

COVID-19 Vaccine Hesitancy Among Alaska Native People, 2021

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Critical Points for Alaska Native Focused Vaccination Campaigns

1. ***Use media popular among Alaska Native people in Alaska:*** The following media are used by more than half of respondents daily: internet searches (e.g., Google), Facebook, internet videos (e.g., YouTube), and streaming TV (e.g., Hulu, Netflix, Amazon Prime).
2. ***Educate and involve trusted messengers in campaigns:*** Alaska Native respondents identified healthcare providers, faith leaders, and Elders/community leaders as trusted messengers.
3. ***Discuss risk for COVID-19 infection versus vaccination:*** Not all vaccine hesitant individuals think there is no risk from COVID-19. One in four of the most hesitant respondents felt they were at risk.
4. ***Create campaigns to get eligible children vaccinated:*** Some adults who were vaccine hesitant said they would consider having their child vaccinated
5. ***Focus on the following motivating factors for vaccination*** (especially when engaging the less hesitant):
 - a. Helping to protect family and friends.
 - b. Returning life to normal.
 - c. Not having long-term health problems if you receive the vaccine.
 - d. Not having to quarantine if you receive the vaccine.
 - e. Being able to visit with other vaccinated people.
6. ***Continue to educate community members on the vaccine:*** Four in 10 less hesitant respondents wanted more information on the vaccine. Offer education on the following topics:
 - a. Safety of the vaccine (FDA approval, testing, side effects, long-term adverse effects, risk of allergic reactions, implications for fertility and pregnancy).
 - b. Need for the vaccine if one has already had COVID-19.
 - c. Conditions that make the vaccine contraindicated.
 - d. How vaccines work.
 - e. The risks and benefits of being vaccinated versus getting COVID-19.
 - f. Access issues such as cost, transportation, where and when to get the vaccine.
 - g. Make it quick for people to get the vaccine (to reach those who say they don't have enough time to get vaccinated).
7. ***Empower providers to discuss and offer the vaccine to patients:*** Providers are not consistently offering their patients discussion and information on the vaccine. Some of the vaccine hesitant would be open to this.

The Data

During June and July 2021, Alaska Survey Research was commissioned by the Alaska Department of Health and Social Services (DHSS) to conduct an online survey via a URL texted to randomly selected Alaska 907 cell phone numbers. The sample size was 1000 respondents statewide plus an oversample of 250 from the Matanuska-Susitna Borough. All participants had an Alaska zip code and were 18 years or older. This data brief will summarize the data findings for respondents who identified as Alaska Native or American Indian and who have not received the vaccine (n=148).¹ The overall data were weighted so that estimates better reflect the true population distribution for vaccination status, age, marital status, gender, race, party affiliation, and education. Except for Table 1, all the data findings presented in this brief use weighted data, unless otherwise specified. DHSS provided the survey data to Actionable Data Consulting to be analyzed for the Alaska Native Tribal Health Consortium grant: (ANTHC) *Equipping Influential Messengers to Increase Influenza and COVID-19 Vaccination Opportunities and Enhance Provider Partnership in the Alaska Tribal Health System*.

This data brief will discuss the findings relating to two different viewpoints on vaccine hesitancy expressed by Alaska Native people who have not received the COVID-19 vaccine. According to a recent State of Alaska Epidemiology Bulletin entitled *Statewide COVID-19 Vaccine Survey- Alaska, March 2021*, vaccine hesitancy is a “frequently used and well-defined term that refers to a delay in vaccination or refusal despite no logistical barriers to vaccination, influenced by complacency, convenience, and confidence.”²

Respondents were asked if they planned to get the COVID-19 vaccine and were given five answers from which to choose. The Alaska Native respondents replied as follows: “definitely yes” (5%); “probably yes” (11%); “probably not” (26%); “definitely not” (41%); “not sure” (16%).³

For this report, we divided the “hesitant” respondents into two groups, using the same categorization as in DHSS’ analysis of the full survey results (to be published in an upcoming Epidemiology Bulletin):

1. **Less hesitant:** Those respondents who answered that they are “definitely” or “probably yes” - going to get the vaccine, are “unsure,” or are “probably not” going to get vaccinated. The number of respondents in this category is 87 (weighted frequency 82).
2. **More hesitant:** Those respondents who answered that they would “definitely not” get the vaccine. The number of respondents in this category is 61 (weighted frequency 48).

