

Preliminary Results from COVID-19 Vaccine Confidence Rapid Community Assessments — Sumter and Macon Counties, Alabama

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Background

The success of ending the COVID-19 pandemic in Alabama depends on high public confidence in COVID-19 vaccines, among other tools. Anecdotal reports throughout the state suggest that while many Alabamans intend to get vaccinated, others say they would prefer to wait, and some will not get vaccinated.¹ For Alabama to reduce COVID-19 cases and move to end its pandemic, high vaccine uptake, built on high vaccine confidence, is needed.

The Alabama Department of Public Health (ADPH), in collaboration with the Governor's Office of Minority Affairs (GOMA), invited a team from CDC to provide technical assistance in assessing vaccine confidence issues in communities with low levels of vaccine uptake and high levels of social and pandemic vulnerability. The recently developed [CDC COVID-19 Vaccine Confidence Rapid Community Assessment \(RCA\) Guide](#) was implemented in close partnership with community-based organizations and local elected officials in Sumter and Macon Counties as an initial step to establish the capability of organizations to conduct these activities statewide. The purpose was to come to consensus on the key barriers affecting COVID-19 vaccine confidence and uptake.

Objectives

The primary objectives of the project were to:

- 1. Carry out rapid community assessments in Sumter and Macon counties by maximizing established relationships with local community and faith-based organizations.**

The assessment included a combination of the following methods, depending on local needs: guided group discussions, key informant interviews, listening sessions, observations from community and other relevant meetings, driving tours, questionnaires, and social listening.

- 2. Identify appropriate solutions to increase vaccine confidence in Sumter and Macon counties.**

Effective solutions were assessed in response to identified barriers in an effort to increase trust in COVID-19 vaccines, establish or solidify getting vaccinated as a social norm, motivate or encourage people to get vaccinated, and/or improve physical access to vaccination.

¹ AL.com: [The next battle in Alabama: equalizing the vaccine](#), March 16, 2021

3. Build ADPH and their partners' capacity to conduct similar assessments in other communities of focus in Alabama.

Methods

From March 11–25, 2021, a four-person CDC team conducted qualitative assessments consisting of key informant interviews, listening sessions, observations, and driving tours to assess vaccination facilitators and barriers in Sumter and Macon counties in Alabama. These counties were selected because of high levels of social and pandemic vulnerability. The data collection team started by talking with leadership in each county (e.g., ADPH district health officers, mayors, county commissioners) and later asked them for referrals to other informants and organizations. Subsequent participants were also asked for referrals. The team also talked to food vendors, store clerks, and other public-facing individuals in the community, some of whom provided additional referrals. The snowball sampling approach was continued until saturation was reached in each location. Saturation was determined by the data collection team through the iterative process of having approached and/or spoken with everyone in a location or if responses from participants became redundant and no longer elicited any new information.

	Sumter County, 3/11–17	Macon County, 3/18–24
Population	12,797 people	18,708 people
Number of key informant interviews	12 interviews	9 interviews
Number of listening sessions	3 sessions (3–15 participants)	3 sessions (10–32 participants)
Observations	Vaccination sites, walking tours	Vaccination sites, walking tours
Driving tour	Livingston, York, Cuba, Emelle, Geiger, Panola, Gainesville, Epes	Tuskegee, Fort Davis, Creek Stand, Little Texas, Notasulga, Shorter

This combination of methods allowed us to gather perspectives from the following people and institutions:

- Community-based organizations
- Faith-based leaders
- Older adults
- Essential service staff (e.g., gas station workers, convenience store clerks)
- Law enforcement
- Board of education and universities
- Farmers' market vendors
- County leadership
- Fire and rescue
- Health department staff

All activities and questions were informed by the tools in the [CDC COVID-19 Vaccine Confidence RCA Guide](#), but the team embraced a conversational tone and did not strictly adhere to the scripts in the guide. Informal notes were taken in real time during data collection. At the end of each day, the team debriefed. Individual notes were combined and transferred to the electronic templates included in the RCA guide. After all data collection was completed in each county, common themes were identified inductively based on the notes from across all activities.

Findings

Three primary facilitators of vaccine uptake were identified across both counties. First, community leadership was mobilized and had clear requests for services and resources to address vaccination barriers. Second, among groups that were currently eligible for vaccination, demand for the vaccine was high and hesitancy was low. And third, there was a widespread sense of urgency about ending the pandemic, based on the personal experiences of illness and loss within the community.

