

Community-Based Approaches to Vaccine Confidence

June 28, 2023



Acknowledgment

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Learning Objectives

- Describe historical context of vaccination confidence in select newcomer populations
- Describe at least two best practices for community-informed approaches to address vaccine confidence
- List at least two resources you can utilize to address vaccine confidence



Moderator and Presenters

Lily Rubenstein, RN, PHN – Moderator (she/her)

Refugee Health Nurse Consultant, Minnesota
Department of Health Refugee Health Program

Lynn Bahta, RN, MPH, CPH (she/her)

Public Health Nurse at Minnesota Department of
Health serving as Immunization Clinical Consultant;
Appointed member of CDC's Advisory Committee on
Immunization Practices (ACIP)

Vadim Kogan, MPH (he/him)

Immunization Health educator at Washington State
Department of Health;
Manages FSU Vaccine Outreach Program at Washington
State Department of Health

Vadim Gaynaliy, MS (he/him)

Health educator at Washington State Department of Health;
Assists in managing FSU Vaccine Outreach Program at
Washington State Department of Health





Community-based Approaches to Vaccine Confidence

Lynn Bahta, BSN, MPH | Immunization Clinical Consultant

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Components of getting vaccinated

- Knowledge, awareness, beliefs
- Level of intent
- Cost and effort
- Access
- Vaccination experience – during and after

Sources: [Vaccine Confidence Project \(www.vaccineconfidence.org/\)](http://www.vaccineconfidence.org/)

UNICEF: Journey to Health

Intersecting factors

- Perceptions about vaccines are influenced by
 - Race
 - Age
 - Political party
 - Geography
 - Personal faith background
- Questions do not imply hesitancy

Source: [deBeaumont Foundation: Changing the COVID Conversation](https://debeaumont.org/changing-the-covid-conversation/)
(<https://debeaumont.org/changing-the-covid-conversation/>)

The Nature of Vaccine Hesitancy

- Based on misinformation AND disinformation
 - Haven't seen disease – underestimate severity
 - The media makes us believe there is still a debate
 - Disinformation “Research” sources are from websites that misinterpret, cherry-pick, or refract information¹
- Risk-adverse
 - Erroneous thinking – if they don't vaccinate, they are eliminating risk (Omission Bias)^{2,3}
 - Anecdote versus scientific fact⁴
 - Increasing distrust of institutions⁵

1. Zimmerman, *Med Internet Res*, 2005

2. Mezaros, *J of Clinical Epid*, 1996

3. Brown, *Vaccine*, 2011

4. Casiday, *Social Science & Medicine*, 2007;

5. Salmon, *Vaccine*, 2015

General Approaches for Improving Vaccine Confidence

Use messages that resonate

- Venues to address concerns
- Balancing facts with anecdote
- Avoid repeating myths & misinformation

Identify effective messages delivery methods


- Center actions against common enemy - coronavirus
- Empathy, non-judgement
- Different formats for different learners

Who are the trusted messengers

- Clinicians are #1 among top 10 sources of trusted information
- Respected community members
- Influential social networks
- Stories from peers

- [Human-Centered Recommendations for Increasing Vaccine Uptake \(www.aha.org/system/files/media/file/2021/06/Human-Centered-Recommendations-For-Increasing-Vaccine-Uptake.pdf\)](http://www.aha.org/system/files/media/file/2021/06/Human-Centered-Recommendations-For-Increasing-Vaccine-Uptake.pdf)
- [deBeaumont Foundation: Changing the COVID Conversation \(https://debeaumont.org/changing-the-covid-conversation/\)](https://debeaumont.org/changing-the-covid-conversation/)
- [KFF COVID-19 Vaccine Monitor: June 2021 \(www.kff.org/coronavirus-covid-19/poll-finding/kff-covid-19-vaccine-monitor-june-2021/\)](http://www.kff.org/coronavirus-covid-19/poll-finding/kff-covid-19-vaccine-monitor-june-2021/)

MEASLES IS IN OUR COMMUNITY



Make sure you and your family are vaccinated

Call your doctor or clinic if you see symptoms

Symptoms begin with fever, cough, runny nose, and red watery eyes. Then a rash develops that spreads from the head to the rest of the body.

MDH Minnesota Department of Health www.health.state.mn.us

JADEECO AYAA BULSHADEENA KU JIRTA



Iska hubso in adiga iyo qoyskaaga aad talaalantihiin

Wac dhakhtarkaaga ama rugtaada caafimaadka haddii aad aragto calaamadaha cudurka jadeecada