Table 1 shows the demographic characteristics of the two groups of respondents. The percentages are unweighted and should not be used to infer information about the Alaska Native population in general. This information is presented to provide an overview of the two subgroups of Alaska Native people represented in the results presented in this report.

¹ Respondents were asked to select all race categories that apply. For the purposes of this report a person who selected Alaska Native/American Indian alone or in combination with another race will be referred to as Alaska Native.

² State of Alaska Division of Public Health; *Statewide COVID-19 Vaccine Survey – Alaska, March 2021*. May 6, 2021. <http://dhss.alaska.gov/dph/Epi>.

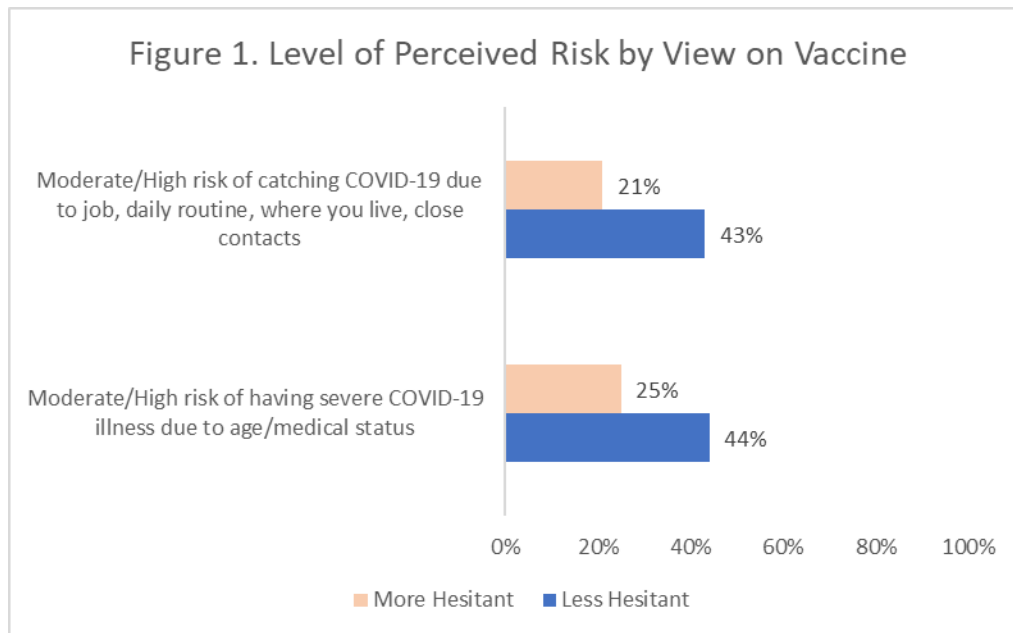
³ The weighted frequencies better reflect the overall population of Alaska in terms of age, marital status, gender, race, party affiliation, and education. Weighted frequencies for the vaccine decision question for Alaska Native people are as follows: Definitely yes (5%), Probably Yes (9%), Probably not (34%), Definitely not (37%), Not sure (15%).

Table 1. Demographic Characteristics of Alaska Native Survey Respondents by Hesitancy Group (Unweighted)

Demographics	Less hesitant respondents (n=87)	More hesitant respondents (n=61)
Area of Alaska		
Southeast	15%	5%
Rural	12%	8%
Southcentral	34%	46%
Anchorage	28%	36%
Fairbanks	12%	5%
Gender Identify		
Male	32%	33%
Female	62%	56%
Other/Transgender/Non-conforming	6%	12%
Education		
No College Degree	90%	80%
College Degree	10%	20%
Age		
Below 45 years	68%	56%
45 years and above	32%	44%
Marital Status		
Not Married	69%	48%
Married	31%	52%
Annual Household Income		
Less than \$80,000	63%	53%
\$80,000 and above	17%	30%
Not sure/refused	20%	17%
Number of Household Members		
1 to 2	39%	33%
3 or more	61%	67%
Children in Household		
No children under 18 years	56%	52%
1 or more children under 18 years	44%	48%

Perception of Risk

Individuals who were less hesitant were more likely to feel at risk of catching COVID-19 than more hesitant individuals (Figure 1). Alaska Native people who were less hesitant to get the vaccine expressed a higher level of perceived risk of severe illness (44%) due to their age and preexisting health conditions than the more hesitant (25%). Those who were less hesitant were twice as likely to feel at risk of exposure based on where they lived, their daily routine, who they came in contact with, or their job as compared to those who refused to get the vaccine (40% vs. 21%).



