

VACCINE CONFIDENCE AND UPTAKE STRATEGIES FOR TRIBAL COMMUNITIES

This toolkit was adapted from the Center for Disease Control and Prevention's (CDC) *COVID-19 Vaccination Field Guide: 12 Strategies for Your Community*. In this toolkit, you will find recommended strategies to increase vaccine confidence and uptake. There are descriptions of 12 intervention strategies drawn from past vaccination efforts that have demonstrated positive outcomes through evaluation research. Each strategy highlights the approach, population(s) served, location, barriers addressed, and includes an example of how to apply the strategy to address COVID-19 vaccination. Tribes, Tribal health departments, community- and faith-based organizations, and local nonprofits are encouraged to try a combination of these strategies to increase vaccination rates.

Considerations for Implementation

Tribal community considerations need to be kept in mind when implementing any of these strategies. It's important to factor in the costs, including dollars, time, staffing, and level of effort of implementing any of these strategies.

Additionally, it's important to implement the strategies that will have the most success in increasing vaccine confidence and uptake. To have the most success, consider including trusted Elders, community leaders, and Tribal leaders in the planning and execution of these strategies. Buy-in and support from Tribal leadership will also be important in the success of these strategies.

If you are unsure about any of the strategies, consider piloting the effort on a small scale first to measure your success, or the strategy's success, before expanding it to a larger group.



Common Barriers to COVID-19 Vaccine Confidence and Uptake

Barriers that communities experience with COVID-19 vaccine confidence and uptake are similar to other barriers to accessing health services. Barriers to health are factors that prevent a person, population, and/or community from accessing health services and/or achieving their best health and quality of life. For example, several Tribal communities are in rural areas that are hours away from healthcare facilities. This may require taking time off from work, as well as finding transportation, child or elder care, all of which may limit access or ability to get vaccinated.

Not all barriers are relevant in all communities. What may be a barrier to one person, population, or community may be an asset to others based on social and cultural factors. Taking a "one size fits all" approach will not be effective. Tribal public health professionals should consider several approaches when serving Tribal communities. Leaders should identify which barriers

prevent the acceptance or administration of COVID-19 vaccination. Once identified, strategies can be implemented to remove barriers, increase access and vaccine uptake, and inform vaccine distribution planning, programming, and services.

Structural Barriers

Structural barriers (also known as systemic barriers) are policies, practices, or procedures that result in some people receiving unequal access or being excluded. Structural barriers are usually beyond the control of the individual.

➤ EQUITY

COVID-19 vaccines may not be distributed equally, administered equally, or equally and easily accessed in communities across the nation, especially among underserved communities in both urban and rural areas.

➤ COST

Although COVID-19 vaccines are free for everyone ages five years old and older, some communities need additional resources to find local vaccination providers or schedule an appointment. It takes time to gather information on where to get vaccinated and decide how to get to the vaccination site. Others might need childcare, eldercare, transportation, or time off from work to get vaccinated or recover from vaccine side effects.

➤ ACCESS

Distance and travel convenience to a vaccination site play a big role in a person's ability to get vaccinated. Additionally, business hours for a vaccination clinic may also limit access. Some people may not have the transportation, internet access, or technical skills needed to make a vaccination appointment online.

➤ POLICY

Existing policies, like health insurance requirements or restrictions for non-citizens and undocumented residents, may influence the understanding of vaccine access. People may not know that the

COVID-19 vaccine is free or be aware of policies in place for paid and unpaid leave for vaccination purposes.

Behavioral Barriers

Behavioral barriers (may also be known as psychological barriers) refer to a person's beliefs that stop them from effectively completing a task. They might also refer to the emotions and opinions of an individual.

➤ INERTIA

Inertia means a tendency to do nothing or to remain unchanged. Getting a COVID-19 vaccine takes planning and effort. Many individuals may have difficulties coping or adjusting to the new ways of living during or post COVID. Clear and consistent messaging can aid in decision making and follow through when getting vaccinated. Messages from leadership can help set public expectations about complying with COVID-19 public health measures.

➤ PREVAILING SOCIAL NORMS

Community and Tribal norms can often impact a person's actions. If loved ones or leaders in the community do not trust the COVID-19 vaccine or are against getting vaccinated, others will likely follow suit. COVID-19 made it undesirable to shop in a mask, wait for the next elevator, or do social distancing at special events if others are not going to do likewise.

➤ FORGETFULNESS

Sometimes, people may forget activities and procedures that aren't a part of their normal (day-to-day) routine. They may forget to book their vaccination appointment, when they booked their vaccine appointment, or forget to keep their vaccine appointment.