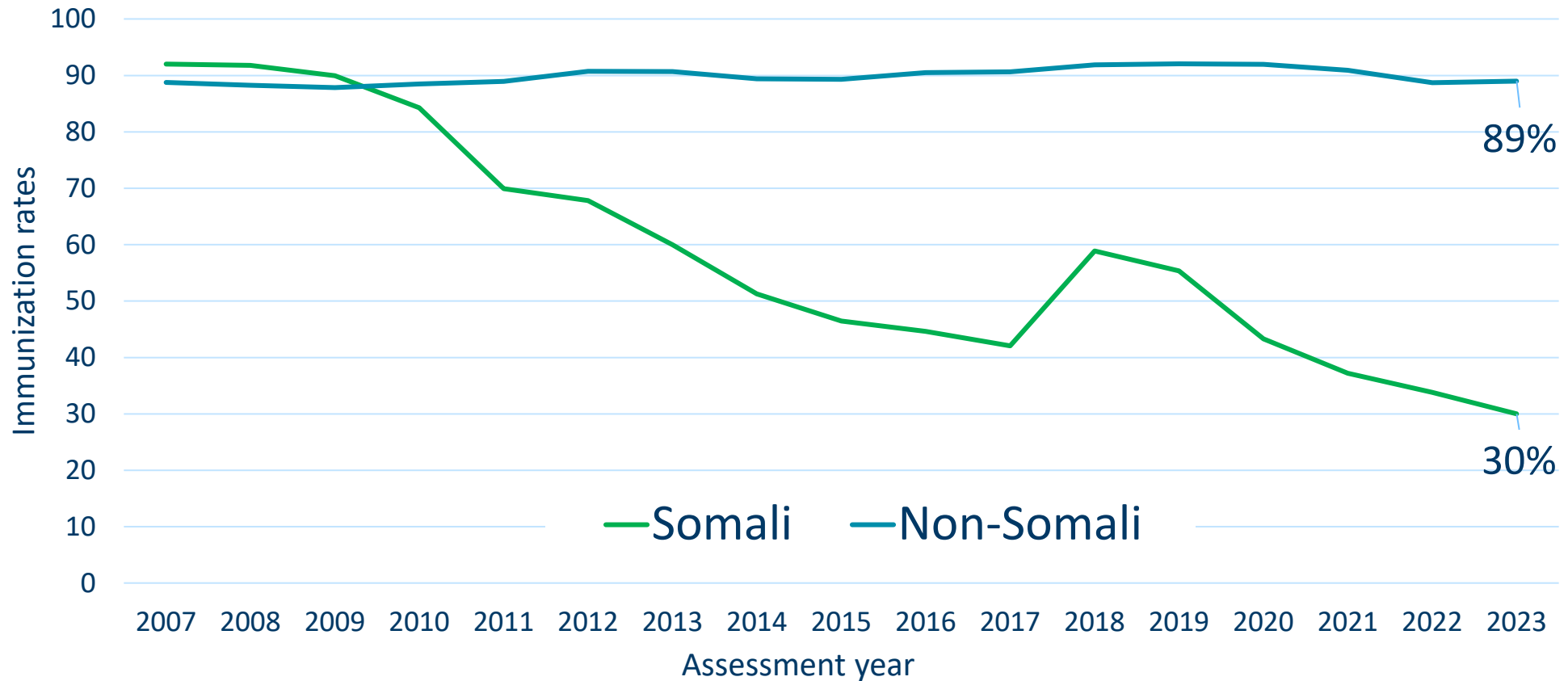
Calaamadaha waxay ku biloowdaan qandho, qufac, duuf dareeraya, iyo indhaha oo casaada ilmaana ka socoto. Kadibna waxaa madaxa ku biloowda finan kuwaasoo ku fida jirka oo dhan.

MDH Minnesota Department of Health www.health.state.mn.us



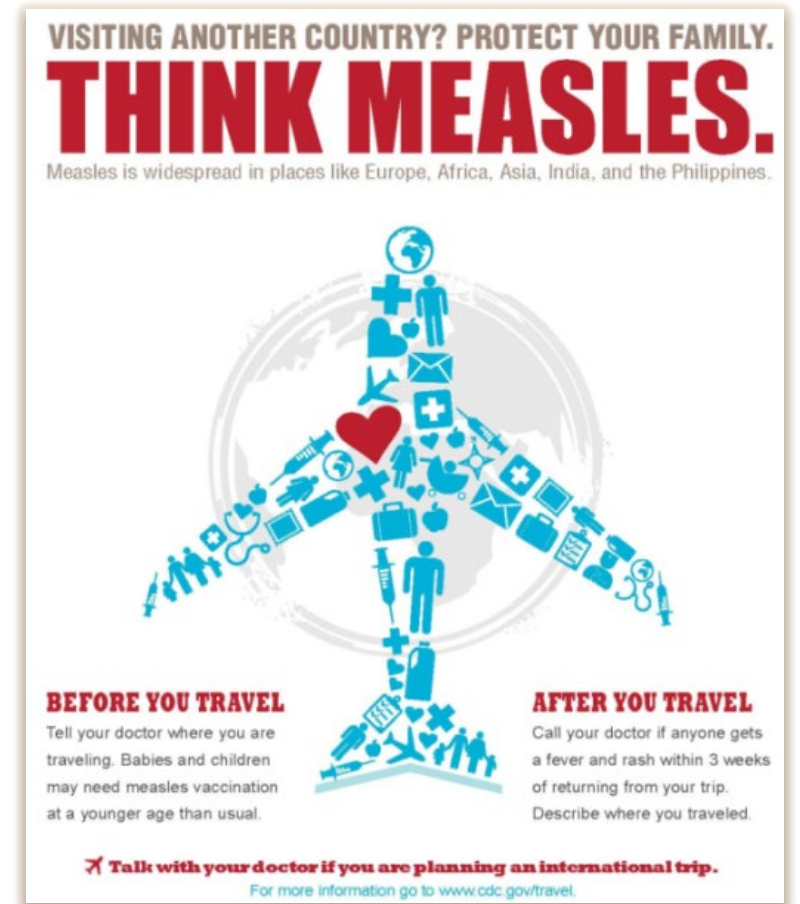
Lessons from Minnesota

Comparison of MMR rates by 24 months in Minnesota-borne children of Somali versus non-Somali ethnicities, MIIC, Birth Years 2004-2020, Minnesota



Early BROAD-Stroke Response to Disparate Vaccine Rates

- Information campaigns via diverse media, mostly written, some radio
- Distribution of travel immunization information
- Promotion of YouTube videos on immunizations and on autism **BUT**
 - *No one to test messages*
 - *No one to disseminate messages*
 - *No one to identify community messengers*



Bringing in the community

- Hired staff from the community, full-time positions
- Created an internal interdepartmental working group
 - Immunization program
 - Children and Youth with Special Needs program
 - Communications office
- Heeded the advice of our liaison colleagues and their contacts
- Built internal agency cultural competence

MMR Disparities in Minnesota, an example

Beliefs

- Autism is feared
- Cannot address immunizations without addressing autism concerns
- Common views of mental health and mental illness
- Importance of faith beliefs

Knowledge

- Source of disinformation
- Many knew the dangers of measles
- No understanding of normal child development or autism
- Which childhood diseases are prevented by vaccination
- Trusted advice comes from experienced mothers

