

Equity and Access

**A Roadmap to
Improving Vaccination Equity
in South Los Angeles**

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This project was led by researchers from the University of California, Los Angeles and Charles R. Drew University of Medicine and Science in collaboration with the California Community Foundation to advise and provide insights on how to reach communities of color and those hardly reached to educate, build trust, and disseminate vaccines in South Los Angeles given historical experiences with medical mistrust. Our efforts center around three goals, which are to:

1. FACILITATE community, public, private, and governmental partnerships to reduce COVID-19 vaccine inequity.
2. EDUCATE communities of color in South LA about the COVID-19 vaccines through virtual town halls.
3. NAVIGATE communities of color in South LA on how to access available COVID-19 vaccines.

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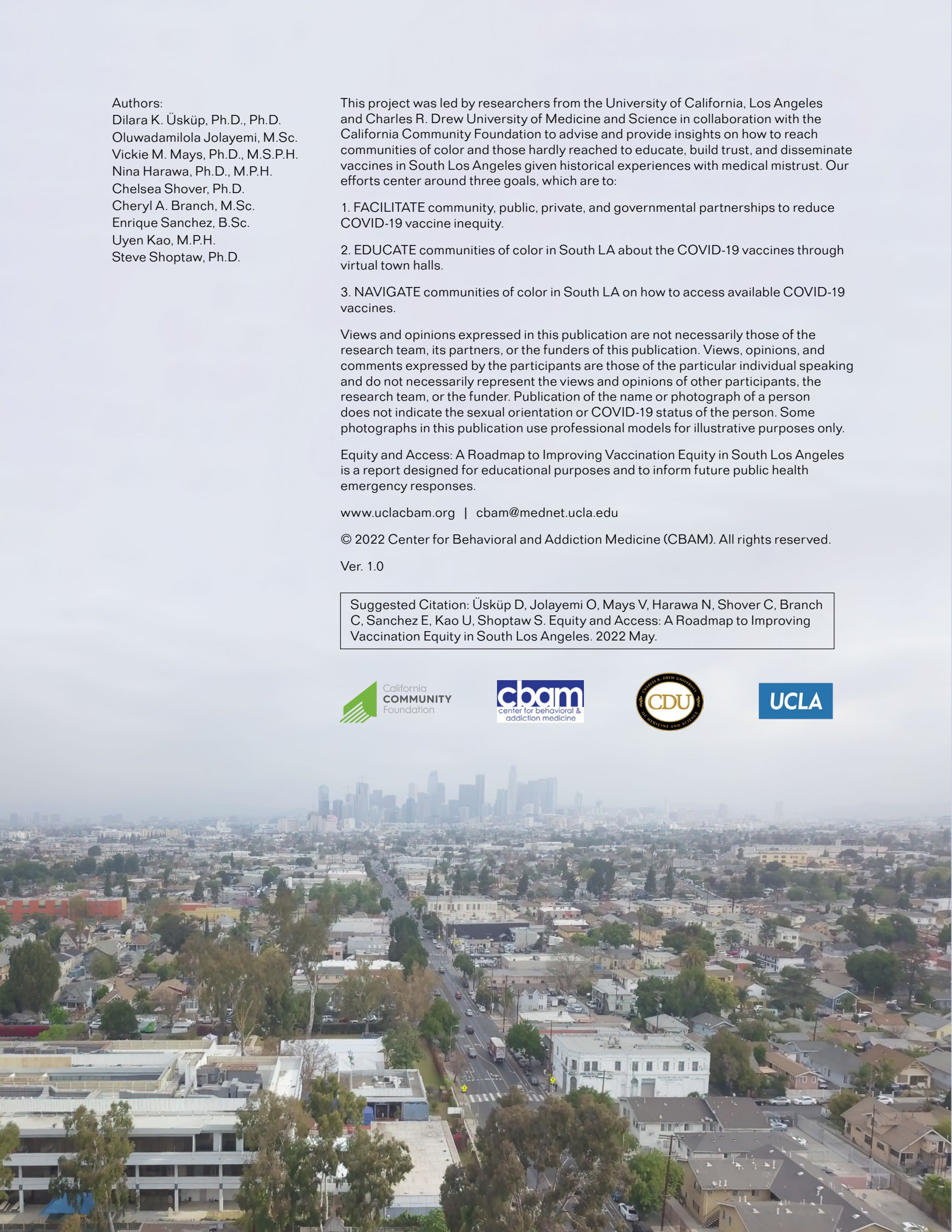
Equity and Access: A Roadmap to Improving Vaccination Equity in South Los Angeles is a report designed for educational purposes and to inform future public health emergency responses.

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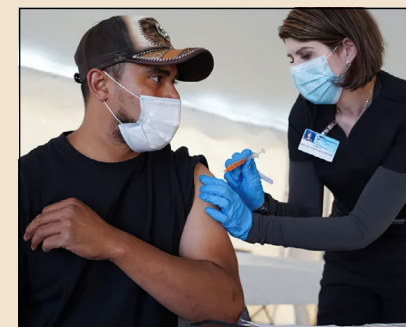
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Introduction

An Inquiry into Addressing Vaccine Inequities in South Los Angeles.

The California Community Foundation provided support to researchers from the University of California, Los Angeles (UCLA) Center for Behavioral and Addiction Medicine (CBAM) and Charles R. Drew University of Medicine and Science (CDU) to conduct a community-based study to identify inequities and how these inequities interfere with access to COVID-19 vaccines for Black and Latina/o/x^A communities in South Los Angeles. Findings are intended to advise and guide efforts to enhance engagement with key stakeholders to promote vaccine uptake in these groups.



A. We acknowledge the various groups within this ethnicity, and we chose to use the terminology Latina/o/x. We recognize the importance of language and how it can be used to create and reinforce hierarchies. Accordingly, by using a/o/x we seek to recognize and affirm how various Latin communities use these terms to personally describe themselves. According to Pew Research, about 1 in 4 Hispanics have heard of the Latinx terminology, and only 3% use it in discussion. The term may be described by some as elitist and we are intentional not to portray that sentiment.¹¹⁻¹⁴

The Framework for This Inquiry.

The data in this report are based on multiple focus group consultations with individuals, community groups, policy makers, and clinical providers in South Los Angeles. Data collection and interpretation of findings were conducted by minoritized scientists whose research focuses on healthcare disparities in minority communities. Findings from qualitative data were triangulated with documentation from local news media and public health agencies to construct an in-depth understanding of the COVID-19 pandemic, its impact, and vaccine distribution best practices. In this report, we highlight different and sometimes contradicting perspectives without seeking to homogenize points. We aim to report the complexities in the different stories with honesty and integrity by piecing together a mosaic that reflects experiences and opinions around the vaccination efforts.



The Eye of the Storm.

