Exploring Obstacles To Covid-19 And Flu Vaccination Uptake Among Low-Income Latino Immigrants In The Washington, D.C. Metropolitan Area Through A Participatory Rapid Appraisal

A LA CLÍNICA DEL PUEBLO PUBLICATION

AUTHORS:

Rodrigo Stein, MSc,
Director of Health Equity
and Strategic Community
Partnerships

Lina Guerrero, MA,
Community Partnership
Specialist

CONTRIBUTORS:

Suyanna Linhales Barker, DrPH,
Chief of Programs and
Community Services

Daniel Cano

Cesar Watts

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LA CLÍNICA DEL PUEBLO

Since 1983, La Clínica Del Pueblo (La Clínica) has provided health care, social connection, and resources for immigrant families from Central and South America. La Clínica annually serves nearly 5,000 Latinx (gender neutral for Latino) women, men, youth, and children in Washington, D.C., and Prince George's County, Maryland. La Clínica aims to address health inequities by providing primary care, mental health and substance abuse services; HIV/AIDS care; school-based mental health services; interpreter services; and comprehensive health education. In 2021, La Clinica's Community Health Action department recorded 181,862 touch points, a measure tracking any area of staff interaction with a patient or potential patient. All direct service staff are bilingual, and most are first-generation Latinx immigrants.

SUMMARY

This report focuses on efforts undertaken by La Clínica to provide comprehensive data and insights regarding perceptions of barriers to COVID-19 and Flu vaccinations among low-income Latino immigrants in the Washington, D.C. Metropolitan area. The report focuses on the implementation of a Participatory Rapid Appraisal (PRA) methodology and its results.[1] Inspired by community-based research methods, PRA emphasizes direct engagement with a variety of community representatives to understand their local priorities and perspectives. Benefiting from a quick and cost-effective approach, it strengthens principles of equity using visual methods that enable participation as opposed to other research methods that participants find intimidating or difficult to understand. We chose PRA to identify whether respiratory infections like COVID-19 and Flu are prominent concerns in the community and if the pandemic's changing phases have affected barriers to vaccination.

Data collection took place from July to September 2023 involving five affinity groups with 41 participants (n=41). The PRA outcomes underscore an emerging prevailing concern with COVID-19 and Influenza as the most worrying infectious diseases; 48% of participants expressed heightened worry. The Latino immigrant population faces substantial obstacles for treatment and prevention of these respiratory infections. Participants identified a nexus of challenging factors, including limited access to health services (39%), language barriers (19%), and the routine experience of discrimination (12%) due to immigration status (12%) and, in some cases, perceived as racially motivated (12%). Collectively, it shows that these barriers exacerbate vulnerability to more severe complications despite the availability of preventive vaccines. Addressing these challenges is crucial to improving the overall health outcomes of the low-income Latino immigrant community while promoting equitable access to preventative healthcare measures.

CONTEXT

Traditionally, vaccines in the United States are funded through an individual's private insurance plan, publicly funded programs such as Medicare, Medicaid, and CHIP, or directly by consumers. However, COVID-19 vaccines diverged from this norm in late 2020. The federal government assumed responsibility for covering the expenses of developing, distributing, and administering COVID-19 vaccines nationwide.[2] Despite the widespread availability of COVID-19 vaccines, unique barriers emerged, and existing obstacles towards vaccination intensified post-introduction. A systematic review and meta-analysis by Daniels et al.[3] revealed that safety concerns and distrust in the healthcare system, vaccines, and government were recurring themes contributing to vaccine hesitancy, particularly among immigrant populations, in the wake of the COVID-19 pandemic.

In 2021, La Clínica contributed significantly to understanding the barriers to vaccination. The organization harnessed the Unidos Esperanza grant provided by the Centers for Disease Control and Prevention (CDC) and surveyed 673 individuals. In early 2022, La Clínica published a white paper[4] that comprehensively outlined the survey results and primary obstacles to, and facilitators of, vaccination within the Latino immigrant community in the Washington D.C. Metropolitan area. According to the white paper, notable barriers to immunization among this community included a lack of confidence in the vaccine (36%), language barriers (18%), and the challenges of taking a day off from work (18%).