Access

- Resources for children with autism were difficult to get
- Lack of knowledge about the many vaccines children receive
- Access to bad information but no counter-information

Vaccination Experience

- Anecdotes about child getting the MMR and then stopped talking
- Insufficient time with provider and experienced interpreter

Measles outbreak response in 2017

- Deeply impacted this community.
 - Huge toll financially, educationally
 - Socially stigmatizing
- The quick response was the result of the relationship MDH had established with community leaders.
- Community engagement was led by community leaders.
- Provided prevention messages in specific settings:
 - Childcare
 - Schools
 - Faith centers
- MMR rates rose 16.8%

- Follow-up study on driving factors of vaccination
 - Weighing the risk of measles over the risk of autism
 - Much input from mothers about their clinic experience
- Continue:
 - Expand outreach to childcare centers – potential outbreak epicenters
 - Community engagement using community-based organizations
 - Education/training of health care professionals and trusted community leaders
 - Amplify efforts
 - Build local capacity

Key Principles

- **TRUST:** Build and sustain relationships among communities where disparities exist.
- **BUILD CAPACITY:** Hire representative staff.
- **FOSTER CULTURAL COMPETENCY:** Knowing information does not equal communicating effectively.
- **MAKE NO ASSUMPTIONS.** Take on an attitude of humility. There are many ways to achieve the same goal.
- **LEARN:** Listen. Listen to more than one voice. Plan with the community, not after you have developed a plan.

Take aways in addressing disparities

- Establish and maintain ongoing relationships
 - Don't wait for an emergency
 - Learn who has inherent credibility
 - Set up media contracts with vendors used by the communities.
- Learn what works so that information gets disseminated, understood, and acted upon.
 - Cultural norms, beliefs and values – how does vaccination fit into these?
 - What is important to a specific community? Our priority may not be their priority?
 - Where does the community congregate, what type of events would be appropriate there?

Take aways in addressing disparities

- Advocate for competent interpretation services
 - This includes agencies providing direct health services.
 - Double check translations to ensure cultural appropriateness.
 - Train persons who provide interpretive services.
- If we are not a member of the community,
 - Take on a supportive role and allow hired staff from the community to take the lead.
 - Be a mentor, an advocate, a buffer against bureaucratic processes.
 - “Mind meld” your expertise.
 - Learn from your partners and colleagues.

Thank You!

Acknowledgements:

- Asli Ashkir
- Hinda Omar
- MDH IIS team
- Countless community partners

Lynn Bahta

lynn.bahta@state.mn.us



Community-Based Approaches to Vaccine Confidence in Ukrainian Refugee Communities

Minnesota Center for Excellence in Newcomer Health

6/28/2023

Contact



Vadim Kogan, MPH

Immunization Health Educator
Center For Health Promotion & Education
Washington State Department of Health

Email: vadim.kogan@doh.wa.gov



Vadim Gaynaliy, MS

Health Educator
Center for Health Promotion & Education
Washington State Department of Health

Email: vadim.gaynaliy@doh.wa.gov

Why are vaccination rates significantly lower in these communities?

What DOH Learned from Focus Groups and Key Informants

- Dissatisfaction with health care providers due to language/cultural barriers
- Fear of vaccine-related adverse events (especially in children) and multiple vaccines given simultaneously
- Faith-based fears and objections related to vaccines
- Suspicion of corrupt medical and govt authorities
- Community leadership does not condone vaccines
- Lower adoption of COVID-19 prevention practices

Key Barriers to Vaccination

- **Care:** Lack of culturally and linguistically appropriate care from health providers.
- **Language:** Lack of translated or trusted public health materials.
- **Trust:** Lack of existing and continued relationships to public health and health care organizations, resulting in community members interpreting that public health decisions are being made without their input.

What We Now Know

- Barriers went beyond the scope of vaccinations or COVID-19 for this community
- Barriers were exacerbated by inadequate health outreach/education in the past, fueling mistrust
- **By addressing these barriers, we built a close network of Ukrainian community leaders. We helped them build their outreach capacity and connected them to public service agencies.**
- **This connection became critical to addressing other major community concerns, especially after the start of the war in Ukraine and subsequent refugee crisis.**

