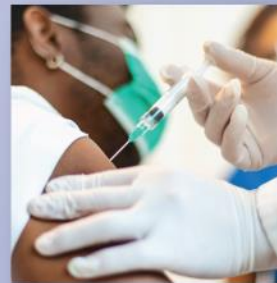


The Georgia Community Engaged Alliance Against COVID-19 Disparities: Community-Driven Pillars, Processes and Predictors of Vaccination Uptake Among Black/African American and Latino/Hispanic Residents

Tabia Henry Akintobi, PhD, MPH, Shirley E. Borghi, and Saadia Khizer, MD



Let's Begin with the End in Mind!

- ▶ Community partnerships are not built overnight
- ▶ A partnership does not depend on a single grant, or even a succession of grants. The partnership continues even when there are no grants
- ▶ A partnership means that resources and control are shared
- ▶ Both fiscal *and* non-fiscal acknowledgment of community members as *partners* should be institutionalized at the beginning given historical and current imbalances in academic and community power
- ▶ Focusing of health equity and equitable partnerships results will be grants, amplification of partners, shared resources and beyond!

A relationship is like
a house. When a
lightbulb burns out
you do not go and buy
a new house,
you fix the light bulb.

~Unknown

16quotes.com



A Brief History of the NIH-Wide COVID-19 Community Engagement Effort

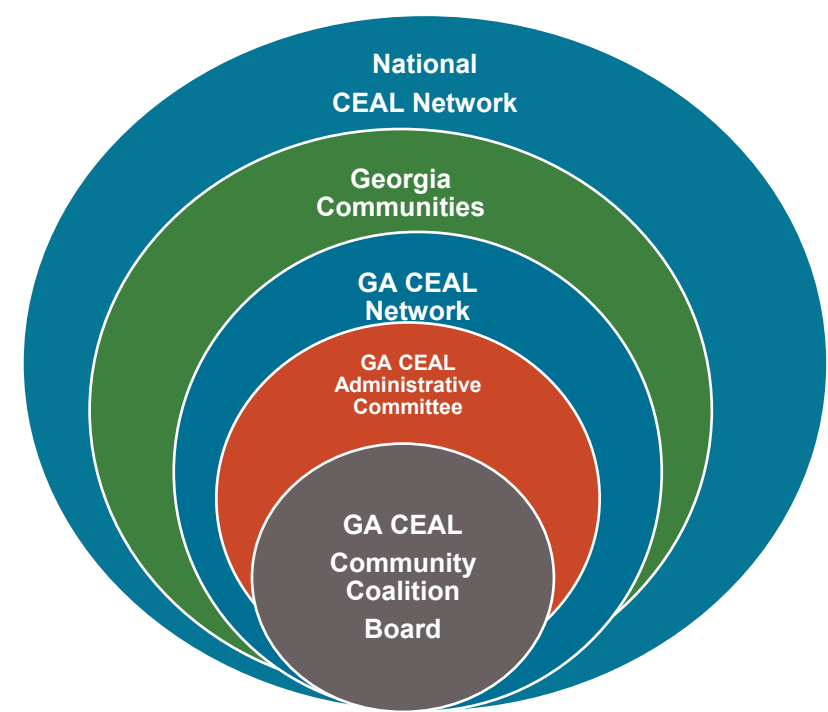
- **July 4, 2020:** NIH Director, Dr. Francis Collins, convened his NIH leadership team to explore additional steps to ensure that our research response to COVID-19 is appropriately diverse.
- **July 10, 2020:** NHLBI COVID-19 Community- Engaged Research Roundtable.
- **July 21, 2020:** NIH Community Engagement Forum: A Call to Action
- **July 22, 2020:** 1st Progress Report to NIH Director



Community Engagement Alliance Against COVID-19 Disparities



**GEORGIA
CEAL**
Community Engagement
Alliance Against
COVID-19 Disparities



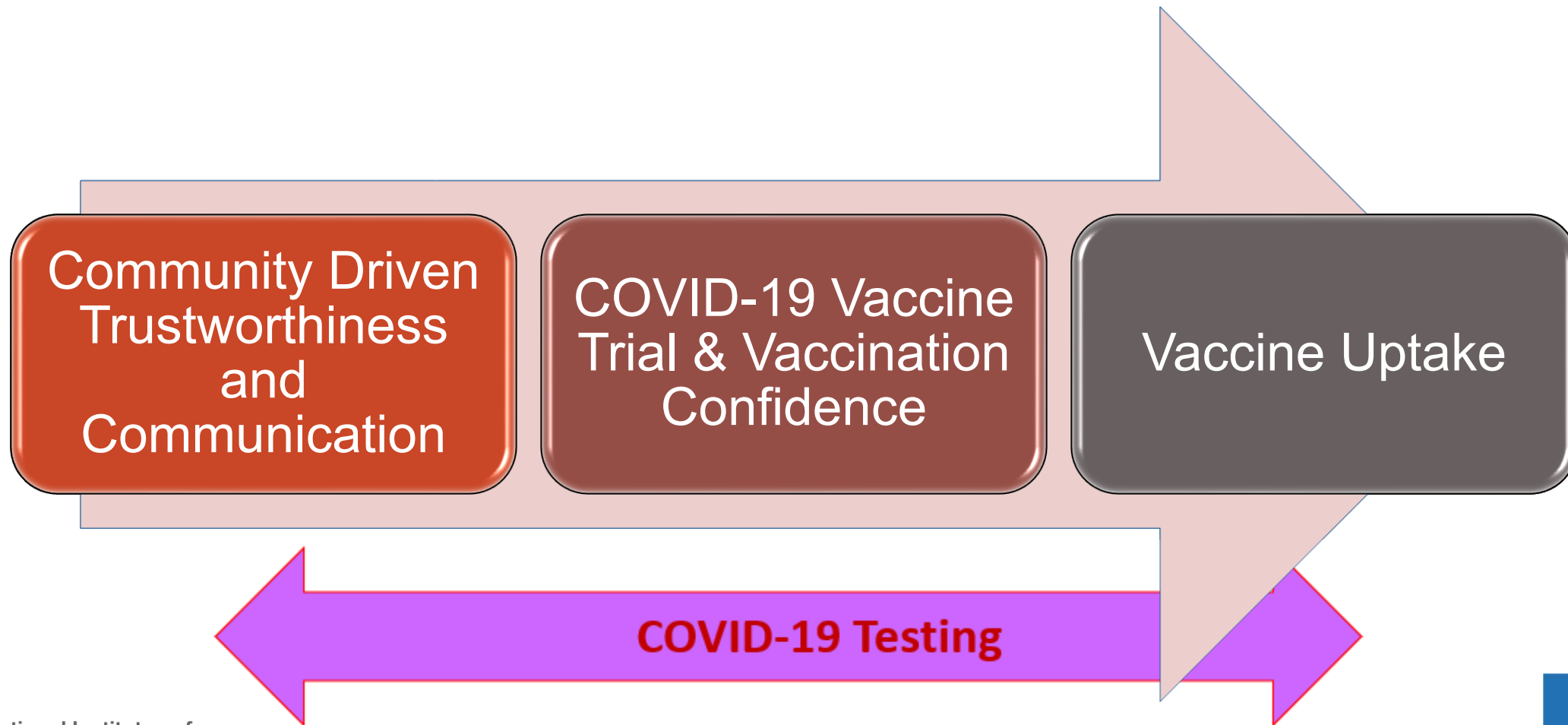
Priority Populations

- African American and Latinx
- Populations Disproportionately Impacted by Pandemic

[GA CEAL Video - Google Drive](#)

The Georgia CEAL is governed by a state-representative, community-majority Community Coalition Board (CCB) designed to ensure that research and outreach processes and findings are *translated with, co-created by, and relevant to communities* towards effective COVID-19 education, outreach, communication, and research, and sustainability.