With the pandemic's emergency phase declared over in May 2023, organizations such as La Clínica face pivotal questions. Considerations include continuing to formulate strategies to emphasize the importance of staying current with flu and COVID-19 vaccination boosters now that widespread vaccine availability has diminished. Additionally, there is a need to assess whether COVID-19 and long-term COVID are a priority and prominent concern for the Latino community. Furthermore, La Clínica needs to explore whether the barriers to vaccination in 2023 have changed to those reported in the white paper.

METHODS

Instead of relying on individual or household questionnaires, PRA method, as piloted by La Clínica, engaged the community through a purposive sampling of affinity groups that are representative of its service area by age, gender, economic activities and other socially and culturally specific variables.

PRA includes using qualitative data collection tools such as listing and ranking that enable quantification, and causal flow diagrams to identify causes of health problems. The PRA methodological approach aligns with Community-Based Participatory Research (CBPR)[5], common among public health research. PRA shares several key aspects that are central to CBPR; emphasizing collaboration, community involvement by asking their health priorities, and collaboratively developing, or adopting interventions, championing the integration of culturally based evidence, and equalizing power relations.

Once all data has been captured and analyzed, outcomes are validated through triangulation. Defined as the use of multiple methods or data sources in qualitative studies, triangulation serves to fortify the intervention design and enhance the capacity for interpreting findings to develop a comprehensive understanding of the phenomena.[6]

Table 1: PRA Data Collection Tool

TOOL	DESCRIPTION	JUSTIFICATION
LISTING AND RANKING	• Listings identify perceptions of types of health problems/social needs within communities. • Ranking to prioritize which type of health problems and social need affect local communities most. • Participants choose three problems out of the list and rank them (3=most important; 2=second most important; 1= third most important). • Results are tallied	Quantifies most common needs affecting the community that may not be captured on individual health or social needs screenings, through a participatory and collective process
CAUSAL FLOW DIAGRAM	• Identifies leading causes and health problems associated with health conditions. • Relationship between health problems and social conditions is visualized.	Visualizes problem, allowing to prioritize once again.

IMPLEMENTATION OF AFFINITY GROUPS

La Clínica conducted a series of community-based workshops from July to September 2023. The workshops were organized into five groups, each representing different demographics of La Clínica's service areas. Community members and patients were recruited through purposive sampling of pre-existing affinity groups who share common identities, experience specific health conditions, and are enrolled in either health education or health promotion activities. Each focus group required one note-taker and one facilitator. The size of each group was limited to 5 to 10 people, except for one group which had 17 participants.

Table 2: La Clínica's Affinity Focus Groups, Dates, Demographics and number of participants

DATE	AFFINITY GROUP	SHARED CHARACTERISTICS	AGES	SEX/ GENDER	# OF PARTICIPANTS
July 25, 2023	Prevention Program	Male, Female, and Transgender, LGBTQ community members over 18 years old and/or Living with HIV	[25,45]	F(1) M(5)	6
July 27, 2023	Prevention Program	Male, Female, and Transgender, LGBTQ community members over 18 years old and/or Living with HIV	[20,51]	F(1) M(7)	8
August 21, 2023	Volviendo a Vivir (Enjoying Life Again)	Male participants over 18 years old who are enrolled in Substance Use Recovery	[27,62]	M(5)	5
August 31, 2023	Entre Amigas (Gender and Health)	Women over 18 years old, survivors of intimate partner violence	[36,46]	F(5)	5
September 16, 2023	Health Promotion	Male, Female individuals over 18 years old living with chronic conditions such as prediabetes or diabetes, hypertension and obesity	[18,77]	F(13) M(3) Trans(1)	17
			Avg age: 42	Total: M(20) F(20) Trans(1)	Total: N=41

PRA PROCESS

La Clínica initiated the PRA process by encouraging participants in each affinity group to identify prevalent health issues within their community that could be effectively addressed through vaccinations. The strategic decision to begin asking about health issues preventable through vaccination enabled participants to express their priorities without a predetermined emphasis on respiratory infections. This approach allowed La Clínica to gain valuable insights from the community, while participants articulated which infectious health conditions they deemed as priorities. After the list of health conditions was elaborated, each participant was requested to vote and rank their three most critical conditions. (Figure 1).

