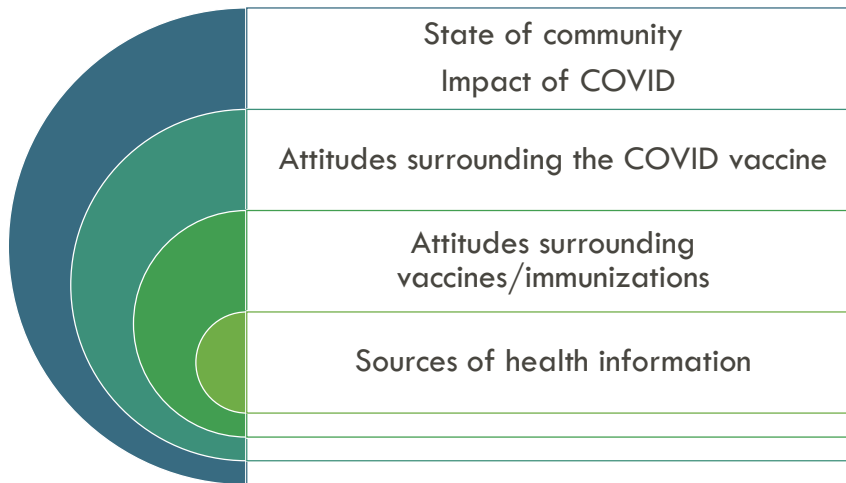
Slide 5

SW(0 In the notes, it would make sense to add any distinctions regarding learnings for kids vs. adults.
Sarah Whitworth (GMMB), 2023-05-05T19:47:02.236

Taking a Qualitative Approach

| State of community
Impact of COVID |
| Attitudes surrounding the COVID vaccine |
| Attitudes surrounding
vaccines/immunizations |
| Sources of health information |

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The project took a qualitative and collaborative approach. We created a guide for facilitators to use, but also encouraged our facilitators to follow up on answers that participants gave to find out more about their community, their organization, the population they serve, and their own experience during the pandemic. Participants were assured that the recordings of the sessions would not be shared, and they seemed to speak honestly and openly about the communities they served and their experiences, for which we were grateful.

I'll be happy to share the discussion guide we developed for our facilitators, but to summarize:
1. We asked them to share how their community was doing at the time we talked with them, including the impact of the pandemic on the community, and if there were organizations or programs that were particularly helpful.
2. We asked specific questions about COVID vaccines such as how the community handled COVID guidelines, and how information was shared within organizations and the community. We also asked about local availability of, and response to, COVID vaccines among different age groups, including older adults and children.
3. We also asked questions specifically about attitudes toward both adult and children's routine, non-COVID vaccines in their community.
4. Finally, we asked about where folks in the community get information to make

healthcare decisions. We specifically asked about trusted sources of information in the community, and where folks said they got their information when making health decisions.

SW(0   For the talking points—don't apologize! This was real research :)
Sarah Whitworth (GMMB), 2023-05-05T20:41:02.636

Key Findings

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While these discussions generated a great deal of important insight into Kentucky's communities, for our purposes here today, we are going to focus on 4 key findings.

Key Findings

When Kentuckians struggle to meet basic needs, vaccination becomes low priority.

Vaccine hesitancy is COVID-specific, especially when it comes to vaccines for children.

COVID vaccines remain a polarizing topic.

Information should be presented in diverse formats, should be culturally appropriate, and come from trusted messengers.

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While each session was unique and each community faces and deals with challenges in their own way, we did find themes that seemed to be true across the commonwealth. The first was that when Kentuckians struggle to meet basic needs, vaccination becomes a low priority. We also found that much of the vaccine hesitancy is specific to Covid vaccines, particularly when it comes to vaccinations for children. And we learned that Covid vaccines remain a polarizing topic, and for that reason, information should be culturally appropriate, appeal to diverse learners, and should come from trusted messengers.

