

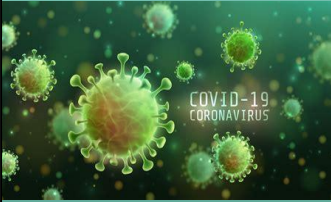
West African Covid Vaccine uptake in Snohomish County, WA 2022

Jack Larsen

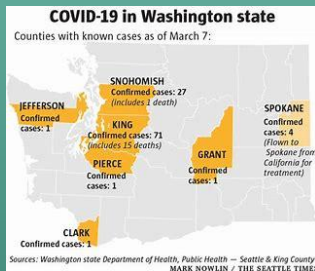


- Welcome to my community Health Assessment of Snohomish Washington, specifically the problem of covid-19 vaccine uptake in the West African community that resides in Snohomish county

Summary of the Problem



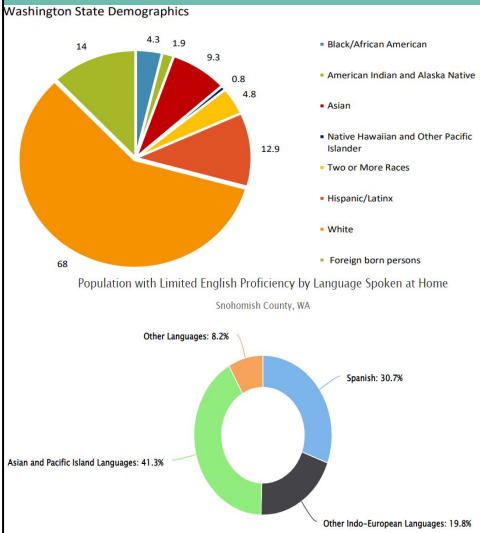
Health Gap: Low COVID-19 Vaccine Uptake in the West African Community of Snohomish County Washington



Community Health Assessment: Increase vaccination rates that are disproportionately affecting WAWAC and West African Community in Washington

- There are a number of reasons and barrier to healthcare for the West African community in SNohomish county but the objective of this presentation is to assess these barriers
- If we are able to learn what barriers are stopping this community from receiving healthcare/vaccinations we will be able to come up with a solution to increase vaccination rates increase community health

West African community Demographics



- There are **20000** West Africans in Snohomish Washington
- 100% immigrant community from West Africa
- Access to firsthand information native languages is a big challenge
- Many cases of Covid go unreported, among immigrant and undocumented communities, who avoid healthcare services because of fear of current immigration policies

- Over 20,000 west africans in snohomish county
- Primarily an immigrant population, this means that one barrier in our research that I will tough upon more is how immigration status lead to more vaccination hesitancy.
- Their demographic also has language barriers that may lead to covid-19 misinformation
- WAWAC is one organization that seems to be bringing West African people together to stop these barriers
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Our Overarching Questions

- Questions:**
- What factors contribute to vaccine hesitancy in Snohomish Washington's West African Community?
 - How can Health Care Systems be improved to increase vaccine uptake within this community?
- Methods:**
- Formative Research using data from secondary sources
 - Primary Research from a key informant Interview
- Time Frame:**
- 10 weeks to develop our community health assessment and present an action plan
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- After some basic background research we still had some questions such as “what factors contribute to vaccine hesitancy” and :how can healthcare systems be improved to increase vaccine uptake
- We decided to to use secondary data from the internet and WAWAC
- We then knew we had to reach out to a community representative/Key informant to gain primary information from the community to better understand the parts that were missing from our data alone

Description of Community Engagement Strategies

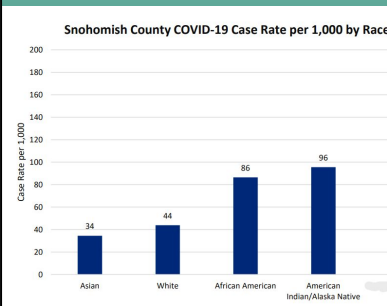
- Formative Research
 - Gain background Quantitative Secondary information
 - Key Informant Interview
 - Gain Qualitative Primary Information from community members and their values
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- Our formative research stemmed from looking a snohomish counties health statistics located on their website
- This gave us background on covid-19 statistics based on demographics
- It also gave us statistics based on housing situations, transportation and average income for these communities
- We then turned to the WAWAC website where we found specific statistic on how they run their community operations and how they bridge gaps socially and culturally in washington



Summary of Secondary Research

- Used information located on WAWAC community website
- Located Washington State and Snohomish County health department statics on Covid-19 and West African Population
- Looked at “Covid-19 Gap analysis”
- Identified Gaps in the community that we say
- Located our own gaps in our research that stemmed from immigration status that was both within West african community and not



- Continuing on our secondary research had us look at covid-19 gap analysis which gave on valuable immigration information
- We then put these gaps into our root cause analysis