GEORGIA CEAL Priorities





GEORGIA CEAL Community Coalition⁶ Board (1)

Governs all project efforts and is composed of a state-representative, community-majority **to ensure that research and outreach processes and findings are translated with, co-created by, and relevant to communities** towards effective COVID-19 education, public health communication, research, and sustainability of evidence-based approaches.





GEORGIA CEAL Community Coalition Board (2)

- African American Churches Transforming Society Agape Youth and Family Center
- Andrew J. Young Foundation
- Atlanta Regional Collaborative for Health Improvement (ARCHI)
- Atlanta Housing Authority
- Atlanta NAACP
- Beulah Missionary Baptist Church
- CHRIS180
- Community Physicians' Network
- Community Organized Relief Effort (CORE) Response
- DeKalb County Office of the Commissioner
- **Emory University Hubert Department of Global Health**
- Fellowship Missionary Baptist Convention of GA
- Fulton County Board of Health
- Gateway Center
- Georgia Arrhythmia Consultants and Research Institute
- Georgia Campaign for Adolescent Power & Potential
- Georgia Center for Oncology Research and Education
- Georgia Community Health Worker Advocacy Coalition
- Georgia Municipal Association
- **Georgia Institute of Technology**
- Georgia Primary Care Association
- Hispanic Health Coalition of Georgia (HHCGA)
- Latino Community Fund of Georgia
- March of Dimes, Georgia-Atlanta Market
- **Morehouse School of Medicine**
- Phoebe Network of Trust
- RADxUP
- Sickle Cell Foundation of Georgia
- Southern Area of the Links
- SPROUT Consulting Group
- TECHLATINO
- The BLK+Cross
- UGA Cooperative Extension
- Wellstar Health System
- Westside Health Collaborative



Georgia CEAL Community Leadership and Partnerships



Shirley E. "Bella" Borghi
Executive Director & Vice Chairman



HISPANIC HEALTH
Coalition of Georgia



Community Resilience



HHCGA Resilience



← **“Best in Practice “**



Challenges/Anticipated Constraints

HHC GA supports underserved communities in collaborative ways through and beyond crisis. Connecting resources to our communities are just one of the ways The HHC GA offers services to target communities that have been highly impacted, despite the challenges such as:

- Information Dissemination / Education
- Language Barrier
- Cultural Barrier
- Transportation
- Technology Deficit



Resilience Implementation & Community Sustainability

- Building resilient communities through education information and integration.
- Participating in active listening when attending events in these communities to assure we understand the needs.
- Work with community-based organizations and events building our relationships within the communities and growing our presence.
- How we create solutions for the community in adversity and connect them with the resources.
- We create creative ways to educate the little ones in the community.
- We listen to the community to get to the real problem or need.



Resilience Factors (1)

- Optimism
- Self-confidence
- Enjoy making plans carrying them out
- Ability to control one's emotions
- Have a purpose in life
- Grateful
- Know one makes a difference
- Life has meaning
- Sense of humor
- Flexible
- Able to think through possibilities
- Spiritual and/or Religious
- Generous
- Strong role models
- Willing to change
- Self-directed
- Enjoys learning
- Adaptable



Public Health/Pandemic Response

For HHC GA, the goal of every single task is to address a matter, serve as a voice, and take leadership to execute a solution for the underserved in a statewide level. Our vaccine response goes from educating and raising awareness, to testing, vaccinating, and treating our community with the greatest needs. The creation and development of free vaccines events (as Covid-19, Flu, and HPV) ensures our underserved communities to have the resources available to them.

By allocating the resources to our community to prevent, prepare, and responds to the pandemic, The HHC GA is the perfect example strengths the health system though education, response, and access to care for all, which serves as the perfect example of how organizations that are committed to health equity can be both inclusive and accessible at the same time.



Resilience Factors (2)

Protective Factors	Risk Factors
Individual Factors	
<ul style="list-style-type: none"> • A feeling of control over one's life • A sense of cohesion with others • Close relationships with competent adults • Connections to prosocial organizations • Tolerance for delayed gratification • A sense of humor 	<ul style="list-style-type: none"> • Little sense of control over one's life • Poor self-control • Negative emotionality • A need for immediate gratification
Family Factors	
<ul style="list-style-type: none"> • Good parenting skills • Trusting relationships • Well-defined family roles and responsibilities • Opportunities to learn to deal with criticism, rejection and silence 	<ul style="list-style-type: none"> • Parental and sibling drug abuse • Poor child rearing and socialization practices • Ineffective parental supervision • Family conflict and marital discord • Domestic violence, abuse and neglect
Community Factors	
<ul style="list-style-type: none"> • Participation in school, work and community with a sense of belonging and contributing • A social network of peers • An opportunity to learn to handle challenges 	<ul style="list-style-type: none"> • Limited resources • Low socioeconomic status • Communities that lack the ability or resources to reach out to those in need of assistance



The HHC GA Experience

The creation of Health Fairs / Feria de Saluds are impactful for Hispanic/Latino community members from many different areas in Georgia and beyond. We create, provide and organize fun-filled health experiences for the entire family with various and much-needed FREE community resources such as:

- HIA Topics to promote health equity
- Chronic disease resources
- Covid-19 Vaccine
- Health passports – RHA – Hubert SGH
- Physicians on site
- Nutritionists on site
- 20 Health Trained Multi-lingual Promotores
- Kid friendly activities: face painting, coloring books, helium balloons, pinatas, bubble machines
- Strategic partnership development and community implementation
- Dentists on site
- Mental Health professionals on site
- HPV testing / Resources
- HIV Testing / Resource
- Rapid Testing
- Comprehensive social media strategy for better health outcomes



Health Fairs Statewide

- The creation of Health Fairs around the state, from Dalton to Savannah, with a reach of more than 30 thousand people, are impactful for Hispanic/Latino community members from many different areas in Georgia and beyond.
- We create, provide and organize fun-filled health experiences for the entire family, and provide education, empowerment, and advocacy with various, and much-needed, FREE community resources such as HIA Topics to promote health equity, Chronic disease resources, Covid-19 Vaccine, Health passports, Physicians on site, Nutritionists on site, Dentists on site, Mental Health professionals on site, HPV Testing and Resources, HIV Testing and Resources, Rapid Testing and more.
- HHCGA's mission is to uplift social determinants on underserved populations throughout the public health workforce. Our health fairs support our underserved communities in collaborative ways through and beyond crisis, by connecting resources to our communities that have been highly impacted based on the challenges of Information dissemination/ education, language and cultural barriers, transportation and technology deficit.



Synopsis

- Our team works collectively for the betterment of our community. The entire HHC GA team is always ready to take the role of community leaders to get hands-on within the field.
- The HHC GA is looking forward to the future, to continue to uplift the underserved throughout all regions across the state of Georgia and beyond.