Vaccination of Children

Views of individuals on receiving the COVID-19 vaccine did not always match their views on getting their child (12-18 years) vaccinated. Only a small number of the Alaska Native people surveyed in the two groups had children eligible for the COVID-19 vaccine. Of the twelve less hesitant respondents, five said they were not sure they would have their child get the vaccine, four said “probably not,” one said, “definitely not,” and one said they would probably have their child vaccinated. Of the twenty more hesitant respondents who answered this question, 15 said they would “definitely not get their child vaccinated,” and five said they would “probably not” do so.

Reasons for Not Vaccinating

Common themes for not getting the vaccine for both groups included: feelings related to concern about the safety of the vaccine; reasons related to conspiracy theories or freedom issues; having conditions that the respondent believes make the vaccine contraindicated; having had COVID-19; having no need to get the vaccine because of not believing in vaccines or COVID-19; feeling their own immunity would protect them; and experiencing access barriers (Table 2).

Table 2. Reasons for Not Getting Vaccinated by Hesitancy of Respondent

Reasons for not getting vaccinated	Less Hesitant	More Hesitant
<u>SAFETY CONCERNS</u>		
Lack of trust in the vaccine	X	X
No FDA approval ⁴	X	X
Potential side effects	X	X
Concern of having an allergic reaction	X	X
Potential long-term effects	X	X
Concerns about safety with fertility or pregnancy		X
Scared of needles	X	
<u>CONSPIRACY THEORIES/FREEDOM ISSUES</u>		
Issues with government involvement or conspiracies	X	X
“It is a big experiment.”	X	X
<u>SPECIFIC TO INDIVIDUAL STATUS</u>		
I have a condition that makes it contraindicated	X	X
I have already had COVID-19	X	X
<u>NO NEED TO GET VACCINATED</u>		
I don’t believe in or get vaccines	X	X
I don’t believe in COVID-19		X
I am not at risk or do not need vaccination	X	X
<u>UNDECIDED</u>		
I want to wait and see	X	
I am undecided	X	X
<u>ACCESS ISSUES</u>		
Haven’t found time	X	
Don’t know where to get it	X	
Don’t know how much it costs	X	
Don’t have access/too complicated	X	
Don’t know if I can get it yet	X	
Don’t have money to see regular doctor to discuss if I am candidate for vaccine	X	
Lack of transportation	X	
Lazy/haven’t gotten around to it	X	
Limited appointments to get the vaccine	X	

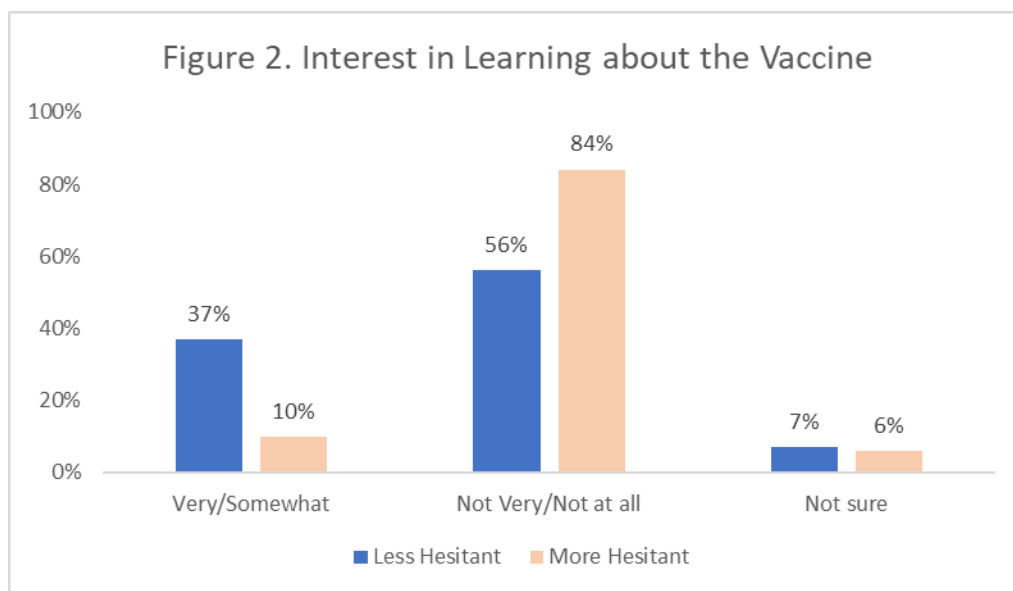
Both groups expressed a lack of confidence in the vaccine’s safety, citing concerns about negative or dangerous side effects, including those related to fertility and pregnancy, concern about having long-term effects from the vaccine,