Formative Research From Secondary Data

- Found that Immigration status/undocumented immigrants were more vulnerable to Covid-19
 - Stems from deportation
 - Lack of health Insurance options for immigrants/undocumented immigrants
 - Lack of representation for Community in Healthcare
 - “Normally, many low-income and undocumented immigrant Washingtonians are not eligible for health care through public programs such as Medicaid”
 - Black population at 1.4 times the risk of infection compared to white population
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- The main gap we identified in our secondary research was immigration status
- Access to healthcare and fear of deportation caused the WAWAC community to not seek out valuable covid-19 vaccination
- Another was representation, without stakeholders from their community in Healthcare positions and barriers such as language the department of health was unable to communicate effectively with this community and caused misinformation and a decrease in vaccinations
- Along with previously discussed issues such as financial situation, this led to black individuals in snohomish county to be 1.4 times more likely to be a risk of covid-19 infection
- This statistic also does not take into account undocumented immigrants from this community meaning it is mostlikely much higher
- The death rate of covid-19 is most likely also much higher than in other communities as these deaths may be reported as something else

Primary Data from our Key Informant

**Pa Ousman
from WAWAC**



**WASHINGTON
WEST AFRICAN
CENTER**

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- After this we got the pleasure to listen to Pa Ousman from the WAWAC community who was able to shed light on a lot of the gaps that we identified and further explain what this community needs to take action against low vaccine uptake

Challenges, Needs, Strengths from Primary Data collection

Challenges: Language barriers, Immigration Status, Very little unrestricted funding, Lack of transportation, Lack of space to gather

Needs: Community leaders need greater trust with funding from policy makers, Reaching out to community more regularly, Increased access to funding

Strengths: vaccinated over 5000 community members through hosted vaccine clinics, Strong culture that helps one another, State recognition of WAWAC

- He was able to identify some of the challenges that we saw through our secondary research such as immigration status
- We however did not take into account the lack of funding for this community to be such a major reason for low vaccine uptake
- Pa Ousman produces videos for the community that break down a lot of the misinformation regarding covid-19, as well as promotes vaccination, opening vaccine clinics and getting over 5000 community members to attend.
- He also identified the importance of policy makers in this process “we have a seat at the table”- Pa Ousman, He said this regards to policymakers beginning to identify the importance of funding and trust
- Overall this was insightful information that gave us insight into the needs of this community and their strengths were a way to execute the process of improving community engagement in vaccine uptake

Data Analysis Plan

Used our formative research to identify gaps in our own information and statistics

Specifically gaps in Immigration, race, transportation, and funding within the West African Community

Developed Questions for our key informant on how to fill these gaps and increase community health

Met With Pa Ousman and used his primary data to address our secondary data

Used this informations to create a Socioecological Model and create an action plan

- Our data analysis consisted of revisiting our secondary data and connecting it to our primary data from Pa Ousman where we were able to contextualize a lot of the communities
- By identifying those gaps with Pa OUsman we used these strengths such as s stong community culture and trust to develop a socioecological model and Action plan

Community Health Action Plan

Health gap	Activity	Actors	Timeline	Outcome or Objective
Language barriers within the community	Increase WAWAC staff member translators that speak with Health departments/ Video creation for translation of information	WAWAC community members with different dialects	Short term- 1 year	Access to information relating to videos that help the community gather and communicate correct information
Immigration status	Legislation that removes immigration requirements to access healthcare	WAWAC, Policy makers, Washington state representatives	Long term-4-6 years (depending on representatives and legislation)	Increases access to healthcare for community members without risk of deportation
Covid-19 Misinformation among community members	Increase staff members/cooperation with health departments that spread correct covid information	West African community and WAWAC representatives	Short term- 1 year	Helps to dismantle bias between covid-19 vaccine and community members
Very little funding/ restricted funding	Increase access to funding/ grants that benefit immigrant communities	WAWAC, Washington State representatives	Short term- 1 year	Benefits all community members health care through public programs
Lack of gathering space for Community members	Increase access to community centers and funding for housing	WAWAC	Short term- 1 year	Creates locations where community members can further access resources

- This is my community action plan
- Some of our activities include increasing funding for the community so they are able to access community health centers and create spaces to gather.
- This will allow for greater community culture and better communication between health departments and the community
- Others include hiring translators for the community to make videos such as Pa Ousman so he is not burdened with being the only community translator
- One long term objective we had was changing legislation. This involves influencing policy makers to allow access to health care for undocumented immigrants and does not allow for the risk of deportation.

