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Commentary

Community-academic partnerships to reduce COVID-19 vaccine hesitancy in minoritized communities

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Public health officials have raised awareness about the disproportionate impact of coronavirus disease (COVID-19) on minoritized populations including Black, Hispanic/Latinx (hereafter Latinx), Asian and Native Americans in testing, infection, hospitalization, and death [1]. The higher infection rate and poorer outcomes in these populations are likely associated with social determinants of health such as living in areas with high rates of COVID-19, crowded living conditions, overrepresentation in high-risk occupations (e.g., essential workers), treatment access disparities, lower health knowledge, and underlying health conditions [2].

In recent months, the federal Food and Drug Administration (FDA) approved three preventative vaccines; yet reports indicated that large portions of U.S. residents did not plan to take the drugs [3]. *Vaccine hesitancy* is the deferral or refusal of accessible vaccines and varies based on demographic factors such as race/ethnicity, religion, and socioeconomic status [4]. In November of 2020, only 42% of Blacks, compared to 63% of Latinx, 61% of Whites, and 83% of Asian Americans, said they would be willing to take a COVID-19 vaccination if it were available today [5]. Beyond preexisting anti-vaccination attitudes (e.g., Anti/Vax), current mistrust in minoritized communities is primarily driven by historical injustices (e.g., Tuskegee Syphilis Study, eugenics sterilization movement), distrust of the political administration in power at the start of the pandemic, fears about the potential long-term side effects, and the erosion of trust with the healthcare community [6].

As healthcare professionals and public leaders scramble to address vaccine hesitancy, prior research suggests that most likely few are doing so utilizing evidence-based intervention approaches or evaluations, which can backfire [7]. Others are not evaluating or disseminating their findings or are caught in the publication lag. Effective and timely interventions need to be published in order to combat the rapid spread of COVID-19 in minoritized communities.

Though untested related to COVID-19, existing evidence suggests that pro-vaccine interventions need to: (1) be empathetic to the fears of participants, (2) make a personal connection (e.g., appropriate self-disclosure), (3) deliver accurate information in a non-confrontational manner, and (4) avoid belaboring historical maltreatment and unsupported conspiracies [8,9]. Moreover, healthcare institutions need to collaborate with community stakeholders to increase access to vulnerable populations and rebuild trust prior to offering interventions.

Community-academic partnerships (CAP) between academic health centers and community organizations can enhance public health educational efforts to reduce vaccine hesitancy. Faculty representing public health, psychology, and pharmacy at Loma Linda University (LLU) partnered together with faith-based organizations (Inland Empire Concerned African American Churches [IECAAC] and Congregations Organized for Prophetic Engagement [COPE]) and a cultural community health outreach program (El Sol Neighborhood Education Centers) to deliver free virtual, dialogue-based webinars on the fears and facts associated with the COVID-19 vaccine on a monthly basis starting in December of 2020. The live, interactive events, marketed on web and social media networks affiliated with the partner organizations, hosted more than 500 Black and Latinx community members in the Inland Empire, an area adjacent to Los Angeles in Southern California, and streamed more than 7,000 views on Facebook Live.

Using evidence-based methods [10], the CAP team and COVID-expert panel reflected the demographics of the target populations (e.g., Black, Latinx, and Spanish-speaking). In line with the best practices detailed above, the panelists first described the aforementioned health disparities to convey the urgency of the educational message. They expressed empathy for the existing fears circulating in the target communities (e.g., apprehensions about the rapid development of the vaccines). Several panelists shared their personal process of eliminating their own vaccine hesitancy and their symptoms after receiving the vaccination. Webinar participants then learned about the psychology of fear as a primer to vaccine education and had an opportunity to ask questions. To increase community trust, the university president made a guest appearance and offered remarks about the longstanding and future institutional commitment to the

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health of minoritized communities in the region. Results of the intervention are forthcoming.

Health service institutions must mend community relationships, consider, and address the specific needs of the target demographic (including intersecting identities) in order to quell vaccine hesitancy and stop the rapid spread of COVID-19. Promising interventions need to be evaluated and published broadly to establish specific and culturally-tailored best practices in the field.

Declaration of Competing Interest

Authors have nothing to disclose.

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