

Reaching Unvaccinated Urban Native Americans

A COVID-19 Study for the Department of Indian Work

Author: Maria Robinson



JUNE 2022

451 Lexington Parkway North | Saint Paul, Minnesota 55104
651-280-2700 | www.wilderresearch.org

**Wilder
Research®**
Information. Insight. Impact.

Key findings

Through interviews with experts in the field, unvaccinated individuals, and a scan of what other organizations around the U.S. that serve urban Native American populations are doing, we found that COVID-19 vaccine-related messaging and strategies should use a culturally based approach centering the Native American community. Organizations should focus their efforts on targeting messages and strategies to those who may be on the fence about vaccinations and should not waste time and resources trying to convince those who feel strongly that they will not get vaccinated. With this in mind, some key findings are:

- Communities of color, especially Native American communities, experience significant health disparities, such as higher rates of infectious and chronic diseases including COVID-19. Disparities have always existed but have been exacerbated by COVID-19.
- Those least like to get vaccinated in the Native American community are: people age 20-50; those who identify as traditionalists or religious; women who are pregnant, nursing, or breastfeeding; and community members who are transient.
- There is a lack of trust in government and western medical entities among the Native American community rooted in multigenerational experiences of racism and discrimination.
- Use trusted messengers like family and friends to disseminate information about COVID-19 and the vaccine.
- Education and understanding of how vaccines are created and approved would help address common misconceptions and concerns in the Native American community.

Contents

Introduction.....	1
Methodology and limitations	2
Who in the Native American community is not vaccinated?	4
Reasons why Native American community members are not getting vaccinated.....	5
There is a lack of trust in the government and Western medical entities	5
There are concerns about the vaccine and common misconceptions in the Native American community	6
Experts say those in the Native American community who are vaccine resistant need to receive better education and understanding of the vaccine	8
Strategies and messages should take a cultural approach and should center the Native American community	10
Use trusted messengers to share vaccine information	10
Improve vaccine accessibility	11
Messaging should be culturally tailored	13
Other needs in the community have exacerbated Native Americans being disproportionately impacted by COVID-19	15
Recommendations	17
References	19
Appendix.....	21

Introduction

The Department of Indian Work (DIW) is a part of Interfaith Action of Greater St. Paul, which partners with Native American families to revitalize culture, education, and wellness. Since 2020, DIW has received three rounds of funding from the Minnesota Department of Health to serve as the COVID Community Coordinator for the Saint Paul Native American community. As part of this work, DIW is interested in learning more about developing effective messaging and strategies to reach those urban Native American community members who are COVID-19 vaccine reluctant, resistant, or refusing to receive the vaccine. With more information and understanding on ways to develop this messaging, DIW plans to develop culturally specific vaccine information and other strategies to encourage community members to get vaccinated if they have not already done so.

To understand how to develop this messaging, DIW partnered with Wilder Research (Wilder) to talk with experts locally and nationally who are doing similar work with Native American communities. Additionally, Wilder interviewed non-vaccinated Native American community members to learn more about their reasons for not getting vaccinated and the access to and awareness of information about the COVID-19 vaccine. Additionally, Wilder Research conducted a field scan looking at culturally specific outreach regarding the COVID-19 vaccine and related topics. These findings will allow DIW to better understand messaging strategies employed by other organizations that DIW may want to implement in the future and to learn more about vaccine hesitancy among the Native American community members they serve.

A note about terminology: Throughout the materials used in the scan and from the interviews, the term “Native American,” “Natives,” “Native American and Alaskan Native,” “American Indian,” and “Indigenous” were used interchangeably. The term Native American(s) will be used in this report for continuity.

Methodology and limitations

An initial scan for articles (peer-reviewed journals, newspapers), individual tribe websites, tool-kits, social media posts, videos, brochures/flyers, and more was conducted to find messaging examples and strategies that addressed ways to encourage vaccine reluctant and resistant people in the Native American community to get vaccinated. Nineteen sources were used for the scan. For additional information on the sources used and a summary of the scan, see Department of Indian Work COVID-19 Messaging and Strategy Scan.

Wilder Research carried out two sets of interviews with experts dealing with COVID-19 in their local Native American communities: local and national experts. The first set included interviews with experts from the Twin Cities and Duluth, referred to as “local experts,” for the remainder of this report. These experts represented six organizations, government agencies, and nonprofits whose work focuses on the Native American community in the Twin Cities or Duluth. The next set of interviews was with experts from three similar types of organizations outside of Minnesota. These organizations were selected by DIW because of their work creating messaging and strategies to encourage COVID-19 vaccinations in urban Native American communities. Both sets of interviews focused on key strategies and messages these organizations employed when working with their communities to encourage COVID-19 vaccinations. Organizations were asked about key populations they observed in their communities who were not getting vaccinated and the reasons why. These organizations were also asked about other needs or things organizations like theirs should be or are focusing on in their community that could help reduce the harm that the COVID-19 pandemic has caused.

Lastly, Wilder staff interviewed six unvaccinated Native Americans living in the Twin Cities area. These individuals were recruited via a Facebook ad on DIW’s Facebook page. Questions focused on why respondents did not want to get vaccinated, any ways that may motivate them to get vaccinated, and their understanding of COVID-19 in general.

Both the scan and interviews faced limitations in the information collected. For the scan, the most significant limitation was the lack of COVID-19 specific peer-reviewed articles and resources that focused on strategies and messaging explicitly geared toward the urban Native American community. One of the reasons could be that COVID-19 is still relatively new, and the information around COVID-19 is constantly changing, resulting in the lack of substantial resources.

The sample size was very small for interviews with experts outside of Minnesota and non-vaccinated individuals. Seven organizations outside of Minnesota were initially identified for potential inclusion; however, after repeated attempts to connect, Wilder could only find three organizations willing to be interviewed. This may be due to organizations being affected by COVID-19 for things like working remotely and not having access to their office phones or operating with reduced staff. Also due to COVID-19, many physical locations for posting adverts or recruiting for the interviews were closed, so DIW had to advertise solely on Facebook. This may have affected the smaller sample size for non-vaccinated individuals, due to who had access to Facebook when the recruitment advertisement was posted.

Who in the Native American community is not vaccinated?

From the interviews with experts and unvaccinated individuals, four main groups in the Native American community were identified as more likely to be reluctant, resistant, or refusing to be vaccinated. These groups are:

- **People age 20 – 50.** Experts attribute a lack of vaccination in this age group to the fact that the majority of people age 20-50 are generally healthy, so believe that they either won't get COVID-19 or that it will not be severe if they do. Experts noted that they are seeing an effect on youth who are not getting vaccinated because their parents fall into this age range. If parents are not vaccinated, their children have less chance of getting the vaccine. Additionally, this population has the highest rate of social media use in the community, resulting in more disinformation reaching this group.

The middle demographic – which is typically also known to think of itself as invincible anyway - they don't think COVID is a big deal. – Local expert

- **Women who are pregnant, breastfeeding, and/or who wish to become pregnant in the future and fertility.** Experts noted that in the Native American community, there is widespread concern about the vaccine affecting an unborn child or a child who is nursing. Additionally, there is concerns about the vaccine affecting both male and female fertility.
- **Those who identified as traditionalist or deeply religious.** Both experts and unvaccinated individuals noted that those in this group do not believe in putting foreign substances in their bodies because that would go against their religious and traditional beliefs. This group has never gotten vaccinations and often turns to traditional healing methods like plant-based medicines.

We don't go to the pharmacy for anything – I know what to take; people need to be more aware of plants – there is a plant for everything that is wrong with you. – Unvaccinated individual

- **Poor and transient population.** Experts noted that while this population may have gotten their first vaccine dose, the number of individuals getting the follow-up doses dropped off significantly. This population faces many more barriers than the general population in accessing the vaccine. For this population, the most common barriers are lack of stable housing, lack of childcare, and inability to take time off work.

Reasons why Native American community members are not getting vaccinated

There are two main reasons why some in the Native American community are not getting vaccinated: a lack of trust in the government and Western medical entities and concerns and common misconceptions about the vaccine itself.

There is a lack of trust in the government and Western medical entities

Both the scan and interviews with experts, showed that there is a lack of trust in the government and Western medical entities in these communities, grounded in historical experiences. These include factors like health discrimination, structural racism, medical research exploitation and experimentation, forced sterilization, forced relocation, and lack of public health funding, among a host of other factors experienced by Native American communities (Brunson et al., 2021; Dickerson et al., 2020; Powder, 2021; Sanchez & Foxworth, 2021; National Congress of American Indians, 2021; Twin Cities PBS, 2021; Urban Indian Health Institute, 2021). These experiences have led to health disparities in the Native American community that are greater than in the general population, including higher rates of infectious and chronic diseases (Dickerson et al., 2020; Foxworth et al., 2021; Geana et al., 2012; Hill & Artiga, 2021). There is no difference when it comes to the COVID-19 pandemic, in which Native Americans are disproportionately impacted, both in mortality and incidence rate (Ad Council, 2021; Brunson et al., 2021; Foxworth et al., 2021; Gunderson, 2021; Hill & Artiga, 2021; Sanchez & Foxworth, 2021; National Congress of American Indians, 2021; Twin Cities PBS, 2021; Urban Indian Health Institute, 2021).