After identifying the primary health concern, affinity groups used causal flow diagrams to identify the possible reasons the community perceives this health issue as a problem and/or why there is a lack of improvement despite the availability of vaccines (Figure 3). Once the discussion was completed, the groups listed and ranked the most pressing barriers to be addressed. Upon completion of all activities, the facilitator and note taker debriefed on the data collected and impressions of the group.

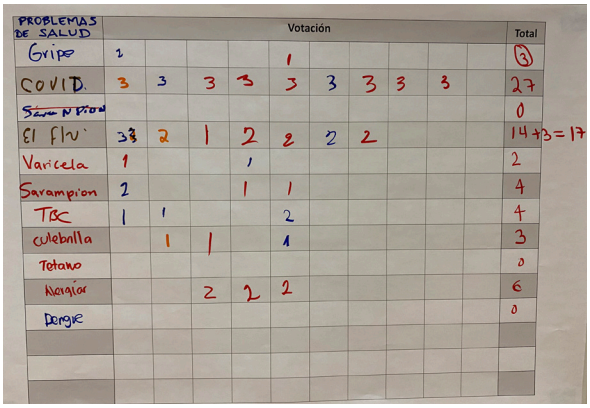


Figure 1: Listing and ranking results during Health Promotion Affinity Group. September 16, 2023

Figure 2: Listing and ranking and causal diagram activities

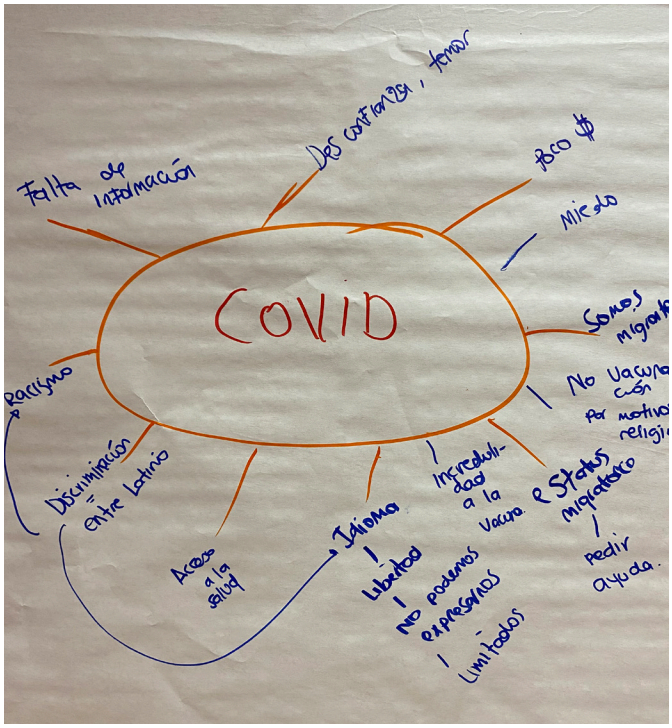


Figure 3: Causal diagram flow showing barriers from COVID during Health Promotion Affinity Group September 16, 2023

DATA ANALYSIS

After completing all the affinity groups, results were aggregated and analyzed by La Clínica's Health Equity team through in-depth content analysis to generate thematic clusters. Health problem clusters reflect the World Health Organization's (WHO) mortality data base[7]. Social needs/ barrier clusters reflect the WHO's Social Determinants of Health Conceptual Framework[8]. WHO clusters were used as they represent a global compilation of data transmitted annually by national authorities from their civil registration and vital statistics systems.

Given the diversity within the Latino population, including variations in age, gender and countries of origin, it is essential to acknowledge that expressions and perceptions may differ among different affinity groups. Therefore, when creating clusters, it was imperative to label sections of text and verbal expression derived from the participants themselves as contextually relevant to the specific content under examination, such as the discussions and activities within the Affinity Groups. Table 3 and Table 4 provide the complete list of translated Spanish to English expressions for health conditions and barriers quantified through listing and ranking and their corresponding cluster.