Georgia CEAL and CCB Activities

GEORGIA CEAL
and the
The Georgia Community Health Worker Initiative
present the second in the Georgia CEAL Professional Development Series
The History of Medical Research in Humans, Bioethical Considerations, and the Community Engagement Path Forward
February 9, 10:00 AM - 11:30 AM

Register in advance for this meeting:
<https://www.zoom.us/j/9182222222>

We will discuss essential medical studies and medical practice among people of color, including the syphilis studies, Tuskegee Army studies, and America's history of abuse. We will also discuss the history of research in humans, bioethical considerations, and the community engagement path forward. We will discuss how these studies have impacted research and practice in clinical trials and in public health. We will discuss how these studies have impacted research and practice in clinical trials and in public health. We will discuss how these studies have impacted research and practice in clinical trials and in public health.

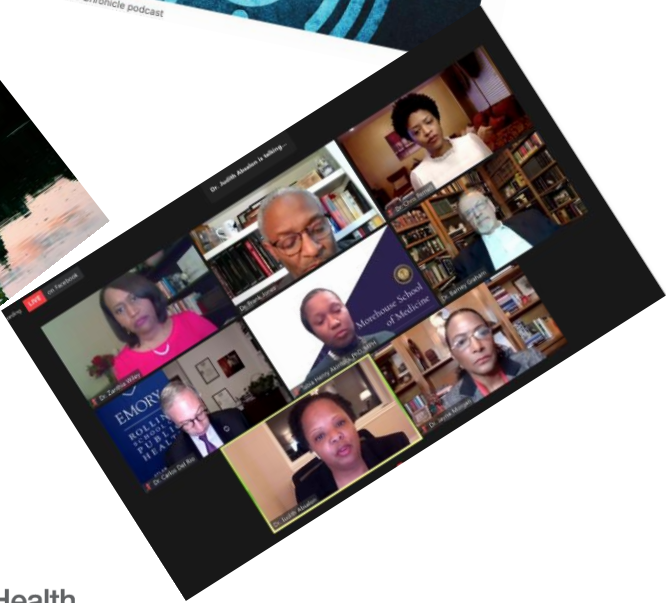
Learning Objectives: By the end of this session, participants will be able to:
1. Describe how research studies that reflect the unique engagement of communities in research
2. Describe at least two ways in which investment in historical medical research and practice has changed the way we conduct medical and public health studies today
3. Describe Georgia CEAL and its role in the COVID-19 pandemic and community-created research and response

Speakers:
Gail G. Taylor, MA, MCHESB, Community Health Educator (Instructor, Department of Community Health and Preventive Medicine, Georgia CEAL Project)
Lily C. Tsamiragaki, MD, MS, FAAP, Professor, Pediatric Infectious Disease Specialist and Primary Care Physician, Emory University School of Medicine
Tasha Henry Akshiba, PhD, MPH, Professor, Community Health and Prevention Center, Emory University
Moderator: Christine J. Whaley, MS, MCHESB, Deputy Director, Office of Health Initiatives, CTRV Institute Lead, Cherokee County Health Department, Georgia Dept. of Public Health

'It's Complicated' podcast: Morehouse School of Medicine bridges gap between race and research for Covid vaccine
Crystal Edmonson · Oct 2, 2020, 8:44am EDT



Atlanta Business Chronicle podcast

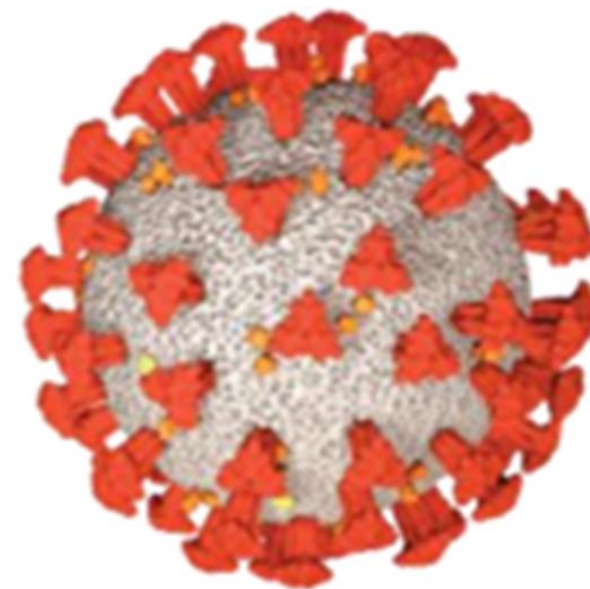


- Participation in NIH Networks
- Review, revise, and approve data collection tools
 - Key Informant Interviews (KII) Topics
 - Focus Group Discussion Guide
 - Focus Group Flyers
 - GA CEAL Survey
- Assist with promotion and recruitment for KIIs & Focus Groups
- Co-sponsored GEORGIA CEAL forums & events to listen, educate, vaccinate and collaborate





Georgia CEAL Vaccination Trial Participation



COVID-19
Prevention Network



Mission Statements



Vaccine Trials Unit Mission:

Addressing health inequities through safe and effective vaccine development/trials with a focus on emerging infections, HIV, and other vaccine preventable conditions.

Pediatric Clinical & Translational Research Unit Mission:

Leading innovative clinical and translational research to improve the health and well-being of all children, with emphasis on minority and medically underserved children in Georgia, US, and worldwide.

A Phase 3, Randomized, Observer-Blinded, Placebo-Controlled Study to Evaluate the Efficacy, Safety, and Immunogenicity of a SARS-CoV-2 Recombinant Spike Protein Nanoparticle Vaccine (SARS-CoV-2 rS) with Matrix-M1™



Help find a vaccine for COVID-19!

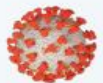
We're looking for:

- Adults aged 18 and older
- People who are more likely to be exposed to COVID-19, including:
 - People with underlying medical conditions
 - People with greater chances of exposure at their job
 - People who live or work in elder-care facilities
 - People over age 65
 - People who work in jails or prisons
 - People from racial and ethnic groups that have been impacted in greater numbers by the epidemic, such as African Americans, Latinx, and Native Americans

If you decide to join a COVID-19 prevention study, you will be compensated for your time.

You **CANNOT** get infected with SARS-CoV-2 or get COVID-19 illness from the study vaccine.

www.CoronavirusPreventionNetwork.org



COVID-19
Prevention Network



Study Period: Dec 2020 – Feb 2023

(Enroll: 5.5 weeks: Dec 2020-Feb 2021

Booster vaccine: Jan 2022-Feb 2022)

Total # Eligible for Booster Vaccine	113
Total Enrolled/Consented:	171
Total Unblinded:	19
Total Withdrawn/Lost to Follow up	5
Total Received booster thru FDA EUA	
Vaccine/ineligible to receive booster	18
Developed CoVID-19 Infection	17*

CoVPN 3006: Prevent CoVID U



- **Goal- CoVID-19 Transmission among 18-29 year olds**
- Vaccine effectiveness (Moderna vaccine)
- **3 cohorts**
 - **Main**-Immediate vaccination
 - **Main**-Delayed vaccination
 - **Vaccine declined**

41 sites across the US (2nd site to secure IRB approval)

Status: Closed for enrollment (12/31/2021)