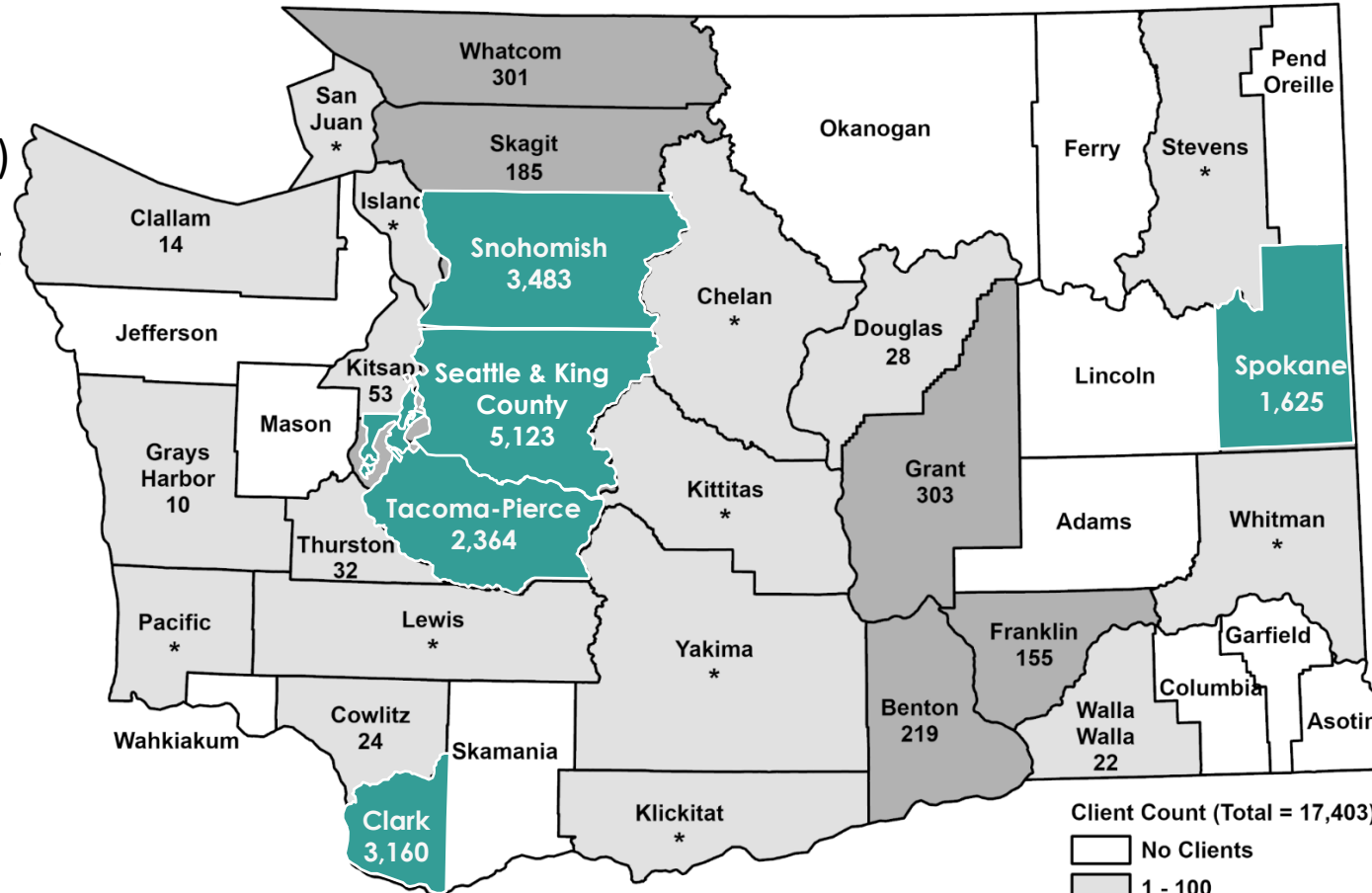
We Organized the Project Around Three Questions

1. *How do we ensure Former Soviet Union (FSU) communities have access to accurate and unbiased health information?*
2. *How can we help ensure patient care and vaccinations are given in a culturally appropriate and patient-centered manner?*
3. *How will we build trust with the community and address the historic lack of “having a seat at the decision-making table”?*

Local Health Participants and Partner Organizations

Ukrainian Clients on Select Cash, Food, and Apple Health Medical Programs by County in Washington State, January 2022 - March 2023

- Partnered with 5 Local Health Jurisdictions (LHJs)
- These 5 represent 91% of Washington's FSU community and 90% of Ukrainians in the state displaced by the war



Source: ACES Data Warehouse as of the April 2023 load
 Provided by DSHS/ESA/OAS/EMAPS Assignment #M5655 - April 2023

* When necessary, values less than 10 (but greater than zero) are not displayed in order to help protect client confidentiality. These counties are denoted with an asterisk (

Partner Organizations

- Afisha/Slavic Family Media
- Perspectiva Magazine
- Nashi Community Health Board
- Radio Continent
- S-Media PR (Radio)
- Slavic Spokane
- Ukrainian Association of Washington State
- Ukrainian Community Center
- DH
- Immigrant & Refugee Community Organization (IRCO)
- Lutheran Community Services Northwest
- Refugee and Immigrant Services Northwest
- WCAAP
- WithinReach
- World Relief (Spokane & Seattle)
- University of Washington

How Will We Build Trust With the Community?

- Onboard a **Community Coordinator** in each partner LHJ
- Convene trusted community leaders and organizations for vaccine outreach and messaging in a **Former Soviet Union (FSU) Workgroup**
- Help community create a **Health Board to improve capacity for health outreach**



Community Coordinators: A Local Public Health Resource

- Community leaders hired full time at each LHJ to respond to health-related issues in their communities
- Initially focused on distributing COVID/vaccine information; later organized community events, health fairs, vaccine pop-up clinics, refugee support groups, radio programs, and drafted health guidance
- Provided guidance to orgs aiming to work with Ukrainian refugees
- Connected Ukrainian refugees to state/local organizations that provide health insurance, employment, food access, housing, childcare, and other resources

Community Coordinators: Key Recommendations

- **Community coordinators should be from the community themselves**
- Access to existing networks are crucial with insular communities (like the Ukrainian refugee community) that have historical trauma and mistrust of govt agencies
- Sites that hired coordinators from the community were able to:
 1. engage more effectively with community leadership
 2. hold more community events
 3. better use funding
- **Establish funding for full time staff at each local health jurisdiction, and strongly recommend that jurisdictions hire from the community of focus**



RESOURCE FAIR AND FOOD DISTRIBUTION EVENT

- Health and social services resources
- Food and Hygiene boxes
- Diapers for kids
- Immunization information and records translation

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10:00 - 13:00

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DECEMBER 10 • 5 PM

13456 SE 27TH PL, BELLEVUE, WA

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- ✓ MEET THE UKRAINIAN COMMUNITY IN THE GREATER SEATTLE AREA



organized by



Ukrainian
Community Center
of Washington



FSU Workgroup: Giving Community Leaders a Seat at the Decision-Making Table

- Workgroup convened the community coordinators and all funded partners
- Guided DOH in vaccine outreach and messaging to community
- Coordinators leveraged their networks to recruit interested community leaders into workgroup.
- By sharing vaccine/COVID data provided by DOH, coordinators cultivated new partnerships with:
 1. Shared interests and
 2. Complimentary resources
- Community leaders helped DOH understand community health needs and assisted in data collection (key informant interviews, surveys, etc.)