➤ FRICTION

Complex, difficult, or effort-provoking processes can often lead people to fulfill immediate wants and needs. If the vaccine booking process, or vaccine appointment process, is too complicated or time consuming, they will not do it. These

processes could lead people to abandon their efforts, or never begin.

➤ **MISPERCEPTION**

People may have beliefs and opinions that stem from scientific inaccuracies or vaccine misinformation. For example, vaccines give you COVID-19, they are low risk for severe illness, or vaccines don't work. This misinformation can be spread through communities, leading to fear, apathy, resistance, or mistrust of the COVID-19 vaccines.

➤ **MISTRUST**

Mistrust around COVID-19 vaccine effectiveness may lower vaccine confidence. Lack of trust in the government, medical institutions, and media are shaped by individual and communal experiences. You can address mistrust by creating creditable messaging using public figures the community trust.

➤ **UNCERTAINTY**

The COVID-19 vaccines are new, and many people may feel uncertain about the side effects, both short- and long-term. This may cause them to take a cautious "wait-and-see" approach to get vaccinated. Unclear guidance may lead people to believe they don't need a vaccine or feel uncertain about their actions or decisions.

➤ **POLITICIZATION**

COVID-19 vaccines, and other means of protection, have been heavily politicized, making political affiliation a strong determinant of vaccination beliefs and behaviors.

Informational Barriers

Informational barriers are created when information is offered in a way that suits some, but not all, of the population.

➤ **CULTURAL RELEVANCE**

Communication regarding COVID-19 vaccines must reflect the community's socio-cultural norms, beliefs, and realities.

Communication about COVID-19 vaccines needs to focus on clear messaging, including using images and language of that community,

for people to connect with the message. Remember that language may be a barrier, especially for non-native English speakers, or in communities where English is not the primary language. In addition to using words that will motivate action, using plain, understandable language to reduce confusion is important, especially given the complexity of some vaccine information.

➤ **HEALTH LITERACY**

A lot of the information about the COVID-19 vaccines can be very complex. Individuals may not fully understand all the information being shared, such as the multiple types of vaccines offered. Additionally, guidance is constantly changing, which may add to the confusion. With information constantly changing, people may lose trust or become confused, possibly not understanding that changing data impacts guidelines. Additionally, especially with the large role that social media plays, people may have a hard time telling the difference between factual and false health information.

➤ **MIS- AND DISINFORMATION**

There is a lot of mis- and disinformation about COVID-19; however, most mis- and disinformation has focused on the safety of COVID-19 vaccines, vaccine development, and vaccine effectiveness.

➤ **LACK OF ADEQUATE INFORMATION**

Some individuals may lack the information or resources needed to understand the risks, benefits, and background about COVID-19 vaccine development to decide about getting their COVID-19 vaccine. Additionally, information overload can also be a form of inadequate information. It can become hard for people to know what the most relevant or current information may be.



12 Twelve Strategies

This section describes 12 strategies to increase COVID-19 vaccine confidence and uptake from historically successful vaccination efforts. Each strategy highlights the approach, population(s) served, location, barriers addressed, basis in research, and an example of how the strategy is currently being applied to address COVID-19 vaccination.

1. **Vaccine Ambassadors**
2. **Medical Provider Vaccine Standardization**
3. **Medical Reminders**
4. **Motivational Interviewing**
5. **Financial Incentives**
6. **School-Located Vaccination Programs**
7. **Home-Delivered Vaccination**
8. **Workplace Vaccination**
9. **Vaccination Requirements**
10. **Effective Messages Delivered by Trusted Messengers**
11. **Provider Recommendation**
12. **Combating Misinformation**

1. Vaccine Ambassadors

Vaccine ambassadors are an offshoot of the lay health advisor (LHA) model, which trains community members to distribute important public health information in their communities. Ambassadors are most effective when they are trusted in their community and share similar beliefs and characteristics with those within the community. This strategy is similar to the community health representative (CHR) model.

- **BARRIERS ADDRESSED BY VACCINE AMBASSADORS:**
Equity, access, prevailing social norms, mistrust, misinformation, cultural relevance.

