

COVID-19 Vaccine Distribution in a Community With Large Numbers of Immigrants and Refugees

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Refugee and immigrant populations are extremely vulnerable to the consequences of the COVID-19 pandemic. COVID-19 vaccination is a critical tool in mitigating these consequences, but these same communities often lack access to COVID-19 vaccines. We describe the efforts of a community-based primary care clinic in Clarkston, Georgia to provide access to COVID-19 vaccines in a culturally sensitive manner to address this health disparity and vaccine hesitancy. (*Am J Public Health*. 2022;112(3):393–396. <https://doi.org/10.2105/AJPH.2021.306608>)

Although the COVID-19 pandemic has affected everyone, certain populations are disproportionately burdened. African Americans are five times more likely to be hospitalized from a COVID-19 infection than White Americans, and nearly twice as likely to die.¹ Although there are insufficient data on how the pandemic has affected refugees, several risk factors increase the likelihood of severe illness from COVID-19 among recently resettled refugees, including higher rates of comorbidities,² mental health concerns,^{3,4} health care access, language barriers,¹ low socioeconomic status,^{5–7} and social stressors.⁸

Clarkston, Georgia, is known as “the most diverse square mile in America” (<https://bit.ly/3JQfnPW>) as it has served as a refugee resettlement site for the past 30 years. Clarkston has welcomed immigrants seeking refuge from Bosnia, Kosovo, Liberia, Congo, Burundi, Sudan, Somalia, Ethiopia, Eritrea, Iraq, Syria, Bhutan, Burma, Afghanistan, and Pakistan.

Ethne Health was started in October 2018 as a primary care clinic in Clarkston.

Ethne Health attempts to meet the diverse medical needs of the community in a culturally sensitive manner. In the past year, Ethne Health has provided COVID-19 testing and vaccinations for the community.

INTERVENTION

As vaccine hesitancy remains a barrier in the struggle to contain the COVID-19 pandemic, one recommended strategy is to directly engage communities through the utilization of community partners with trusted relationships.⁹ As a culturally sensitive neighbor-centered medical home located in the middle of a diverse community, Ethne Health is uniquely positioned to engage with those community partners to deliver COVID-19 vaccines.

PLACE AND TIME

Data from Ethne Health’s vaccination campaign in Clarkston, Georgia (zip code 30021) were collected from January 6, 2021 through May 28, 2021.

PERSON

During the period of data collection, Ethne Health partially or fully vaccinated 3127 individuals with either the Pfizer or Moderna COVID-19 vaccine. Of these individuals, 2692 were fully vaccinated.

PURPOSE

Our main goal was to provide access to COVID-19 vaccines for the immigrant communities in and around Clarkston in a way that was culturally sensitive and accessible for all. Additionally, because of the scarcity of data on COVID-19 vaccination among refugees, we wanted our local vaccination campaign to serve as a model for future endeavors nationwide.

IMPLEMENTATION

For vaccine administration, four additional full-time staff (vaccine coordinator, nurse, registration coordinator, and community engagement coordinator)

TABLE 1— Racial/Ethnic Demographics of Entire Cohort Partially or Fully Vaccinated by Ethne Health From January 6, 2021, to May 28, 2021: Clarkston, GA

Race/Ethnicity	No. Partially or Fully Vaccinated (% of Cohort)
Black	1424 (46.1)
White	1054 (34.1)
Asian	598 (19.4)
Other	14 (0.5)
Not Hispanic or Latino	2819 (96.6)
Hispanic or Latino	99 (3.4)

were hired, forming a COVID-19 vaccination team. They were buffeted on vaccine distribution days by a large number of volunteers. Staff and volunteers came from a variety of racial/ethnic backgrounds with multiple languages represented. In situations where translation was needed and an in-person translator was not available, telephone translation services were used. Additionally, materials, including Emergency Use Authorization fact sheets, were printed in multiple languages and distributed appropriately.

EVALUATION

During the intervention period, Ethne Health partially or fully vaccinated 3127 individuals with either the Pfizer or

Moderna COVID-19 vaccine. Demographic data were collected from 3090 individuals (98.9%). The racial and ethnic demographics of the overall group can be seen in Table 1. The percentages of those who identified as Black or African American, Asian, or White were 46.1%, 19.4%, and 34.1%, respectively. Overall, 3.4% identified as Hispanic/Latino.

Of the entire cohort who received at least one dose of either the Pfizer or Moderna vaccine from Ethne Health, 640 individuals (20.4%) had an address in the 30021 zip code. Demographic data were collected from 628 individuals (98.1%). As seen in Table 2, the percentages of those who identified as Black or African American, Asian, or White were 43.3%, 30.1%, and 26.3%,

respectively. Those who identified as Hispanic/Latino made up 3.5% of the cohort, and 21 different languages were represented. The racial and ethnic demographics of our cohort vaccinated from the Clarkston zip code closely resembles those of the zip code at large.