FSU Workgroup: Key Recommendations

- Further the impact of your public health efforts by building community capacity: **elevate community leaders into decision-making roles.**
- Intentionally build relationships with community members, **recognize that establishing trust takes time and is based on reciprocity.**
- Go beyond soliciting community input on activities: **Involve people in planning. Show that you've acted on their input.**
- **Leverage existing contacts to build new relationships.** A liaison is often a prerequisite to meeting new community leaders.
- **Do not dismiss community needs, even if your project has a specific focus.** You may be the only connection they have to an agency with resources.
- **Determine what the overall health needs in the community are.** Build trust by responding to community concerns directly or referring to the proper organization.

Что вы говорите людям, которые обеспокоены вакцинацией COVID-19?

Андрей Шувариков: Беспокойство — это нормально, особенно по поводу нового лечения, разработанного в рекордно короткие сроки. У меня, как у ученого, тоже были опасения. Однако после исследования разработки и реальных результатов вакцин против COVID-19, одобренных в США, я уверен, что эти вакцины безопасны и эффективны для предотвращения заболеваний от COVID-19. Поэтому у меня нет никаких сомнений в вакцине, и я могу рекомендовать ее всем, кто имеет право и может ее получить.

Какие побочные эффекты следует ожидать от вакцины против COVID-19?

А.Ш.: После вакцинации от COVID-19 могут возникнуть такие побочные эффекты, как боль в руке, усталость и умеренная температура. Они являются просто признаком того, что ваша иммунная система работает и выстраивает защиту от вируса. Обычно они проходят в течение нескольких дней. Стойкие или серьезные побочные эффекты от вакцин проявляются очень редко, но, если они все же возникают, обратитесь за помощью к врачу.



Вакцины от COVID-19: вопросы и ответы

➔ Департамент здравоохранения штата Вашингтон задал несколько вопросов Андрею Шуварикову, кандидату наук (PhD candidate) по молекулярной и клеточной биологии Университета штата Вашингтон (UW).

Стоит заметить, что Андрей — наш соотечественник; кроме того, что занимается научной работой, он является пастором музыкального служения церкви «Источник жизни» (Mukilteo).



Stella Ivanov

November 5, 2021 · 🌐

Но есть и хорошие #ивановости.

Pfizer Inc. заявила в пятницу, что ее экспериментальная противовирусная таблетка от COVID-19 снизила частоту госпитализаций и смертей почти на 90% среди взрослых с высоким риском.

В настоящее время для большинства методов лечения COVID-19 требуется внутривенное введение или инъекция. Таблетка конкурента Merck от COVID-19 уже находится на рассмотрении в Управлении по контролю за продуктами и лекарствами после того, как продемонстрировала серье... [See more](#)

But there are also good #ivanovosti.

Pfizer Inc. said Friday that its experimental COVID-19 antiviral pill reduced hospitalizations and deaths by nearly 90 percent among high-risk adults.

Most treatments for COVID-19 currently require intravenous injection or injection. Competitor Merck's COVID-19 pill is already being reviewed by the FDA after showing significant initial results and the UK became the first country on November 4, 2021, who approved her [See more](#)

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Visit the COVID-19 Information Center for vaccine resources.
[Get Vaccine Info](#)

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COVID-19 ВОПРОСЫ И ОТВЕТЫ С МИКРОБИОЛОГОМ

Коронавирус и дети



Afisha



АНЧА БАРАНОВА

Доктор биологических наук, профессор Университета Джорджа Мейсона (Вирджиния США).

Главный научный сотрудник Медико-Генетического Научного Центра РАМН (Москва).

Научный директор биомедицинского холдинга «Атлас».

Ведущий спикер «РИА новости», «Lenta.ru», «Комсомольская правда»



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DR. TETYANA ODARICH

DR. ODARICH BEGAN HER MEDICAL EDUCATION AT NATIONAL MEDICAL UNIVERSITY IN KYIV. SHE MOVED TO THE US IN 2001 AND RECEIVED HER MEDICAL DEGREE FROM OREGON HEALTH AND SCIENCE UNIVERSITY. DR. ODARICH PRACTICES AT SUNRISE FAMILY MEDICAL AND SHE IS FLUENT IN ENGLISH, RUSSIAN AND UKRAINIAN.



How Do We Ensure FSU Communities Have Access to Accurate and Unbiased Health Information?

- Translate vital COVID-19 information, refugee resource information
- [FSU Eastern European Outreach Toolkit](https://drive.google.com/drive/folders/1C0sn0vYLnOIXNz8O9ex9rz3aql-A6tUg) (<https://drive.google.com/drive/folders/1C0sn0vYLnOIXNz8O9ex9rz3aql-A6tUg>): tailored vaccine/COVID materials for partners serving FSU community
- Serve as a resource to other orgs for input on translation quality/accuracy
- Community media outreach
 - Offered short term grants to local Slavic newspapers, magazines, and radio to co-create and share COVID-19 and vaccine guidance information
 - Community coordinators also shared content via social media, health events, and community groups.



В штате использовано более 4 МИЛЛИОНА доз вакцин

К 26 апреля в штате было введено более 4 189 884 доз вакцин — более 82 % от 5 094 380 доз, предоставленных нашим медицинским учреждениям и участникам программ длительного ухода. На данный момент в штате Вашингтон ежедневно вводятся в среднем 57 577 доз вакцин, и более 22 % жителей штата прошли полную вакцинацию от COVID-19. Эту информацию можно увидеть на информационной панели DON (только на английском языке) на вкладке вакцин, которая обновляется три раза в неделю. Все жители возрастом 16 лет и старше имеют право на вакцинацию с 15 апреля.

С четверга все жители штата Вашингтон возрастом 16 лет и старше смогут пройти вакцинацию от COVID-19. Предоставление права на вакцинацию большему количеству людей поможет защитить население и замедлить распространение заболевания. В данный момент право на вакцинацию имеют 4-5 млн человек. С 15 апреля это право получат еще около 1,5 млн человек. После перехода на следующий этап записаться на прием может быть сложнее. Мы призываем жителей проявить терпение. Помните, что если вам не удастся прийти сегодня, вы сможете сделать это в скором времени. В настоящее время Pfizer-

BioNTech — единственная вакцина от COVID-19, разрешенная к применению для лиц возрастом от 16 лет. Мы планируем добавить тип вакцины на веб-страницу локатора вакцинации и в соответствующее мобильное приложение, чтобы упростить процесс.