By all accounts, the COVID-19 pandemic produced an immediate and severe threat for Black and Latino communities, marked by disproportionate burden in terms of community, physical, and economic health. As vaccine efforts rolled out, skepticism about potential inequities to access emerged, as did concerns about their safety, purpose, and efficacy. Efforts to include racial and ethnic minorities were not initially emphasized when clinical vaccine trials began. Nor was race, ethnicity, and risk appropriately accounted for in the economic and political decisions behind vaccine distribution. COVID-19 hospitalization and mortality rates spiked disproportionately early in the pandemic and disparities in vaccination uptake and deaths from COVID-19 among Black and Latino populations in Los Angeles have continued throughout. Fig 1 shows age-adjusted mortality rates for Los Angeles County by race/ethnicity.¹

As of January 31, 2022, Latina/o/x and Black Americans were experiencing a disproportionate rate

of deaths from COVID-19 in Los Angeles County.⁵ Even now, two years into the COVID-19 pandemic and over a year into vaccine distribution, only about 52% of Black and Latina/o/x people in Los Angeles County are fully vaccinated, compared to 70% of White and 82% of Asian and Pacific Islander residents.²

Fig. 1
Age-Adjusted Death Rates Due to COVID-19 Per100K
January 31, 2022

| | | Mortality Rate |
|--------------------------|--------------------------|----------------|
| Los Angeles County Total | | 264 |
| Race/ Ethnicity | Asian | 180 |
| | Black/African American | 275 |
| | Hispanic/Latino/o/x | 417 |
| | White | 155 |
| Area Poverty | <10% Area Poverty | 153 |
| | 10% to 20% Area Poverty | 272 |
| | 20% to 30% Area Poverty | 359 |
| | 30% to 100% Area Poverty | 480 |

B. Los Angeles County is a diverse region with a population of approximately 10 million. 2020 census data shows race/ethnicity as White-not Latina/o/x as (71%), Black (9%), Latina/o/x^A (49%).¹⁵

Why It's Important to Address Systemic Health Disparities.

The COVID-19 pandemic precipitated certain economic, social and environmental factors that existed before the pandemic which led to increased risk, contraction, and death from COVID-19 within Black and Latina/o/x communities. Factors that increase susceptibility to severe COVID-19 include poor health conditions, lack of access to health insurance and quality healthcare, multigenerational living situations that demand multiple family members occupy a living space, and lack of remote work opportunities. Prior to wide scale availability of vaccines, quarantines and stay-at-home orders served as a means to slow COVID-19 transmission.

The economic impacts of the stay-at-home order affected Black and Latina/o/x communities more than White communities with May 2020 data showing that 44% of Black Americans and 61% of Latina/o/x Americans compared with 38% of White Americans had a loss of income within a household.³ Given these economic, employment, and health realities, increasing vaccination access and uptake is especially important among these communities.

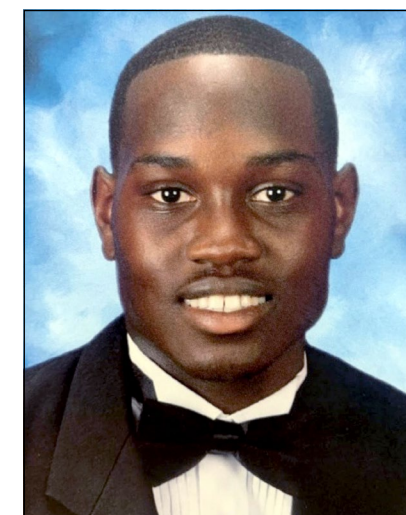
Racism and Its Underlying Influence Regarding COVID-19 Vaccines in Los Angeles.

Tensions from unemployment and economic hardship related to COVID-19 were punctuated by instances of brutality, serious injury, and death by law enforcement throughout the United States that reverberated in Los Angeles. In March 2020, Breonna Taylor was slain in her apartment by police officers in Louisville, Kentucky, and shortly thereafter, public scrutiny emerged over the murder of Ahmaud Arbery, killed in February, by individuals affiliated with local law enforcement in Brunswick, Georgia. Two months later, on May 25, 2020, George Floyd was murdered by a police officer during his detention for a suspected minor offense in Minneapolis, Minnesota.

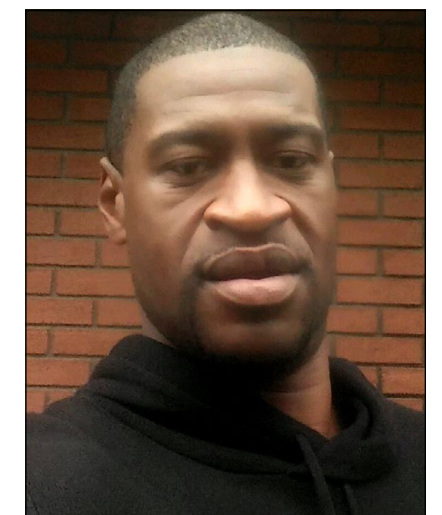
Breonna Taylor, Ahmaud Arbery, George Floyd, and other Black Americans became rallying cries during a summer of civil unrest and protest as the virus spread and vaccine research switched into high gear. The national climate was imbued with anger and sadness over the continued display of brutality and inequity in the justice system—coupled with a health system that claims Black lives and has



Breonna Taylor



Ahmaud Arbery



George Floyd

earned distrust from generations of Black people because of prior maltreatment and unethical medical experimentation. For many Black Los Angelenos, all that was new was the attention the media gave to these sentinel events.

The Intersection of Medical Science Successes and Historical Health Inequities in Minority Communities in Los Angeles.



The FDA approved the Pfizer, Moderna, and Johnson and Johnson vaccines for emergency use on December 11, 2020, December 18, 2020, and February 27, 2021 respectively.⁴ With the speed of emergency FDA approvals, federal, state, and local authorities immediately scrambled to administer vaccines to public health workers and then in a tiered system to adults—free of charge to all.