Multiple barriers to vaccine uptake were also identified. Across both counties, the most prominent barriers were:

- Limited vaccine supply and vaccination sites, especially outside of the seats of county government: This has pragmatic implications in terms of transportation and access and contributes to a feeling of neglect within outlying communities.
- Gaps in transportation to vaccination sites: Participants consistently reported that limited transportation is a pervasive concern. Many residents of these counties do not personally own a vehicle and public transportation options are extremely limited. Many residents, therefore, rely on family members, neighbors, and churches to get rides to vaccination sites and some residents must pay for private transportation through informal networks. This is especially burdensome when vaccination sites are located far away from where people live and appointment schedules are not flexible. People without personal transportation have an extra burden because they may not be able to control when they can get a ride to a vaccination site.
- Complex scheduling and registration processes: Online scheduling and registration are not straightforward and are a barrier for many residents, including older people and people without broadband internet connectivity. In addition, most vaccination clinics are only open during weekday mornings and this time slot is especially difficult for people who have work and childcare commitments. Long travel distances only compound the issue of making time for vaccination during the day.
- COVID-19 fatigue and apathy among young adults aged <40 years: Persons under age 40 years have lower risk perception about COVID-19, compared with older adults. Persons under age 40 years are also tired of COVID-19 mitigation strategies and disruptions to their lives and are not confident that vaccination will provide them with the freedom they crave. As a result, this age group feels less motivated to get vaccinated.
- Lack of outreach: Many people had questions about the vaccines, expected side effects, and especially the ways vaccination might affect them as a result of their specific underlying medical conditions, medications, etc. There was also limited awareness about the groups who were currently eligible for vaccination and the process for making a vaccination appointment or learning about mass vaccination clinics.
- Limited publicly available data at the county level: Community leadership did not have access to county-level statistics about the number and characteristics of people who have been vaccinated. This made it difficult to identify disparities and to provide targeted outreach to groups of people who may have low uptake (e.g., by race, age, geography).

In addition, given that the seat of government in Macon County (Tuskegee) was a site of historical trauma due to the U.S. Public Health Service Syphilis Study, strong mistrust of government was another concern in this location. Macon County participants also perceived that vaccine distribution within Alabama has reinforced preexisting racial disparities. They expressed frustration with long-standing government neglect of broader health issues in their community, such as chronic disease and healthcare infrastructure.

In Sumter County, mistrust of government was much less prominent compared with Macon County. Sumter County officials were pleased with the rollout of COVID-19 testing and were interested in offering vaccination at

the same sites used for testing. There was also less concern in Sumter County about non-residents from outside the county traveling to Sumter County to receive a vaccine. This was related to a perception that all residents of the region are facing similar challenges with vaccine access and that everyone was in the pandemic together. Local leaders and community-based organizations in Sumter County did want to receive more regular information updates from ADPH and CDC about vaccine rollout. Places where young adults congregate were harder to locate in Sumter, compared with Macon County, and this created some challenges for outreach to this population.

Recommendations

We recommend that ADPH collaborate with community partners and local officials to support a combination of strategies to address the barriers to uptake described in the previous section.

Barriers	Recommendations
Limited vaccine supply and sites	<ul style="list-style-type: none"> • Seek community input on additional sites and hours of operation, especially in areas outside the county seats. • Leverage nursing students and volunteers to facilitate expanded operations.
Gaps in transportation to vaccination sites	<ul style="list-style-type: none"> • Provide rides to vaccination sites via school buses, ambulances, church vans, and volunteer drivers. • Create mobile clinics at key gathering spots (e.g., food trucks, gas stations). • Offer door-to-door vaccination. • See CDC guidance on Mobile Vaccination Resources and also consider use of custom-equipped RV-type vehicles to address storage and handling requirements for mobile clinics and door-to-door vaccination. • Offer "walk up" vaccinations at drive-through sites to accommodate residents without cars.
Complex scheduling and registration processes	<ul style="list-style-type: none"> • Offer mass vaccination drop-in clinics with numbered ticketing system. • Connect residents to volunteers who can assist with the scheduling process. • Offer scheduling hotlines, public access to computers , and volunteers with mobile hotspots. • Call residents proactively to facilitate scheduling.
COVID-19 fatigue and apathy among young adults (<40 years old)	<ul style="list-style-type: none"> • Provide education and Q&A sessions targeted at young adults. • Develop print, broadcast, social media, and advertising that celebrate vaccination completion with local partners and well-known local residents. • Create incentives for vaccination, like concerts, that require being fully vaccinated for entrance.
Lack of outreach	<ul style="list-style-type: none"> • Develop a cadre of trusted community health workers who can provide plain language in-person peer education. • Invite healthcare providers to the community to answer questions. • Distribute printed materials to locations where people gather or visit on a regular basis (e.g., stores, churches, restaurants, events). • Utilize school robocalls to reach families with school-age children.
Limited publicly available data at the county level	<ul style="list-style-type: none"> • Provide publicly available data dashboards at the county level. • Include available county-level demographic data in dashboards (e.g., age, sex, race, ethnicity).

