Combating COVID-19 Vaccine Misinformation and Disinformation Through Culturally Competent Strategies

National Center for Health in Public Housing

June 2022

NCHPH
National Center for Health in Public Housing

DISCLAIMER

This publication is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an award totaling $668,800 with 0% financed with non-governmental sources. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS, or the U.S. Government. For more information, please visit HRSA.gov.

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Definition of Misinformation and Disinformation

Misinformation is defined as the sharing of false information in order to mislead others while disinformation is false information that is created with malicious intent.[1, 2, 3] During the COVID-19 pandemic, there have been frequent accounts of misinformation and disinformation related to the prevention, spread, and treatment of the disease.[4]

Inaccurate information, promulgated through online algorithms, politics, and social media, have made certain populations more exposed and susceptible to these messages.[5] As a result, COVID-19 vaccine hesitancy has been high and uptake has been slow in some racial and ethnic minority populations. Misinformation and disinformation can exacerbate existing distrust of the health care system, reduce the willingness of individuals to obtain preventive care through vaccinations and seek treatment in a timely manner.[6, 7]

This report will describe the elements that contribute to vaccine hesitancy among ethnic minorities and offer culturally appropriate strategies on how to combat the effects of misinformation and disinformation with health center patients and staff.[8]

Risk of COVID-19 Among Public Housing Residents

According to the U.S. Department of Housing and Urban Development (HUD) and the Centers for Disease Control and Prevention (CDC), adults that live in public housing have higher rates of chronic health conditions and are greater utilizers of health care than the general population.[9] HUD-assisted households are also more likely to include members that are elderly or disabled. [10]

*"When the **COVID-19 pandemic** became widespread in the U.S., it was clear that the sociodemographic characteristics, as well as the close living environments of HUD-assisted adults, including those living in **public housing**, put them at higher risk for contracting and developing severe symptoms of COVID-19, therefore, amplifying health equity issues."*

Vaccination Rates

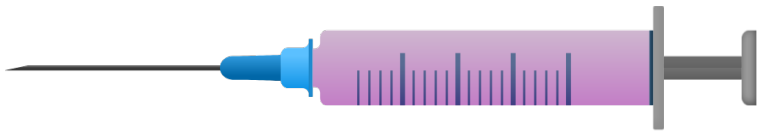
Vaccination provides the best option for preventing individuals from getting sick or severely ill from COVID-19. Current overall vaccination rates in the U.S. are high, however they differ depending on race and ethnicity. However, there are differences in the percent of racial and ethnic minority groups that report that they probably or definitely will not get vaccinated. American Indian or Alaskan Natives are most likely to report that they are unlikely to vaccinate (22.9%), followed by multi-racial groups (15.3%), whites (11.7%), Native Hawaiian or Pacific Islander (9.9%), Blacks (8.2%), Hispanics (7%), and Asians (2.5%.). [14]

According to the CDC's COVID-19 Data Tracker, which provides trends in vaccination status and intent, as of March 5, 2022, ***86% of all adults in the U.S.*** *are vaccinated or definitely will get vaccinated, 3.7% probably will get vaccinated or are unsure whether they will get vaccinated, and 10.3% probably or definitely will not get vaccinated.*[13]

Vaccination Rates and Intent by Race and Ethnicity

Race/Ethnicity	Vaccinated	Probably Will Get Vaccinated or Are Unsure	Probably or Will Definitely Not Get Vaccinated
Asian	97%	0.5%	2.5%
White	84.5%	3.4%	11.7%
Black	86.9%	4.7%	8.2%
Hispanic	86.5%	5.1%	7.0%
Native Hawaiian or Pacific Islander	88.3%	1.4%	9.9%
Multi	81.1%	3.5%	15.3%
American Indian or Alaskan Native	72.4%	2.8%	22.9%

Vaccine Myths, Misinformation, and Disinformation



In March 2021, the National Center for Health in Public Housing (NCHPH) participated in a panel discussion at the National Alliance of Resident Services (NAR-SAAH) virtual conference, "Debunk the Myths and Know the Facts: The COVID-19 Vaccine." Attendees included public housing resident leaders across the country. They expressed the following concerns and myths related to COVID-19:

- **Mistrust in the government**
  - The most common reason for vaccine hesitancy among public housing residents was an overall lack of trust of the government or medical community. Many individuals cited the Tuskegee Syphilis study as a reason not to trust the CDC or what is in the vaccine.[15]
- **Lack of safety**
  - Public housing residents had concerns about the safety of the vaccine. Some felt there was not enough research done prior to the emergency approval and believed people of color were not included in the clinical trials. Some had specific concerns about safety of the vaccine for pregnant women. While others were concerned about the type of training given to those that are non-health professionals administering the vaccine.
- **Harmful side effects**
  - Symptoms after flu vaccine caused some residents of public housing to believe the side effects from COVID-19 vaccines would be too severe. Residents living in rural communities were hesitant due to a lack of medical facilities nearby. They were concerned that harmful side effects would require immediate medical attention and the lack of access to health services would result in death or high medical expenses.
- **Monitoring devices**
  - Some public housing residents had heard the disinformation about monitoring devices installed with the vaccine. They were concerned about their privacy, security, and potential side effects from the devices.
- **Efficacy**
  - Public housing residents were skeptical of the efficacy of the vaccine. They believed the protective effects of the vaccine lasted no more that 90-120 days, requiring a follow up shot that they did not want to endure.