We'd like to give some deeper insight into these findings, and we felt it was important for you to hear from the folks involved in these discussions, so I am going to hand it off to one of our facilitators, Emily Smith, to discuss our First Key Finding.

When Kentuckians struggle to meet basic needs, vaccination becomes a low priority.

"It is one hurdle after another. People that are already in a bad situation or struggling to make ends meet are now desperate and devastated by all of this.… But just to pay the bills and gas and groceries and insurance.… They're struggling.… The struggle for basic needs was exacerbated by COVID."

"[The] majority of my clients… their basic needs are not met, or they're, they're struggling kind of on the day-to-day. So, they're not, I don't know, they're just not too in tune with the, with the vaccine."

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One of the things we heard across all Listening Sessions was that most participants felt that the COVID pandemic exacerbated pre-existing problems in their communities. Among Kentuckians struggling to meet their basic needs, vaccinations are very low on their list of priorities. Within the communities served by those at the Listening Sessions, there isn't enough affordable housing to meet need. And much of the housing available isn't on public transit lines in the few areas in Kentucky where it is available. So getting to and from medical or mental health care, work, and

school or childcare is a big challenge.

Federal pandemic era programs offered some needed assistance; but as these programs disappear, we are likely to see Kentuckians who live day to day prioritizing food and safe housing over preventive healthcare services, like vaccinations.

A variety of options makes healthcare more accessible.

"So, I just think it's changed our whole mindset of how we think about COVID. And how we have to think outside the box, kind of so to speak, to give people what they need or access to things."

We also heard about some great creative problem solving in communities hoping to increase access to care. This change in mindset made healthcare more accessible.

In areas where transportation is a challenge, taking COVID vaccines and testing services to densely populated areas was very successful. Local health departments had pop up mobile clinics in school parking lots, where families were picking up school lunches, or in big box shopping centers.

There were some local pharmacies with flexible hours, which we learned had a positive impact. In response to early issues with clinics and healthcare providers having limited hours or low availability, some employers also offered paid time off for employees to receive medical care or to get vaccinated. We also heard about community based organizations sending providers into overnight shelters or in areas where folks in local unhoused communities camp or congregate. And

some local health departments offered COVID vaccines in addition to harm reduction services.

Communities with mobile clinics and local pharmacies or clinics with flexible hours were reported to have a positive impact.
Transportation/ Access greatly affected the ability for some groups to get COVID-19 vaccine—did they have to make an appointment online? Did they have to go to a clinic, and was transportation available? Did they have to take off work, and were they compensated for that time?
Taking the vaccine to the people rather than people coming to centralized location
Mobile vaccine clinics
Community pharmacies
Initial issues with scheduling for vaccines and the availability of the vaccines was remembered by some

Incentives work when they help people meet basic needs.

"I see a lot of people do things for incentives. A lot of people need money, and they will do things. There were a lot of people today that got a booster or a shot because Henry County was offering those gift cards. And this mom and two kids ended up with $300 today, because they had that shot. They're available and they were offering. If it wasn't for the money, they probably wouldn't have done it."

Early in the pandemic, research showed that people were not motivated to get vaccinated by incentives. But as inflation cranked up and federal programs dropped away, we saw folks more willing to get COVID vaccines for the incentives offered by local health departments, workplaces, insurance, or Medicaid managed care organizations.

Our listening session participants told us that incentives worked best when they helped people meet their basic needs. Especially if they were given immediately.

Here we have a Listening Session participant telling us about the Henry County public health department offering gift cards to a store in that store's parking lot to people if they got vaccinated against the flu and/or COVID. These incentives seemed to persuade some who were on the fence or less likely to get vaccinated. We heard stories like this one across the state, previously hesitant folks were

more willing to get vaccinated when offered the incentives.

Melinda Joyce is going to share more about our next two findings.

Vaccine hesitancy is COVID-specific.

