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This report describes an innovative COVID-19 vaccine outreach program for hard-to-reach populations, conducted in collaboration between USF Anthropology, USF Health, and a variety of community partners in the Tampa Bay Area.

Abstract

This report describes an innovative health intervention which demonstrates that the structural health inequalities exacerbated by the COVID-19 pandemic can be confronted through outreach programs based on an understanding of the cultural/structural issues relevant for refugee/immigrant/farmworker populations. But our perspective recognizes that such interventions must be finely tuned to not reproduce inequalities between/within communities that are vulnerable due to different intersectional issues such as language, education, immigration status, familial and community resources, and knowledge and trust in the medical system.

The intervention discussed here built on trusted relationships to effectively create a COVID-19 vaccination program that met the needs of participants from over 15 different cultural backgrounds. We believe the strengths and success of this innovative intervention in vaccinating/boosting nearly 200 individuals from refugee/immigrant/farmworker populations are due to a design based in applied medical anthropology. It incorporated interpersonal trust and local level community involvement to reassure participants. We suggest specific approaches, as well as a theoretical framework, for use in projects of this type.

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Introduction

This report describes an innovative health intervention which demonstrates that the structural health inequalities exacerbated by the COVID-19 pandemic can be confronted through outreach programs based on an understanding of the cultural/structural issues relevant for refugee/immigrant/farmworker populations. While minority populations were hard hit by the COVID-19 pandemic[1-2], as COVID-19 vaccines became available, disparities in vaccine access and uptake also developed between mainstream American and the refugee/immigrant/farmworker populations with which many of the authors have been involved[3]. In April 2021, local refugee service providers were concerned that refugees were not getting vaccinated, and proposals were made for social media outreach and needs assessments. The authors advocated for a more direct approach.

Anthropology faculty worked with university medical providers to volunteer their time to provide Covid immunizations for refugees/immigrants/farmworkers in three settings: home visits, at community centers, and community events. Our goal was to provide vaccines to these populations, determine why they wanted vaccines, and why they took part in this intervention. • • — • ‹ œ ƒ – ‹ ‘ • • ™ ‡ ” ‡ ‰ ‹ ˜ Š ‡ ƒ — • ’ ‹ ƒ ‡ ” • ‹ ˆ – › • ‡ † ‹ … ƒ Ž … ‡ • – ‡ ” ï • … ‘ • • — • ‹ – › ‘ á • ‘ – ” ‡ ƒ ™ Š â ” ‡ Š — • ” ‡ † ˆ ‘ ” – Š ƒ – ’ ƒ ” – ‘ ˆ – Š ‡ ’ ” ‡ ˜ ƒ Ž — ƒ – ‹ ‘ • á ƒ ’ ’ ” ‘ ˜ ƒ Ž ™ ƒ • • ‘ – † ‡ – ‡ ” • ‹ • ‡ † – ‘ „ ‡ ” ‡ “ — ‹ ” ‡ † ˆ ‘ ” – … ‘ • † — … – ‡ † ™ ‹ – Š ’ ƒ ” – ‹ … ‹ ’ ƒ • – • ˆ ‘ Ž Ž œ ™ ƒ ‹ – • ‰ • ä Š ‡ ‹ ” • ‡ … ‘ • † ‹ • • — • ‹ Š ‡ — ” „ ƒ • ƒ ” ‡ ƒ ‘ ˆ ™ ‡ • – … ‡ • – ” ƒ Ž Ž ‘ ” ‹ † ƒ ‹ • ™ Š ‹ … Š ™ ‡ ™ ‘ ” • ‡ † Š ‹ • • ‹ ‰ ” ƒ • – • á ƒ • › Ž ‡ ‡ • á ƒ • † ” ‡ ˆ — ‰ ‡ ‡ • á ˆ ” ‘ • ƒ ˜ ƒ ” ‹ ‡ – › ‘ ˆ ‡ – Š • ‹ … „ ƒ

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† — … ƒ – ‹ ‘ • ” ‘ ‰ ” ƒ used their events/community centers for vaccination events. Home visits to those lacking transportation have also been conducted. As of January 2022, the intervention had vaccinated 114 refugees/immigrants/farmworkers (2 immunizations each for both adults and children) and provided 63 boosters, in three types of settings: homes, community centers, and community events.

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they spoke. The day of the event, we also provided private areas for women to expose their upper arms to receive their vaccinations. Those efforts reached 35 › ” ‹ ƒ • • ƒ • † ‘ • ‡ ‘ • ‰ ‘ Ž ‡ • ‡ ” ‡ ˆ — ‰ ‡ ‡ ä

We continued to make our program known through the larger community of refugee service providers, through the local Refugee Task Force. These efforts resulted in an invitation to conduct an event for ESL/Adult Education students. Students were notified of this opportunity by their teachers, and the program identified a local community location for the event. Immunizations were administered to 13 Latin American and Russian adult students, and two homeless individuals

At Community Events

The final event of 2021 was for farmworkers. This connection was made by responding to a Refugee Task Force email about a county wide meeting for people providing services to Spanish speaking populations. The County Public Schools Migrant Education program invited the team to give immunizations at their Migrant Festival. This was also the first time immunizations were provided for children we immunized 11 children and 6 adults. Overall, vaccination events of 4-12/2021 reached 114 people, with only 4 individuals who did not return for the 2nd immunization, and 8 farmworkers still pending for 2nd

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Several short open-ended questions comprised the evaluation of the intervention, which was conducted after people received their second dose. These were in the form of very brief open-

Table 1 is an overview of demographic information of those who participated in the evaluation. Fifteen national backgrounds were represented, with greater percentages from Venezuela, the US, Mexico, Rwanda, and Cuba. Mean age was 36 years.

Table One: The Evaluation Sample

36	8--85	Male - 26	Female- 34

Venezuela

Table Two: Why did you get a vaccine?

	Count	Percentage
Community organization/friend/church outreach or recommendation, in my community/comfortable place	47	46%
– ï • ‰ ‘ ‘ † vaccinated, to take care of self/protect others	25	25%
Easy no appointment/no waiting/no need for transportation/no need for papers	22	22%
Family had serious case of COVID/Doctor recommendation	2	2%

Table 2 addresses why participants chose our program. The key reason was that it was trusted:

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been successful. Our findings and successes corroborate those in the literature; a study of pandemic preparedness in 177 countries found that higher levels of government and interpersonal trust were associated with higher COVID-19 vaccine uptake[14]. Our team composition of anthropologists, medical providers and community organizers is supported by studies that stress that pandemic and public health interventions in general require scientific and social scientific approaches[15-16]. Other literature points out that the issues are not only medical, but also social[17] ä ò — are not as simple as viruses. They have

mobility of this population. Due to timing issues, we have not yet followed up for boosters with those we gave first and second shots.

Another challenge may have been the political climate in Florida, as residents may have heard conflicting information about vaccine safety/efficacy. A final issue is that this project is completely unfunded--everyone on the team is a volunteer (faculty member/student/health care provider/community organizer). This means that during covid surges, and/or exam periods, etc., team members have less availability. Clearly, it is imperative to roll out funded programs based on this model.

Conclusions

We believe the strengths and success of this innovative intervention in vaccinating/boosting nearly 200 individuals from refugee/immigrant/farmworker populations are due to a design based in applied medical anthropology. It incorporated interpersonal trust and local level community involvement to reassure participants. ‡ • ’ ‡ … ‹ ˆ ‹ recommend that interventions of this type:

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