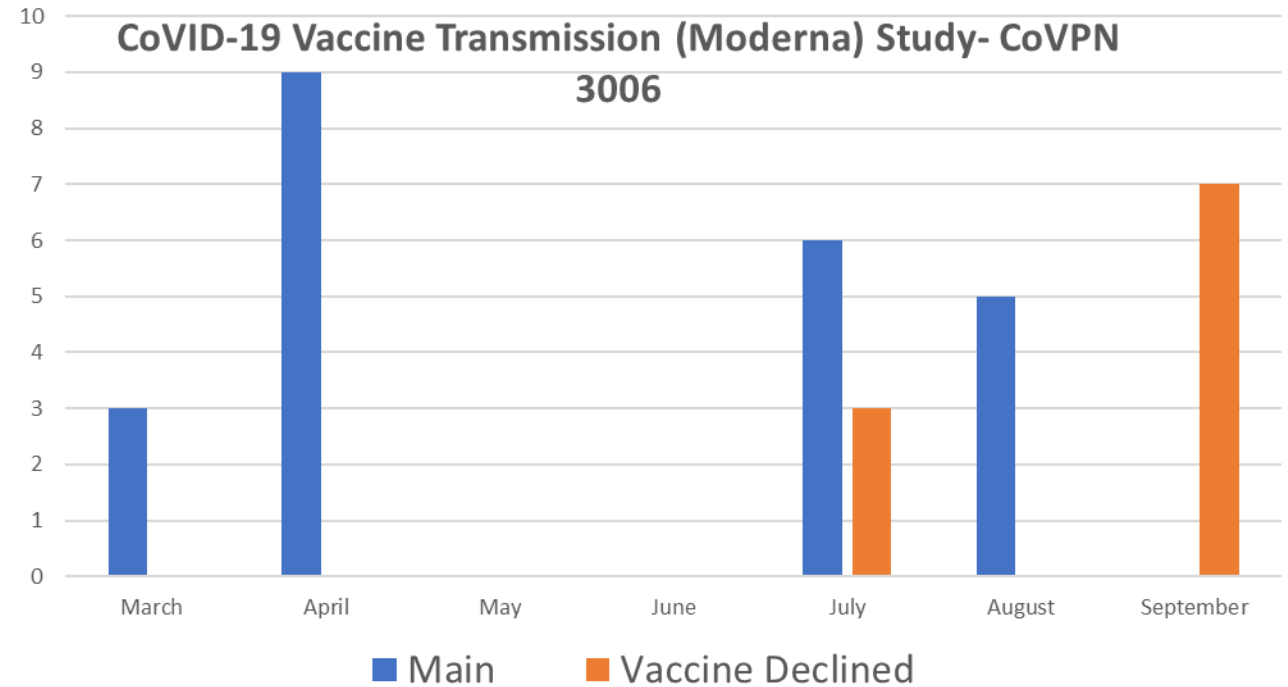
Final Enrollment: 36

Teamwork makes the dream work.



We're all in this together!

Be a part of a national COVID-19 vaccine study that's happening now to help our communities and our world.



79% African Americans
17% Caucasian
4% LatinX

Phase 2 Clinical Trial to Optimize Immune Coverage of SARS-CoV-2 Existing and Emerging Variants

Help fight what's next.



VOLUNTEERS NEEDED
COVID-19 VACCINE STUDY

is studying novel COVID-19 vaccines and how they can offer a broader range of protection against new variants as they emerge.

Healthy adults 18+

Have received FULL series of COVID-19 vaccination
Participation: 6-10 clinic visits
Will receive COVID-19 variant vaccine
Compensation will be provided

LEARN MORE TODAY!

Email: vturesearch@msm.edu

Phone: 888-788-0644

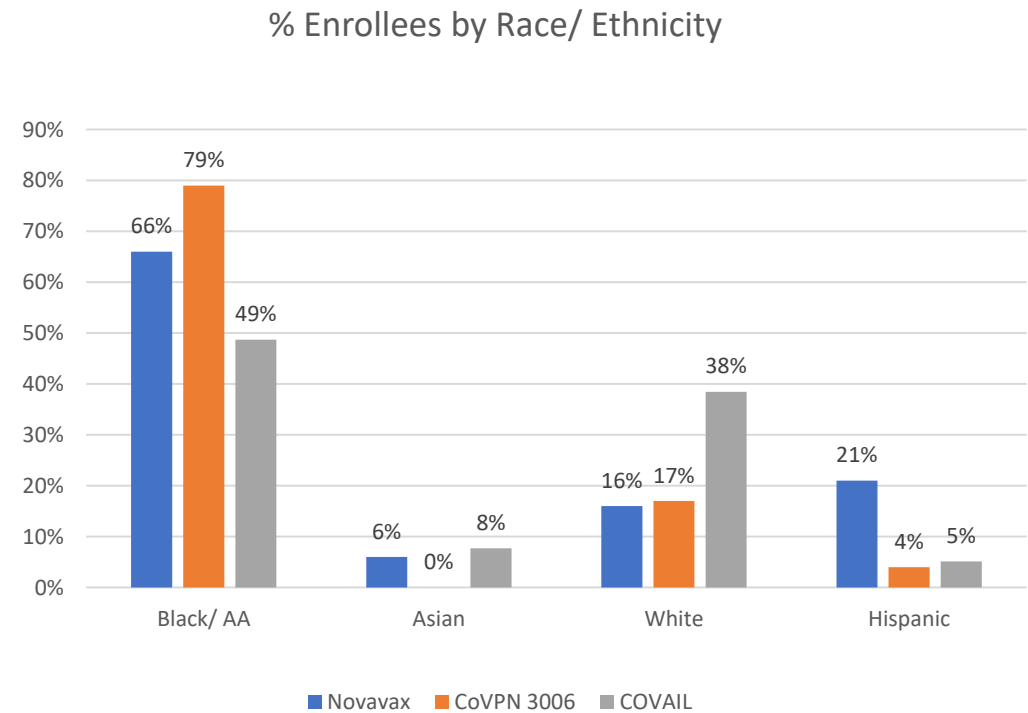


DMID22-0004_COVAIL_PyerS_v1_2022FEB23

- **Sponsor: DMID/ NIAID/NIH**
- **# of Sites: 23**
- **Study Wide Enrollment**
 - **Moderna: 600, Pfizer: 300, Sanofi: 150**
 - **Pfizer 2: Anticipated Target 200**
- **4 Stage Enrollment:**
 - **Moderna (April 2022): Enrolled 13**
 - **Pfizer (May 2022): Enrolled 16**
 - **Sanofi (June 2022): Enrolled 6**
- **Total Enrollees by Race:**
 - **Black: Enrolled 15 (43%)**
 - **White: Enrolled 15 (43%)**
 - **Asian: Enrolled 3 (8%)**
 - **Other: Enrolled 2 (6%)**

Enrollment by Race/Ethnicity

	Black/ AA	Asian	White	Hispanic
Novavax	66%	6%	16%	21%
CoVPN 3006	79%	0%	17%	4%
COVAIL	49%	8%	38%	5%
	Black/ AA	Asian	White	Hispanic
Novavax	114	10	28	21
CoVPN 3006	26	0	6	1
COVAIL	19	3	15	2





ACTIV-6



Positive COVID-19 test?

Take part in ACTIV-6, a national clinical research study, from home.

Testing existing medicines to learn if they can help people with mild-to-moderate COVID-19 feel better faster.

