



Latino Views on COVID-19 Vaccinations: Understanding Hesitancy

“¿Lo cubrirá mi seguro médico? (tengo un plan de cobertura catastrófica).”

— Participante de la encuesta

“Will my insurance cover it? (I have a catastrophe policy only).”

— Survey participant

“This data supports that the issue with Latinos not getting the COVID-19 vaccine is not so much due to hesitancy but access. Our policymakers should address these barriers and bring the vaccine to our communities to mitigate the health inequities that Latinos have experienced during the pandemic.”

— Miriana Durán, MD, MPH

This policy brief addresses COVID-19 vaccine hesitancy among SeaMar Community Health Center Latino patients (see Appendix I for survey methods and respondent demographics). Although vaccine hesitancy remains an important barrier to vaccinating Latinos/Hispanics in Washington state, most Latinos say they are willing to take the vaccine. In this brief, we share the results of a recent survey and offer recommendations for addressing barriers to the vaccination of Latinos.

BACKGROUND

The COVID-19 pandemic has disproportionately impacted Latinos nationally, with an age-adjusted mortality 2.3 times higher than that of non-Latino whites.¹ In Washington state, the COVID-19 infection rate for Latinos is among the highest in the nation, accounting for more than a third of COVID-19 cases in the state when Latinos are only 13% of the state's population.^{1,2} Throughout the pandemic, Latinos have had inadequate access to COVID-19 testing and other health services and are, once again, lagging behind other groups in the state in accessing approved COVID-19 vaccines despite being overrepresented in the state's essential workforce. As of April 15, 2021, Latinos accounted for only 8% of the population 16 years of age and older who have received one or more vaccine doses.³

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“ Si no tienen en todos estos años una cura para el SIDA or el cancer...como quieren que les crea de una cura o una prevención para la pandemia de Covid-19? ”

— Participante de la encuesta

“ If in all of these years they haven't found a cure for AIDS or cancer... how do you expect me to believe they now have a cure or prevention for the COVID-19 pandemic...? ”

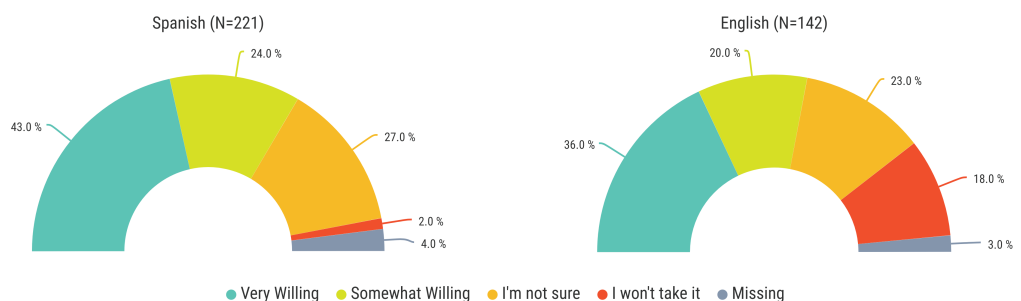
— Survey participant

KEY FINDINGS

New Data on Vaccination Hesitancy Among Latinos — Accessibility Remains A Concern.

Most Latinos said they were very willing or somewhat willing to take a COVID-19 vaccine. However, more English speakers expressed vaccine hesitancy than Spanish speakers:

- Overall, 62% of Latinos said they were very willing or somewhat willing to receive a COVID-19 vaccine.
- By language, 67% of Spanish speakers and 56% of English speakers were very or somewhat willing to receive a COVID-19 vaccine;
- 2% of Spanish speakers versus 18% of English speakers said they would not take a COVID-19 vaccine; and
- 27% of Spanish speakers versus 23% of English speakers said they were unsure.



The Latino Center for Health is a state-funded multidisciplinary research center at the University of Washington. The center conducts community-engaged research through capacity building and authentic partnerships with community stakeholders to promote the health and well-being of Latino communities in Washington state (<https://latinocenterforhealth.org/>).

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“No quiero que sea una vacuna apresurada y que se sigan protocolos.”

— Participante de la encuesta

“I don’t want it to be rushed and follow protocols.”

— Survey participant

KEY FINDINGS

Most Latinos Have Positive Views on Vaccines: The majority of Latinos hold positive views about vaccines with few differences by primary language.