Verifying and contrasting data was done through over 25 pages of observation notes. Observation notes included patient demographics, sequence of activities in the PRA, results from the listing and ranking, and causal flow diagrams and conversations between affinity group participants. Participant interactions that were not necessarily quantified but served and provided insight into the discussions were also considered. Samples of participant verbal exchanges surrounding health problems and barriers in their respective cluster are listed in Table 5.

Table 3: Clusters derived from five affinity groups about infectious diseases concerning them

HEALTH CONDITION CLUSTER	TEXT AND VERBAL EXPRESSIONS
Infectious Diseases-Respiratory Transmission	COVID-19;Covid; Flu; Influenza; Gripe, Tubercculosis
Infectious Diseases-Sexual Transmission	HIV,STD's, Hepatitis B, Chlamydia, Hepatitis, Gonorrhea,HPV,AIDS, Monkey pocks
Infectious Disease-Childhood Cluster Diseases	Meningits, Shingles,Measels, Poliomielitis, Small Pox, Chicken pox, Tetanus
Respiratory Conditions Cluster	Allergies
Tropical Disease Cluster	Dengue, Chikungunya
Other	Noninfectious diseases

Table 4: Cluster derived from affinity groups about significant barriers

SOCIAL NEED/BARRIER CLUSTER	TEXT AND VERBAL EXPRESSIONS
Access to health services	No access to healthcare, no access to medicines, lack of information, lack of programs, lack of information about availability
Behavioral Factors	Drug abuse
Immigration Status	Immigration status
Income and Occupation	Work, money, economic hardships
Language Barrier	Language, No culturally appropriate services, not enough medical interpreters
Psychosocial Circumstances	Family and social circle, taboos, stigma, marginalization, self-love, fear to know ones status, communication
Race Ethnicity	Discrimination/Racial
Transportation	Transportation

Table 5: Themes captured in affinity group conversations

AFFINITY GROUP	CLUSTER	QUOTE(S)
Prevention Group	Psychosocial Circumstances and Cultural and Societal Norms	"Sometimes it's not a lack of programs. It's that people don't want to accept help. It depends on the family, their fears, the fear that people will judge you, not having enough trust in the people that are doing the test, the culture. That's why I voted for taboos."
Volviendo a Vivir	Income and Occupation	"Latinos, even if they have some illness, do not stop going to work"; "We prefer to work instead of going to the doctor."
Health Promotion	Income and Occupation	"Because of the needs we Latinos have, we expose ourselves...the problem arises because Latinos come with limited resources [to the United States], little money, and this is because we are migrants."

RESULTS

The PRA outcomes underscore a prevailing concern with Respiratory Infections such as COVID-19 and Influenza, which emerged as the most worrying infectious diseases; 48% expressed heightened worry, followed by Sexually Transmitted Infections such as HIV (38%) (Figure 3). The high prevalence of responses considering Sexually Transmitted Infections to be a big concern, reflects the intentional strategies and programs by La Clínica to provide education on sexual health.

When focusing on Respiratory Infections reflected by the focus groups, La Clínica's service population encounters substantial obstacles regarding treatment and prevention. Challenges, as identified by the five affinity groups, arise from a series of connected factors (Figure 4), including limited access to health services (39%), language barriers (19%), psychosocial circumstances (13%) the routine experience of discrimination (12%) due to immigration status (12%) and, in some cases, perceived as racially motivated (12%).