No In person Visits or Blood draws

You may be a good fit, if you:

- Are at least 30 years old
- Tested positive for COVID in the last 10 days
- Have at least 2 COVID symptoms for 7 days or less
- Are not pregnant
- Able to read, speak, and understand English or Spanish

Contact Us: 888-788-0644 or
Email vturesearch@msm.edu

Hummingbird Study : Study to Evaluate the Safety and Immunogenicity of a SARS-CoV-2 Recombinant Spike Protein Vaccine (SARS-CoV-2 rS) with Matrix-MTM Adjuvant in Children 6 months to <12 years of age

Sponsor: Novavax

Multi center, global study

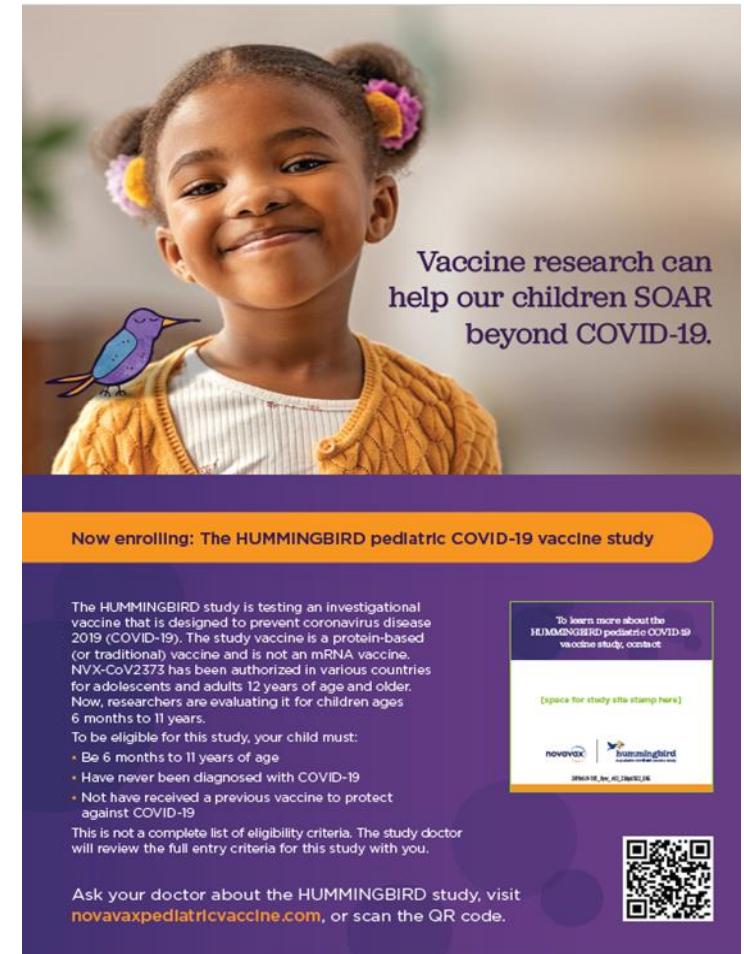
Randomized, observer blinded, placebo controlled trial

Evaluation of safety and immunogenicity of 2 primary doses of NVX CoV2373 given 21 days apart and a booster dose

3 age cohorts conducted in 2 parts

- 6 to <12 years
- 2 to <6 years
- 6 to < 24 months

Site Activated on September 1, 2022. Currently screening for enrollment to Cohort 1, Part 2 opening enrollment on October 3, 2022



Vaccine research can help our children SOAR beyond COVID-19.

Now enrolling: The HUMMINGBIRD pediatric COVID-19 vaccine study

The HUMMINGBIRD study is testing an investigational vaccine that is designed to prevent coronavirus disease 2019 (COVID-19). The study vaccine is a protein-based (or traditional) vaccine and is not an mRNA vaccine. NVX-CoV2373 has been authorized in various countries for adolescents and adults 12 years of age and older. Now, researchers are evaluating it for children ages 6 months to 11 years.

To be eligible for this study, your child must:

- Be 6 months to 11 years of age
- Have never been diagnosed with COVID-19
- Not have received a previous vaccine to protect against COVID-19


This is not a complete list of eligibility criteria. The study doctor will review the full entry criteria for this study with you.

Ask your doctor about the HUMMINGBIRD study, visit novavaxpediatricvaccine.com, or scan the QR code.

To learn more about the HUMMINGBIRD pediatric COVID-19 vaccine study, visit www.novavax.com/hummingbird

[space for study site stamp here]

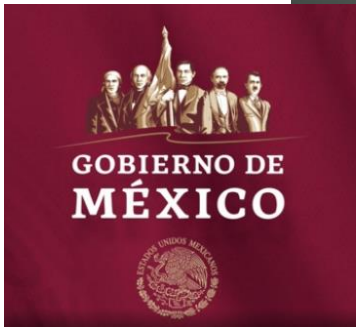
novavax hummingbird
A pediatric COVID-19 vaccine study





Georgia CEAL Vaccination Tracker

GA CEAL has collectively contributed to the administration of 75,000+ vaccinations among community residents and health care professionals.





Georgia



We got a COVID-19 vaccine to spend time with our loved ones.

What's your why?

Visit dph.georgia.gov to find a COVID-19 vaccine near you. #ga_ceal



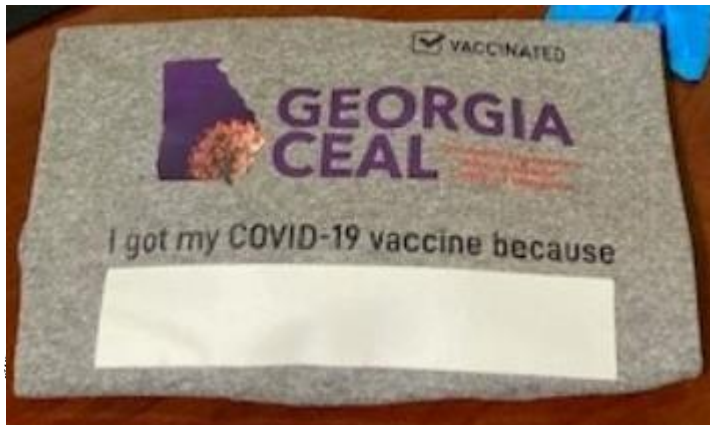
OUTFRONT



Nos vacunamos contra el COVID-19 para poder celebrar con nuestros seres queridos.

¿Cuál es tu razón para vacunarte?