From both the scan and interviews with the experts, we learned that conversations need to happen with the Native American community to address the historical traumas the community has had to face. Distrust will continue to grow in the community without these conversations and acknowledgment.

A concern and misconception in the Native American community which was expressed in the interviews with experts and with unvaccinated individuals is the fear that the government could take away individual rights, if they refused a vaccine. Some of the rights people feared would be lost were their right to work, their right participate in public spaces or activities, and constitutional rights like the right to bear arms.

Some of the hesitancy has been related to historical trauma in the medical field. The treatment of Indigenous and BIPOC people in these systems that comes up a lot when looking for feedback from folks at vaccine clinics or when we are doing outreach or tabling...the medical distrust. – Local expert

In addition, through these interviews, we heard that there are not a lot of Native American medical providers, which results in a lack of trust in non-Native health care systems and providers. Not seeing providers that look like them can often be a barrier to people choosing whether or not to access medical care.

There are concerns about the vaccine and common misconceptions in the Native American community

One concern expressed from all sources was the issue of the efficacy of the vaccine. Many experts noted that community members questioned the vaccine's effectiveness if multiple doses were required. This held in the interviews with non-vaccinated individuals who did not trust that the vaccine works because multiple doses are needed. In addition, both experts and non-vaccinated individuals talked about those who had been vaccinated who still ended up getting COVID-19, resulting in community members and non-vaccinated individuals seeing the vaccine as ineffective. Another concern noted from all sources is a lack of trust in the effectiveness of a vaccine created and released quickly, without enough time to fully understand the effects and efficacy.

The vaccine is new. It's kind of like an experiment, even though it's been approved by the FDA. I don't want to be part of an experiment. – Unvaccinated individual

Another common concern from all sources was the long and short-term side effects the vaccine could cause. This can go back to the issues of efficacy and speed with which the vaccine was released – it was noted that many people were concerned with potential side effects from the vaccine that they thought could appear 5-10 years out. In interviews with experts and unvaccinated individuals, there was a common concern and misconception that the vaccines could cause long- and short-term side effects like seizures, heart failure, lung trouble, or autism, or exacerbate underlying conditions like diabetes or other chronic diseases and illnesses.

Experts noted that the concerns in the community related to short-term side effects like sore arms, dizziness, and tiredness had more to do with the disruption of daily schedules than health effects. Experts saw that many low-income community members, caregivers, or transient people feared the side effects would interfere with their job or caregiving duties, or felt they may not have access to recuperate in a safe space.

From the interviews with experts and unvaccinated people, there was a concern in the community that the vaccine could cause fertility issues in both males and females. There was also a concern and misconception that the vaccine could negatively affect pregnant women and their unborn children or nursing women and their child.

According to all sources, a common concern among the Native American community was not fully understanding what makes up a COVID-19 vaccination and what the contents of the vaccine could do. There was a high indication among the sources that many community members thought the vaccine would give them COVID-19 because of its makeup. There was an additional concern and common misconception in the Native American community that the vaccine's contents would alter one's DNA or contain tracking chips.

Experts say those in the Native American community who are vaccine resistant need to receive better education and understanding of the vaccine

Both local and national experts noted that many vaccine-resistant community members do not have the education or understanding to make an informed decision on the vaccine. Instead, they get misinformation from various sources and make decisions based on what they hear. Five key points emerged from the interviews.

Experts saw that those in the Native American community who are vaccine resistant need education and a better understanding about:

- **The science behind vaccines and how vaccines in general work.** Experts noted that those in the community who are resistant would benefit from understanding how vaccines work in the body and addressing why someone may have a reaction or side effect and others may not. As part of how vaccines work, experts note the need for education and understanding of what makes up a vaccine and what the elements of the vaccine do for protection. It was noted from the scan that knowledge of the vaccine itself is an essential factor when deciding on whether or not to get vaccinated. In a study conducted by the Urban Indian Health Institute (2021) 67% of participants “who were willing to get vaccinated knew how vaccines work, compared to 38% among those unwilling to get vaccinated” (p. 19).

Some of the things that multiple people have said in these conversations is the need for basic science education and understanding – that’s why people are so susceptible to disinformation – they don’t understand how vaccines generally work, and so it’s easy for them to say, ‘Oh my gosh, it probably does change your DNA,’ or ‘there is a microchip in it,’ or ‘they are just trying to make money off of it,’ or whatever. [W]e just need to do a better job educating people about what vaccines are, [and] how they work. – National expert

- **How vaccines are approved and released for use to the general public.** Many experts and unvaccinated respondents indicated concern in the Native American community about how quickly the vaccine was released, questioning the approval process.
- **Different brands of COVID-19 vaccinations.** In addition, experts noted a lot of confusion in the community on what vaccine brand they could get for both the initial vaccine and any boosters. Additionally, there was confusion about when people would be eligible for a booster.
- **How vaccines affect fertility, pregnancy, and breastfeeding individuals.** Experts note that the Native American community needs more education and understanding that the virus is more detrimental than the vaccine to unborn babies or newborns.

Additionally, experts noted the need for getting information to the community about those who have been vaccinated before or during pregnancy have the advantage protection for both mother and child.

- **Guidelines** like mandates or types of masks to use. Many experts noted that organizations don't have the resources to keep up with and communicate to their communities about quickly changing guidelines.

[Not understanding the] different vaccines – Can I mix and match? Reactions?
[There is] a lot of confusion around when/what type of vaccine to get. Confusion
around varying recommendations and guidelines. [That is a] barrier for people, they
get frustrated with not understanding or not knowing what to do. – Local expert.

Strategies and messages should take a cultural approach and should center the Native American community

Use trusted messengers to share vaccine information

According to the scan and interviews with the experts, one of the biggest strategies in getting vaccination messaging and information out to the Native American community is to **center the community by using trusted messengers**. Research has shown that the combination of “trusted sources or messengers and intentional health messaging” can increase vaccine acceptance (Urban Indian Health Institute, 2021, p. 22). The following trusted messengers were identified through the scan and interviews with experts.

- **Family and friends** were the primary trusted sources of information in the Native American community. The Urban Indian Health Institute (2021) found that even those unwilling to get a vaccine saw family members as one of the most trustworthy sources of information. In a study of Native American’s preferences for health information, Geana et al. (2012) found that, out of a list of 14 sources, participants rated family members as the second most used source (76% of survey respondents). Additionally, 78% of participants indicated that family members influenced their health decisions. Often experts noted the power of “word of mouth” in this group. Of the family and friends network, **elders** were explicitly called out for their advice and knowledge in the Native American community.

A lot of the population works by word of mouth. Every time I come across somebody I make sure they know we have things like incentives, we have vaccines, that we have at home testing kits and masks – I know they are going to go tell their neighbors what they did today. Their neighbors are going to tell someone else. That’s also how I think about giving education – that they are going to go tell someone else. – Local expert

- **Community members**, specifically tribal leaders, prominent tribal members, and cultural advisors, were also seen as trustworthy sources.

We have some leaders in the community that we interviewed while they were getting their vaccines; we did some home visits with some of the elders who couldn’t get out, and had them posting on social media about the safety of the vaccine, and how they were excited about getting the vaccine. I think that went a long way, as well – instead of just the providers saying this is a great thing – having people in the community promote it. – National expert

- Both the scan and interviews, identified **community organizations** like DIW as a source to be used. Experts saw that well-known community organizations have leverage due to their direct service work to reach people disproportionately affected in ways that public health, state agencies, or hospitals cannot.
- **Indigenous health care providers** were noted as having experience and education that aligns with the culture and values of the Native American community. In addition, **Indian Health Board** was identified as a larger institution that could be trusted. The Urban Indian Health Institute (2021) found that participants who were unwilling to get the vaccine “had the highest trust in vaccine efforts by Urban Indian health clinics” (p. 22).

Social media is a key tactic that can be used for the dissemination of information in the Native American community. It is a trusted and often “go-to” source in the community. The Urban Indian Health Institute (2021) found that non- vaccinated individuals ranked social media in their top three sources of information. Experts recommend utilizing social media like Facebook, Instagram, and TikTok to get information out to the community.

Improve vaccine accessibility

Accessibility is a key strategy identified by both the scan and experts in getting members of the Native American community vaccinated. The vaccine must be easily and conveniently accessible. The Urban Indian Health Institute (2021) found from survey participants that, regardless of vaccination status, if the process were simple, quick, and easily administered, it would increase their likelihood of receiving a vaccine. The same survey found that convenience and cost were two of the top three factors in getting the vaccine. To increase accessibility, clinics should offer vaccinations outside the standard 9-5 p.m. times and ensure that appointments or walk-up clinics are available. For many unvaccinated Native Americans, getting to a clinic for a vaccination is a barrier.