"I'm not against vaccines in general, I've had all my immunizations as a child, and all that stuff like that. Just this vaccine in general, I'm against."

"...I was a skeptic, I was cautious. I mean, this vaccine came to the public in such a short period of time, and I was scared to put it in my body. But my children were like, 'No, I want to do this.'"

"I know with the vaccines too, a lot of the younger ...most of the basic shots, people are still getting them. It's just the COVID ones that they're more iffy about."

Vaccine hesitancy was more of an issue with the COVID-19 vaccine than with vaccines in general

Most of that hesitancy and opposition comes from the length of time it took the vaccine to come into use, and its perceived departure from traditional testing methods to ensure vaccines are safe.

"It's not that I didn't understand the vaccines do work... But, you know, how can you-- if we have all these procedures in place--how can you just then, all of the sudden, say, We don't need them? You know?"

Vaccine hesitancy is COVID-specific

"I know personally, my daughter is vaccinated for whatever a seven-year-old was supposed to be vaccinated for up until COVID. I was avid on her getting those because they've been around for years. And they've been studied for years…. I just felt like those were more researched and more safe for her when I made that decision…. And I know a lot of kids around here are, you know, vaccinated their normal vaccinations."

"I honestly do not see much of an issue as far as widespread non-acceptance of general vaccines…. I do think, though, still, though, that the general childhood vaccines, I think those should be mandated."

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There was definite support for routine childhood immunizations. Our participants clearly felt the routine immunizations were necessary and should be required. Part of this was the fact that these vaccines had been around for many years with many children being vaccinated safely.

Willing to get vaccinated themselves but not for their children or willing to help older parents vaccinated but for themselves

Vaccination for COVID is seen as a "risk".

This is particularly true of those who are hesitant to vaccinate their children. While they themselves may be vaccinated, they may not have yet vaccinated their children.

Some of these parents will allow older children to decide for themselves if they want to be

vaccinated, so providing vaccine education to children is important. If they ask their parents to be vaccinated, it seems more likely that parents will allow it.

Schools are supporting childhood vaccination.

"Yes, my moms are keeping up with the other vaccinations. And I think the difference between them having their children vaccinated (for COVID) and the other (routine) vaccines... your child can't go to school without... these vaccines. So, the children are in school. They do it because of that, and then the daycares."

QUOTE:
The role of the schools was emphasized time and time again. There was discussion of the role of the schools - Role of the schools with regards to routine childhood immunizations- schools seem to be keeping the records and reminding parents when vaccinations are due. They seem to be overseeing the "enforcement" of routine vaccination. However, there was discussion that there were ways to get around the routine immunizations of someone really did not want to have their child immunized.

"We have a really incredible District Health Coordinator. And she is very good to make those phone calls to parents and to mail out those letters. And then of course, we work with her, if she's unable to reach parent guardian, things like that to do a home visit, to check …Where are the immunization records, things like that. And then, with the Kings Daughters program that we do have within our school system, they will do immunizations at school."

COVID vaccines remain polarizing.

"We are in a toxic stew of disinformation. And it's complex and people just kind of fall to their red or blue and pretending otherwise is folly."

"I feel like people who are very pro vaccine …they should give people like me, who have questions, the grace and the ability to express ourselves without making us feel like, you know, our thoughts and feelings are wrong or harmful. I think that's what caused the divide in our nation. Like, you know, you're *them*, and we're *us* kind of thing. And that makes me really sad."

"I will be really honest with you, I think some of our faith- based communities' kind of even put a stigma around it. As far as like, maybe, if you take the vaccine, you know, like, you know, you're facing God, different things like that."

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COVID-19 vaccine was polarizing
- Political differences
- Religious differences
- Distrust of the healthcare system (such as Dr. Fauci and the CDC)
- *Set up for communication guidelines, became and remains political for many people, using crap sources to promote ideas they agree with, confirmation bias, sit back and listen, rather than dismiss their concerns out of hand.*
- *Patience, consistency, different messages are needed for different people*

Changing information contributed to polarization.