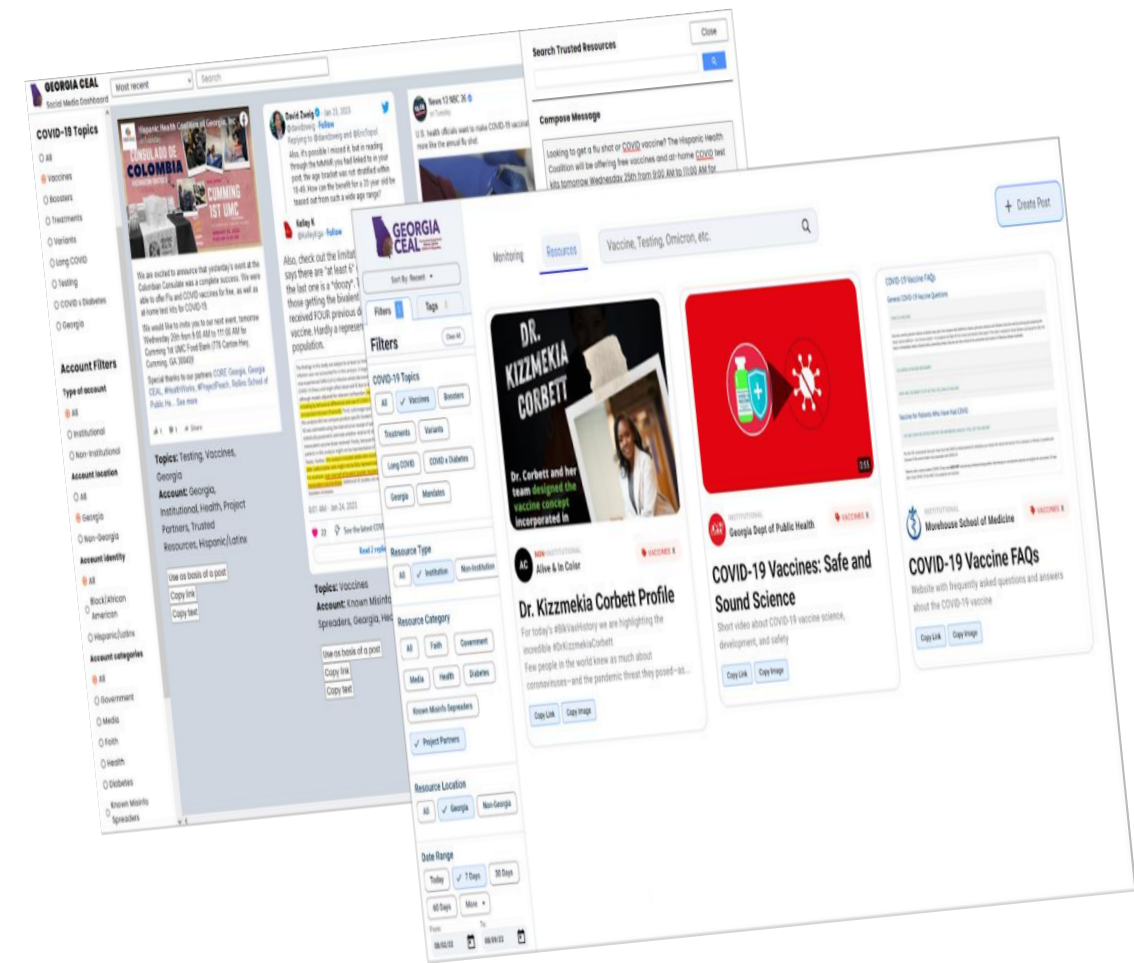
Visite vacunas.gov para encontrar vacunas contra el COVID-19 cerca de usted. #ga_ceal





GEORGIA CEAL Social Media Monitoring

- **Curated social media sources** - focusing on local accounts, such as local news, health authorities, faith leaders, community-based organizations, users posting misinformation; and organizations, media, and influencers oriented towards Black and Latinx audiences. (Twitter, Facebook, and Instagram)
- **Semi-automated content labels and filters** -based on keywords and curated lists of social media accounts by account type, which could then be used to filter posts. As trusted messengers may be overwhelmed with (mis)information and do not have the time to browse through all collected posts, partners found this feature helpful in locating information of interest and making sense of content. It is important however that any such labeling is done transparently such that partners can understand and trust the feature.





Georgia CEAL Surveys

Purpose was to:

- Learn about community knowledge, perceptions, understandings, and behaviors regarding COVID-19, vaccines against COVID-19, and vaccine research trials
- Compare and contrast findings for priority population groups
- Use findings to inform and develop COVID-19 response strategies (i.e., outreach, education, health promotion, communication) towards vaccine trial participation and vaccination uptake and population health equity strategies, at large





Georgia CEAL Surveys

Eligibility and Administration

- The Georgia CEAL Survey I administered April-June 2021, engaged Georgia residents who were:
 - 1) 18 years of age or older
 - 2) Black or Latinx
 - 3) a resident of one of 19 Georgia counties identified based on proportion of Black and Latino residents, low COVID-19 case rates, the Social Vulnerability Index, and low COVID-19 vaccination rates
 - 4) willing to provide consent and complete the online survey. Survey respondents received a \$25 e-gift card.
- Georgia CEAL Survey II took place November 2021-January 2022 with similar eligibility criteria as Survey 1.
- Both Georgia CEAL Survey I and II were created and disseminated through Qualtrics, made available in Spanish and English and marketed through the CCB





Georgia CEAL Surveys

Participant Demographics (1)

	Survey 1 (N=2,082)	Survey 2 (N=2,458)	Overall (N=4,540)
	N (%)	N (%)	N (%)
Race & ethnicity			
Latinx, White	534 (25.7)	289 (11.8)	823 (18.1)
Non-Latinx, Black	780 (37.5)	1477 (60.1)	2257 (49.7)
Latinx, Black	738 (35.5)	671 (27.3)	1409 (31.0)
Latinx, other race and/or Multiracial	22 (1.1)	21 (0.9)	43 (1.0)
Non-Latinx, Multiracial	8 (0.4)	0 (0.0)	8 (0.2)
Age-group (years)			
18-30 years	1013 (48.7)	1122 (45.7)	2135 (47.0)
31-40 years	780 (37.5)	1131 (46.0)	1911 (42.1)
Older than 40 years	289 (13.9)	204 (8.3)	493 (10.9)
Gender			
Man	1170 (56.4)	1410 (59.4)	2580 (58.0)
Woman	897 (43.3)	952 (40.1)	1849 (41.6)
Transgender or Non-binary	6 (0.3)	12 (0.5)	18 (0.4)
Education level			
High school or less	533 (25.8)	757 (30.8)	1290 (28.5)
College or higher	1532 (74.2)	1698 (69.2)	3230 (71.5)
Employment status			
Unemployed [†]	254 (12.2)	137 (5.6)	391 (8.6)
Employed	1821 (87.8)	2321 (94.4)	4142 (91.4)
Annual Income			
Less than \$35,000	573 (27.6)	576 (23.4)	1149 (25.3)
\$35,000 - <\$50,000	673 (32.4)	633 (25.8)	1306 (28.8)
\$50,000 - <\$75,000	550 (26.5)	664 (27.0)	1214 (26.8)
>=\$75,000	243 (11.7)	570 (23.2)	813 (17.9)
Prefer not to answer	39 (1.9)	15 (0.6)	54 (1.2)
Tested for COVID-19 before			
No	269 (13.0)	446 (18.1)	715 (15.8)
Yes	1809 (87.1)	2012 (81.9)	3821 (84.2)
Vaccination status			
No dose of vaccination	680 (32.8)	521 (22.7)	1201 (27.5)
Partially vaccinated	416 (20.1)	382 (16.7)	798 (18.3)
Fully vaccinated	978 (47.2)	1388 (60.6)	2366 (54.2)



Georgia CEAL Surveys

Participant Demographics (2)

	Survey 1 (N=2,082)	Survey 2 (N=2,458)	Overall (N=4,540)
	N (%)	N (%)	N (%)
Race & ethnicity			
Latinx, White	534 (25.7)	289 (11.8)	823 (18.1)
Non-Latinx, Black	780 (37.5)	1477 (60.1)	2257 (49.7)
Latinx, Black	738 (35.5)	671 (27.3)	1409 (31.0)
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Partially vaccinated	416 (20.1)	382 (16.7)	798 (18.3)
Fully vaccinated	978 (47.2)	1388 (60.6)	2366 (54.2)