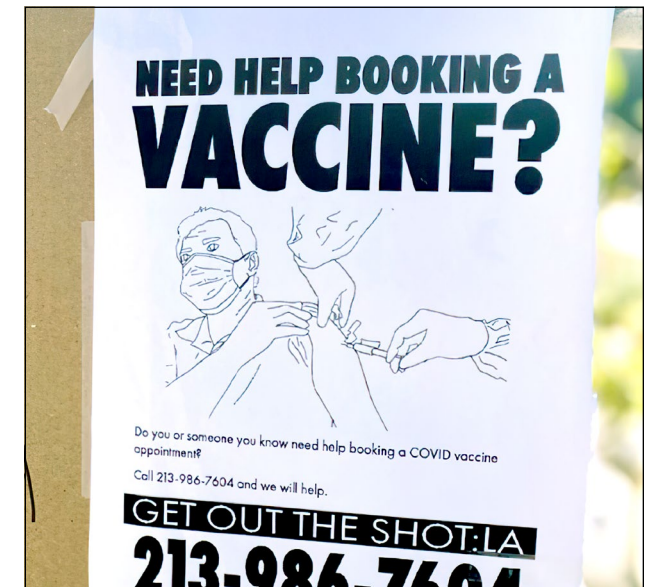
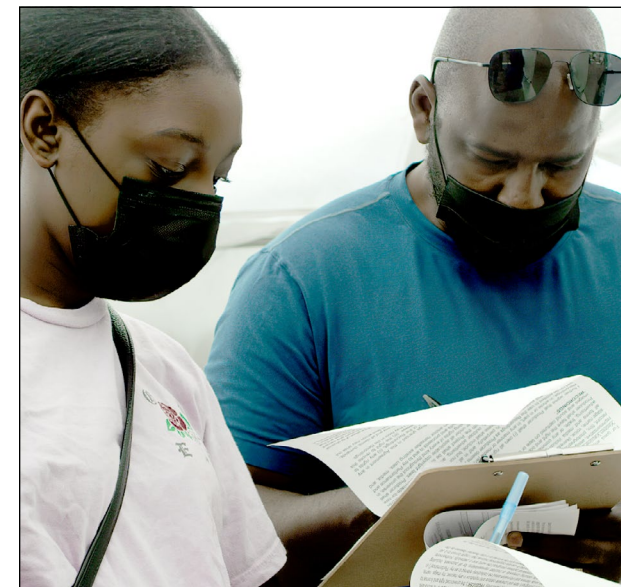
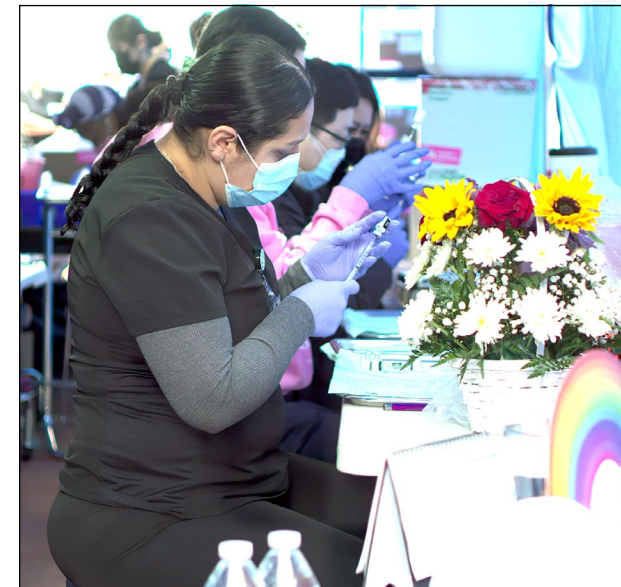
Despite some efforts to address equity in vaccine access, disparities emerged. In Los Angeles county, vaccination rates among Black and Latina/o/x communities trailed rates of vaccinations in other communities.

On February 14, 2021, two months into vaccination efforts, data from the Los Angeles Department of Public Health showed that in some South Los Angeles neighborhoods, only 5% of residents had received the first dose compared to 25% in the Westside of Los Angeles.⁵ Although the state of California in February 2021 implemented measures including codes to provide vaccine access to residents of underserved communities, these measures were insufficient in preventing people from communities of privilege from accessing vaccination appointments that were set aside for “hardly reached” communities.^{6,7}

The Communities Respond.

This context fueled grassroots activism for vaccine equity. In collaboration with the state of California, the Los Angeles County Department of Public Health, provided COVID-19 testing resources, vaccine education, and strategies to engage stakeholders to address racial and ethnic disparities. Activists, organizers, agencies and other interested parties rallied to seek access to vaccines for their communities.

Federally qualified health centers including Kedren Community Health Center, Clinica Monsenor Oscar A. Romero Community Health Centers and others, were noted for increasing vaccination uptake among the hardest hit communities in Los Angeles.^{8,9} Faith and community-based organizations such as coronavirus Community Response System of South Los Angeles (CRSSLA) focused on tackling misinformation, providing vaccine education, and developing a community-based health workforce. The key activities and best practices of these community-based organizations are woven into the recommendations produced in this report.



Our Process

We systematically gathered perspectives and experiences around COVID-19 vaccination access and equity from various sectors of the community virtually. We focused on three key groups in South Los Angeles: community members (i.e., essential workers), community leaders (i.e., clergy, faith-based leaders, and leaders of community-based organizations) and community providers (i.e., clinicians and clinical providers) for our focus groups and community education summits.



Community Summits.

Four virtual community information sessions, open to the public, were held between May 2021 and August 2021. These virtual information sessions reached over 350 people and featured community members, community leaders, and clinical providers working in South Los Angeles. The two forums for English and Spanish speaking community members focused on creating vaccine awareness, debunking myths, and addressing concerns. The community leaders' summit included a panel of leaders from various faith-based and community organizations sharing best practices and strategies for increasing access and ensuring equity. The clinical providers summit shared best practices, updates on boosters and vaccine mandates, and ways to increase trust among patients in South Los Angeles, which are detailed in this report.

Focus Groups and Key Interviews.

Four virtual focus groups featuring 33 participants were conducted to gather perspectives about the roll-out of vaccines within Black and Latina/o/x communities in South Los Angeles between June 2021 to August 2021. Focus group participants representing community members (e.g., essential workers), community leaders (i.e., clergy, faith-based leaders and leaders of community-based organizations), and community clinicians who are Black and Latina/o/x adults living in or providing services in South Los Angeles were recruited. Virtual flyers were distributed to community partners, employers in South Los Angeles, and through numerous listservs. Participants completed a brief socio-demographic questionnaire and were provided with an information sheet and study overview. Participants provided verbal consent to participate. The focus groups were for 90 minutes and conducted by a trained facilitator using a semi-structured focus group guide. Responses were digitally recorded, transcribed, and stored on a secure server for analysis.

The semi-structured guide contained prompts for the following topics: general perceptions of COVID-19 vaccines (e.g., personal reasons and decisions on COVID-19 vaccines), barriers and obstacles that might prevent taking the vaccines (e.g., rumors, awareness, education, and politics), and hope for recovery and integration of COVID-19 prevention and care with other health issues.

All participants were compensated with a \$50 Visa electronic gift card. Ethical oversight of this work was provided by the UCLA Human Subjects Institutional Review Board (IRB).

LE GUSTARIA AYUDARNOS A BRINDAR ACCESO A LA VACUNA COVID-19 EN SU COMUNIDAD?

PARTICIPE EN UN GRUPO FOCAL SOBRE LAS VACUNAS COVID-19

Comparta sus opiniones sobre la entrega de las vacunas COVID-19 a las comunidades Afroamericanas y Latinas.