Пока что мы рекомендуем поставщикам четко указывать тип вакцины, предлагаемой пациентам.

Если тип вакцины не указан, рекомендуем жителям обратиться к поставщику медицинских услуг.



Илья Бутенко

55 лет
Bothell
менеджер в компании Amazon

«Сделал прививку, потому что хочу, чтобы эпидемия быстрее закончилась. Я с нетерпением ждал, когда можно будет вакцинировать. После прививки только к вечеру второго дня почувствовал себя хорошо, но на следующее утро уже все прошло. Понимаю, я следил за коронавирусом с первых дней: читал новости, составлял графики, писал на Фейсбуке обзоры — примерно понимаю масштабы того ужаса, через который мы проходим. Я считаю, что эпидемия может закончиться только общими усилиями, и, как бы пафосно это не звучало, начинать надо с себя. Есть проблема, и нужно либо её решать, либо смириться с тем, что каждый день будут страдать, болеть и умирать люди, куда нельзя будет нормально ездить, будут перебои с товарами и так далее. Понимаю, что, наверное, к таким ограничениям можно приспособиться, но я не хочу это делать. Я выбираю решать проблему, и часть этого решения — прививка.»

Вакцина проти COVID-19, вагітність та репродуктивна функція



Інтернетом та у громадах поширюється невірна інформація про те, що вакцини проти COVID-19 можуть впливати на репродуктивну функцію і вагітність, через що люди відмовляються від вакцинації. Багато вагітних жінок та осіб, що мають бажання зачаткувати родину, чули про те, що одним із побічних ефектів вакцин проти COVID-19 є негативний вплив на відповідні функції організму людини. Це не правда.



За цим міфом вакцина може атакувати білок плаценти, який має дрібний елемент генетичного коду, ідентичний коду шиповидного білка коронавірусу. Спеціаліст в області репродуктивної функції з Університету Міссурі дав на це таку відповідь: «Атака імунною системою плацентарного білка нагадуватиме ситуацію, у якій слона сплутано з бродячим котом тому, що вони обидва сірого кольору. Є лише один маленький збіг, а все інше є абсолютно різним. Ваша імунна система є достатньо розумною, її так легко не дезорієнтувати.»

Це ствердження було спростоване ще й жінками, які брали участь у випробуваннях вакцин проти COVID-19 та успішно завагітніли впродовж виробувань. Також останні спостереження за нещодавно вакцинованими особами не виявили підвищених ризиків або негативного впливу на протікання вагітності після щеплення вакцинами проти COVID-19 від Moderna та Pfizer.

Отже, немає жодних наукових підтверджень того, що вакцина проти COVID-19 може викликати безпліддя. Проте, негативні ефекти COVID-19 на протікання вагітності є очевидними та серйозними. Шляхи імовірними ризиками, що стоять перед

Від редактора: Дописи цього інформаційного бюлетеня мають подвійну мету: розповсюдження останньої наукової інформації у зрозумілому викладі та боротьба з невірною інформацією про вакцини, яку могли отримати окремі учасники громади FSU. Не зв'язуючи на те, що ми не є медичними спеціалістами і не намагаємося прописувати альтернативні відкритим індивідуальним басейм з достачальниками медичних послуг, ми хочемо, аби читачі мали надійну та точну додаткову інформацію про вакцини, яку вони зможуть використати, приймаючи рішення.

Дослідження також виявили можливість передавання вірусу COVID-19 від матері до новонародженої дитини.

Захворювання на COVID-19 також створює небезпеку для репродуктивної функції чоловіків. Одним з можливих ефектів COVID-19 є пошкодження кровоносних судин. Через це COVID-19 може бути причиною еректильної дисфункції ще протягом місяців після захворювання. Дослідження також виявило, що інфекція COVID-19 може завдати негативний вплив на чоловічі гормони, які необхідні для виробництва якісної сперми.

Тож, усім, хто бажає створити родину: негативні наслідки захворювання COVID-19 є реальністю, а міфи про вакцини — ні. Щоб зрозуміти, яка інформація є тією, що заслуговує на увагу, проконсультуйтеся з лікарем. Ваш лікар не може змушувати вас вакцинуватися, утім він допоможе вам віділати правдиву інформацію від вигадок під час прийняття рішення.

Информация о вакцинах от COVID-19

Как работают вакцины от COVID-19?

- «Учат» клетки распознавать COVID-19 и бороться с заболеванием
- Укрепляют иммунную систему и формируют антитела
- Защищают от тяжелого течения заболевания COVID-19

Вакцины Pfizer и Moderna

Обе вакцины Pfizer и Moderna используют информационную РНК (иРНК), которая помогает организму распознавать уникальный для COVID-19 шиповидный белок. Полная защита обеспечивается двумя дозами этих вакцин.



ВАКЦИНАЦИЯ ОТ COVID-19 БЕСПЛАТНА

Федеральное правительство покрывает стоимость вакцинации.

Вам не нужно платить за вакцинацию. Кроме того, с вас не должны взимать плату за посещение клиники, если вы пришли только для вакцинации.

Vaccinate WA
CovidVaccineWA.org

U.S. & European Union



How Can We Help Ensure Patient Care is Given in a Culturally Appropriate and Patient-Centered Manner?

- FSU Cultural Competency training for providers serving the FSU community:
 - **Fostering COVID-19 Vaccine Confidence in Russian- and Ukrainian-Speaking Communities**
[\(https://immunitycommunitywa.org/courses/fostering-covid-19-vaccine-confidence-in-russian-and-ukrainian-speaking-communities/\)](https://immunitycommunitywa.org/courses/fostering-covid-19-vaccine-confidence-in-russian-and-ukrainian-speaking-communities/)
- Russian-speaking provider Q&A Videos
- COVID-19 Vaccine Q&A sessions/webinars
- Providing health information and vaccines in community-centered spaces
- Compiling a Russian/Ukrainian language provider list for new refugees



Select each case to learn how to make a vaccine recommendation tailored to each person.