- Overall, 70% of Latinos believed vaccines were safe, 70% believed they were effective, and only 7% were concerned about serious side effects.
- There were relatively small differences between Spanish and English speakers: The majority of Spanish (68%) and English (72%) speakers affirmed their view that vaccines are safe; 70% of both Spanish and English speakers think vaccines are effective in preventing infections; and only 5% of Spanish and 11% of English speakers said that vaccines have serious side effects.

	English N=142	Spanish N=221
Do you think vaccines are safe?		
Yes	72%	68%
Maybe	16%	25%
No	6%	3%
Do you think vaccines are effective in preventing infections?		
Yes	70%	70%
Maybe	15%	21%
No	9%	5%
Do you think vaccines have serious side effects?		
Yes	11%	5%
Maybe	38%	40%
No	46%	48%

*Missing data is around 5% for these variables.

References

1. CDC, Risk for COVID-19 Infection, Hospitalization, and Death By Race/Ethnicity Accessed April 15, 2021 <https://www.cdc.gov/coronavirus/2019-ncov/covid-data/investigations-discovery/hospitalization-death-by-race-ethnicity.html>
2. COVID-19 Data Dashboard – Demographics. Washington State Department of Health. (2021, April 10). <https://www.doh.wa.gov/Emergencies/COVID19/DataDashboard>.
3. COVID-19 Data Dashboard – Vaccinations. Washington State Department of Health. (2021, April 15). <https://www.doh.wa.gov/Emergencies/COVID19/DataDashboard>.



COVID-19 VACCINE CONCERNS

Latinos Expressed Concerns About COVID-19 Vaccine Costs, Side Effects and Safety, and Effectiveness. Overall, the most frequently reported concerns with COVID-19 vaccines were side effects and safety (64%), effectiveness (42%), and cost (40%).

There also were some differences by primary language:

- More Spanish speakers than English speakers were concerned about costs.
- More English speakers than Spanish speakers thought COVID-19 vaccines may be unnecessary, might cause autism, might make you sick, and may be ineffective.
- More English speakers than Spanish speakers said they have other ways to protect themselves against COVID-19.
- Among other concerns, English speakers raised concerns about the ingredients used in the vaccines; long-term side effects; shortened clinical trials; and vaccines as a political weapon. Spanish speakers raised concerns about side effects; pre-existing medical conditions; allergic reactions; and inadequate proof of efficacy.

	English N=142	Spanish N=221
What questions or concerns do you have about a new vaccine for COVID-19 when it becomes available? (Mark all that apply)	Yes (%)	Yes (%)
Vaccines are painful	5%	5%
Cost of vaccine	32%	45%
Side effects or safety of <u>vaccine</u>	63%	65%
Vaccines cause autism	9%	3%
Vaccines can make you sick	20%	12%
Effectiveness of vaccine to prevent COVID-19	47%	39%
I'm unsure that vaccines are necessary	12%	3%
I don't know where to go to get vaccinated	11%	13%
I have other ways to protect myself against COVID-19	15%	3%
I don't have any concerns related to a COVID-19 vaccine	6%	8%
Other COVID vaccine concerns	11%	<1%



RECOMMENDATIONS

Most Latinos in WA state believe vaccines are safe and effective and are willing to take the COVID-19 vaccine if available to them. Some notable differences, however, exist in hesitancy by primary language. We offer the following recommendations to reduce vaccine hesitancy and increase vaccine acceptance and uptake among Latinos in WA state:

Target Public Vaccine Education and Communication Strategies

- Tailor messages to distinct concerns of English and Spanish speakers, including cost, side effects, safety, and efficacy of approved COVID-19 vaccines.
- Ensure all vaccine messaging and signage targeting Latinos is in English and Spanish. Also, include Indigenous Central American languages spoken in local communities (e.g., Mam, Mixteco, Triqui and Tarasco).
- Use plain language and avoid jargon in written and verbal educational materials.
- Consider a visual and pictographic approaches to providing vaccine information, leveraging a long tradition of pictorial storytelling in Mexico.
- Provide virtual and physical community spaces where Latinos can comfortably voice questions and concerns by collaborating with Latino community leaders.
- Engage local Latino community leaders as effective and trusted advocates to deliver information on COVID-19 vaccines.
- Disseminate COVID-19 vaccine information through local Spanish-language media, including radio, TV, print, and social media.