"…change in policies and all that created complete distrust…. It's because the information changed so much that it made people believe that they have no idea what they're talking about. So, I'm not willing to risk my health, if you're not sure what's going to happen."

"With the boosters, it did go quiet; it has gone quiet…. There's just some uncertainty and really lack of education and knowledge…. It's not that constant in-your-face message…. So, I think we've got to do a better job in really stepping it up, stepping up the education to the community now and keep that ongoing…."

Information changed so rapidly that even the healthcare providers had difficulty keeping up – several commented that they did not know how the average person knew what to believe.

Changing information made people distrustful, and even those who support COVID vaccines said they wish the messaging had been clearer and not changed so much. Several people allowed for the fact this was a new virus and the scientific community was learning and disseminating information rapidly, but they still wished messaging had been more cohesive. Descriptions, such as "this is the what we understand as of today" or "we do realize this information is changing rapidly" in the messaging would have been beneficial

The lack of information on boosters is also confusing and contributes to people not understanding what they need, or if they are as protected as they should be.

Employer mandates worked, but…

"It might not be a popular opinion… I saw a lot of the negative impact of places that were imposing, you know, the vaccines or making it mandatory for their patients or their workers to take the vaccine.… I couldn't get enough help to cover all of the people that were coming in, that were stressed or their anxiety was through the roof, about being forced to take a vaccine that they didn't want to take."

People did get vaccinated because they were required to by their employer, so in that way, it was successful at getting shots in arms. But it created a lot of resentment from employees, which increased polarization by making them feel they were being "forced" to do something they were hesitant about, or didn't want to do.

"The work mandate, in my opinion, has a negative effect for my clients went ahead and did it because you know, they were they were forced to... I saw that trend in my clients, and also my own personal experience, I received my first COVID because I was forced to through a job. I feel like that should be my choice. I choose not to be

vaccinated. If it's not the popular opinion that it's my opinion, I feel like I have the right to do that. And I actually left my previous employer because of mandated COVID vaccinations."

Information should be presented in different formats.

"I really love infographs with the pictures... that has been a great thing for those who don't always have the same reading levels, because again, it's.... picture based, it's very clear.... I do think we have to come up with other... ways of getting information out and it can't be all written, we do have to have some verbal.... Whether it be the television, the radio... listen to this, and then you can make a decision.... I do think we have to be more aware of the fact that everyone's not on the same level."

The last finding we want to share is on what we learned about communicating health information. One of the ways we can address vaccine hesitancy is through effective messaging. During the early days of the pandemic, information was coming quickly and there were frequent changes to help us all stay safe. We heard from many Listening Session participants that these frequent changes were confusing or overwhelming, so folks tuned them out. They suggested that information that appeals to diverse learners, is culturally appropriate, and comes from trusted messengers is needed.

Healthcare messaging needs to be in plain language, people learn and understand things at different levels, so materials and health information must meet those needs. We heard again and again that materials participants shared with their community needed to be easy to read, image heavy, and share data in easy to comprehend ways.

As a bonus, these types of graphic heavy documents can be easily shared via social media, on billboards, or printed out and posted in community spaces. There were also suggestions to offer audio versions and videos to reach more people.

Information should be culturally appropriate.

"We can we can talk about, you know, initially thinking that all the resources in English and talking about COVID amongst workplaces and those kinds of things were effective. In fact, they weren't, we needed to work directly with the International Center and understand that in terms of culture and language. So, it's just not language, it's a culture that we had... some barriers to work through."

"Some of them… have mistrust with healthcare and government and mandates and coming from different cultural contexts."

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While the US Census Bureau reports that more than 90% of Kentucky households speak English at home, we still have those have limited comprehension in written English. Agencies and organizations that translate materials into languages other than English may have greater success at reaching folks in their community.