Socio Ecological Model

Societal:

immigration status stopping them from receiving state sponsored healthcare

Community:

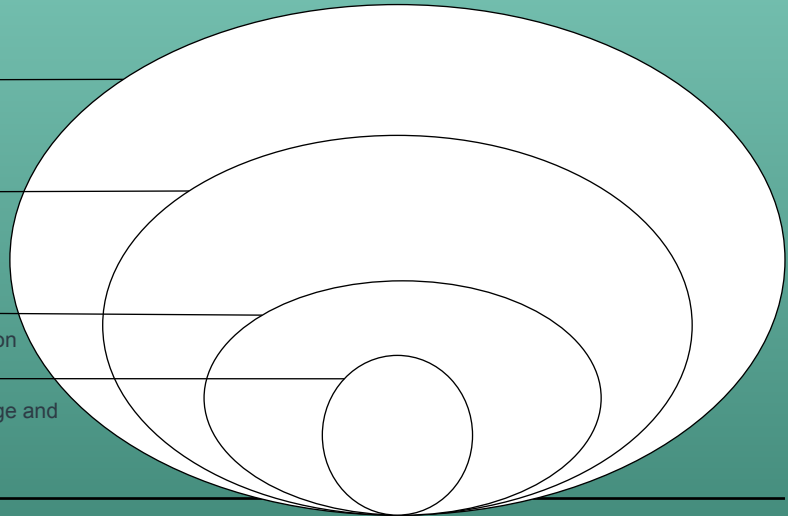
lack of vaccine centers and resources like "spaces to gather" and "transportation systems"

Interpersonal:

misinformation and healthcare communication

Individual:

Covid-19 misinformation stems from language and cultural barriers.



- This is my socio ecological model
- This model addresses the role organizations and institutions play in the greater community
- Specifically at the individual level the community has language barriers/ cultural barriers that lead to covid-19 misinformation
- Interpersonal is how this misinformation spreads within the community and leads to problems with healthcare officials trying to vaccinate
- At the community level transportation systems to vaccine centers and resources such as safe space hinder vaccine uptake
- At the societal level their own immigration status may stop them from reaching out to receive healthcare
- Interpersonal

Dissemination Plan

Hold another meeting with WAWAC community members to discuss findings with them and the rest of the West African Community

Ask for feedback regarding our action plan

Create a report in multiple languages with the help of WAWAC community members and distribute to state health departments

Support West African and WAWAC community through our action plan

- For my dissemination plan I wanted to revisit the WAWAC community and discuss my findings while asking for feedback on my action plan
- After this I will make adjustments to my plan based on more data from WAWAC community members
- We will then create a report that will be distributed to health departments and WAWAC as well as the West African community
- Then our action plan we be in place

**Thank you for your time and Special
thanks to Pa Ousman for taking the
time to meet with us**

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Appendix

Primary DATA collection tool
WAWAC-A

Key Informant: Pa Oumaine Joof

Group Members: Jack Larson, Isa Weiss, Hannah Wheatcraft, Alexandra Anthony, Arfel Reza, Jeriko Ison, Isaac Velasco

Interviewers: Isaac Velasco, Jack Larson
Notetakers: Arfel Reza, Isa Weiss

Greeting and Establishing Rapport: Thanks for taking the time out of your busy schedule to meet with us today. For the past 6 weeks our group has been researching covid vaccine uptake in Snohomish Washington among the WAWAC community. We have recognized that the vaccine uptake in this community was initially low, and were wanting to understand more about the community and what may be some reasons that allow for this low uptake. This will allow us to help fill these various gaps.

Time Expectation: 25 Minutes

Background:

- graphic design, web design, journalism, marketing, public speaking and videography

1. What are the predominant health challenges and predominant health strengths for the WAWAC community?
2. What are general perceptions of the community regarding vaccines in general?
 - a. What were the main narratives around the COVID-19 vaccine when it was first rolled out within the Snohomish West African community?
 - b. Was there a general consensus of support/apprehension, or multiple vaccine attitudes?
3. What members of the WAWAC community have been most affected by COVID-19?
 - a. Are there members who have been more burdened than most by COVID-19?
4. How have vaccination trends changed or stayed the same since the initial roll-out?
5. We've done some research about vaccine hesitancy. What factors would you say contributed to vaccination hesitancy within the West African community?
 - a. Of these factors you mentioned, which three were most important?
6. What forms of media have you seen WAWAC community members become most responsive to in obtaining new information, especially regarding the COVID vaccine?
7. How does immigration status impact the general health of the WAWAC population?
 - a. How does immigration status impact COVID-19 perceptions and vaccine perceptions?
8. What are the greatest challenges that community members deal with to attend vaccination appointments?
9. What services WAWAC hopes to grow to offer community members in the future?
10. What are some ways healthcare workers can better serve the West African community?
 - a. What could they have done to improve vaccine rates?
11. What is the specific role of WAWAC in improving vaccine rates?
 - a. What sorts of interactions did WAWAC have with policymakers (i.e. DOH, SHD, others)?
12. What do you say are the community strengths that promote positive health and wellness for WAWAC community members? (ask for explanations of these strengths and how they work to promote health)
13. If we were to experience another pandemic, what steps would you wish to be taken differently to prevent the kind of problems we saw this time around?

Appendix with Primary