QUE ES ELEGIBLE?

- Personas mayores de 18 años que sean de:
- Identidad multirracial negra, de descendientes africana, afroamericana o negra
- Latino, Latina or Latinx
- Miembros de la comunidad
- Miembros de organizaciones comunitarias
- Miembros de comunidades religiosas
- Miembros de organizaciones sociales
- Proveedores de atención médica (clínica)
- Proveedores de atención médica (no clínicos)
- Políticos
- Personal de agencias de salud (sector público y privado)

QUE IMPLICA?

- Participación en un grupo focal virtual durante 1.5 horas.
- Participantes recibirán una tarjeta Visa de \$50 por su tiempo
- La participación es para un estudio de investigación de UCLA
- La participación es voluntaria

CONTACTO

Interesado? Contactar (714) 584-0508 o correo electrónico de los investigadores principales. Steve Shoptaw (PhD) y Dilara Uskup (PHD, PhD) duskup@ucla.edu

FORMULARIO DE INTERES

<https://bit.ly/covid-focusgroup>

Este estudio se está realizando por el UCLA Center for Behavioral and Addiction Medicine (CBAM) IRB Approval #: 21-000339

WANT TO HELP PROVIDE ACCESS TO COVID-19 VACCINES IN YOUR COMMUNITY?

PARTICIPATE IN A FOCUS GROUP ABOUT THE COVID-19 VACCINES

Share your views and opinions about delivering the COVID-19 vaccines to Black and Latinx communities

WHO IS ELIGIBLE?

- Persons 18 years of age and older who are:
- Black, African Descendant, African American, or Black
- Multiracial identity
- Latino, Latina or Latinx
- Community members
- Members of community based organizations
- Members of faith based communities
- Members of social organizations
- Clinical healthcare providers
- Non-Clinical healthcare providers
- Policy makers
- Staff from health agencies (private and public sector)

WHAT IS INVOLVED?

- Participation in a virtual focus group for 1.5 hours
- Participants will receive a \$50 Visa card for your time & effort
- Participation is for a UCLA research study
- Participation is voluntary

CONTACT

Interested? Contact (714) 584-0508 or email Principal Investigators of the study team. Steve Shoptaw (PhD) and Dilara Uskup (PHD, PhD) at duskup@ucla.edu

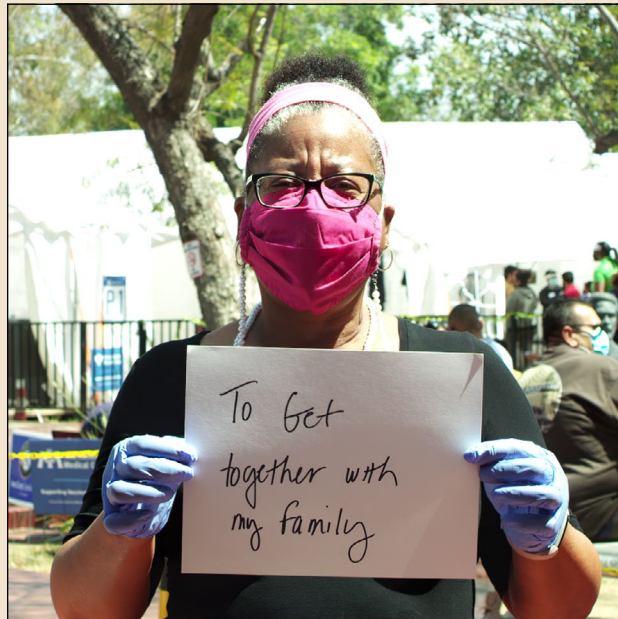
INTEREST FORM

<https://bit.ly/covid-focusgroup>

This study is being conducted by the UCLA Center for Behavioral and Addiction Medicine (CBAM) IRB Approval #: 21-000339

What We Learned

Standard thematic methods were used to analyze the focus groups. Perspectives and terminology used depend on the individual's perception around the vaccines and their rollout.



We asked community members to share the reasons why they decided to vaccinate themselves against COVID-19.

Medical Mistrust and Distrust.

Community members, community leaders, and clinical providers highlighted medical mistrust as one of the major reasons preventing people from getting the COVID-19 vaccines. The historical context and collective memory of unethical medical experiments, denial of treatment, and existing health disparities were mentioned as major sources of their distrust in the vaccines. These concerns led respondents to want to delay vaccination or not be vaccinated altogether.

"I think the most common thing that I hear from close people ... [who are waiting to take the vaccine] ... is the experiment that happened a long time ago with our parents and their parents and things like that. So there's a huge, huge fear. And I think as things started happening, which validated it, it kind of gives people this more of a reason to just stand and say, 'I'm gonna wait or I'm not gonna take it at all.'" (Community member-English speaking, Black Male, August 2021)

"... yes, historical reasons, yes... And people say because of, you know, past experimentation or denial of treatment or you know, false injections of things...and failure to really provide safe and effective care for Black communities. You know, the healthcare sector has a long history of gross offenses, particularly like in the areas of even maternal and infant health." (Community leader, Black Female, June 2021)

The lack of trust in the current public health leaders, institutions, and conflicting public health messages were mentioned as key reasons behind resistance to vaccination.

"Well, I think this assessment is pretty accurate and I think what it boils down to is trust. That there is a lack of trust and you bring up CDC. I think people feel a lack of trust for CDC, because there've been so many changes and that I think there's also a lack of trust with Fauci—the inconsistency and then the things that have been reported that he has said, you know, off camera that it's either one way or the other, but it can't be both. And, I don't monitor the news on an ongoing basis, I catch it when I catch it, but I listen to people and that's the kind of feedback that I'm getting, is this heavy trust aspect of it...things about the mask, whether or not it was important for us to wear the mask. He was saying [in] public, that it was, he was saying to others in email conversations that it wasn't going to make a difference with reference to protecting people..." (Community member-English speaking, Black Female, August 2021)

Misinformation and Falsehoods.^c

Community members shared that existing rumors within their communities and online about vaccines influences decisions around getting the vaccines. However, personal experiences with COVID-19 illness, including proximity to a family member who contracted the virus for instance, did motivate community members to become vaccinated. False information and misinformation deliberately created and disseminated with malicious intent, especially on social media and online, reduces vaccine confidence.

C. Misinformation and falsehoods are used to describe beliefs and feelings about the vaccine that may not be rooted in fact. We intentionally decided to eliminate the language "conspiracy theories" to ensure that our research validated individual experiences and beliefs while addressing these beliefs with education rooted in facts.