- **RESEARCH BASE:**
Framing vaccine uptake as an established social norm has a positive impact. Studies have shown that when people think that people around them want to get their COVID-19 vaccine, they are also more likely to get their COVID-19 vaccine.
- **COVID-19 APPLICATION EXAMPLES:**
At a high school in Oklahoma, a group of students formed a club to assist others in their community affected by COVID-19. They did several things to help out around the community, including delivering groceries to elders and becoming vaccine ambassadors. They encouraged their classmates to get the COVID-19 vaccine when it was available to them to keep them and their community safe.

2. Medical Provider Vaccine Standardization

Medical Provider Vaccine Standardization refers to offering COVID-19 vaccination as a default option during patient visits and incorporating COVID-19 vaccination into medical practice procedures.

- **BARRIERS ADDRESSED BY MEDICAL PROVIDER VACCINE STANDARDIZATION:**
Policy, mistrust, health literacy
- **RESEARCH BASE:**
Medical centers can help to increase vaccine uptake with standard practice measures, such as default scheduling and presumptive announcements. Studies have shown that providing reminders and automatically scheduling vaccination appointments can increase vaccination rates.
- **COVID-19 APPLICATION EXAMPLES:**
In Arizona, a local doctor's office received detailed guidance from their county health department that helped them obtain vaccine supply and establish a protocol for administration. The county health department provided both supplies and instructional webinars every week to guide practices through becoming vaccinators.

One physician in Arizona trained their staff to provide accurate information to patients who call with questions. They developed a new scheduling system to standardize outreach and scheduling for eligible patients. Due to the office's small space, they organized special weekend vaccination clinic hours to monitor patients for post-vaccine allergic reactions. Yet, the groundwork has been laid for integrating vaccination into routine practice.

3. Medical Reminders

Medical reminders are messages sent to patients to remind them of upcoming or recommended treatments. These messages can be sent electronically or through the mail.

- **BARRIERS ADDRESSED BY MEDICAL REMINDERS:**
Equity, access, forgetfulness, friction, health literacy, lack of adequate information
- **RESEARCH BASE:**
Reminding patients of upcoming vaccine appointments can increase vaccination rates. Medical reminders are usually a part of a multi-pronged approach combined with addressing barriers to access. Studies have shown that patients sent a reminder message are more likely to get vaccinated.
- **COVID-19 APPLICATION EXAMPLES:**
Some Oklahoma state and local health departments use text messages to help people schedule their vaccine appointments, provide education and vaccination site information, and gauge views on vaccination. Vaccination providers can reach certain populations with messaging based on race, ethnicity, age, or geographic locations with lower vaccination uptake. In most cases, texts are provided in English and Spanish. However, health departments or Tribal organizations sending texts can translate and customize them to any language spoken in their community of focus. If applicable, health

departments can use these messages to remind people of their second vaccination or booster appointment. There are many text-based services available to use. Some, like CareMessage, offer a free model for nonprofits to help with COVID-19 vaccination. The CDC recommends that providers without a text-message system offer their patients the COVID-19 text reminder service, VaxTextSM. VaxTextSM is a free text messaging resource that sends weekly text reminders to get a second dose of the COVID-19 vaccine in English or Spanish.

4. Motivational Interviewing

Motivational interviewing refers to patient-focused conversations aimed to increase patient motivation and likelihood of engaging in a new health behavior. Motivational interviewing uses specific questions and responses to guide patients to identify their own values that drive their decision to get vaccinated.

- **BARRIERS ADDRESSED BY MOTIVATIONAL INTERVIEWING:**
Misperception, health literacy, uncertainty
- **RESEARCH BASE:**
The goal of motivational interviewing is to support decision making by strengthening someone's intention to get vaccinated based on their own arguments. The healthcare worker will inform the patient about vaccination to align with the patient's beliefs and specific informational needs. Motivational interviewing has been shown to decrease vaccine hesitancy in parents. However, some providers worry that motivational interviewing takes too long and that the conversation is not billable.



➤ **COVID-19 APPLICATION EXAMPLES:**

In 2021, the Albuquerque Area Southwest Tribal Epidemiology Center (AASTEC) launched a hotline for questions from Albuquerque Area Tribes, Pueblos, Bands, Nations, and urban Indian populations about COVID-19 vaccinations. Hotline navigators had many duties, one of which was conducting motivational interviews. Motivational interviewing is an approach designed to help people find the motivation to make a positive behavior change. It is effective for people who have mixed feelings about changing their behavior. Motivational interviewing can be a strategy to promote vaccine uptake. AASTEC hotline navigators used motivational interviewing by telephone to engage patients in conversation about getting vaccinated.

5. Financial Incentives

The goal when using financial incentives is to motivate patients to participate in a health behavior by providing a reward, or a chance at a reward, if they complete the behavior.