Figure 3: Composite graph of type of infectious diseases that affect groups the most (n=41)

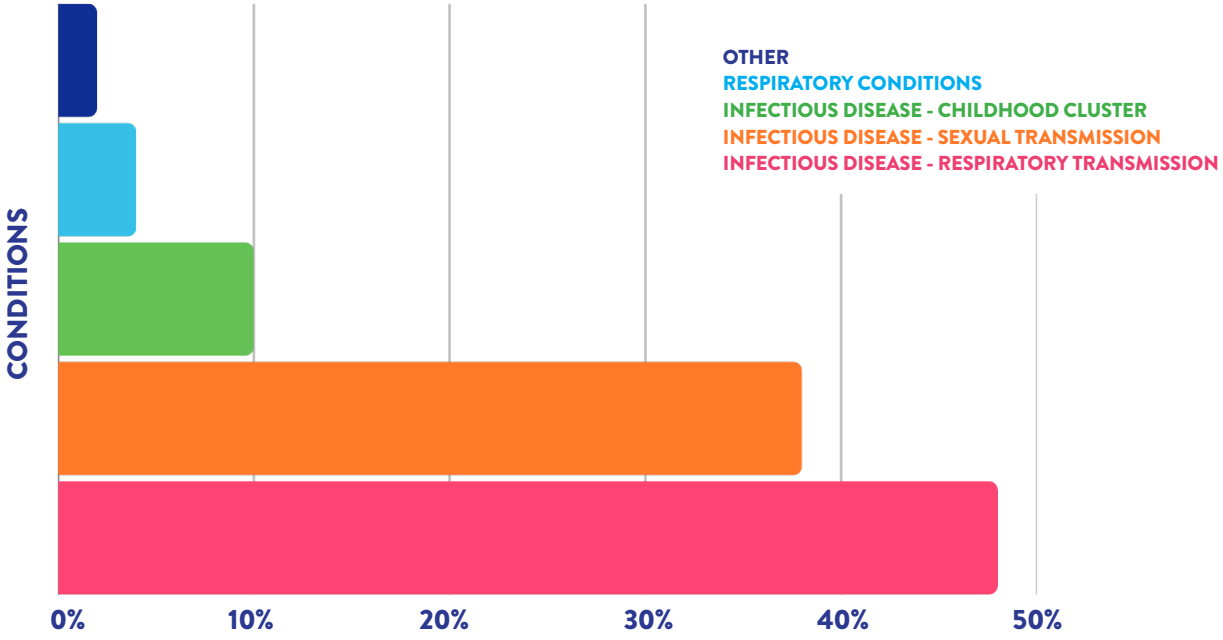
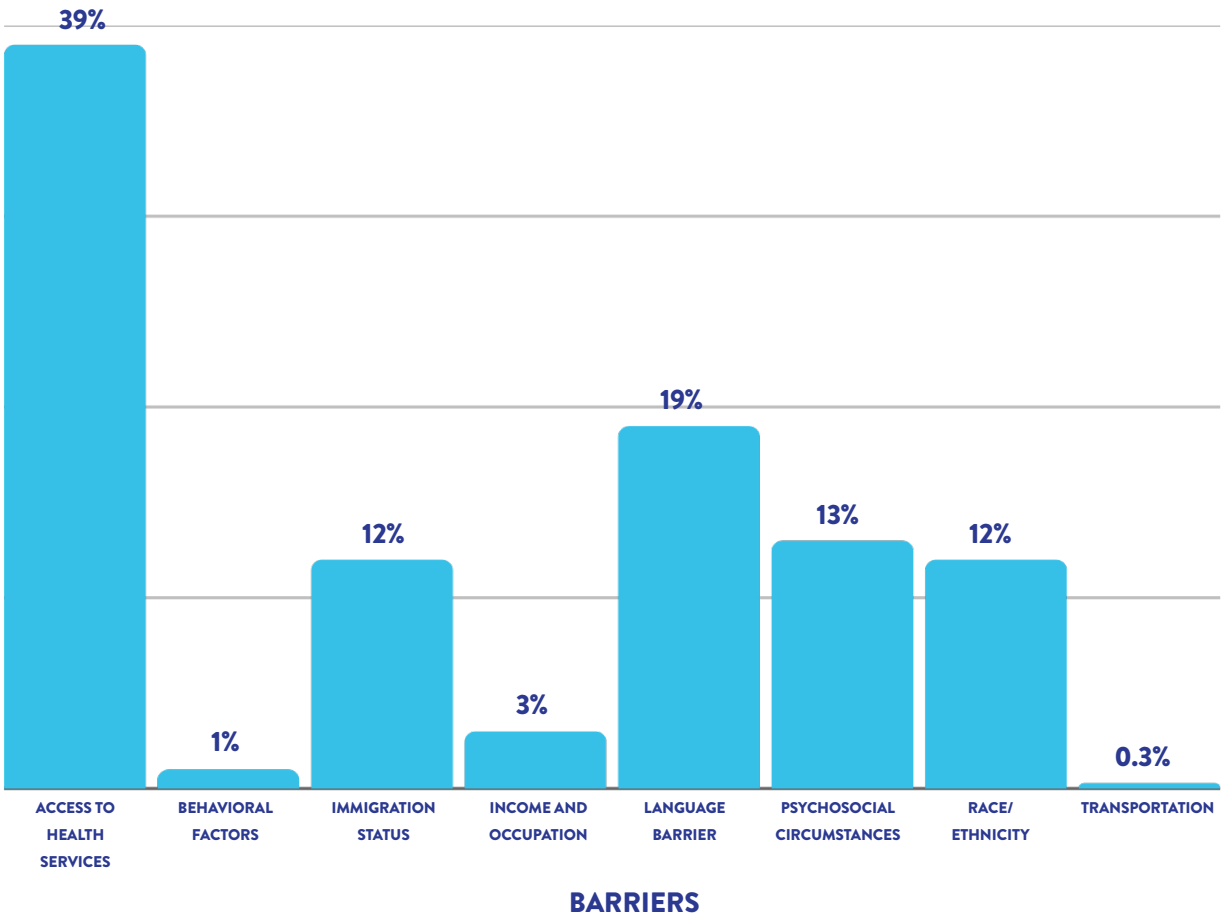