Experts and the scan recommend providing community vaccine events either on reservations or in a highly populated Native community to reduce this barrier. To reach those who may not be centrally located or are unable to travel, like the transient or elder populations, both experts and the scan recommend that organizations provide mobile clinics. Additionally, experts note that organizations work together to host events that can utilize familiar organizational spaces like cultural centers or set up pop-up vaccine clinics at events like pow-wows. No matter the location, it is essential to have multiple types of vaccines available so that individuals can choose what type of vaccination they receive.

We tried to make the mass vaccine events that we had kind of entertaining – we had a lute player at one; we did some food bank giveaways; giving away hot meals. So we promoted all that in conjunction with the vaccines, and we did an event that was like a mini health fair. – National expert

To make the vaccine even more accessible, experts noted that vaccination opportunities should be worked into other services often offered to community members. If vaccines are worked into other services, people won't have to take the extra time and/or resources to seek a vaccine.

Trying to remove barriers – if they are going in for a health care appointment or going to event or a food shelf doing things you need to do anyways incorporating vaccination access during these points. – Local expert

A significant barrier to accessibility is transportation; something talked about at great length in both the interviews with experts and the scan. Creating events in the community, as mentioned above, helps reduce the barrier. However, there will still be people who cannot access these events or clinics, so it is recommended that transportation be provided, or that people can be reimbursed for transportation costs.

Another key strategy discussed at length with experts is the use of incentives. Many of the experts have used incentives to get community members vaccinated. The most popular incentive was monetary, in the form of cash or gift cards. Experts also noted that if they hosted vaccine events, they often added things like a swag bag that included apparel, theme park tickets, toys, etc., to entice participation further. Additionally, at these types of events, experts noted the importance of providing food as well. Some experts noted the importance of including traditional and culturally specific incentives like sage, sweetgrass, wild rice, teas, or soaps.

[Culturally specific incentives] helps to encourage the use of our knowledge system through these things and promotes personal hygiene and protection of people... Little thing like that that can connect to the culture and medicines through those products, and have been well worth it. – Local expert

A few experts noted that they also provide health and cleaning products like sanitizer, disinfectants, masks, at-home COVID tests, etc., regardless of whether the community member is vaccinated or not. Something to note is that from the interviews with unvaccinated individuals, only two of the six respondents said that an incentive would encourage them to get vaccinated. Both respondents indicated they were not against getting vaccinated in the future. However, they would only be motivated by a monetary incentive of over \$500. None of the respondents who indicated they would never get the vaccination said they would be motivated by an incentive.

Messaging should be culturally tailored

Tailored messages that are culturally relevant and provide appropriate information that meets the community's needs are crucial in health communication (Geana et al., 2012; Hill & Artiga, 2021; Urban Indian Health Institute, 2021).

According to the American COVID-19 Vaccine Poll (African American Research Collaborative, 2021), the most effective message for the Native American community was “getting a COVID-19 vaccine can protect the lives of my family, friends, and those I love.”

Our research found that messaging include key points like:

- Vaccines can protect loved ones and vulnerable members of the Native American community
- Vaccines can help protect our elders
- Vaccines can help overcome adversity and honor Native sovereignty
 - *Messaging around overcoming adversity and incorporating how overcoming adversity is a testament to the resilience of our Indigenous people. – Local expert*
- You are not alone, or we are all in this together
- Vaccinations can help our community members get back out doing things in public
- COVID-19 is still present, but we can take measures to keep others safe like wearing a mask, washing hands, social distancing, and continuing to test for COVID-19
- Vaccines, including boosters can help keep you from getting seriously ill if you happen to get COVID-19

Both experts and the scan noted that a large part of creating messaging with a cultural approach in mind is being aware of the design and style of the messaging. The research reinforces the following:

- Create messaging from an education standpoint vs. messaging that sounds forceful or induces fear and guilt
- Ensure messaging is culturally appropriate by using correct/appropriate language and imagery; those seeing the messaging need to feel represented, ensuring that messaging reflects the community
- Use less text and more visuals
- Arts and culture play a huge role in the Native American community; it is essential to bring in these aspects when creating messaging
- Use Native artists or contractors to help create messaging

- Mold/target messages that focus on a subgroup or vaccine event, with the caveat that the messaging should be broad enough to generalize a population
- Use youth to create content for youth – create youth-friendly materials that promote or help guide conversations that meet youth development level without “dumbing-down” information
- Use testimonials from trusted messengers like elders or tribal leaders
- Many of the organizations are starting to utilize TikTok influencers to share their testimonials as a way to reach the younger population
- Share products with partner organizations so that they can share the products through their channels

Other needs in the community have exacerbated Native Americans being disproportionately impacted by COVID-19

When addressing COVID-19 vaccine hesitancy and resistance in the Native American community, it is essential to approach the issues from an Indigenous point of view rather than a Western one. It is crucial to keep in mind that communities of color, especially the Native American community, experience significant health disparities, including higher rates of infectious and chronic diseases. This is due to historical traumas these communities have faced. Looking at COVID-19 specifically, Native American communities have experienced mortality rates almost three times higher than their white counterparts (Brunson et al., 2021). According to the American COVID-19 Vaccine Poll of Native Americans who hadn't gotten the COVID-19 vaccine, 41% indicated they will not get the vaccine – higher than any other racial or ethnic group in the survey (African American Research Collaborative, 2021).

[T]alking about vaccines in isolation risks reinforcing deeply held beliefs that health (or ill-health) is purely a matter of individual behaviors (such as choosing to get vaccinated) and obscuring the broader structural factors—such as housing, jobs, and health care access—that also impact health. It is critical for authorities to acknowledge these broader shortcomings in health equity, to frame the COVID-19 vaccines as one of several tools that can help advance equity in communities most affected by the pandemic, and to reassure those communities that this type of work will continue beyond the pandemic (Brunson et al., 2021, p. 8).

According to the experts and the scan, it is crucial to address other community health and human service concerns. Experts noted the following current concerns in the Native American community:

- Lack of consistent, accessible, and affordable health care
- Lack of resources and support for chronic health issues like diabetes
- Lack of resources and supports that address mental, emotional, and spiritual health
- High rate of unhoused or unstable housed community members
- Lack of emergency shelter/housing in urban areas
- Food instability, including lack of food assistance, emergency food distribution programs, and nutritious food options

Getting vaccinated is extremely important, but we also have to think about what else is going on in these community members' lives. Meeting their basic needs are more important to them than getting the vaccine. There are families that are struggling – food, housing, child care, transportation, employment – getting vaccinated or medical care comes second to those. – Local expert

Experts also noted that organizations need to look ahead to the long-term effects of this pandemic on the Native American community and prepare to face these effects. Experts saw that the long-term effects of the pandemic will only exacerbate the current issues in the community like continued health disparities, long-term health impacts from COVID-19, lack of support and resources for the community, etc.

We have adapted our work – not just looking at the pandemic but also the recovery of the pandemic. Looking at the long-term effects of the pandemic and the impact pandemic has had on vulnerable populations. There has always been a lack of resources and support for indigenous and BIPOC communities in all systems. When the pandemic hit, those populations were impacted the most. As well as people experiencing housing instability. Those thing were always there – no one talked about it. – Local expert



Recommendations

We understand that DIW will have the opportunity and funding from Minnesota Department of Health to continue their COVID-19 Community Connector work, while also focusing on comprehensive health needs among the Twin Cities Native American community. Based on this, and findings from this report we recommend DIW consider the following:

- Continue to host community vaccination events and testing events that are accessible to the community. One large barrier noted in the report is transportation to events. We understand that DIW will be focusing on providing transportation (e.g., reimbursement for transportation costs, partnerships with ride services, etc.), which will help to ensure community members have access to these events.
- Continue to provide vaccination incentives whenever possible. This study found that incentives (primarily monetary) helped encourage people who were on the fence to get vaccinated.
- Create a comprehensive communications plan that DIW can use to address all aspects of communications needs and gaps with regard to COVID-19 and the Twin Cities Native American community. This plan should outline the communications products and strategies you intend to use and the timeline. DIW can then work with your own internal communications team to determine which of the items in the plan can be accomplished in-house and which would be best to work on with an independent contractor.
- Focus on creating culturally specific and tailored materials (e.g., posters, fliers advertisements, etc.). DIW may want to consider working with artists in the community to help design these products or could look to national firms creating this type of work for urban Native American communities (e.g. [Project Mosaic](#)).