"I looked at the things people posted online about it. They also said that the Government was putting many antennas around and that they caused cancer, so they wanted us to stay at home. That's when I started to doubt everything, and when my husband got the virus, I said, "I have to get vaccinated." No matter what happens." (Community member-Spanish speaking, Latina Female, August 2021)

"What I've heard about the vaccine from various people-- I've been going door-to-door to get people to make an appointment and get vaccinated, and what many of them say, especially men, is that they won't get vaccinated because supposedly they will not be able to have children, and that's why they are scared to get vaccinated. Some people, young men, told me this. They don't want to get vaccinated because of that rumor or information that has reached them—that if they get vaccinated, they won't be able to have children." (Community member- Spanish speaking, Latina Female, August 2021)



Concern, Fear, Skepticism, and Uncertainty.

Participants indicated skepticism of the vaccines and uncertainty around the effectiveness of the vaccines as a reason to not get vaccinated. Community members felt it was better delay vaccination (e.g., taking a "wait and see approach") to observe adverse and side effects before making a final determination about vaccination.

"...one of the areas of hesitancy, people were saying, I will wait till it's either required or I will wait until the last possible minute so that I can be sure, you know, that if there are any symptoms that might occur, that I'd be aware of what they might be. So, people were just researching symptoms of COVID. And then, like, do I fit into that? If you were a, a black woman in your 20s, you might experience something different than if you're in your 50s or your 70s. So, there are a lot of things that cause people to have some anxiety about it". (Community leader, Black Female, June 2021)

Pressure and Blame as a Damaging Vaccination Strategy.

Community members, community leaders, and providers mentioned that the use of paternalistic strategies, such as blaming those who were unvaccinated may be damaging to vaccination efforts. Participants felt that the vaccination efforts were designed to blame and shame individuals who decided against vaccination. There was a common perception that blaming may cause people to be dishonest about their vaccination status.

"And then you've got politicians and you've got celebrities and you've got community leaders coming out and saying, 'Oh you must do it. You must do it. You must do it.' And now what I'm hearing is a put down to those who haven't done it, those who have not taken the vaccine ... and I listen to people and they think that those people are ignorant, that they're inexcusable what they're doing, that they're hurting everybody. And so those are issues that people are dealing with." (Community member-English speaking, Black Female, August 2021)



Chaotic Political Leadership.

Participants expressed concern that the political rhetoric around vaccinations, especially at the federal level, was chaotic and increased distrust in the vaccines.

"There was this societal split that was happening where the low-income and the homeless community or the minorities in general was looking at this bickering happen on the political side. So, you already felt ostracized. So then when you have, you know, Trump specifically saying one thing or, and then, you know, so you see at the very top, all of these kings fighting, you don't know who to believe. So you just simply go into the doors and protect your family. That's what it feels like during the shot season is, you know what, we don't know who to believe, 'Let's just go inside and protect our families.' And that's kind of, what it feels like is everybody's just trying to protect their families because at the very top politically you saw the bickering you saw, 'Oh, they're lying.' 'They're not, they're telling the truth.' 'No, they're lying.' You know? And so you just decided like any black family would just protect yourself." (Community member-English speaking, Black Male, August 2021)

Perception of Vaccination Efforts.

Some community members negatively perceived the actions to incentivize vaccine uptake. Specifically, incentivizing vaccine uptake by providing gifts to teenagers in Black communities were viewed as suspicious because community members were unsure of the true intentions behind such efforts.

“...and then on the other side you have in minority parks, they’re giving away headsets and all this stuff, trying to convince young black teens to take shots. It looks questionable. So, one side we’re seeing the results are scary. Then the other side we’re seeing that the people are trying to be bought. So even if it’s not true, even if we are healthy, even if the vaccination is ... 100% amazing, it just looks weird. So, I think it’s more of the perception of it to me than anything else.” (Community member-English speaking, Black Male, August 2021)

Participants shared that the focus on Black communities by the Health Department and the media were excessive and gave the perception that COVID-19 was a “Black problem,” indirectly pointing to minority communities as the spreaders of the virus. Furthermore, community members mentioned that the efforts felt like people were being targeted—not helped. Community members perceived the public health and media focus around Black communities as ingenuine and pandering to Black communities.

“Oh, okay. What I was saying was that I have not took the [vaccine] , I haven’t took the vaccine and that’s the reason why I have not took it is that I have a huge issue with so much focus on black folks taking it, African-Americans taking it. And they, they put such a high profile on, on black folks taking it. And, and to validate, so we are happy. They’re bro jingling. They they’re just tap dancing ‘cause they took the vaccine, but you don’t see them going like into Beverly Hills or to high-end communities showing, you know, the wealthy people taking that.” (Community member-English speaking, Black Male, August 2021)

Perceived Severity of COVID-19.

Community members indicated that their decision to take or forgo the vaccines were influenced by their perception of the severity of the virus. Some participants alluded to not having any personal experience with anyone who had contracted COVID-19 and that influenced their decision to refuse vaccination. On the other hand, having first-hand knowledge of and experience with family members or community members who had severe illness from COVID-19 or death resulting from COVID-19 was highly significant in influencing the decision to become vaccinated.

“I took part in a clinical trial for the vaccine before it got approved. I participated because a lot of people had died. My family got COVID in Mexico. Everyone fell ill. My mom, my brother’s wife, my uncle all died. A lot of people that I know died in Mexico and here in Los Angeles. Too many people died. Besides, they gave incentives for you to get vaccinated. Those are the reasons why I got vaccinated.” (Community member- Spanish speaking, Latino Male, August 2021)

Personal Experiences.

Participants expressed that their decision to get vaccinated was influenced by their personal COVID-19 experiences, health beliefs, and practices.

“I got vaccinated-- Actually, I was one of the first people who wanted to get vaccinated because, as a musician, I interact with too many people. Part of my job is to meet with people outside my usual circle. I believed the vaccine was essential, so I could at least have some protection, so I could protect myself and those around me, my coworkers.” (Community member-Spanish, August 2021)

Also, accessing vaccine information and being educated by a trusted medical provider created trust in the vaccine and vaccination.

“...I think I need to, you know, get as much information as I can, and we have family members that are in medicine, you know, they cosigned that the shot was something that was valuable and worth getting. So that’s, that’s basically where we are with that.” (Community member-English speaking, Black Male, August 2021)

Gender-Specific Physiological Reactions.

Some populations were concerned with the potential of population-specific complications from the vaccines. A transgender woman in one group was particularly concerned with adverse reactions that may occur in transpersons with silicone implants. There were also some concerns that pregnant women were not receiving enough information about the safety of the vaccinations.