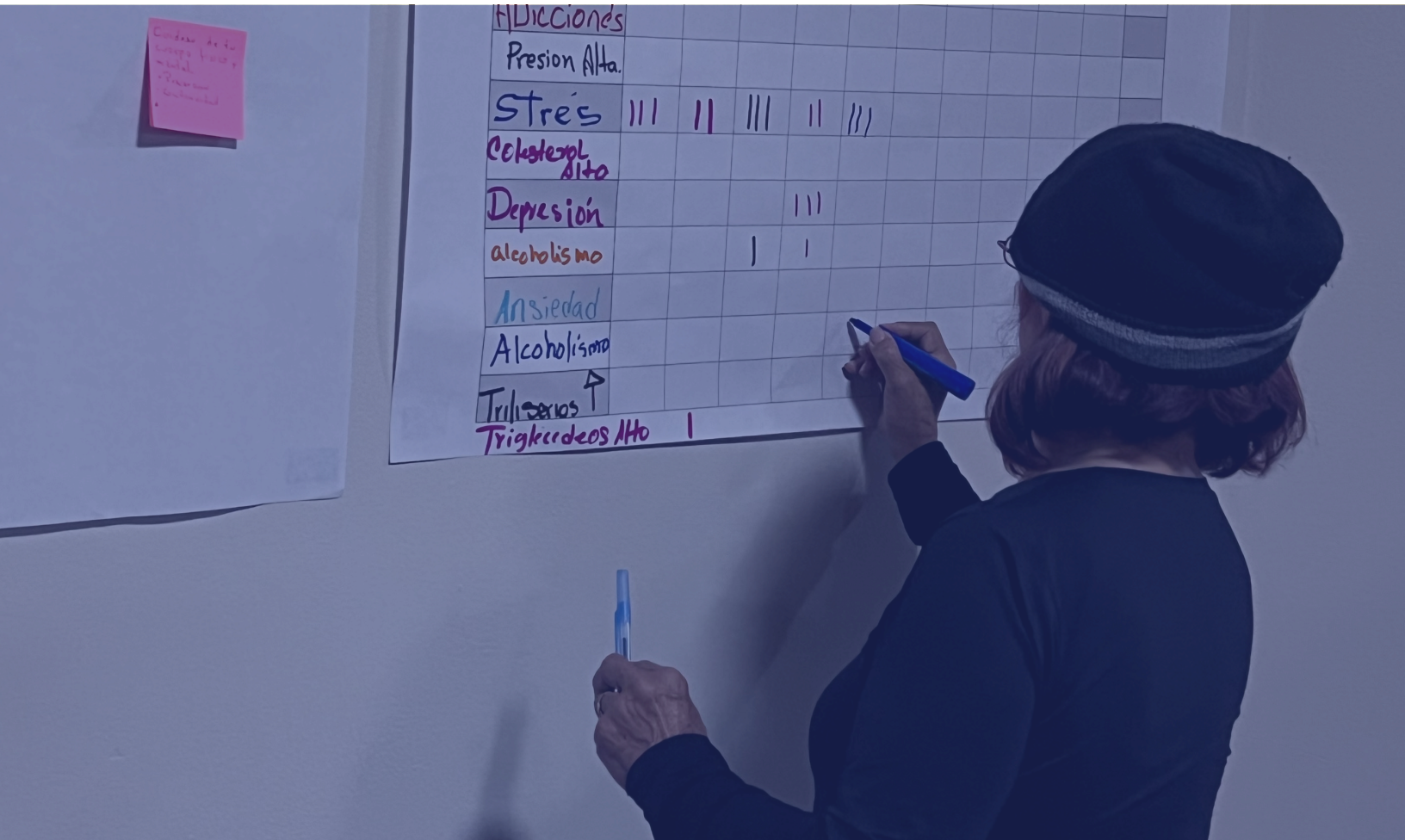
Figure 4: Most common barriers to vaccination and treatment