- Use social media to help spread information and resources (e.g., vaccination events, testing sites, health data, vaccination FAQs, etc.). From interviews with experts, it was noted that organizations are starting to lean into social media like TikTok and using local influencers to help communicate to the Native American community. DIW may want to consider partnering with local influencers or well-known community members for help with promoting events or resources. This would be an excellent way to reach community members who are younger and vaccine resistant/reluctant.
- Partner with Native American groups that provide programming related to pregnancy, childbirth, and lactation support to ensure that Native American mothers who are expecting or recently gave birth are getting accurate health information about the vaccine and the risks of COVID-19. This study found that women who are pregnant or breastfeeding are one of the subgroups most hesitant to get vaccinated, due to their fear that the vaccine could harm their babies.
- Continue to provide personal protective equipment (PPE) to community members when possible. DIW should have these products available at events, available at their food shelf, and/or be able to send any PPE to community members' residences.
- We found that social inequalities, historical trauma, and systemic racism have played a prominent role in health disparities facing the Native American community. These social determinates of health must be also be addressed as part of DIW's COVID-19 work. We understand that DIW will continue to address health disparities and social determinants of health by partnering with employment counseling organizations in the Twin Cities to host employment workshop series. These series will aim to help community members with employment opportunities that can help fulfill long term employment. Additionally, DIW is looking to create mental health series that contracts with mental health providers to offer virtual mental health check-ins, supports, and resources to community members. Through DIW's direct services as well as through referrals and partnerships with other organizations that serve the Twin Cities Native American community, the social determinants that contribute to COVID-19 disparities can be reduced or eliminated.

References

- Ad Council. (2021). Community Education Toolkit: Create the Right Message. <https://adcouncilvaccinetoolkit.org/messaging-strategy>
- African American Research Collaborative. (2021). *American COVID-19 Vaccine Poll*. <https://covidvaccinepoll.com/app/aarc/covid-19-vaccine-messaging/#/>
- Center for American Indian Health. (n.d.). *Health Resource Library for Native American Communities*. <https://caih.jhu.edu/resource-library>
- Brunson, E. K., Bутtenheim, A., Omer, S. & Crouse Quinn, S. (2021). *Strategies for Building Confidence in the COVID-19 Vaccines*. National Academies Press. <https://nap.nationalacademies.org/read/26068/chapter/1>
- Centers for Disease Control and Prevention. (2021). *What Tribal Communities Need to Know About COVID-19 Vaccines*. <https://www.cdc.gov/coronavirus/2019-ncov/community/tribal/about-covid19-vaccines.html>
- Dickerson, D., Baldwin, J. A., Belcourt, A., Belone, L., Gittelsohn, J., Keawe'aimoku Kaholokula, J., Lowe, J., Patten, C. A., & Wallerstein, N. (2020). Encompassing Cultural Contexts Within Scientific Research Methodologies in the Development of Health Promotion Interventions. *Prevention*, 21(Suppl 1), 33–42. <https://doi.org/10.1007/s11121-018-0926-1>
- For the Love of Our People. (n.d.). *Curated Tools and Resources*. <https://forourpeople.uihi.org/tools/>
- Foxworth, R., Revers, N., Moreno, M. A., Lopez-Carmen, V. A., Sanchez, G. R., & Shultz, J. M. (2021). COVID-19 Vaccination in American Indians and Alaska Natives—Lessons from Effective Community Responses. *New England Journal of Medicine*, 385. 2403-2406. <https://www.nejm.org/doi/full/10.1056/NEJMp2113296>
- Geana, M. V., Greiner, K. A., Cully, A., Talawyma, M., & Daley, C. M. (2012). Improving Health Promotion to American Indians in the Midwest United States: Preferred Sources of Health Information and Its Use for the Medical Encounter. *Journal of Community Health*, 37(6), 1253-1263. <https://doi.org/10.1007/s10900-012-9564-x>
- Gunderson, D. (2021, February 19). Collaboration Between White Earth Nation, Mahnomen Co. Leads to One of Highest Vaccination Rates in MN. *MPR News*. <https://www.mprnews.org/story/2021/02/19/collaboration-between-white-earth-nation-mahnomen-co-leads-to-high-vaccination-rate-mn>

- Hill, L., & Artiga, S. (2021, April 9). COVID-19 Vaccination Among American Indian and Alaska Native People. *KFF*. <https://www.kff.org/racial-equity-and-health-policy/issue-brief/covid-19-vaccination-american-indian-alaska-native-people/>
- National Congress of American Indians. (2021). *This is your shot: COVID-19 Native Youth Vaccination Toolkit*. <https://www.ncai.org/vaccination.pdf>
- Northwest Portland Area Indian Health Board (NPAIHB). (n.d.). *Community Resources*. <https://www.npaihb.org/covid-19/community-resources/>
- Powder, J. (2021, August 5). Keys to the Navajo Nation's COVID-19 Vaccination Success. Johns Hopkins Bloomberg School of Public Health. <https://publichealth.jhu.edu/2021/keys-to-the-navajo-nations-covid-19-vaccination-success>
- Sanchez, G., & Foxworth, R. (2021, July 29). Native Americans and COVID-19 Vaccine Hesitancy: Pathways Toward Increasing Vaccination Rates for Native Communities. *Health Affairs Forefront*. <https://www.healthaffairs.org/doi/10.1377/forefront.20210723.390196/full/>
- Smylie, J., Kirst, M., McShane, K., Firestone, M., Wolfe, S., & O'Campo, P. (2016). Understanding the Role of Indigenous Community Participation in Indigenous Prenatal and Infant-Toddler Health Promotion Programs in Canada: A Realist Review. *Social Science & Medicine*, 150, 128-143. <https://doi.org/10.1016/j.socscimed.2015.12.019>
- Twin Cities PBS: TPT. (2021, February 4). *A Special Report from MN Native News: Decision-making and the COVID-19 Vaccine* [Video]. YouTube. <https://www.youtube.com/watch?v=DzrFNmeCRyQ>
- Urban Indian Health Institute. (2021). *Results from a National COVID-19 Vaccination Survey: Strengthening Vaccine Efforts in Indian Country*. <https://www.uihi.org/download/results-from-a-national-covid-19-vaccination-survey-strengthening-vaccine-efforts-in-indian-country/?wpdmdl=17560&refresh=62702e91284991651519121>
- Urban Indian Health Institute & IllumiNative. (2021). *COVID-19 Vaccination Messaging Guide*. https://www.uihi.org/wp-content/uploads/2021/04/COVID-19-Vaccination-Messaging-Guide_UIHIFormat.pdf

Appendix

Department of Indian Work COVID-19 Messaging and Strategy Scan

Department of Indian Work COVID-19 Messaging and Strategy Scan

Background of work

The Department of Indian Work (DIW) is a part of Interfaith Action of Greater St. Paul, which partners with Native American families to revitalize culture, education, and wellness. DIW is interested in learning more about developing effective messaging and strategies to reach those urban American Indian community members who are COVID-19 vaccine reluctant, resistant, or refusing to receive the vaccine. With more information and understanding on ways to develop this messaging, DIW plans to develop culturally specific vaccine information and other strategies to encourage community members to get vaccinated if they have not already done so.

DIW partnered with Wilder Research to carry out a scan of similar work across Turtle Island (the U.S. and Canada) to do this work. This scan was part of a larger project looking at culturally specific outreach in terms of the COVID-19 vaccine and related topics. The following report includes the scan of similar work.

A note about terminology: Throughout the materials used in the scan, the term “Native American,” “Natives,” “Native American and Alaskan Native,” “American Indian,” and “Indigenous” were used interchangeably. The term Native American(s) will be used in this report for continuity.

Background

Communities of color, especially the Native American community, experience more significant health disparities than the general population, including higher rates of infectious and chronic diseases (Dickerson et al., 2020; Foxworth et al., 2021; Geana et al., 2012; Hill & Artiga, 2021). There is no difference when it comes to the COVID-19 pandemic, in which Native Americans are disproportionately impacted, both in mortality and incidence rates (Ad Council, 2021; Brunson et al., 2021; Foxworth et al., 2021; Gunderson, 2021; Hill & Artiga, 2021; Sanchez & Foxworth, 2021; National Congress of American Indians, 2021; Twin Cities PBS, 2021; Urban Indian Health Institute, 2021). Native American communities have experienced COVID-19 mortality rates almost three times higher than their white counterparts (Brunson et al., 2021). According to the American COVID-19 Vaccine Poll of Native Americans who hadn’t gotten the COVID-19 vaccine, 41% indicated they will not get the vaccine – higher than any other racial or ethnic group in the survey (African American Research Collaborative, 2021).

Health disparities stem from historical traumas, including factors like health discrimination, structural racism, medical research exploitation and experimentation, forced sterilization, forced relocation, and lack of public health funding, among a host of other factors experienced by Native American communities (Brunson et al., 2021; Dickerson et al., 2020; Powder, 2021; Sanchez & Foxworth, 2021; National Congress of American Indians, 2021; Twin Cities PBS, 2021; Urban Indian Health Institute, 2021). Additionally, these traumas are carried from generation to generation (Twin Cities PBS, 2021).

There is also a sense of mistrust of vaccinations, the government, and Western medical entities in these communities that are grounded in those historical experiences (Brunson et al., 2021; Powder, 2021; Twin Cities PBS, 2021; Urban Indian Health Institute, 2021). The American COVID-19 Vaccine Poll indicates that 44.7% of Native American participants or a member of their household has experienced poor treatment by the medical profession due to their race, ethnicity, or language, compared to 20.9% of white respondents (African American Research Collaborative, 2021).