Case 1



Case 2



Case 3



Case 4



Case 5



Step 1: Lead with Listening

Step 2: Be Empathetic



Step 3: Tailor Responses to Patients' Concerns

Step 4: Acknowledge Uncertainty



Step 5: Share Your Experience

Step 6: Make a Recommendation



Step 7: Speak to What Motivates the Patient

Step 8: Be Prepared for Several Conversations



Image source: <https://www.flickr.com/photos/mksystem/18502514153/in/album-72157635913732455/>

Case Study 5: Elena

Elena is a 33-year-old mother of four who recently moved to Washington State from Ukraine with her family as a refugee. She speaks Russian and German and is working on learning English, however, she does not feel comfortable with medical terms yet. Her grandmother got COVID-19 and was hospitalized, but is now recovering.

She is very conscious of health and nutrition for her family and prefers to use natural remedies whenever possible. She has read online that there may be natural ways to prevent and treat COVID-19. She wonders if going this route might be a safer than getting vaccinated. Especially because she's heard from friends back home about people getting very sick after receiving vaccines. Even if she wanted the COVID-19 vaccine, she's not sure she would qualify to get it. "I think it's only available for U.S. citizens, not refugees," she says when asked.

Community Health Boards

- Led by community members who are health professionals, health boards provide their communities with a trusted resource for health information and guidance.
- Independent of government agencies and can fully grasp the cultural and health backgrounds of the issues affecting their communities.
- 15 community health boards serving most major immigrant populations of Washington State. (The [Somali Health Board \(www.somalihealthboard.org/\)](http://www.somalihealthboard.org/) was the first)
- Priority: educating the community, especially when health guidance and resources are not readily accessible.
- Provide a forum for their communities to advocate collectively for their health needs.

Why Did the FSU Community Need a Health Board?

- DOH wanted to contract with a Slavic organization to create COVID-19 information and share with FSU community.
 - No such org working in Washington state
 - Community is the third largest WA immigrant population and the largest without a health board-type organization
- Community felt unsafe/uncomfortable with govt agencies, leading to:
 - Low engagement with govt sources of COVID-19 information
 - Widespread COVID-19 misinformation and vaccine hesitancy
- Needed an independent org to provide trusted health information and respond to health concerns
- With DOH support, members of the FSU Workgroup founded the Nashi Immigrants Health Board in summer 2022.

War in Ukraine and Effect on Community

- Large influx of refugees strained refugee resettlement orgs and increased demand for:
 - Health providers speaking Ukrainian and/or Russian, especially mental health
 - Affordable/subsidized housing, food, work authorization, etc.
 - Translated guidance on refugee resettlement resources
- Refugees had difficulties finding organizations with proper resources assist them
- Few community-representative groups that people can turn to for guidance and that can advise state refugee agencies

Leveraging the FSU Network: Community Coordinators

- All community coordinators were Ukrainian and affected by the war directly.
- Several served as sponsors for Ukrainian refugees fleeing the war
- Meetings with coordinators centered on the humanitarian response to the war. What can our workgroup and network do for refugees?
- Coordinators partnered with DOH and DSHS to plan large refugee resource events for recently arrived Ukrainians
- Organized dozens of refugee-facing events since February across 5 counties serving thousands of refugees.

Leveraging the FSU Vaccine Outreach Network: Workgroup

- FSU Workgroup was the only Slavic workgroup in the state.
- Workgroup's Slavic media leaders created a Ukrainian refugee resources guide, published on all major Slavic media outlets
- Workgroup members created a Ukrainian vaccine record translation guide for school nurses/providers
- DOH partnered with WA Refugee Coordinator to invite workgroup members to the state's new WA Ukrainian Welcoming Taskforce
 - Identified critical refugee needs and helped guide refugee resources.

Leveraging the FSU Vaccine Outreach Network: Health Board

- Nashi Immigrants Health Board was established in summer 2022.
- In addition to vaccine events, Nashi sponsored large refugee events, legal clinics, support groups, and sponsor Q&A sessions
- Created:
 - New Ukrainian arrivals resource website
 - Vaccine record translation website
 - List of Russian/Ukrainian-speaking providers by county in WA State
- Served to connect refugees and their needs to WA DOH and DSHS

Key Takeaways

- **Community members can help you develop a better public health program** and create and share better health education materials.
- **Find and support organizations already serving the community.**
 - Build capacity: Help communities start new organizations if they do not exist
- **Provide data** to justify why you are looking to partner with communities.
- **Trust and respect others' perspectives, experiences, and beliefs.**
- **Partnerships take time.** Several of these partnerships took years to establish.

Key Takeaways

- **Be intentional about establishing authentic, reciprocal relationships with community members.**
 - Go beyond soliciting community input on activities: Involve people in planning. Show that you've acted on their recommendations, even if it is beyond the scope of your project. This builds trust.
- **Hire community members to serve as local coordinators.**
- **Give partners the tools they need** to carry out the work.
- **Recognize mistrust is a significant barrier your community outreach.** Account for this in your work.