DISCUSSION

To validate the findings, we triangulated the PRA data by comparing it to secondary sources. Utilizing data from November 2022, from a Kaiser Family Foundation report tracking COVID-19 cases, deaths, and vaccinations.[9] We found that at its peak (January 2022) the Hispanic population had a COVID-19 infection rate of 4.3% or (4,341 per 100,000) nationwide.[6] The high prevalence of the Kaiser report, reflected our PRA findings that 48% of the community considered COVID and Flu to be the most concerning infectious diseases. Similar trends of the PRA for Flu were reported by the Center for Disease Control and Prevention (CDC) FluxVax[10] tracker, which shows that as November 2023 only 44%[7] of Hispanics expressed being vaccinated for flu.

As for barriers, we consulted a recent national survey by the Kaiser Family Foundation and LA Times[11] about the Health Care Experiences of Immigrants. The survey reflected many of the barriers that the PRA identified. The Kaiser survey found that 26% of Hispanic immigrants are uninsured and of those reporting being uninsured, 20% are paid hourly and 38% are paid by the job.[8]



Additionally, the National Center for Health Statistics (NCHS), citing data from September 2022, reported that 28.5% and 23.5% of the Hispanic population surveyed were uninsured or relied on public health plans, respectively[12]. According to the PRA findings, access to healthcare was identified as the biggest obstacle for flu and COVID treatment and prevention, with 39% of respondents reporting it as the most pressing issue.

Furthermore, the findings from the five affinity groups underscored the critical role of income and occupation as key determinants of health. Given that employment serves as a primary avenue for obtaining health insurance and a substantial number of Latino immigrants are employed in occupations with restricted access to employer-sponsored health coverage, coupled with typically lower incomes, these factors compound the health challenges they face. This conclusion is substantiated by the participant quotes from the PRA, reflecting these prevailing trends.

Additionally, the Kaiser survey was consistent with our findings on experience when seeking care. The report found "overall, 25% of immigrant adults who have received care in the U.S. say they have been treated differently or unfairly by a doctor or other health care provider because of their insurance status or ability to pay (16%); accent or ability to speak English (15%); and/or their race, ethnicity, or skin color (13%)."[8] The PRA reported similar distribution in which language barriers (19%), discrimination when seeking care (12%) associated with immigration status (12%) and their race/ethnicity (12%) as major barriers for seeking prevention and treatment.