⁴ At the time survey results were collected all COVID-19 vaccines available in the U.S. had emergency-use approval by the FDA. As of October 1, 2021, the FDA had approved the Comirnaty Vaccine produced by Pfizer-BioNTech.

and feelings that testing of the vaccine was inadequate. Additional reasons included already having COVID-19 or a condition that the individual feels make the vaccine not recommended. Other reasons for not needing the vaccine were not considering the pandemic real, feeling that a person's immune system would fight it off, or not believing in vaccines in general. Some people stated they were waiting to see what happened in the future or were undecided. Only the less hesitant respondents noted issues related to access, which included lack of transportation, time, or money, and not having information on the cost and where and when to get the vaccine. Some in this group also said they were procrastinating on getting the vaccine.

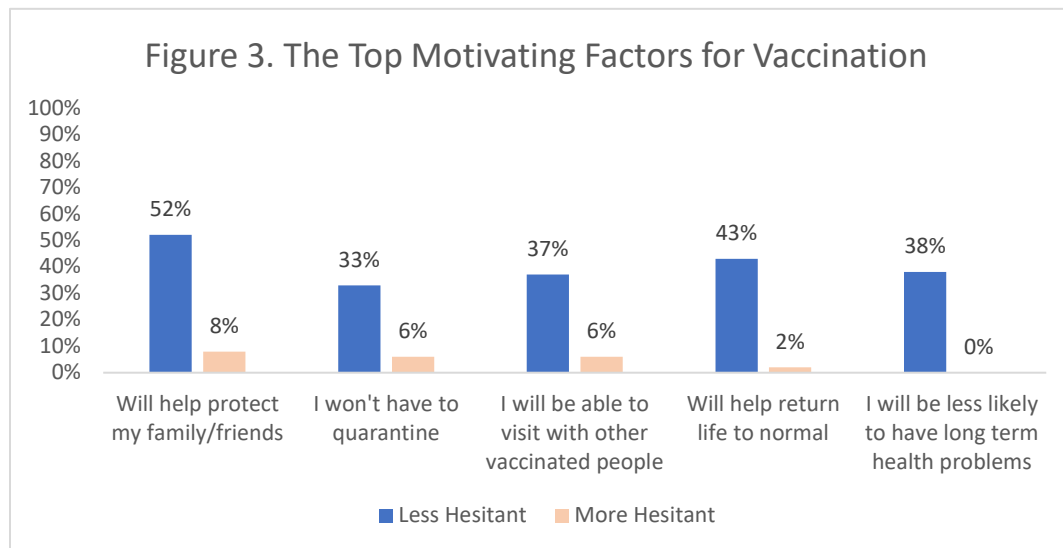
Interest in Learning about the Vaccine

Less hesitant respondents were three times more likely to say that they were somewhat or very interested in learning more about the COVID-19 vaccine (Figure 2). The less vaccine hesitant respondents were also more likely to be very or somewhat interested (37%) than the more hesitant respondents (10%). About an equal percentage of respondents in each group answered that they were not sure they wanted to learn about the vaccine.



Motivating Factors to Get the Vaccine

The two groups differed markedly in the degree to which they identified with motivating factors to get the vaccine, with the more hesitant answering that most of the factors were not motivating for them (Figure 3). The top three statements that were the most motivating for the more hesitant were that it would help protect their family and friends (8%), that they would not have to quarantine (6%), and that they would be able to visit with other vaccinated individuals (6%). The top three statements that were most motivating for the less hesitant respondents were that the vaccine would help protect family and friends (52%), it would help return life to normal (43%), and they would be less likely to have long-term health problems (38%).