Talking about vaccines in isolation risks reinforcing deeply held beliefs that health (or ill-health) is purely a matter of individual behaviors (such as choosing to get vaccinated) and obscuring the broader structural factors—such as housing, jobs, and health care access—that also impact health. It is critical for authorities to acknowledge these broader shortcomings in health equity, to frame the COVID-19 vaccines as one of several tools that can help advance equity in communities most affected by the pandemic, and to reassure those communities that this type of work will continue beyond the pandemic (Brunson et al., 2001, p. 8).

These factors and the lack of “culturally responsive public health information” (Sanchez & Foxworth, 2021) have contributed to the spread of infectious and chronic diseases like COVID-19 in Native American communities. Research has shown that culture-centered work and co-creation with communities is a strategy to combat these disparities (Dickerson et al., 2020; Foxworth et al., 2021; Geana et al., 2012).

The following scan intends to help DIW better understand vaccine hesitancy in the Native American community and to gain insight into how to create culturally specific messaging and strategies for their Twin Cities Native American community.

Methods

Wilder Research librarians searched key databases and the internet for articles (peer-reviewed journals, newspapers), individual Tribal Nation websites, toolkits, social media posts, videos, brochures/flyers, and more using key terms such as “COVID-19/Coronavirus” and “vaccine” and “American Indian/Native American/Alaska Native/Indigenous/First Nations.” We set out to find resources focused on urban populations, but most focused on the Native American community as a whole regardless of location. Through the search, we did not find any peer-reviewed articles that focused on culturally specifically COVID-19 vaccine messaging tailored to the Native American community, so we expanded the scan to include peer-reviewed articles that examined culturally specific messaging for Native Americans in the health field.

Around 60 sources were initially identified; after closer review, 19 sources were included for this scan. To be included, sources had to: 1) address strategies to encourage the Native American community to get vaccinated (COVID-19 specific), 2) address messaging to encourage the Native American community to get vaccinated (COVID-19 specific), 3) address culturally tailored health information in the Native American community (general), 3) provide examples of work created for the Native American population by the organization. Sources that solely contained standard non-specific population messaging, like “wear a face mask, wash hands, stay home if you’re feeling sick,” or sources that shared work from other organizations like the Centers for Disease Control and Prevention (CDC) were not included.

1. SCAN SOURCES

Source type	Number of sources
Peer-reviewed reports/articles relating to general health care messaging for Native American populations	3
COVID-19 survey reports/polls focusing on Native American populations	2
Native American health and human services sites	2
Articles (newspaper and web)	6
Other (e.g., YouTube, toolkits/guides, testimony)	6

Strategies and messages

There is not a single reason why someone may not want to receive a vaccine; additionally, there is not a single solution to address vaccine hesitancy. Realistically, not everyone will be vaccinated or has a desire to be vaccinated. To ensure resources are allocated appropriately, it is best to create messaging aimed at those who may be “on the fence” rather than those who are against the vaccine all together (Brunson et al., 2021). The strategies and messages below appeared most frequently when discussing creating culturally relevant messaging and strategies aimed at the Native American population.

Effective strategies take a culture-centered approach using trusted messengers

Use a culture-centered approach

When creating health care intervention strategies that are sustainable in Native American communities, sources recommend that the health care and social services field employ a culture-centered approach or culturally grounded approach to ensure that a community’s knowledge and perspectives are at the core of all work. According to Dickerson et al. (2020):

There is a continuum of incorporating culture into interventions, ranging from more superficial cultural tailoring or adaptations (e.g., Inserting Native terms and concepts to currently available Western approaches) to culture-centeredness (e.g., where the focus is on community influence and power to create or co-create specific interventions that incorporate core knowledge systems important to them, based on their histories, languages, values, and healing traditions (p. s34).

Research strongly supports a culture-centered approach or culturally grounded approach because it “seeks to draw from cultural strengths, building from people’s agency, power, and language to direct health changes in their communities” (Dickerson et al., 2020, p. s34).

Leverage connections and co-create with the Native American community

A large part of the culture-centered approach is leveraging community connections. These connections can be as informal as working with one or two tribal members to convey information back to their Tribal Nation, to more formal connections through organizational committees, community advisory groups, or Community Based Participatory Research. Dickerson et al. (2020) points out that this approach can also help “people to heal from historical traumas. Harnessing community-based knowledge in the development of culturally centered interventions has the potential to help Indigenous communities both decolonize and reclaim their cultural beliefs, practices, and aspirations that promote health and well-being” (p. s34).

Another crucial component of the culture-centered approach is actively working with the community to co-create materials, resources, and strategies. This approach “increases the likelihood that programs will be well aligned with local Indigenous knowledge and social systems” (Smylie et al., p. 140) while ensuring that strategies and products like messages are culturally appropriate and that those delivering health messages reflect the community (Urban Indian Health Institute, 2021). Additionally, a sense of shared ownership can emerge by actively working with and listening to community partners. Smylie et al. (2016) noted that from their work in health promotion programs, community co-creation helped ensure ongoing community ownership and program

participation, and were “more likely to have significant positive program outcomes compared to those without” (p. 140). This sense of ownership and trust through working with the community can be used when working with Native American communities to promote COVID-19 vaccinations and increase confidence in the COVID-19 vaccinations.

Use trusted messengers to combat vaccine mistrust

Through these community connections and co-creation, work organizations can identify trusted community members or sources who can help combat mistrust and help encourage people to get vaccinated (Brunson et al., 2021; Foxworth et al., 2021). Research has shown that the combination of “trusted sources or messengers and intentional health messaging” can increase vaccine acceptance (Urban Indian Health Institute, 2021, p. 22). It is important to note that developing long-term relationships with these trusted messengers is a process that can take time but is critical to successful and consistent delivery (Brunson et al., 2021). The scan identified the following sources as the most trusted within the Native American community:

- **Elders** in the Native American community are the ones who pass along the culture, knowledge, and language (Foxworth et al., 2021; Powder, 2021; Urban Indian Health Institute, 2021), therefore other community members listen and look to them for advice. Powder (2021) notes that one of the reasons why elders are a trusted channel is the amount of work they have done to get Native communities to where they are now.
- **Family and friends** can be a big influence on what individuals hear and how they make decisions (Ad Council, 2021; African American Research Collaborative, 2021; Brunson et al., 2021; Smylie et al., 2016; Urban Indian Health Institute, 2021). The Urban Indian Health Institute (2021) found that even those unwilling to get a vaccine saw family members as one of the most trustworthy sources of information. In a study of Native Americans’ preferences for health information, Geana et al. (2012) found that, out of a list of 14 sources, participants rated family members as the second most used source (76% of survey respondents). Additionally, 78% of participants indicated that family members influenced their health decisions.
- **Tribal and Urban Indian Health Service (IHS)** are seen by the Native American community as having appropriate knowledge and expertise to work with their community (Ad Council; 2021; Foxworth et al., 2021; Powder, 2021; Urban Indian Health Institute, 2021). The Urban Indian Health Institute (2021) found that participants who were unwilling to get the vaccine “had the highest trust in vaccine efforts by Urban Indian health clinics” (p. 22). Foxworth et al. (2021) notes that IHS quickly and efficiently created a national COVID-19 vaccine distribution system, so partnering with them for vaccine access and information is an effective and recommended strategy.



The Ho-Chunk Nation Department of Health. (n.d.). Retrieved December 17, 2021, from <https://health.ho-chunk.com>

- **Native American health care providers** were seen as one of the most trusted sources of information in the health care field (Geana et al., 2012; Hill & Artiga, 2021; Powder, 2021; Twin Cities PBS, 2021). Geana et al. (2012) found that Indian Health Service providers (75%), pharmacists (67%), and tribal clinic providers (66%) were the three most used sources for information among health care providers. These three sources also accounted for most useful and highest reutilization rates (Geana et al., 2012).



For the Love of Our People. (n.d.). For the Love of Our People. Retrieved December 17, 2021, from <https://forourpeople.uihi.org/tools/>

- **Tribal leaders** were also seen as a trusted source from the scan (African American Research Collaborative, 2021; Foxworth et al., 2021; Hill & Artiga, 2021; Powder, 2021; Twin Cities PBS, 2021; Urban Indian Health Institute, 2021). Tribal leaders were among the first people to volunteer to get vaccinated, along with Native physicians. Powder notes how this action illustrated for others the “confidence in the science and [the tribal leaders’] belief in the importance of these vaccines to fight the pandemic” (p. 3).
- In the Native American community, **vaccine endorsers** were seen as trusted sources of information. Vaccine endorsers could be community champions, celebrities, or influencers (Brunson et al., 2021). These endorsers often focus on the Native American community as a whole instead of a single tribe. Endorsers most often target the younger generation by utilizing social media like TikTok, YouTube, or Instagram. Endorsers often influence their audience by “sharing personal testimonials and anecdotes about overcoming vaccination hesitation” (Ad Council, 2021, p. 2).
- **Internet and social media** are highly utilized in the Native American community. In the study conducted by Geana et al., the internet was ranked number one when it came to health decisions and reutilization by Native American respondents. Additionally, these respondents saw the internet as one of the top trustworthy sources of information. Social media is also a source often used by the community; the Urban Indian Health Institute (2021) found that non-vaccinated individuals ranked social media in their top three sources of information.