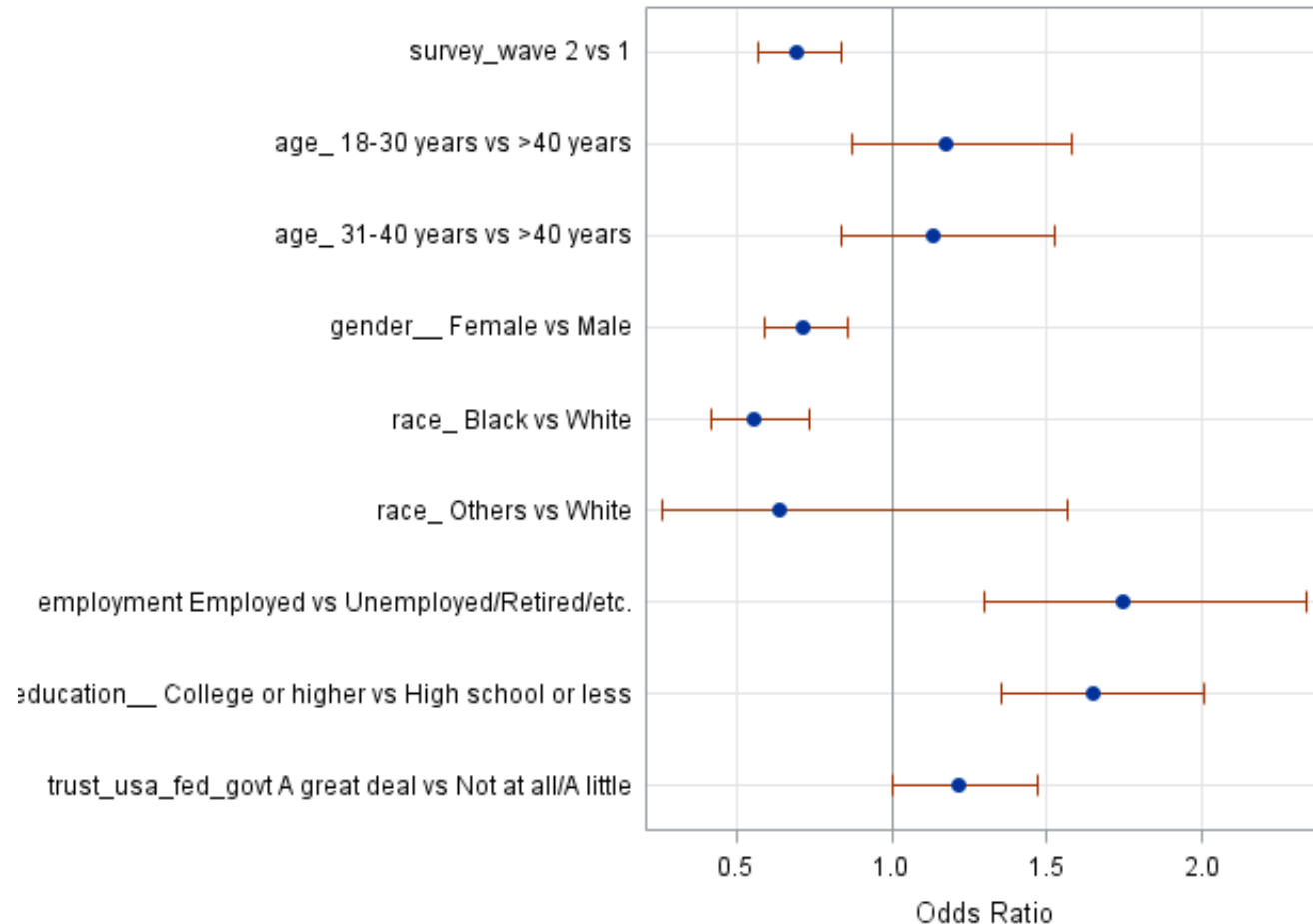


GEORGIA CEAL SURVEYS

Predictors of the likelihood of getting tested for COVID-19

- **Participants in Survey II**, versus Survey I, were **30% less likely** to get tested (p-value =0.0002)
- **Males** compared to females were **1.4 times more likely to get tested** (p-value =0.0005)
- Blacks, compared to Whites, were 44% less likely to get tested (p-value <0.0001)
- Those who were significantly more likely to get tested were **employed** [(1.74 (1.3,2.3), p-value= 0.0002)], had a **college degree or higher education** [(1.65(1.53,2.01, p-value <0.0001)] or who **trusted the federal health authorities** [(1.22(1.006,1.47), p-value= 0.0435)]

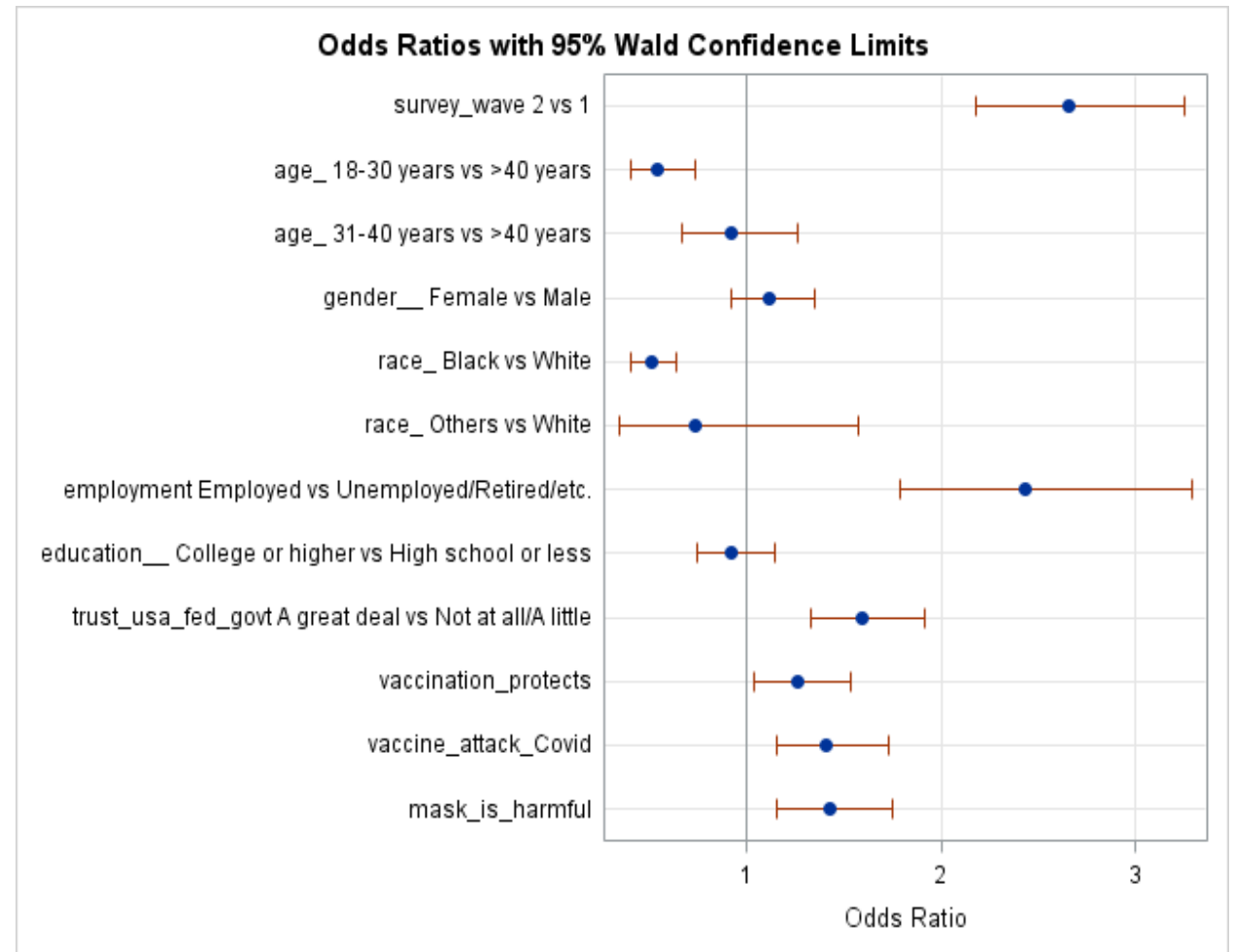
Odds Ratios with 95% Wald Confidence Limits