➤ **BARRIERS ADDRESSED BY FINANCIAL INCENTIVES:**

Inertia

➤ **RESEARCH BASE:**

Evidence supports the use of incentives to increase vaccine uptake, but it is limited. The type of incentive that does seem most effective is guaranteed gift incentives. A guaranteed gift is likely to be more effective than a chance at winning a gift.

➤ **COVID-19 APPLICATION EXAMPLES:**

Many Tribes offered financial incentives to community members. These came in several forms, and included savings bonds, gift cards, or even cash. The value of each incentive varies, but can range anywhere from \$10 to \$1000, or can even be outside of that range.

6. School-Located Vaccination Programs

School-located vaccination programs are held at school to remove logistical barriers and increase vaccination rates. School-located vaccination programs can be open to students and faculty only or offered to the greater community.

➤ **BARRIERS ADDRESSED BY SCHOOL-LOCATED VACCINATION PROGRAMS –**

Access, friction, prevailing social norms, uncertainty, lack of adequate information

➤ **RESEARCH BASE:**

School-located vaccination programs have shown to be effective in increasing vaccination rates, but one major challenge is obtaining informed parental consent when needed. School-located vaccination programs have also generated higher completion rates of multi-dose vaccines compared to community health center settings.

➤ **COVID-19 APPLICATION EXAMPLES:**

In Poplar, Montana, the Poplar School District, in partnership with the Indian Health Services (IHS), offered vaccination clinics for all students currently enrolled in the district. The clinic offered both first doses and booster doses. While this strategy has focused on vaccinating students through school-located vaccination programs, school settings may also be ideal locations for community vaccination events. Much for the same reason schools are often used as voting locations. They are usually easily accessible, have ample parking, have both indoor and outdoor spaces available, and are familiar places.



7. Home-Delivered Vaccination

Home-delivered vaccination are traditionally used when there are barriers to transportation and access. Home-delivered vaccination efforts help to meet populations where they are.

➤ **BARRIERS ADDRESSED BY HOME-DELIVERED VACCINATION:**

Equity, access, inertia, friction

➤ **RESEARCH BASE:**

Bringing vaccines to people is an effective way to reach hard-to-reach communities. Home-delivered vaccination can be applied to people who cannot leave their homes and communities with low vaccination rates. Both appointment-based delivery and canvassing methods may effectively deliver COVID-19 vaccines.

➤ **COVID-19 APPLICATION EXAMPLES:**

As the COVID-19 vaccination effort progresses, shifts are occurring from mass vaccination sites to smaller neighborhood and community clinics, and now to home-based efforts to do everything possible to give all individuals the opportunity to get vaccinated. The Fernandeno Tataviam Band of Mission Indians, located in California, partnered with El Proyecto Del Barrio, First-Med Ambulance, and Mission Community Hospital, developed the Mobile-Vaxx Program to deliver COVID-19 vaccines to underserved, underprivileged, and disadvantaged communities. One of the key aspects of this program is to deliver vaccines to the elderly and those with mobility issues, special needs, or transportation challenges. Through this program, ambulances brought vaccines directly to doorsteps, whether at work or home. Over 14,000 people have been vaccinated through this program throughout Los Angeles County.

8. Workplace Vaccination

Workplace vaccination events are held on-site at a workplace to remove barriers to access and create norms. These events can be open to employees only or expanded to include family members or the greater community.

➤ **BARRIERS ADDRESSED BY WORKPLACE VACCINATION:**

Access, cost, prevailing social norms, friction

➤ **RESEARCH BASE:**

Studies have shown that workplace vaccination events have been effective at increasing vaccination rates among employees and their families. Studies have found that Americans would be more likely to get a vaccine if available at their workplace.

➤ **COVID-19 APPLICATION EXAMPLES:**

The Spokane Tribe, in partnership with the Washington State Department of Health, hosted a vaccine clinic at the Spokane Tribe Casino. Casino employees were able to receive their COVID-19 vaccinations during this event. The event was also open to community members in the area.

9. Vaccination Requirements

Vaccination requirements are policies that require people to be vaccinated and provide proof of vaccination to comply. Vaccine requirements can be put in place by schools, restaurants, and many other organizations.

➤ **BARRIERS ADDRESSED BY VACCINATION REQUIREMENTS:**

Policy, inertia, prevailing social norms, politicizations

➤ **RESEARCH BASE:**

Organizational-level vaccine requirements can be an effective way to increase vaccine uptake and decrease disease incidence. Requirements ask for proper vaccination documentation to comply with the organization's vaccination policy.