“...especially our black and brown trans community members, have been very hesitant when it comes to wanting to even obtain the vaccination...Especially our trans women, have, been under a process what they call as pumping. So, taking the silicone and getting, wider hips, more buttocks. And so a lot of the [trans] community has been worried about, how that silicone will interact [within their bodies] if they got vaccinated ... just because it’s so taboo in the community, it’s so taboo if people know that you’re pumping. So, that’s just a lot of the feedback that I’ve gotten from both black and Latin trans community members.” (Community leader, Black Transwoman, June 2021)

“You have these pregnant, women, people who are... Just don’t understand enough. There isn’t enough information. And when you go into a setting to get a, a vaccine, you don’t feel like there’s somebody there who is providing you with, you know, support, to give to you or something like that [needed information].” (Community leader, Black Female, June 2021)



Accessibility.

Participants pointed out various barriers that prevented access to the COVID-19 vaccines, especially in their communities. Barriers to online appointment scheduling for communities due to limited access to internet, phones, and computer literacy were major factors in fueling the low uptake in priority communities. Limitations in transportation for community members without access to cars, were identified as barriers to accessing large drive-through vaccination sites in South Los Angeles and beyond. Participants noted that early vaccination locations and pop-ups were not located within their communities possibly causing further disparity in the vaccination uptake.

“Yes. Most of the information that’s available about the vaccine is on the Internet. Even registrations for vaccination are online. The problem is that many people don’t have access to the Internet or lack resources in our communities.” (Community member- Spanish speaking, Latino Male, August 2021)

Lack of Cultural Humility and Inattention to Community Fears.

Lack of cultural humility and care at vaccination sites left some community members feeling that their vaccination experience was more transactional than the typical healthcare experience.

“... But the feedback that I’m receiving, since I’m in a position to get this feedback from our community, is that people go to these sites and that there is not a lot of care or a lot of... I always say cultural care provided in those sites. It just feels very transactional. And that it feels as if people... Like you’re there and, no one’s acknowledging the fact that you could be standing there in a moment of anxiety and, stress because you’re doing something that is, is quite scary for any number of reasons...” (Community leader, Black Female, June 2021)

Health and Access to Healthcare.

Community members highlighted that pre-existing health conditions served as both a motivator and deterrence for vaccination. Some community members may get vaccinated to prevent their health from getting compromised, while others may avoid vaccination due to concerns related to their health issues.

“I did take the vaccine and I’ve heard from both sides, I have, friends and family on both sides, some have taken it, some have not... and some of the reasons why, some have taken it, some of are older, uh, some have, health issues, that they didn’t wanna get compromised without taking the shot. And then I have family on the other side that have health issues that are saying that they don’t want to take the shot because of their health issues.” (Community member-English speaking, Black Male, August 2021)

Vaccination Mandates.

Clinical providers generally saw the value of COVID-19 vaccine mandates but also recognized that individual liberty and choice remained important. Some community providers strongly felt that vaccination mandates were important to curb the spread of the virus, while others suggested the implementation of mitigation alternatives such as mask wearing.

“I’m kind of on the line about this one. I believe that we should... uh, be vaccinated. And there’s a possibility we should be... it should be mandated for the greater good. But at the same time, you wanna consider the rights of people. You know, we live in America. People believe it’s a free country. They should have choice and, you know, options, so I ... it’s kind of hard for me. But I- I do think that we should give organizations the right to say you need to be vaccinated.” (Community clinical provider, Black Female, August 2021)

“On a personal level, I believe in the mandate. However, on a more global professional, non-personal level, um, I- I’m not sure we should be mandating that people get vaccinated. I believe we should be mandating that there’s a mask, and I believe if you don’t get vaccinated, you shouldn’t be allowed to do certain things, go certain places. ... and I haven’t reconciled this in my mind yet with people who are afraid of getting vaccinated and people who choose not to get vaccinated. So, if you make that choice ‘cause this is America and this is your right, and I get to do what I want, and you’re ripping masks off of people’s faces kind of choice, then you should choose not to take a bed up in the hospital if you get sick.” (Community clinical provider, Black, Female, August 2021)

Recommendations

Vaccination Recommendations from the Community and Team.

Since the start of the pandemic, shifts have occurred in public health policy to prioritize equitable access to COVID-19 vaccines. Although some progress has been made vaccine equity still has not been reached. As boosters and follow up vaccination appointments become the new normal, equity must be at the center of the conversation. In this final section of our report, we document recommendations from the study team, focus group participants, community summit speakers, key informants, and community partners. These recommendations and strategies address vaccine equity for the COVID-19 pandemic and public health emergencies in the future.



1

Invest in and Mobilize a Community-Based Health Workforce: Create, train, mobilize, and support a representative community-based workforce to drive community outreach for COVID-19 vaccination.

Opening up public health for voices from South Los Angeles to co-design and produce community health plans are key to building trust in the community. Next, the creation of infrastructure to fund and support trusted community messengers, community health workers, and youth health influencers are crucial to developing a community driven public health workforce. The creation of such a workforce serves both as an economic and public health benefit to the community.

“When you look at how they got all this funding tied into the coronavirus, you look within our community, it’s basically \$0. It’s like boots on the ground organization is \$0, but it’s this huge outcry to say, how can you partner? How can you help us? ...it should be some type of effort where we’re saying, ‘Okay, let’s create this hub [in the South Los Angeles area] where we say, hey, you got that ability. You have that time. You have a point of leverage, then let’s get some funding to you. Let’s get the resources to you.’ ‘Cause we are the most trustworthy person of all, Black folks trust each other more than anything...nothing can convince us more than, than each other. So why we can’t get the funding it takes to get into our community and get the message to our people. Like, I just don’t get that part...” (Community member-English speaking, Black Male, August 2021)

2

Dialogue and Disseminate Accessible Information: Develop and disseminate accessible information around COVID-19 vaccination through the community health workforce and other trusted channels to address informational barriers to vaccine access and acceptance.

Education and communication of accurate, coherent messages are vital to the vaccination effort, especially in communities that have histories of harm by the medical establishment and healthcare systems. General education about COVID-19 and its impacts on the body should be shared widely, including vaccine specific education detailing how the vaccines work in the human body and the role of booster shots in providing immunity. Additionally, education around the potential side effects, possibility of breakthrough cases after vaccination, and any other immunology related concerns need to be addressed. The messages need to be consistent and posted in media favored by the variety of communities.

Education should address community concerns in public health messages directed to individuals from racial and ethnic minorities. Some of the major concerns expressed by community members

include medical mistrust stemming from historical and personal experiences with discrimination, bias within the healthcare system, personal experiences, and rumors about the vaccines. The lack of trust in government authorities should be acknowledged as some causes of mistrust.

Deploy trusted health messengers (e.g., the community-based health workers, youth and young adult health workers, community and faith leaders, and health providers of color and from the community) to conduct outreach efforts to reach community members online and face-to-face (e.g., door-to-door) with accurate information about the COVID-19 vaccines, how to get vaccinated, and navigation support for those who have logistical barriers. Combatting misinformation about the COVID-19 vaccines can help community members identify untrustworthy sources and promote reliable sources about the vaccines. These messengers are trusted intermediaries within their communities and can help translate vaccine knowledge.