Improve Access to Vaccines Among Latinos

- Situate vaccination sites in Latino neighborhoods and places that people can access without a car, including rural and agricultural areas.
- Expand service hours in vaccination clinics, including after-hours and weekends, making appointments accessible to people working during various shifts.
- Engage with community health workers and Promotores/as de Salud to improve access to vaccine scheduling systems for Spanish speakers with limited English proficiency, those who do not have internet access, and those with limited digital proficiency.
- Consider using SMS messaging and/or mobile messaging applications like WhatsApp to communicate with Latino community members.

Engage and Partner With Community-Based Organizations

- Community-based organizations serving Latino communities are essential allies in leading COVID-19 vaccination efforts, given their position in the community as trusted, safe, and familiar spaces with cultural and linguistic knowledge and expertise.

APPENDIX I

SURVEY METHODS

Eligible patients of SeaMar Community Health Centers were invited to participate in this survey. Eligibility criteria included age of 18 years or more, self-identified Hispanic or Latino ethnicity, a preferred language of Spanish or English, and one or more outpatient visits between January 1, 2020 and July 31, 2020. From the 18,167 patients that met these criteria, 2,500 were selected for the survey with oversampling of males and those preferring Spanish due to lower expected responses from these two populations. In addition, the sample was stratified across three regions in the state including a north region, a Puget Sound region, and the remainder of the state. The survey was administered between October 28, 2020 and February 3, 2021 by mail, including two waves of survey mailings plus three waves of reminder cards. In addition, invited participants were offered the option of completing the survey by phone. A \$20 gift card was offered in gratitude for completing the survey. A total of 381 patients completed the survey for an adjusted response rate of 17%. A total of 18 additional survey respondents were excluded from the analysis due to ineligibility based on age and ethnicity. Results reported in this brief are based on unweighted analysis of eligible survey respondents.

SURVEY RESPONDENTS

The table below shows selected demographic characteristics of the survey respondents. There were 142 English language and 221 Spanish language respondents. Compared with Spanish language respondents, English language respondents were younger, more likely to be single, have greater educational attainment, less likely to be uninsured, and more likely to be born in the U.S. Eighty percent of English speakers had an education level of high school or above and 31% of Spanish speakers reported 8th grade or less as the highest level of educational attainment. The majority (73%) of respondents were essential workers (data not shown). The most commonly reported occupations included food service (15%), construction or related work (14%), farmwork (7%), housekeeping (7%), and maintenance (6%).

Survey Respondent Demographics

	English		Spanish	
	N=142	(%)	N=221	(%)
Age				
18-30	52	37%	20	9%
31-50	49	35%	120	54%
51-64	20	14%	59	27%
65+	18	13%	17	8%
Missing/prefer not to answer	3	2%	5	2%
Gender				
Female	65	46%	115	52%
Male	72	51%	101	46%
Other	2	1%	1	<1%
Missing/prefer not to answer	3	2%	4	2%
Marital Status				
Married/Living Together	52	37%	139	63%
Single	67	47%	34	15%
Divorced separated	19	13%	29	13%
Widow	0	0%	7	3%
Missing/prefer not to answer	4	3%	12	5%
Education				
<8 th Grade	2	1%	69	31%
Some high school but did not graduate	25	18%	47	21%
High school or GED	46	32%	59	27%
Some College	28	20%	20	9%
Associate degree	16	11%	8	4%
College Degree or More	24	17%	7	3%
Missing/prefer not to answer	1	1%	11	5%
Medical insurance				
No insurance, currently not covered	21	15%	129	58%
Through employer or labor union	25	18%	21	10%
Individual plan (self-pay)	6	4%	8	4%
Medicaid/Apple Health	64	45%	28	13%
Medicare	25	18%	15	7%
Other (Military, Indian Health, etc)	4	3%	0	0%
Missing/prefer not to answer**	17	12%	38	17%
Birthplace				
US	81	57%	8	4%
Foreign-born	54	38%	199	90%
Missing/prefer not to answer	7	5%	14	6%

*Note: 5 people reported speaking indigenous languages/dialects.

**Medical insurance had the highest number of people who responded prefer not to answer — 4% and 6% for English and Spanish speakers, respectively.

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