Exemptions can be offered for certain circumstances. Vaccination requirements are not often used for adult populations, but there is evidence showing that school mandates do have a positive effect on vaccine uptake.

➤ **COVID-19 APPLICATION EXAMPLES:**

Several Tribes have announced vaccine requirements for Tribal employees, including the Navajo Nation, Lummi Nation, Salt River Pima-Maricopa Indian Community, and many more. Many employers and institutes of higher education such as universities are also requiring staff and students to be vaccinated against COVID-19. Large companies have most recently required staff to be vaccinated to return to the office. A number of federal, state, local, and Tribal governments also require vaccination for employees; some have an alternate option for weekly testing for COVID-19, and some without that

option. Additionally, to ensure the safety of students, teachers, and Tribal communities, the Bureau of Indian Education (BIE) passed an order requiring all staff and faculty at BIE facilities to be

fully vaccinated against COVID-19. Other examples of agencies implementing vaccine requirements include the Department of Health and Human Services (HHS), the Department of Veterans Affairs (DVA), and the Department of Defense (DOD).



10. Effective Messages Delivered by Trusted Messengers

Effective messages have been tested with the target population and have been shown to produce the desired outcome. A trusted messenger is someone seen as credible and trustworthy by a specific population. Trusted messengers can be trained as vaccine ambassadors and may include experts.

➤ **BARRIERS ADDRESSED BY EFFECTIVE MESSAGES DELIVERED BY TRUSTED MESSENGERS:**

Mistrust, health literacy, misinformation, lack of adequate information

➤ **RESEARCH BASE:**

The message and the messenger both play important roles in improving vaccine confidence. Studies have found that messages delivered by physicians and scientists are more effective at increasing vaccine uptake than messages delivered by politicians. Both the message and messenger should be continually evaluated and tested for effectiveness. This continued evaluation allows organizations to tailor messages to specific concerns or populations.

➤ **COVID-19 APPLICATION EXAMPLES:**

The Waccamaw Siouan Tribe partnered with the North Carolina Department of Health and Human Services to create a short video encouraging Tribal members in North Carolina to get their COVID-19 vaccine. They included trusted messengers like Michael Jacobs, the Chief of the Waccamaw Siouan Tribe, to encourage Tribal members to get their COVID-19 vaccine, to keep themselves safe and keep their community and traditions safe. Watch the video [here](#).



11. Provider Recommendation

Provider recommendation refers to healthcare workers suggesting that a patient receives a COVID-19 vaccine.

➤ **BARRIERS ADDRESSED BY PROVIDER RECOMMENDATION:**

Inertia, friction, mistrust, uncertainty, mis- and disinformation, lack of adequate information

➤ **RESEARCH BASE:**

Provider recommendations support increasing vaccination rates, especially because some people may have more trust in their doctor than they do in the medical community in general.

➤ **COVID-19 APPLICATION EXAMPLES:**

Several clinics and healthcare workers across Indian Country began suggesting that a patient receives a COVID-19 vaccine. Additionally, the Association of American Indian Physicians (AAIP) issued a statement encouraging community members to get their COVID-19 vaccines to protect their communities and cultures. Watch AAIP President, Dr. Mary Owen, deliver that message [here](#).

12. Combating Misinformation

Misinformation is the sharing of false information, and disinformation is deliberately misleading information. Combating misinformation refers to the tactics used to address mis- and disinformation.

➤ **BARRIERS ADDRESSED BY COMBATTING MISINFORMATION:**

Misperception, mis- and disinformation, lack of adequate information

➤ **RESEARCH BASE:**

Believing misinformation can be a barrier to vaccine uptake. Vaccine myths, especially on social media, are hard to combat, especially because people tend to believe things in line with their existing worldview. Fact-checking and debunking appear to be effective tools for combating misinformation. However, debunking information with messages that reflect the aims and worldviews of the intended audience is likely to be the most successful approach. Healthcare workers, public health professionals, and social media users address misinformation about COVID-19 vaccines by responding with empathy and providing credible and verifiable sources of health information.

➤ **COVID-19 APPLICATION EXAMPLES:**

Tribes and Tribal Health Departments have combatted misinformation in several ways. Some have taken the social media route and provide updates and factual information. The timing of social media posts will depend on the community's needs, but could range from daily to weekly, and some even responded to misinformation in real-time. Others have created factsheets, or other easy to understand informational handouts to share with their communities.