3

Tailored and Culturally Appropriate Messaging: Public health messages must validate historical and intergenerational experiences of mistrust and address patient concerns directly.

Medical mistrust—even in 2022—continues to impact health seeking behaviors, especially in Black and Latina/o/x communities. Reverberations from experiences of medical maltreatment, research misconduct, and discrimination in healthcare as exemplified by the U.S. Public Health Service Syphilis Study at Tuskegee University are current and strong in the minds of Black Americans making decisions about their health. Rather than look beyond this history to address the current health crisis, best practice is to understand the role of institutional, collective, and intergenerational factors that affect decisions regarding Black people making decisions about their health. Public health messaging that validates such historical experiences of mistrust and addresses concerns around it can be helpful in transmitting transparency and cultural competence. Acknowledging local and global inequity in access to vaccines and other lifesaving interventions can convey to individuals impacted by healthcare mistrust that policy and decision makers recognize this key factor.

Employing and paying for navigators from Black and Latina/o/x communities to transmit cultural competence can help convey trust in the message being delivered. This can be done by having navigators operate in spaces that aren't politicized or carry negative connotations, such as barbershops, nail salons, grocery stores, and churches. This is an ideal strategy for increasing acceptance of science-based messages for individuals who find themselves needing to make health decisions despite of medical mistrust. Cultural considerations and cultural competency increase effectiveness in helping community members make health decisions. Providing materials in languages commonly spoken and making sure the information in those materials is easily understandable is vital.

"I think it should be more about educating. It shouldn't be everybody [should] be forced to take a shot. They shouldn't be asked to take a shot. I just think they should be saying, Hey, um, just in case you don't want to, based on your fears of the government, your mistrusts of the government, the history of the government, some of your underlying conditions, this is how you can stay healthy..." (Community member-English speaking, Black Male, August 2021)



COVID-19 COMMUNITY SUMMIT

IS THE PANDEMIC OVER?
What You Need to Know about COVID-19, the Variants and Vaccines

FRIDAY, JULY 23, 2021
3:00 PM - 4:30 PM PST

Join us to learn about the latest information on COVID-19 in Los Angeles County

SPEAKERS:

| | |
|--|---|
|  CHERYL BRANCH, MS Executive Director, Los Angeles Metropolitan Churches Managing Partner, CRSSLA |  NONYE OKONKWO, MD, MS Deputy Clinical Operations, COVID-19 Vaccine Program, Kaiser Community Health Center |
|  ELOISA GONZALEZ, MD, MPH Director, Cardiovascular and School Health, Los Angeles County Department of Public Health |  FRANCES PANG, MD Pediatrician, Cedars-Sinai Medical Group |

REGISTER HERE!
Registered attendees will be eligible for raffle drawing. Summit will be streamed live on YouTube.

COVID-19 Community Leadership Summit
Learn how to mobilize your community to increase COVID-19 vaccine equity and uptake

FRIDAY, MAY 21, 2021 | 1:00PM - 2:30PM PST

SPEAKERS:

| | | | |
|---|--|--|---|
|  Christopher Blaine Community Engagement Program Manager, UCLA |  Doris Brown, Jr Director of Marketing & Outreach, UCLA |  Robert Contreras, MBA President and CEO, UCLA |  Sylvia Chung MPP, Director, Health Policy and Management, UCLA |
|  Kwame Henson Community Engagement, COVID-19 Integration, Kaiser Permanente |  Nekwyn Butler Community Health Worker, Kaiser Family Foundation |  Jim Wang President and CEO, UCLA |  Liz Shinnick, M.S., BCBA Co-Director, UCLA Center for Health Equity Research and Promotion |

This virtual forum aims to support COVID-19 vaccination efforts in South Los Angeles by providing resources to increase education, awareness, and equity.

REGISTER TODAY
Zoom ID: 917 7716 1264





CUMBRE COMUNITARIA COVID-19

TERMINADO LA PANDEMIA?
Lo que necesita saber sobre COVID-19, las variantes y vacunas

MARTES, AUGUST 03, 2021
3:00 PM - 4:30 PM PST

Unase a nosotros para conocer la información más reciente sobre Covid-19 en el condado de Los Angeles

SPEAKERS:

| | |
|---|---|
|  CLAUDIA CORCHADO Coordinadora de Programa de Cultura La Salud-Condado de Maricopa |  JAMIE G. DEVILLE, MD Profesor Clínico de Pediatría, División de Enfermedades Infecciosas, UCLA |
|  ELOISA GONZALEZ, MD, MPH Directora, Salud Cardiovascular y Escolar, Departamento de Salud Pública del Condado de Los Angeles |  YELBA M. CASTELLON-LOPEZ, MD Médico, Departamento de Medicina Familiar, UCLA |

REGISTRAR AQUÍ
El cumbre estará transmitido en vivo. Los asistentes registrados serán elegibles para sorteo. YouTube.

4

From Shaming and Blaming to Educating: Paternalistic, fear based, and overzealous rhetoric are poor strategies to inspire behavior change. Messaging should be culturally informed and also respectful.

In addition to health education, public health leaders must take care to communicate the genuine intent of their public health approach, especially policies and mandates to the people. The intent of the public health campaign aimed at increasing vaccination in Black and Latina/o/x communities within South Los Angeles specifically came across as being ingenuine to some. Transparency is key when communicating public health efforts. Honest and candid conversations around public health and vaccine research limitations in knowledge should be shared alongside updates.

Discussions around COVID-19 awareness and education have highlighted that employing fear of COVID-19 as a tactic and shaming people into behavior change to encourage vaccinations is a poor strategy. Community members want to understand more about the vaccines before making an informed decision without being shamed or judged. Public health leaders, community leaders, and medical experts need to structure approaches and messaging to provide clear explanations around vaccination side effects and the likelihood of COVID-19 breakthrough cases. It is best practice to get reactions from a range of members and stakeholders who support racial and ethnic minority communities to understand impacts of messages prior to and concurrent with implementing public health messages that promote vaccination.

5

Reduce Barriers to Access: Deploy community health workforce to address logistical and structural barriers to COVID-19 vaccination. Meet the community; do not expect the community to meet you.