	<ul style="list-style-type: none"> • Address missing data issues by working with vaccination providers and information technology partners to improve completeness of race and ethnicity data.
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To address the mistrust issues in Macon County, the team suggests public health officials provide more proactive engagement and transparency about the vaccines and resource allocation processes. ADPH can consider meeting with community leaders on a regular basis to explain the details of how they are using county social vulnerability indices, phased approach to eligibility groups, provider capability and capacity, and other factors to inform vaccine distribution. Potential forums where ADPH can engage include the statewide network of community partners established by the Governor’s Office of Minority Affairs and the [Macon Cares](#) task force for Macon County. In addition, we recommend leveraging vaccination as an opportunity to invest in wraparound health services that go beyond COVID-19, such as diabetes screenings and referrals for healthcare and counseling.

Lessons Learned

Overall, this experience demonstrated the feasibility and value of rapid community assessments (RCAs) for ADPH. While the time and resources required for an RCA may be off-putting in the face of competing priorities, this type of intensive qualitative engagement can serve as a starting point for developing partnerships and relationships between ADPH and communities that are critical to public health work well beyond COVID-19. The power of listening to communities’ perspectives should not be underestimated. The importance of proactive community engagement strategies is especially notable in settings with high social vulnerability and historical trauma.

We recommend starting with a clear set of themes to guide the assessment. While the tools embedded in the RCA guide do include detailed scripts, most questions revolve around a small number of themes: attitudes towards vaccination, barriers and enablers to vaccination, and strategies to increase vaccine confidence. Rather than following the data collection scripts in the guide verbatim, we suggest striking a conversational tone with informants and “seizing the moment” to facilitate organic discussions that roughly follow these broad themes. The role of the data collection team is to listen carefully to people’s responses and not to make assumptions or try to persuade anyone to change their mind.

The size of the data collection team will vary, but whenever possible, it is helpful to conduct activities in pairs. Play on team members’ strengths. For example, extroverted people may be better suited to interview informants, whereas introverts may thrive in scheduling and note-taking roles. Everyone on the team should be flexible and open to following unexpected leads about people to talk to, places to visit, etc.

It is also recommended that the data collection team members are from outside the community that is being assessed. Community-based organizations and leaders do of course possess deep personal and professional knowledge of the issues affecting residents, but they do not need special tools to articulate this knowledge to themselves. Rather, RCAs should be a mechanism for communities to elevate their concerns to policymakers and funding bodies.

When planning the assessment, build in sufficient time to conduct separate RCAs for separate communities. In other words, the three-week timeline described in the guide captures the expected amount of time for conducting a single assessment in a single county. In addition, each RCA requires its own analysis. If the data collection team is planning to conduct multiple RCAs in multiple communities, we recommend completing analysis before moving on to a new site. Analysis does not require formal coding, but reviewing notes and synthesizing across methods and informants is something that should be done together as a team.

Finally, it is important to recognize that findings of the RCA are intended to inform programs and policy. Rather than simply describe the state of vaccine confidence in a community, the data collection team should plan to make practical recommendations for improving vaccine confidence. Prior to conducting an RCA, ADPH or the sponsoring organization should consider how resources will be provided to implement recommendations and clarify the roles of ADPH, the sponsoring organization, and community partners in the implementation process, as well as how impact will be evaluated.

Key Lessons Learned

- Be conversational, “seize the moment.”
- Play on team members’ strengths.
- Separate RCAs for separate communities.
- Build in time for analysis after each RCA.
- Be open to following unexpected leads.
- Listen, don’t try to persuade.
- Use a mix of different methods (e.g., key informant interviews, group listening sessions, observation).

Next steps

We recommend that ADPH consider developing an implementation plan and assess resource requirements to conduct RCAs in communities throughout Alabama with low levels of vaccine uptake and/or high levels of social and pandemic vulnerability. The ADPH staff and partners engaged in the Sumter County and Macon County RCAs can inform the Alabama statewide RCA implementation planning process. The plan should include training personnel to implement the tools in the RCA Guide, communicating the purpose of the RCAs to community partners, and clarifying the roles of key informants and other participants. The importance of communicating RCA findings and recommendations back to ADPH and the community partners and defining follow-up activities should be emphasized.

We also recommend that ADPH and local partners evaluate and prioritize the recommendations specific to Sumter and Macon Counties. The recommendations can be used to develop operational proposals for implementing solutions that align with the RCA findings. Operational considerations include identifying resource requirements for activities and programs, building in evaluation mechanisms, and linking the communities to potential funding opportunities.

References

CDC (February 2021). COVID-19 Vaccine Confidence Rapid Community Assessment Guide, available at <https://www.cdc.gov/vaccines/covid-19/vaccinate-with-confidence/rca-guide/index.html>.