One of our Listening Session participants also reminded us that so many of the translated materials were workplace related, not family, senior, or child focused, another barrier in communication. So in addition to translating to languages used in the community, we need to make materials relatable.

We also heard need for resources that offer more than a translation. We heard frequently from folks who shared that special populations or local communities didn't have much trust in the government or in healthcare systems. In order to reach these communities, we learned that patience, persistence, and consistency

was key; offering folks the space and time to ask questions led to some changing their minds. It helped that those questions were answered by trusted messengers.

Information should come from trusted messengers.

"I just think that trust is really important. So, hearing it from people that you already trusted around other things in your life really has a greater influence and impact than a lot of other things might… I think it's that sense of trust, that that will really bring people around. And… approach it in a way where there isn't a sense of judgment about it, you know, it's not like, you're really an idiot, if you don't, or any of those kinds of things."

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Let's talk about those trusted messengers. Within what one Listening Session participant called "the swirling toxic stew of misinformation", it has been challenging for folks to know who to listen to or where to get their information. Especially when it was coming fast and furious in the early stages of the pandemic.

Lots of participants spoke about the prevalence of social media, that many in their community look to Facebook for news and not from reliable evidence-based sources. Although some local health departments got better at doing community outreach through social media during the past few years, which is terrific.

Participants also spoke about distrust for healthcare providers and health systems. So, when we asked who in their community was a trusted source of healthcare information, we heard more about family members or officemates who kept up to date and shared the info with others, rather than local organizations.

In community facing organizations, we also heard about face-to-face conversations during community outreach, at health fairs, at peer support meetings, and at food banks where they or colleagues answered questions and shared needed health information. We also had several participants talk about the influence that faith leaders had in their community. Importantly, these folks are already trusted in their community, offering judgement free assistance, helping their community daily, so these are our champions. Getting the information to them, in culturally appropriate formats and plain language, is one of the best ways to disseminate health information.

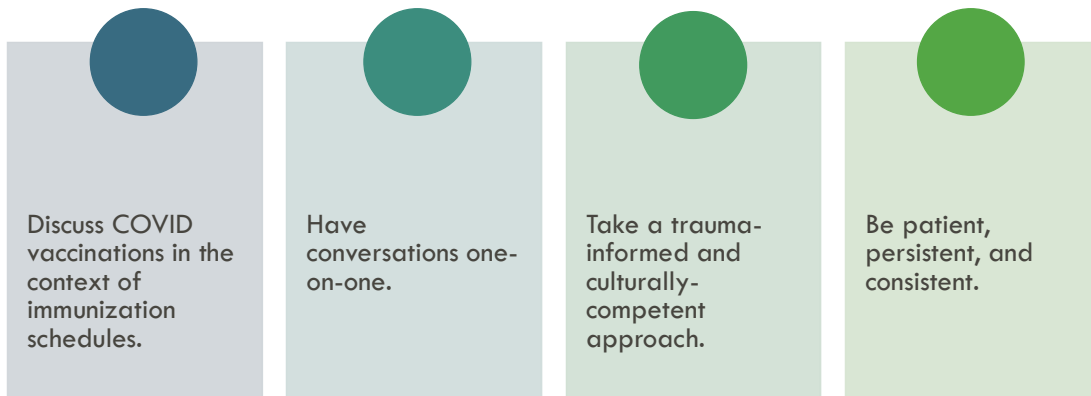I'm going to pass off to Holly to share more about our next steps.

Next Steps

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Thank you, Emily and Melinda, for those discussions of what we learned.

So we do want to talk quickly about our next steps.

Recommendations

| Discuss COVID vaccinations in the context of immunization schedules. | Have conversations one-on-one. | Take a trauma-informed and culturally-competent approach. | Be patient, persistent, and consistent. |

So, the recommendations that we can make, based on what we heard from the listening sessions are

First, Discuss COVID-19 vaccinations in the context of vaccination schedules, for adults and children. There are a few reasons for this, but one is that it helps to normalize Covid vaccinations. In these vaccination discussions, recent American Academy of Pediatrics guidance suggests using analogies such as "updating our immune systems" like we do with software, or "teaching our bodies to read the virus" similar to the ways that we teach children literacy skills. This guidance also suggests it is more helpful in our conversations to emphasize "collective" protection and access, over "individual" risk.