Importance of Using Culturally Appropriate Vaccine Information

Tailoring vaccine information that is culturally appropriate for ethnic minority groups may help dismantle vaccine misinformation and improve vaccine confidence. According to researchers Hildreth & Alcendor, information that is provided in multiple languages through virtual platforms can significantly improve outreach to minority communities.[16] In addition to expanding outreach, culturally appropriate vaccine information can also help in identifying minority subpopulations like Latin Americans, and populations concentrated in reservations among others that have been influenced by vaccine misinformation and disinformation.[17, 18]

Strategies To Help Health Centers To Address and Mitigate Myths and Misinformation[19]

1. ***Monitor social media*** to identify the misinformation circulating in your community. Consider cultural outlets and influencers that are relevant for your patients. Track the misinformation to help you understand the context and route by which that misinformation is spreading in your community.

2. ***Be proactive.*** Listen to members of your community and your patients to identify perceptions and gaps in health information. Consider the role that culture may play in those misperceptions. Acknowledging patient values, beliefs, and past offenses is an important step in regaining trust in the community.

3. ***Share accurate, clear, and easily accessible information*** that addresses common myths or misinformation. Maximize the use of social media, online platforms, websites, and written materials to spread factual information. Consider the literacy level and languages spoken in your community to ensure the health information is accessible.

4. ***Use trusted messengers in the community*** to spread correct information and address intentional and unintentional myths or fallacies. Some individuals are only receptive to sources that they know and trust, such as faith-based or community-based organizations. Create partnerships with faith-based and community-based organizations to amplify those voices.

Health Center Examples

Clínica Monseñor Oscar A. Romero, Los Angeles, CA

The use of Promotoras de Salud or Community Health Workers (CHWs) is an effective strategy to address vaccine misinformation and disinformation. Clínica Monseñor Oscar A. Romero a Federally Qualified Health Center (FQHC) located in Los Angeles, California has effectively used this strategy with their 40 CHWs. They were able to identify and recruit individuals that work in the community, speak the same languages as the community, and were able to build trust through a shared cultural identity. Since the beginning of the pandemic, Clínica Romero received a $50,000 grant from Direct Relief, which enabled them to respond to the pandemic by acquiring personal protective equipment (PPE) and medications. CHWs provided door-to-door education on the facts of COVID-19, the vaccine, and how members of the community can protect themselves and others by providing free supplies and tools. The education that CHWs provided in Spanish has proven to increase vaccine confidence among community members near this health center.[20, 21]

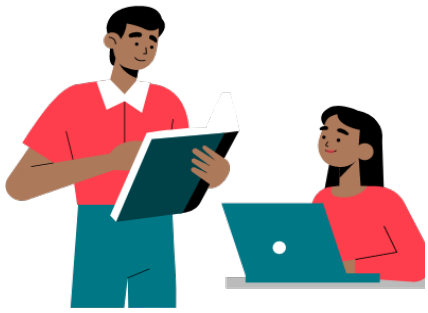
CareSouth Carolina, Inc., Hartsville, SC

CareSouth, which is an FQHC located in Hartsville, South Carolina, has conducted the "Roll Up Your Sleeve" campaign. This campaign focused on promoting COVID-19 vaccine confidence through the use of video campaigns with trusted community leaders by answering common questions and clarifying misconceptions about the COVID-19 vaccine. CareSouth has also implemented the CareSouth Carolina's Moby Outreach program, where access to care and education about COVID-19 has been expanded beyond their health center facilities to rural communities with the use of mobile units.[22]

San Ysidro Health, San Ysidro, CA

San Ysidro Health, another FQHC in San Ysidro, California, in collaboration with the UC San Diego School of Medicine has implemented a program called Project 2VIDA which is funded by the National Institute of Minority Health and Health Disparities. The purpose of this program is to educate Latinx and African American communities on the COVID-19 vaccine with medically accurate information to counter COVID-19 health misinformation. This was done with community pop-up events, where health center staff reached out to community members more effectively through an educational and empowerment to vaccinate approach.[23]

Resources to Combat Vaccine Misinformation



The Centers for Disease Control and Prevention has made resources available to help combat vaccine misinformation such as A Guide for Community Partners, the Communication Toolkit for Migrants, Refugees, and Other Limited-English-Proficient Populations, and How to Tailor COVID-19 Vaccine Information to Your Specific Audience. [24, 25, 26]

Conclusion

The spread of misinformation and disinformation on health conditions and illness is not new and very likely to continue. While adult COVID-19 vaccination rates are high, rates among adolescents and youth could be improved. Health center staff can meet the challenges of misinformation by facing them head on, identifying potential sources and myths, partnering with community organizations, local schools, governmental agencies such as the CDC, and providing accurate information to their patients in a culturally appropriate way.

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