Provider Visits and Discussion

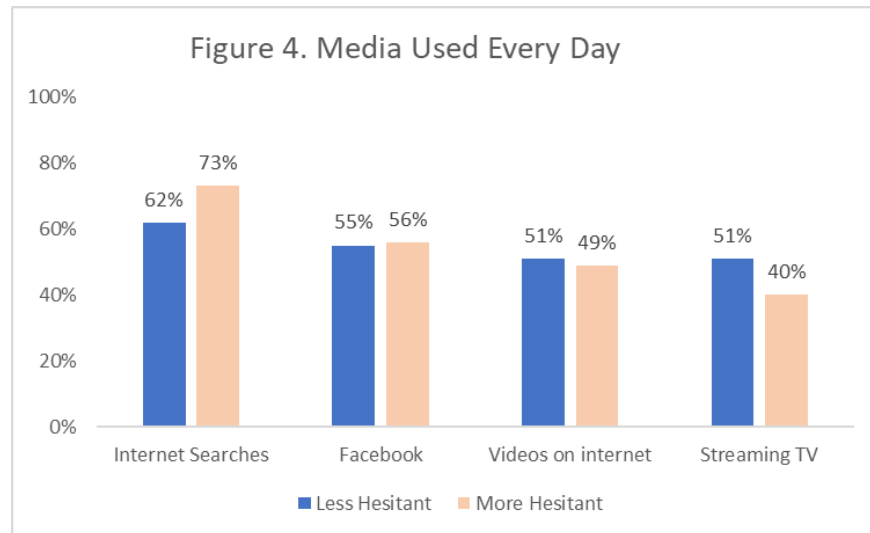
Thirty-two less hesitant respondents and fifty-one more hesitant respondents reported seeing a healthcare provider in the last three months. Fifty percent of the more hesitant respondents and 61% of the less hesitant reported that during the visit, their provider spoke to them about the vaccine. Less than half of each group reported that their provider gave them information on how the vaccines were developed, side effects, or how their health history is related to the vaccine. The more hesitant respondents were more likely to report that their provider discouraged (19%) or encouraged (47%) them to get the vaccine as compared to the less hesitant who said that they were not discouraged from getting the vaccine by their provider and 32% reported their provider encouraged them to get the vaccine. Close to half of the less hesitant (48%) respondents and more hesitant respondents (53%) reported that their provider offered them the vaccine during the visit. (Table 3).

Table 3. Questions about a Provider Visit in the Last Three Months

Question	Percent of Respondents
Have you seen a health care provider in the last three months?	
Less hesitant	32 respondents
More hesitant	51 respondents
Did they speak to you about vaccination?	
Less hesitant	61%
More hesitant	50%
Did they explain how vaccines were developed?	
Less hesitant	32%
More hesitant	19%
Did they discuss possible side effects?	
Less hesitant	28%
More hesitant	13%
Did they discuss your health history related to vaccine?	
Less hesitant	48%
More hesitant	31%
Did the doctor share their decision to get vaccinated?	
Less hesitant	16%
More hesitant	44%
Did they encourage you to get vaccinated?	
Less hesitant	32%
More hesitant	47%
Did they discourage you from getting vaccinated?	
Less hesitant	0
More hesitant	19%
Did they ask if you wanted a vaccine during the appointment?	
Less hesitant	48%
More hesitant	53%

Use of Media

The most popular media used by both groups every day were internet searches and Facebook. (Figure 4). For less hesitant respondents, the most common media used every day were internet searches such as Google, (62%), Facebook (55%), videos on the internet, such as YouTube (51%), and videos on streaming TV, such as Hulu, Netflix, Amazon Prime (51%). For more hesitant respondents, the most common everyday media sources were internet searches (73%), Facebook (56%), and videos on the internet (49%).



Trusted Messengers

While the most trusted messengers among the less and more hesitant respondent group were “family/friends” and “Elders/community leaders,” the two groups differed on the third most common trusted messenger (Figure 5). The third most selected choice for the less hesitant group was “other health care providers,” and for the more hesitant group, it was “faith leaders.”