GEORGIA CEAL SURVEYS

Predictors of the likelihood of getting COVID-19 Vaccine

- Unlike testing, **participants in Survey II, versus Survey I, were 2.67 times more likely to get vaccinated** (p-value <0.0001).
- **Blacks were 50% less likely** than Whites **to get vaccinated** (p-value <0.0001).
- Those who were **18-30 years were 45% less likely to get vaccinated** (p-value <0.0001) than those who were 40 years of age or older.
- Those who were significantly more likely to get vaccinated were **employed** [(2.43 (1.81,3.28), p-value <0.0001)], **trusted the federal health authorities** [(1.58(1.32,1.90, p-value<0.0001)] and **correctly answered three key COVID-19 related questions** [(whether vaccination a) deters transmission of Covid-19,b) attacks the virus if it invades the human system and c) wearing a mask is not harmful to one's health)] [(1.43(1.16,1.76, p-value =0.0007)]



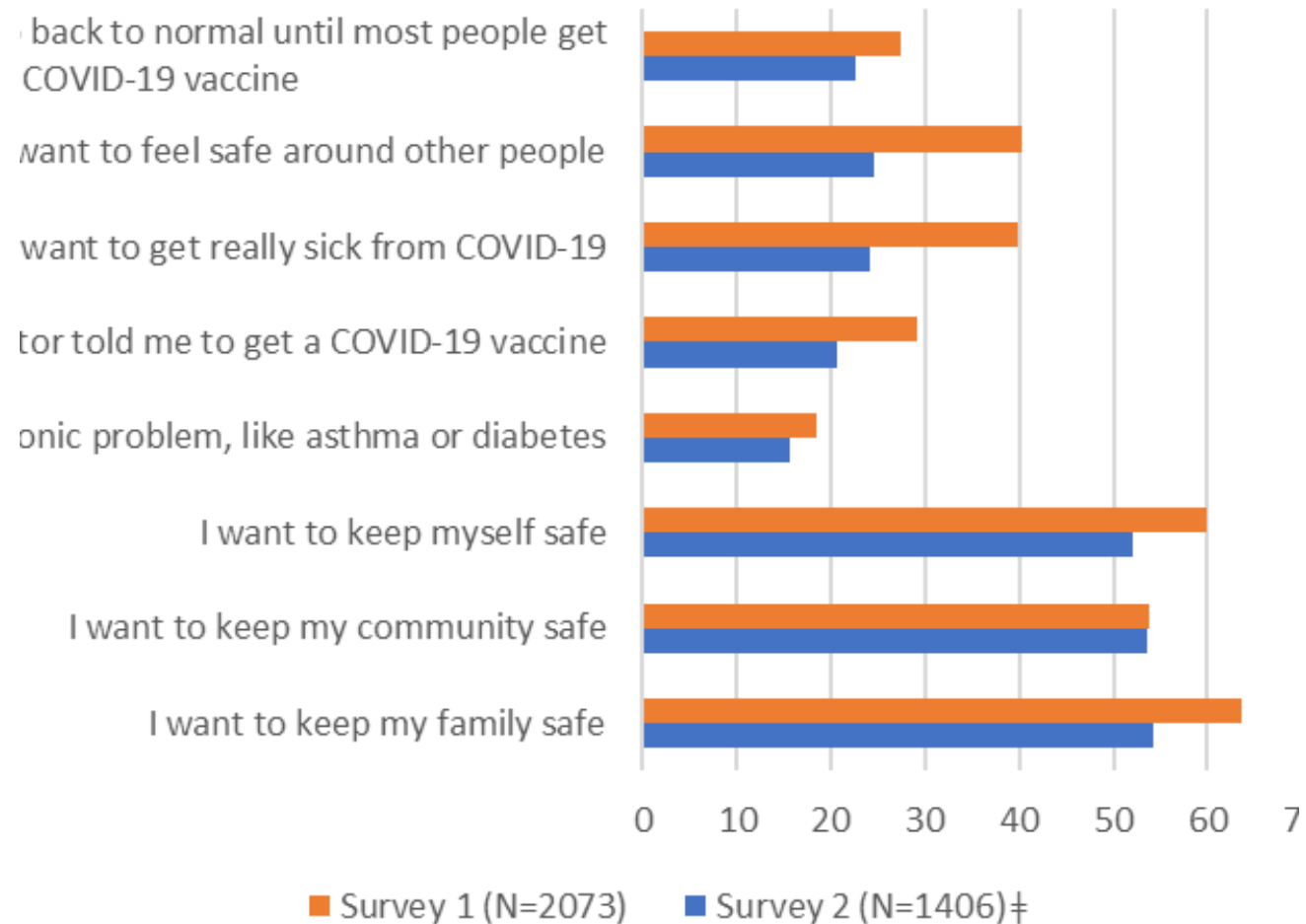


GEORGIA CEAL SURVEYS

Vaccination Motivations

- Participants who did not plan to get the COVID-19 vaccine, the largest proportions reported being concerned about **side effects from the vaccine** (47.2% and 41.8%, respectively) or not **trusting the safety of the vaccine** (32.4% and 35.5%, respectively).
- Participants who were COVID-19 vaccinated indicated that they were motivated to keeping their family, community and self safe

Motivations for Getting COVID-19 Vaccination



Implications for the Path Forward (1)

- While medical mistrust was cited as a key barrier, other issues - echoing previous literature encouraging us to reflect on historical injustices such as the Tuskegee Syphilis Study but not at the exclusion of other aspects of explicit racism in the medical field or implicit racism, such as access and information barriers.
- Elucidation of these barriers was accompanied by identification of facilitators and calls to action to improve vaccine trust, confidence, and uptake.
- These findings have been instrumental in the development, and recent implementation, of lay health minister trainings by GEORGIA CEAL





Implications for the Path Forward (2)

- Various researchers and organizations have developed COVID-19 social media monitoring analytics and dashboards, though not necessarily designed with community-based health communicators in mind
- Engaging trusted community messengers and innovative interventions conducted with them, should account for local historical and cultural context and demographic characteristics.
- Tensions at the intersection of increased federal funding for community-centered public health research and the social injustice, diversity, equity and inclusion (re)awakening make the efforts of GEORGIA CEAL and the broader CEAL network central to ensuring a movement towards sustained and resourced community-centered research and action that advance health equity.





Thank You!
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