In August 2021, the Prevention Research Center at Georgia State University stated that Clarkston has a “fully vaccinated rate of nearly 42% . . . outpacing neighboring communities that are similarly stressed, with low household income, low literacy and language ability, high density housing, and limited transportation.”¹⁰ It highlights Ethne Health's vaccine distribution as one of the main reasons for success.

ADVERSE EFFECTS

Despite our progress thus far, many challenges still exist in vaccinating our community. Continued efforts need to be made to identify reasons why people remain unvaccinated and to address those concerns.

SUSTAINABILITY

Upon evaluation of the vaccination efforts, we believe that three main factors aided in our outreach to a diverse and sometimes vaccine hesitant population: (1) relationships of trust within the community, (2) multiple avenues of access, and (3) consistent vaccination location and time.

Trust

Psychological and social influences have been shown to have significant impacts on vaccination rates.¹¹ A community engagement coordinator can help utilize these factors to promote

TABLE 2— Racial/Ethnic Demographics of Cohort Living in Zip Code 30021 Partially or Fully Vaccinated by Ethne Health From January 6, 2021 to May 28, 2021: Clarkston, GA

Race/Ethnicity	No. Partially or Fully Vaccinated (% of Cohort)	Clarkston, GA, Demographics (US Census 2010), %
Black	272 (43.3)	52.0
White	165 (26.3)	28.8
Asian	189 (30.1)	16.2
Other	2 (0.3)	3.0
Not Hispanic or Latino	606 (96.5)	97.1
Hispanic or Latino	22 (3.5)	2.9

vaccination. With a decade of experience working in the Clarkston community with a refugee resettlement agency, our coordinator leveraged previously established relationships to engage trusted community partners. These trusted and well-respected community partners helped overcome the barriers of distrust and lack of access. Additionally, the coordinator's experience and relationship with community partners assisted us in developing a culturally sensitive approach to vaccine distribution.

Access

Individualized registration procedures were created that enabled community partners to schedule appointments for their community members without having to navigate registration forms or phone lines. Specifically, our community engagement coordinator worked directly with community partners to assist individuals and groups in registering for and transportation to vaccine appointments. Autonomous community members were able to preregister for vaccines through multiple avenues, including walk-ups and online registration. On vaccinations days, walk-ups were encouraged, and we accommodated accompanying family or friends who were not registered.

Consistency

We began in January and February 2021 with larger vaccine drives that required significant logistical planning and coordination. By the end of February 2021, we had switched to vaccinating smaller numbers outside of our clinic. This provided a more sustainable endeavor for our vaccine team and clinic, which helps avoid burnout.

Additionally, it provided a consistent time and location for community members to find us and get vaccinated. They knew where to find us, when to find us, and that we would vaccinate them if they came.

PUBLIC HEALTH SIGNIFICANCE

Although immunization is not required for resettlement in the United States, overall, refugees are generally immunized. For example, in 2019, 94.6% of 28 478 age-eligible refugee arrivals from 88 countries had at least one documented measles-containing vaccine dose.¹² Achieving similar vaccination rates for COVID-19 may be difficult.

As the COVID-19 pandemic continues, COVID-19 vaccine distribution is an utmost priority, especially among vulnerable refugee and immigrant populations. To accomplish this, we have learned that establishing trust, providing multiple avenues of access, and being consistent can minimize many obstacles. Trust can overcome vaccine hesitancy; reducing barriers to access and maintaining a consistent yet sustainable presence can help our community endure this formidable virus. Our vaccination campaign, though small in scale, can offer a model to provide access to COVID-19 vaccines in a way that is effective, sustainable, and culturally sensitive. *AJPH*

ABOUT THE AUTHORS

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CONTRIBUTORS

B. Malone, R. Jennings, and R. A. Pacheco contributed to data and statistics. B. Malone, E. Kim, and A. Kieu contributed to a review of the literature along with writing and editing.

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CONFLICTS OF INTEREST

All authors have no conflicts of interest to disclose.

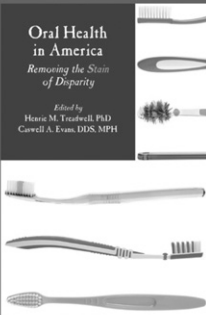
HUMAN PARTICIPATION PROTECTION

Our team at Ethne Health is only analyzing completely de-identified data and is performing clinical services for a fee that are routinely done for nonresearch purposes.

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Oral Health in America: Removing the Stain of Disparity

*Edited by: Henrie M. Treadwell, PhD
and Caswell A. Evans, DDS, MPH*

Oral Health in America details inequities to an oral health care system that disproportionately affects the poor, those without insurance, underrepresented and underserved communities, the disabled, and senior citizens. This book addresses issues in workforce development including the use of dental therapists, the rationale for the development of racially/ethnically diverse providers, and the lack of public support through Medicaid, which would guarantee access and also provide a rationale for building a system, one that takes into account the impact of a lack of visionary and inclusive leadership on the nation's ability to insure health justice for all.

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