PARTICIPANT PERSPECTIVES

"We don't receive benefits like citizens... I almost lost my son because he got infected and spent 6 months hospitalized. I stopped working to take care of him, and I had no income, but I also had no insurance."

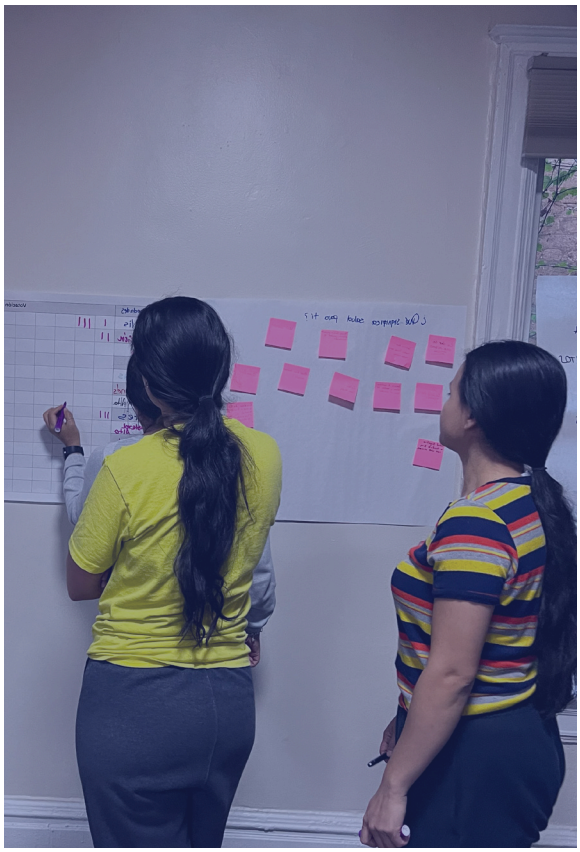
"...because we can't express ourselves, and we think we're being discriminated against... [and] yes, sometimes it's true that we are discriminated against."

"Many of us have professions, but not knowing English limits us... without documents, it's difficult for us to ask for help."

CONCLUSION

The PRA provides an important example of how a participatory data collection can inform community-based organizations and Federally Qualified Health Centers (FQHCs) of trends and barriers experienced by communities for pressing health issues. The inputs of the PRA are valuable in complementing larger-scale studies by health departments or nationwide public health surveillance. This relates to the fact that the PRA can provide quick and cost-effective data at the local level that larger agencies may not capture.

In La Clínica's case, data from the PRA demonstrated that despite the public health emergency being declared over in May 2023, COVID-19 and Flu remain persistent concerns. They pose a particularly sensitive challenge for low-income Latino immigrants. The confluence of limited access to health insurance due to immigration status and type of employment, inadequate availability of culturally tailored healthcare services, and the routine experience of discrimination when seeking healthcare collectively heighten the population's vulnerability to more severe complications arising from respiratory infections.



RECOMMENDATIONS

Based on the PRA data, previous studies, and continuous monitoring and service provision during the pandemic, La Clínica suggests the following recommendations to policymakers, local and state health departments, and healthcare providers. These recommendations aim to improve the health outcomes of low-income Latino immigrants while ensuring they have high-quality and culturally and linguistic access to preventive healthcare measures.

- Policymakers should design and implement policy solutions that make health insurance accessible regardless of immigration status or type of employment.
- Local Health Departments should distribute culturally and linguistically appropriate public health campaigns promoting COVID-19 and flu vaccinations. The campaigns should provide solutions on how to access vaccines regardless of insurance coverage and provide consistency on where to access vaccines irrespective of the stages of the pandemic.
- Health departments should leverage Community Health Workers to amplify public health campaigns as they are trusted community messengers.
- Health systems should develop blueprints to increase the hiring and retention of language-concordant staff and the integration of medical interpreters in care teams.
- Increase cultural competence training among healthcare providers to teach and assess providers' and other clinicians' linguistic and cultural communication skills to improve culturally appropriate care.

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Authors: Rodrigo Stein MSc; Lina Guerrero MA
Contributors: Suyanna Barker, DrPh, Daniel Cano, Cesar Watts

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