Improving accessibility to both vaccines and information about vaccines is important. Barriers to vaccine access, such as lack of transportation, childcare, housing, and technology, should be addressed. Previous research emphasizes that an early response to health needs within priority populations could have accelerated vaccine uptake in racial and ethnic minority communities. In the early stages of the vaccine rollout in Los Angeles, anticipating barriers, such as the lack of available vaccination sites and flexible hours to help accommodate community members that may have been at work during normal clinic hours, would have been helpful. Adding more vaccination sites in South Los Angeles, particularly sites that were already familiar to the community is important to increasing vaccination uptake. Early delivery of vaccines to be given at various nontraditional sites, such as pharmacies, and consulate offices, would have emphasized commitments to local communities and added a way to provide evening and weekend hours for residents who couldn't get vaccinated during normal business hours. Establishing accessible alternatives to the online appointment scheduling, providing technical support with the online system, and ensuring that community members attended

their scheduled appointments are vital. Vaccine efforts should center around the priority of communities by conducting needs assessments, identifying barriers to persons with little to no access to get to vaccination sites, and ensuring we are intentionally focusing on interventions that engage hardy reached communities.¹⁰

“You know, breaking down every barrier, that appointment system kept people out. Not having Internet kept people out, not having an email, not having mobile, cell phone service, no address because I’m homeless. ‘What do you put on those fields (on the forms)?’ And then you’re locked out. You didn’t have childcare. You didn’t have transportation. You don’t have paid time off from work. ‘I don’t speak English. I’m not in this country legally so I don’t have identification.’ All those things kept people from their vaccines, so it was very important that, very early on, we broke down those barriers, so none of those could be the excuses.” (Community Clinical provider, Unreported Male, August 2021)

Vaccination sites must reach people where they are, where folks live, work, worship, play and go to school. For those that are homebound or experiencing homelessness, early deployment of mobile units is critical. Vaccine access coupled with outreach leads to a more successful vaccine strategy.

6

Strengthen Coordination and Learning: Improve equitable COVID-19 vaccine outreach through partner coordination, documentation of best practices, and use of data for decision-making (not a top-down approach from health department).

Community, private, and public leadership is important in encouraging vaccination uptake. The political rhetoric and mixed messages were highlighted as a key vaccine deterrance. Community leaders and providers should help build health literacy within their communities and with their colleagues to help combat misinformation. Leaders must lead by example by taking the vaccines first to encourage community members to also take the vaccines. Developing public - private partnerships and engaging community organizations early is important to the process. Community members deserve to have a say in the decisions being made for them on a policy level.

“I think Consulates. The Mexican Consulate announced a while ago that they were vaccinating people there without appointments. People could walk in. People from other countries as well. Even if they’re not Mexican, they will vaccinate them. I believe that Consulates are a good option as there are many people from different countries here. I think schools are a good idea too. All parents take their kids to school. Now it’s required for them to be vaccinated. The face-to-face classes are about to start, and we need all kids to be vaccinated if they’re over the approved age. I think it would be very efficient to vaccinate at school.” (Community member, Spanish speaking, Latino Male, August 2021)

7

Build Community Capacity: Support continued investment in the creation of public health and wellness hubs in South Los Angeles. Trust building and trustworthiness are processes that build on principles of ethical community engagement. Efforts to invest in and build the capacity of community agencies, social organizations, and faith-based/placed organizations are key to providing a sound and timely response to COVID-19.

Early on in the vaccine rollout, the focus of public health efforts was solely on increasing COVID-19 vaccination rates with little provision made for addressing overall health. Race, ethnicity, and risk were not appropriately calculated in the economic and political decisions behind vaccine distribution. This myopic, siloed perspective fails to see people as individuals who are parts of families, neighborhoods, and communities that involve far more varied and important issues than COVID-19 vaccinations. Approaches from health departments and policymakers can broaden impact and trustworthiness by incorporating wrap-around services in future public health efforts. In this way, whole-person health efforts address prevalent health and non-health related needs, such as mental health and substance use disorders, sexual health, housing instability, food insecurity, and economic needs.

Community mobilization and activism pre-COVID-19 propelled the vaccination efforts in many communities. Grassroots organizations that were established to address specific health issues, such as obesity, housing security, and economic issues, deeply highlighted the level of resiliency that exist within these communities. The most important lesson learned to ensure vaccine and health equity, in this and future crises, is to invest in sustainable and resilient systems in the communities where those services are currently not available.

Educational and career investment are critical to providing community members the opportunities to grow and generate resources within their communities and to developing the required skill sets needed to discern information from misinformation to fully comprehend options of new vaccines for novel viruses in the future. This approach addresses community-wide health disparities and health comorbidities and builds toward a foundation of healthcare that facilitates withstanding this and the next public health emergency.

- Improve access to COVID-19 testing for communities disproportionately impacted by COVID-19 by increasing points of care and integrating testing with linkage to care.
- Ensure access to quality care and any available medication, therapeutics or vaccines that would aid in the prevention or treatment of COVID-19.
- Facilitate access to supportive services such as housing, education, resources and personal protection equipment (e.g., masks).
- Support local and national policies that alleviate the burden of disease and encourage more equitable community investment.

Framing What We Learned

The COVID-19 pandemic upended South Los Angeles' workforce and disproportionately affected the county's poorest and most marginalized workers, particularly people of color. Their disproportionate representation as essential workers, along with other systemic, institutional, and social factors, have left this community more susceptible to disease and death from COVID-19. By listening to affected communities and those who serve them, we identified experiences, perceptions, and beliefs that highlight several factors that played a role in the initial roll out of the vaccines in Black and Latina/o/x communities. Political leaders, policy makers, and public health agencies have a responsibility to address several of these factors of vaccine uptake, access, and confidence with intentionality. Given the recommendation to administer booster shots it is necessary to continue to address vaccine inequity.

A key direction is continuing investments in social and healthcare systems that emphasize "whole person" health needs to be established through policies that fund and provide access to health prevention services for community members at community agencies and clinics. In contrast to changes resulting from gentrification, public investments are needed for economic infrastructure within these communities to provide a foundation for economic growth for residents living in South Los Angeles. Such an approach would provide an avenue for community members to take control in ensuring the health of their communities. These investments directly challenge beliefs of mistrust in the health system. Democratizing health care requires us to take health care out of the walls of the clinics and hospitals and into the communities to engage with culturally respectful, tailored approaches, and effective strategies to vaccinate the community.

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Community partners engaged in key stakeholder consultations and focus groups include:

Bienestar Human Services
 Coronavirus Community Response System of South Los Angeles
 COVID-19 Prevention Network
 COVID-19 Vaccine Volunteer Crew
 Gerente de Programa de Cultiva La Salud-Condado de Merced
 Get Out The Shot LA
 HIV Vaccine Trials Network
 Kaiser Family Foundation—Greater Than COVID
 Kedren Community Health Center
 Long Beach Department of Health and Human Services
 Los Angeles Department of Public Health
 Los Angeles Metropolitan Churches
 Pull Up Neighbor
 Southside Coalition of Community Health Centers
 St. Johns Well Child and Family Center
 UCLA Clinical and Translational Science Institute—Community Engagement and Research Program
 Community Engagement Alliance—STOP COVID-19
 Vaccinate the States
 UCLA Vine Street Clinic



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