Promote the “informed consumer”

Another strategy noted in the scan is promoting the informed consumer or patient (Geana et al., 2012). Geana et al. found that it was important to encourage the Native American community to be actively involved in their health needs by seeking out information, which can lead to greater patient participation.

With the emergence of Direct to Consumer Advertising of pharmaceuticals or medical devices, as well as patients’ use of diverse sources of information, more patients are bringing what they are hearing and seeing to their medical providers to “confirm self-diagnoses, with the hope that it will help them better communicate with their physician, or just to request an informed opinion” (Geana et al., 2012, p. 1254). With this trend, it is important to encourage the patients and health care providers to see this approach as a tool to improve communication and help create a baseline for addressing things like patient concerns and common misconceptions. This could also allow providers to bridge the gap between allopathic and traditional medicine.

Improve vaccine accessibility

Getting the vaccine should be quick and easily accessible (Brunson et al., 2021; Foxworth et al., 2021; Sanchez & Foxworth, 2021; Urban Indian Health Institute, 2021). Addressing barriers like transportation, the number of appointments, and vaccine availability is “often easier than changing someone’s mind” (Brunson et al., 2021,

p. 2). The Urban Indian Health Institute (2021) found from survey participants that, regardless of vaccination status, if the process were simple, quick, and easily administered, it would increase their likelihood of receiving a vaccine. The same survey found that convenience and cost were two of the top three factors in getting the vaccine.

A big part of convenience and accessibility is transportation. People either need to have easy and quick access to a vaccination site, or they need to have reliable transportation to get there. The American COVID-19 Vaccine Poll (African American Research Collaborative, 2021) found that among those who hadn't had a vaccine, 7% did not have transportation. From the same poll, 47% of Native Americans who were unvaccinated said they would prefer to get the COVID-19 vaccine at their doctor's office. The Urban Indian Health Institute's (2021) survey also noted that "39% of participants reported difficulty traveling to their clinic for an appointment, and 18% traveled an hour or more to get to a primary care provider" (p. 30). Of those unwilling to get vaccinated, 58% reported difficulty traveling to their clinic for an appointment. Among urban participants, 41% reported trouble traveling to a clinic.

Strategies to help improve accessibility include: providing mobile/door-to-door vaccination clinics, hosting mass vaccination events within the community/on a reservation (venues include schools, casinos, urban Indian centers), or providing transportation services to those who need them (Foxworth et al., 2021; Gunderson, 2021; Hill & Artiga, 2021; Powder, 2021; Sanchez & Foxworth 2021; National Congress of American Indians, 2021).

Another strategy for ensuring accessibility is to provide walk-in clinics that do not require an appointment, ensure enough appointments are available, and offer accessibility beyond typical 9 am - 5 pm hours (National Congress of American Indians, 2021). Hill & Artiga (2021) note that "many Tribes have established vaccine sign-up systems that match the resources and preferences of their populations," like call centers that not only answer questions but can book appointments for community members (p. 7).

Most effective messages are culturally tailored

Tailored messages that are culturally relevant and provide appropriate information that meets the community's needs are crucial in health communication (Geana et al., 2012; Hill & Artiga, 2021; Urban Indian Health Institute, 2021). Below are some of the main message themes that appeared in the scan.

- **State the disparities** that Native American populations have faced with COVID-19, including the higher incidence and death rates (African American Research Collaborative, 2021; Foxworth et al., 2021; National Congress of American Indians, 2021). Foxworth et al. (2021) found strong support for messages "portraying vaccination as the best way to prevent further suffering caused by a pandemic that has brought incommensurate harm to tribal communities" (p. 3). Similarly, the American COVID-19 Vaccine Poll found that 32% of those who have not gotten vaccinated noted that the message, "The Native American community has been hit hard by COVID-19, with higher rates of Native American COVID-19 illnesses and deaths" would make them much more likely to get the vaccine. For some of the Urban Indian Health Institute's survey participants (2021), getting the vaccine was actually a form of resistance to the historical trauma and disparities the Native American community faces.
- The message that the vaccine is essential in **protecting loved ones, particularly elders**, resonated throughout the scan (Ad Council, 2021; African American Research Collaborative, 2021; Sanchez & Foxworth, 2021; National Congress of American Indians, 2021; Urban Indian Health Institute, 2021; Urban Indian Health Institute & IllumiNative, 2021). According to the American COVID-19 Vaccine Poll (African American Research Collaborative, 2021), the most effective message for the Native American community was "getting a COVID-19 vaccine can protect the lives of my family, friends, and those I love." Among loved ones, elders were explicitly called out as the most important group of Native Americans to protect. Messaging surrounding

elders often called on others' responsibility to protect the health of the elders, as this does not only safeguard elders themselves but also protects knowledge, culture, language, and history that is passed down from this generation (Powder, 2021; Sanchez & Foxworth, 2021; National Congress of American Indians, 2021; Twin Cities PBS, 2021; Urban Indian Health Institute, 2021).

- The African American Research Collaborative (2021) and the Urban Indian Health Institute (2021) found messaging around vaccinations helping to **preserve and protect the Native American culture** like traditions, knowledge, and language resonated with many Native Americans.
- Powder (2021) notes that the Native American community is deeply enriched by a “value system that favors community well-being and community responsibility over individual rights” (p. 2); so creating messaging around vaccination as each person’s responsibility and a way to **protect the Native American community** is an excellent messaging strategy (Powder, 2021; Urban Indian Health Institute, 2021). The Urban Indian Health Institute’s (2021) survey found “74% of all participants believed getting vaccinated is their responsibility to their community” (p. 23).
- Knowledge of the vaccine itself is an essential factor when deciding whether or not to get vaccinated. Sixty-seven percent of the participants from the Urban Indian Health Institute survey “who were willing to get vaccinated knew how vaccines work, compared to 38% among those unwilling to get vaccinated” (p. 19). Messaging should provide **information on the safety and efficacy of the vaccine** (CDC, 2021; National Congress of American Indians, 2021; Urban Indian Health Institute & IllumiNative, 2021). Additionally, the scan notes the importance of explaining how vaccines are made and released to the public (CDC, 2021; Urban Indian Health Institute & IllumiNative, 2021). For the Native community in particular, noting the ethics around creating and testing the vaccine with the population ensures that the community understands that they were and are not being used as “guinea pigs” or “test subjects” (Twin Cities PBS, 2021; Urban Indian Health Institute, 2021). This relates to the historical mistrust of the medical community due to the trauma the Native community has experienced because of medical malpractice. Messages should note that all the COVID-19 vaccinations used in the U.S. have gone through the same safety tests and meet the same standards as any other vaccines produced through the years (National Congress of American Indians, 2021). Additionally, vaccines used in the United States were tested in clinical studies involving thousands of people, including American Indians and Alaska Natives (CDC, 2021; Twin Cities PBS, 2021).
- Another messaging strategy is promoting the **vaccine as a tool** to get people back out in public doing things they had to put on hold or the chance to get back to “missed moments” (Ad Council, 2021; CDC, 2021; National Congress of American Indians, 2021; Urban Indian Health Institute, 2021). Additionally, vaccines are a tool to get Native American communities healthy. Through vaccinations, people can gather together more safely, which can address the mental, emotional, and spiritual health of community members (National Congress of American Indians, 2021; Twin Cities PBS, 2021).

Testing positive for COVID does not make you a bad relative

We can all do our part to keep our loved ones safe.

We remain compassionate to those in our communities dealing with COVID-19 hardships. COVID has caused many challenges for our people, but we continue uplifting our cultural values of care and respect as we learn more about COVID. As variants emerge, more people will test positive for COVID. If you test positive, have exposure, or are feeling ill, it is important to let others know as we work to decrease the spread of disease. Contact your local Native health provider for more information.



JOHNS HOPKINS
CENTER FOR AMERICAN
INDIAN HEALTH

For more information:
[CDC.gov/coronavirus](https://www.cdc.gov/coronavirus)

Effective February 4, 2022
Source: CDC

Resource Library | Center for American Indian Health. (n.d.). Retrieved December 9, 2021, from <https://caih.jhu.edu/resource-library>

Children and the Vaccines

Vaccines are now available for 12 to 15-year old's

The Federal Drug Administration (FDA) has approved the use of the Pfizer vaccine in adolescents ages 12 to 15 years old, after a clinical trial that included 2,260 youth participants. The vaccine was found to be safe and 100% effective in preventing COVID-19 in fully vaccinated young adults.¹

Moderna has also announced that its vaccine is 100% effective in preventing COVID-19 in fully vaccinated 12 to 17 years old after a clinical trial with 3,732 youth participants. Authorization for use of the Moderna is expected in June 2021.