Ukrainian Health Resources: Immunizations

- [FSU Vaccine Outreach Toolkit \(tinyurl.com/fsu-toolkit\)](https://tinyurl.com/fsu-toolkit): translated vaccine materials in English/Ukrainian/Russian our program put together
- Ukrainian and Russian Language Translation Guide for School Immunization Records (Guide to Ukrainian immunization record assessment developed by Spokane Regional Health District)
 - Webinar: [Ukrainian Vaccination Records Webinar \(YouTube\) \(www.youtube.com/watch?v=WiXtkSEPbM\)](https://www.youtube.com/watch?v=WiXtkSEPbM)
 - [Ukrainian Vaccine Records Webinar Slides \(https://doh.wa.gov/sites/default/files/2022-09/348-918-UkrainianVaccinationRecordsWebinar.pdf\)](https://doh.wa.gov/sites/default/files/2022-09/348-918-UkrainianVaccinationRecordsWebinar.pdf)
 - [Ukrainian Vaccination Records Webinar Transcript \(https://doh.wa.gov/sites/default/files/2022-10/348-918-UkrainianVaccinationRecordsWebinarTranscript-9.30.2022.pdf\)](https://doh.wa.gov/sites/default/files/2022-10/348-918-UkrainianVaccinationRecordsWebinarTranscript-9.30.2022.pdf)
 - Guide: [Ukrainian and Russian Language Translation Guide for School Immunization Records \(Spokane Regional Health District\) \(https://srhd.org/media/documents/Ukraine-Vaccine-Record-Interpretation.pdf\)](https://srhd.org/media/documents/Ukraine-Vaccine-Record-Interpretation.pdf)
- [Fostering COVID-19 Vaccine Confidence in Russian and Ukrainian-Speaking Communities \(https://immunitycommunitywa.org/resources-vaccine-confidence/\)](https://immunitycommunitywa.org/resources-vaccine-confidence/): Training for Providers on the specific barriers to vaccination present in this community and best practices help inspire vaccine confidence in patients
- [WA DOH: Vaccine Resources for communities disproportionately impacted by COVID \(www.doh.wa.gov/Emergencies/COVID19/VaccineInformation/Engagement\)](http://www.doh.wa.gov/Emergencies/COVID19/VaccineInformation/Engagement)
- [WA DOH: COVID-19 Flyers and guidance information sorted by language \(www.doh.wa.gov/Emergencies/COVID19/ResourcesandRecommendations#vaccines\)](http://www.doh.wa.gov/Emergencies/COVID19/ResourcesandRecommendations#vaccines)

Best Practices in Vaccine Outreach: NRC-RIM

- Webinar created by DOH and the National Resource Center for Refugees, Immigrants, and Migrants (NRC-RIM): [Authentically involving Ukrainian communities in public health response activities \(YouTube\) \(https://youtu.be/oTVpslDjboY\)](https://youtu.be/oTVpslDjboY)
 - [Authentically Involving Ukrainian communities in public health response activities slides \(https://nrccrim.org/sites/nrccrim.umn.edu/files/2023-01/2023.01.17%20Ukraine%20Community%20Webinar.pdf\)](https://nrccrim.org/sites/nrccrim.umn.edu/files/2023-01/2023.01.17%20Ukraine%20Community%20Webinar.pdf)
 - [Ukrainian Refugee Crisis Response: Actively and Authentically Engaging Communities in Outbreak Response Activities \(https://nrccrim.org/ukrainian-refugee-crisis-response-actively-and-authentically-engaging-communities-outbreak-response\)](https://nrccrim.org/ukrainian-refugee-crisis-response-actively-and-authentically-engaging-communities-outbreak-response)
- [NRC-RIM: Utilizing Community Health Boards to Build Community Capacity \(https://nrccrim.org/utilizing-community-health-boards-build-community-capacity\)](https://nrccrim.org/utilizing-community-health-boards-build-community-capacity)
- [NRC-RIM: Social Support Services for RIM Communities: A Checklist for Health Departments \(https://nrccrim.umn.edu/sites/nrccrim.umn.edu/files/2021-01/social-support-services-to-support-rim-communities-a-checklist-for-health-departments.pdf\)](https://nrccrim.umn.edu/sites/nrccrim.umn.edu/files/2021-01/social-support-services-to-support-rim-communities-a-checklist-for-health-departments.pdf)
- [NRC-RIM: Community Engagement Toolkit \(https://nrccrim.org/toolkits/community-engagement-toolkit\)](https://nrccrim.org/toolkits/community-engagement-toolkit)

Other Refugee Health Resources

[Nashi Immigrants Health Board \(www.nashisupport.com/\)](http://www.nashisupport.com/): Community nonprofit aimed at getting community members good health information, website includes a Russian/Ukrainian-speaking [Medical Provider List \(https://nashisupport.com/medicine-provider-list/\)](https://nashisupport.com/medicine-provider-list/) and other general resources as well as contact information for the board.

[Mitut.info \(www.mitut.info/\)](http://www.mitut.info/): a translated information hub for new refugee arrivals. Mitut means “we are here.”

[CORE Ukrainian Refugee Backgrounder \(https://coresourceexchange.org/wp-content/uploads/2022/09/CORE_Backgrounder_Ukraine.pdf\)](https://coresourceexchange.org/wp-content/uploads/2022/09/CORE_Backgrounder_Ukraine.pdf): Background on Ukrainian conflict and cultural context of refugee arrivals

[Brief Overview for Clinicians Caring for Ukrainian New Arrivals \(www.health.state.mn.us/communities/rih/about/ukrainianbrief.pdf\)](http://www.health.state.mn.us/communities/rih/about/ukrainianbrief.pdf)



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Questions?



Center of Excellence Reminders!

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- **Subscribe to Center of Excellence in Newcomer Health Updates**
https://public.govdelivery.com/accounts/MNMDH/subscriber/new?topic_id=MNMDH_463) for training announcements and other guidance and resources.
- **Upcoming trainings (ECHO trainings) at Center of Excellence in Newcomer Health: Webinars**
www.health.state.mn.us/communities/rih/about/coe.html#webinar)

NEWCOMER HEALTH



This ECHO series is designed to increase medical providers' knowledge of the resettlement and health issues of newcomers, including refugee, immigrant and migrant (RIM) populations. It will review resettlement pathways, evidence-based screening recommendations, and more common diagnoses and treatment approaches for pediatric and adult populations.

Sessions include brief didactic presentations by immigrant health experts and discussion of participant-submitted cases. Participants are highly encouraged to submit de-identified patient cases for group discussion and expert consultation.

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