Second, whenever possible, have conversations one on one. I'd like to emphasize "Conversations" here: Ask questions, give people time and space to respond, and give your full attention to the conversation. Lectures and sermons are less-effective and do not make people feel respected or heard. It is ineffective to try to persuade someone to agree with you by denigrating them- be respectful, truthful, and non-judgmental. Use plain language. Offer translations and options for those with low- or no literacy skills. Understand that people learn in different ways, so use video, audio, pictures, models as well as text to educate

Third, whenever possible, let trusted sources within the community guide you. They

understand cultural barriers that you may be unfamiliar with. We need to understand that sometimes when we are asking people to be vaccinated, we are also unwittingly asking them to take on their friends or family, their religious community, or their political ideologies. When you are guided by the community, they may be more aware of how to navigate these cultural values in a way that could be more productive.

And finally, be patient, persistent, and consistent. Sometimes people do need time and space to process information. They may need

Kentucky Immunization Record (KYIR) System

An electronic record for vaccinations.

Transparency builds trust.

Increases access to health data.

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We also recommend encouraging providers to use the KYIR.
This system has a great deal of potential, and would be extremely convenient for people to use to access immunization information.

We really need an electronic record for vaccinations. Many Kentuckians, rely on pharmacies or walk-in clinics for healthcare, and lack a medical home. Additionally, providers move or retire, which leads to difficulty retrieving records. Using KYIR offers a unique opportunity to create an electronic record of vaccinations for both adults and children. For school districts where healthcare is provided in the school, KYIR could be a tool to share immunization information between providers. These records could be accessed, even in areas with limited internet services, It could also help children in foster care or other unstable housing, as immunization records are required to enroll children in schools.

Transparency helps to reduce fear, and when information is easily accessible, it increases trust. And for many people, trust in healthcare providers needs to be reestablished.

KYIR has the capacity to increase access to health data. For example, it may offer users the ability to obtain records in areas without decent internet service. It could also be important for children in foster care, or those in less-stable housing. Because these records are needed to begin school, having them accessible to caregivers can expedite getting children

enrolled in school which can serve as a safe place for many of these children. The ability to collect and share deidentified data can also benefit researchers in understanding who is or is not getting vaccinated, and target health messaging to these groups.There are many gaps that KYIR could fill, if providers are entering information.

Toolkit Development

Help community professionals reduce barriers to vaccination

Help community professionals decrease hesitancy toward vaccination

Social media content with sample posts

Visual educational materials with plain language for diverse learners

Educational resources translated for ESL populations

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We are currently developing a tool kit that draws from what we learned in our listening sessions. This tool kit will contain resources to help community professionals to reduce barriers to vaccination and decrease hesitancy toward vaccinations.

It will contain educational materials that are in plain language and heavily visual, including video, to address more diverse learners.
It will contain educational resources that are translated for diverse populations.
The tool kit will have social media content, with some sample posts including video and other graphics.

So at this time, we are going to close out this presentation with one of the videos that we have produced at KVH to discuss the importance of vaccination. We appreciate your attention today. Thank you.

SW(0   For what it's worth, we're trying to move away from the word 'infographic.' This is minor, but an infographic is a visual representation of data, which isn't quite what we're doing with this toolkit. While our materials will lean heavily on visuals, they won't be infographics.
Sarah Whitworth (GMMB), 2023-05-05T20:28:44.481

HH0 0   Noted
Hudnall, Holly, 2023-05-07T18:56:53.140

[Sample video from the tool kit](#) featuring Dr. Bob Blair, Nikki Coursey, and Melinda Joyce

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