Children ages 12 and above will receive the same doses, on the same schedule, as adults. With few exceptions, vaccine doses are not based on weight, age, or size because just a small amount is needed to stimulate the immune system to fight the virus. Smaller children may need different doses, however.

Children under 12 years

Children under 12 years old may need smaller doses of a vaccine. Clinical trials are being conducted now by Pfizer and Moderna with children six months to 11 years old to test the safety and effectiveness of the vaccine in young children and to determine what doses are correct.

The first phase of the trials is dedicated to carefully finding the correct doses for children in different age groups: first 5 to 12 years old, then 2 to 5 years old, and, finally, 6 months to 2 years old.² After that, phases two and three will test safety and effectiveness. Results should be available in the next few months. Applications for authorization for use for these vaccines are expected in the fall of 2021.

The vaccines are safe for children

Safety is paramount when testing vaccines for children. Clinical trials for children and youth follow the same rigorous safety procedures as those with adults plus add additional safety procedures to protect children. The results are reviewed by experts at the CDC, FDA, and the Advisory Committee on Immunization Practices before vaccines are authorized for distribution. COVID vaccines are safe for children; already, over 600,000 children have been vaccinated.³ Safety monitoring is ongoing and utilizes established and new monitoring systems. Learn more about safety at [CDC Vaccine Safety](https://www.cdc.gov/vaccines/imz/immunization/safety/safety-of-vaccines.html).⁴

Vaccinations will help end the pandemic

Vaccinating our children and young adults is very important. As our elders and vulnerable populations are vaccinated, children and young adults are the most exposed, especially with the much more transmissible variants circulating. Children now represent 22% of new cases of COVID-19 and case rates for 18 to 24-year olds are the highest in the US.⁵ Vaccinating our children and young adults protects them and helps protect our communities by stopping the spread of COVID-19.

As Indigenous people, it is our role to learn from those who came before us and nurture those who come next. We dance, we pray, we share, we adapt, we protect.

Protect your children and the future of your community by being vaccinated yourself and having your children vaccinated when the vaccine is available!

¹ <https://www.cdc.gov/vaccines/acip/tecs/covid-19-pfizer-biotech-12-15-years.html>

² <https://clinicaltrials.gov/ct2/show/NCT04316643>

³ <https://www.cdc.gov/covid-data-tracker/#vaccination-demographics>

⁴ <https://www.cdc.gov/coronavirus/2019-ncov/vaccines/safety/safety-of-vaccines.html>

⁵ <https://www.npr.org/sections/coronavirus-live-updates/2021/05/03/693141036/children-now-account-for-22-of-new-u-s-covid-cases-why-is-that>

RESOURCES

For the Love of Our People offers COVID-19 vaccine fact sheets, social media toolkits and images, and more

<https://forourpeople.uihi.org/tools/>

WERNATIVE provides COVID-19 vaccine PSA videos, from influencers and other prominent Natives, social media content, and FAQs created by Native Youth for Native Youth

<https://www.wernative.org/?s=covid>

Northwest Portland Area Indian Health Board offers COVID-19 vaccine social media content, fact sheets, radio PSAs and more

<https://www.npaihb.org/covid-19/community-resources/>

Community Resources – NPAIHB. (n.d.). Retrieved December 17, 2021, from <https://www.npaihb.org/covid-19/community-resources/>

Concerns and misconceptions

Throughout the scan, common misconceptions or concerns from the Native American community were addressed. While many of the misconceptions have been debunked, there still is a need for repeated conversations to address these misconceptions and concerns (Ad Council, 2021; Brunson et al., 2021). Common misconceptions should be addressed in a manner of education instead of just repeating the false claims; for example, Brunson et al. (2021) notes that when addressing misconceptions, state “the following claim is misleading...” and then state the facts (p. 10). From the scan, **common misconceptions** among Native American populations that should be addressed include:

- Vaccines, especially Johnson & Johnson, cause blood clots (African American Research Collaborative, 2021).
- Vaccines were distributed too quickly without enough time for ensuring their safety (Ad Council, 2021; African American Research Collaborative, 2021; Brunson et al., 2021; Twin Cities PBS, 2021; Urban Indian Health Institute, 2021).
- Vaccines may cause more harm for those with pre-existing conditions or vaccine eligibility may be affected because of a pre-existing condition (CDC, 2021; Sanchez & Foxworth, 2021).
- Native Americans were not represented in vaccine trials (African American Research Collaborative, 2021; Brunson et al., 2021; CDC, 2021; Twin Cities PBS, 2021).

- Vaccines can give you COVID-19 (CDC, 2021; National Congress of American Indians, 2021).
- Vaccines could cause fertility issues or cause problems with pregnancy, breastfeeding, or trying to get pregnant in the future (CDC, 2021; National Congress of American Indians, 2021; Twin Cities PBS, 2021).
- Being young and healthy makes you more immune to COVID and have more minor symptoms if COVID is contracted (National Congress of American Indians, 2021).
- You don't need a vaccination if you have already had COVID-19 (CDC, 2021; National Congress of American Indians, 2021).
- Native populations were and are being used as “guinea pigs” or “test subjects” for the vaccine (Twin Cities PBS, 2021; Urban Indian Health Institute, 2021).

Common concerns

- Will there be long-term side effects? (National Congress of American Indians, 2021).
- Will the vaccine enlarge my heart? (National Congress of American Indians, 2021).
- Will the vaccine affect current or future fertility (both male and female)? (CDC, 2021; National Congress of American Indians, 2021; Twin Cities PBS, 2021).
- Too much government involvement/oversight on the vaccine¹ (Twin Cities PBS, 2021).

Messaging design recommendations from the scan

The research showed several additional themes about preparing vaccination messages to keep in mind. Messages should:

- ✓ **Be clear and easy to understand, with little jargon and to the point** (Ad Council, 2021; Geana et al., 2012). The Urban Indian Health Institute's (2021) survey found that 59% of the participants who had gotten the vaccine had a university degree, while 61% of those unwilling to get vaccinated had an educational level of vocational training or less. Urban Indian Health Institute (2021) notes that this statistic “highlights the importance of tailoring vaccination campaigns to education level and utilizing plain language to describe health concepts” (p. 13).
- ✓ **Lead with positivity and empathy** (Ad Council, 2021; Urban Indian Health Institute & IllumiNative, 2021). The Ad Council recommends messaging be created with the understanding and respect of all people's stances on vaccinations – even those who have hesitancy.
- ✓ **Use emotion.** The Ad Council (2021) notes that by leveraging “emotional touchpoints,” people will be reminded about the human connection involved with COVID-19.
- ✓ **Be transparent,** especially when addressing “anxiety and fears, and unknowns, about the vaccine” (Urban Indian Health Institute & IllumiNative, 2021, p.6).
- ✓ **State the facts** and information clearly for all audiences to understand; for example, “don't just say the science is solid, explain why the vaccines are safe, despite the fast timeline of development” (Ad Council, 2021, p.2).
- ✓ **Direct people to their health care provider** with any questions or concerns they may have (Ad Council, 2021; CDC, 2021; Urban Indian Health Institute (2021).

¹ Lack of trust in the government from the Native American communities due to past history and trauma (Twin Cities PBS, 2021)



Getting the COVID-19 vaccine is the best way to protect ourselves and our communities against severe illness, and it's also normal for pregnant people to have extra concerns regarding its safety and the protection of our future generations.

Current evidence about the safety and effectiveness of COVID-19 vaccination during pregnancy has been growing. The Centers for Disease Control and Prevention (CDC) recommends COVID-19 vaccination for all people aged 12 years and older, including those who are pregnant or breastfeeding.¹

If you are pregnant or lactating, you may choose to receive one of the COVID-19 vaccines that received Emergency Use Authorization (EUA) and/or approval by the Food and Drug Administration (FDA).

This resource provides available information on the COVID-19 vaccines in relation to pregnant people, so that you can make an informed choice about getting vaccinated for you and your baby.

For the Love of Our People. (n.d.). Retrieved December 17, 2021, from <https://forourpeople.uihi.org/tools/>

- ✓ **Acknowledge potential side effects** (Ad Council, 2021; Twin Cities PBS, 2021; Urban Indian Health Institute, 2021). The Urban Indian Health Institute (2021) found that both vaccinated and unvaccinated participants wanted upfront information on side effects.
- ✓ **Be tailored to specific audiences or subgroups.** If the audience does not deem the information provided relevant or responsive to their information needs, they will ignore it (Brunson et al., 2021). For example, “messaging that explains why the COVID-19 vaccines cannot alter DNA might cause more harm than good if disseminated widely to an audience not already concerned about this misconception. However, particular individuals may benefit from hearing this message or others like it. This example highlights the importance of tailored individual conversations rather than broadly disseminated communications in certain contexts” (p.11).
- ✓ **Take a comprehensive approach to the virus**, ensuring messaging is not solely focused on the vaccine. The Urban Indian Health Institute found in their study that “many participants said they appreciated seeing language like ‘vaccines are only a part of the solution,’ that they are ‘one tool,’ and that people will still need to wear masks, wash their hands, and maintain distance from people they aren’t familiar with” (Urban Indian Health Institute & IllumiNative, 2021, p.6).
- ✓ **Be adaptable** – knowledge and information can change quite quickly.
- ✓ **Be shared through multiple channels** to reach as many people as possible (Brunson et al., 2021).

Organizations should be **mindful of how the information is presented** to audiences. When asked about alphanumeric presentation preferences, participants in the study by Geana et al., (2012) preferred numbers over words and preferred information displayed via visuals like pictures and graphics over text. Geana et al. (2012) note that a reason for these preferences may be “a cultural aspect to the preference for pictures. Many Native cultures use art and pictures as methods of communication more often than their Western counterparts” (p. 1259).

Things to avoid

From the scan, a few key points to avoid in messaging are:

- ✗ Using **negativity, condescension, lecturing, guilt mongering, and fear tactics** in messaging (Ad Council, 2021; Brunson et al., 2021; Urban Indian Health Institute & IllumiNative, 2021). These tactics may backfire and produce the opposite results than intended. Additionally, people's trust in the organization may diminish (Urban Indian Health Institute & IllumiNative, 2021).
- ✗ Messaging and language that is **manipulative, judgmental, or shaming** to the audience (Urban Indian Health Institute & IllumiNative, 2021)
- ✗ **Promoting or endorsing one specific brand of vaccine or offering medical advice.** The Ad Council (2021) recommends using “vaccines” in the plural. Additionally, they recommend not including any drug-specific disclaimers on side effects.
- ✗ **Presenting vaccines as the key.** The Ad Council (2021) notes that vaccines “are a key, but there are other recommended actions to help stop the pandemic that also should be talked about” (p.3).
- ✗ The Urban Indian Health Institute and IllumiNative's COVID-19 Vaccination Messaging Guide (2021) notes to “**take caution with ancestor and warrior language.** ‘Ancestor’ language was seen as being a misuse of an important concept, making young people feel uncomfortable, or being manipulative. ‘Warrior’ language was seen as manipulating vulnerable people or sounding too much like an U.S. Army reference” (p.6).
- ✗ The Ad Council (2021) recommends “avoid discussing **total elimination or eradication of COVID-19**, as scientists are predicting that this will become endemic. Talk about ending the pandemic and not COVID-19” (p.3).

References

- Ad Council. (2021). Community Education Toolkit: Create the Right Message. <https://adcouncilvaccinetoolkit.org/messaging-strategy>
- African American Research Collaborative. (2021). *American COVID-19 Vaccine Poll*. <https://covidvaccinepoll.com/app/aarc/covid-19-vaccine-messaging/#/>
- Center for American Indian Health. (n.d.). *Health Resource Library for Native American Communities*. <https://caih.jhu.edu/resource-library>
- Brunson, E. K., Bутtenheim, A., Omer, S. & Crouse Quinn, S. (2021). *Strategies for Building Confidence in the COVID-19 Vaccines*. National Academies Press. <https://nap.nationalacademies.org/read/26068/chapter/1>
- Centers for Disease Control and Prevention. (2021). *What Tribal Communities Need to Know About COVID-19 Vaccines*. <https://www.cdc.gov/coronavirus/2019-ncov/community/tribal/about-covid19-vaccines.html>
- Dickerson, D., Baldwin, J. A., Belcourt, A., Belone, L., Gittelsohn, J., Keawe'aimoku Kaholokula, J., Lowe, J., Patten, C. A., & Wallerstein, N. (2020). Encompassing Cultural Contexts Within Scientific Research Methodologies in the Development of Health Promotion Interventions. *Prevention, 21*(Suppl 1), 33–42. <https://doi.org/10.1007/s11121-018-0926-1>
- For the Love of Our People. (n.d.). *Curated Tools and Resources*. <https://forourpeople.uihi.org/tools/>
- Foxworth, R., Revers, N., Moreno, M. A., Lopez-Carmen, V. A., Sanchez, G. R., & Shultz, J. M. (2021). COVID-19 Vaccination in American Indians and Alaska Natives— Lessons from Effective Community Responses. *New England Journal of Medicine*, 385. 2403-2406. <https://www.nejm.org/doi/full/10.1056/NEJMp2113296>
- Geana, M. V., Greiner, K. A., Cully, A., Talawyma, M., & Daley, C. M. (2012). Improving Health Promotion to American Indians in the Midwest United States: Preferred Sources of Health Information and Its Use for the Medical Encounter. *Journal of Community Health*, 37(6), 1253-1263. <https://doi.org/10.1007/s10900-012-9564-x>
- Gunderson, D. (2021, February 19). Collaboration Between White Earth Nation, Mahnomen Co. Leads to One of Highest Vaccination Rates in MN. *MPR News*. <https://www.mprnews.org/story/2021/02/19/collaboration-between-white-earth-nation-mahnomen-co-leads-to-high-vaccination-rate-mn>
- Hill, L., & Artiga, S. (2021, April 9). COVID-19 Vaccination Among American Indian and Alaska Native People. *KFF*. <https://www.kff.org/racial-equity-and-health-policy/issue-brief/covid-19-vaccination-american-indian-alaska-native-people/>
- National Congress of American Indians. (2021). *This is your shot: COVID-19 Native Youth Vaccination Toolkit*. <https://www.ncai.org/vaccination.pdf>

Northwest Portland Area Indian Health Board (NPAIHB). (n.d.). *Community Resources*.

<https://www.npaihb.org/covid-19/community-resources/>

Powder, J. (2021, August 5). Keys to the Navajo Nation's COVID-19 Vaccination Success. Johns Hopkins Bloomberg School of Public Health. <https://publichealth.jhu.edu/2021/keys-to-the-navajo-nations-covid-19-vaccination-success>

Sanchez, G., & Foxworth, R. (2021, July 29). Native Americans and COVID-19 Vaccine Hesitancy: Pathways Toward Increasing Vaccination Rates for Native Communities. *Health Affairs Forefront*. <https://www.healthaffairs.org/doi/10.1377/forefront.20210723.390196/full/>

Smylie, J., Kirst, M., McShane, K., Firestone, M., Wolfe, S., & O'Campo, P. (2016). Understanding the Role of Indigenous Community Participation in Indigenous Prenatal and Infant-Toddler Health Promotion Programs in Canada: A Realist Review. *Social Science & Medicine*, 150, 128-143. <https://doi.org/10.1016/j.socscimed.2015.12.019>

Twin Cities PBS: TPT. (2021, February 4). *A Special Report from MN Native News: Decision-making and the COVID-19 Vaccine* [Video]. YouTube. <https://www.youtube.com/watch?v=DzrFNmeCRyQ>

Urban Indian Health Institute. (2021). *Results from a National COVID-19 Vaccination Survey: Strengthening Vaccine Efforts in Indian Country*. <https://www.uihi.org/download/results-from-a-national-covid-19-vaccination-survey-strengthening-vaccine-efforts-in-indian-country/?wpdmdl=17560&refresh=62702e91284991651519121>

Urban Indian Health Institute & IllumiNative. (2021). *COVID-19 Vaccination Messaging Guide*. https://www.uihi.org/wp-content/uploads/2021/04/COVID-19-Vaccination-Messaging-Guide_UIHIFormat.pdf

Wilder Research®

Information. Insight. Impact.

451 Lexington Parkway North
Saint Paul, Minnesota 55104
651-280-2700
www.wilderresearch.org

For more information

This summary presents highlights of the *Department of Indian Works COVID-19 Messaging and Strategy Scan*.

For more information about this report, contact Maria Robinson at Wilder Research, 651-280-2732 or maria.robinson@wilder.org.

Authors: Maria Robinson

JUNE 2022

Acknowledgments

The authors would like to thank community participants who took the time to talk with us. Additionally, we would like to thank the experts from the following organizations who have provided insight and recommendations for this report:

- American Indian Cancer Foundation
- American Indian Community Housing Organization
- Center for American Indian Health
- Denver Indian Health and Family Services
- Great Lakes Intertribal Epidemiology Center
- Indian Health Board of Minnesota
- Interfaith Action
- Native American Community Clinic
- North West Portland Area Indian Health Board
- State of Minnesota

Wilder Research staff:

Anna Alba
Marilyn Conrad
Rachel Fields
Heather Loch
Nicole MartinRogers
Maureen McGovern
Karen Ulstad
Kerry Walsh

Wilder Research, a division of Amherst H. Wilder Foundation, is a nationally respected nonprofit research and evaluation group. For more than 100 years, Wilder Research has gathered and interpreted facts and trends to help families and communities thrive, get at the core of community concerns, and uncover issues that are overlooked or poorly understood.

451 Lexington Parkway North
Saint Paul, Minnesota 55104

651-280-2700 | www.wilderresearch.org

Wilder Research®

Information. Insight. Impact.

Department of Indian Work (DIW) is a part of Interfaith Action of Greater Saint Paul. DIW partners with American Indian families to revitalize culture, education and wellness.

