



CENTER FOR
HEALTH EQUITY
A Division of Public Health and Wellness

COMMUNITY PARTNERSHIP LISTENING SESSION SUMMARY REPORT

2021

Introduction

Communities across Louisville have experienced the pandemic in diverse ways. Hearing from individuals directly has helped us understand what needs remain to be met as well as what barriers residents are experiencing that have prevented them from getting vaccinated.

Louisville Metro Department of Public Health and Wellness (LMPHW) helped facilitate listening sessions and surveys with 17 contracted community partners, guiding questions and documenting ideas and responses. Responses have been assessed for themes and categorized according to immediate needs as well as longer-term partnerships and collaboration. Through this process, we hoped to capture the knowledge and experience of the community and inform our response in a way that most appropriately met the needs of our diverse community.

In addition, LMPHW has been providing mobile vaccination clinics within the Louisville Department of Corrections. Observations of this process were also compiled and serve as additional reflection of experiences on vaccine acceptance.

The narrative of experiences within the community evolved over the four months of listening sessions (May through August, 2021). While initial sessions revealed gaps in access, later sessions revealed that communities felt overly pressured to get the vaccine. Finding the balance between creating access, providing sufficient, timely information, and not creating negative pressure became a priority. Responding to community needs in real time has been critical for making the most informed response possible.

LMPHW values the partnerships that have been developed with community organizations. We know that local organizations know the needs of their communities best. When we engage and support existing work, we are not only meeting communities where they are, but also creating more informed responses to public health needs.

Community partners that contributed feedback for this report included:

Black Lives Matter	Louisville Urban League
Black Counseling and Consulting Collective	Molo Village
CIVITAS	NAACP – Louisville Chapter
Friends of Nicole 50/50	Play Cousins Collective
HipHopn2Learning	Queer Kentucky
Interfaith Pathways to Peace	Smoketown Family Wellness
Louisville Youth Group	West Louisville Urban Coalition
Louisville Parent Teacher Organization	Wild Accelerator/Story Spaces, LLC
Louisville Recovery Community Connection	

Themes identified throughout sessions:

Participants felt that the listening sessions were very valuable. It was a relief for residents to have direct access to vetted experts and cathartic to express frustrations directly to our organization. Perhaps the most common frustration we heard was, “Why are we only getting this level of communication now? Why hasn’t the Metro Government been holding sessions like this routinely for all sorts of issues, and how can we work together to improve the health of our communities beyond the effects of the pandemic?” *From Louisville Urban League listening session.*

At the same time, **residents requested more information.** Many felt they didn’t know who to call, where to go, or how to get a ride to be vaccinated. Residents felt like they didn’t have the same access to the vaccine as people had in other parts of town.

Our sessions often served not just as mechanisms for feedback and commentary on the response, but also provided an important place where **residents could ask basic questions about COVID-19 and the vaccine.** The most common reason for hesitancy is a “wait and see” approach that some say can only be resolved with more time.

Despite near-constant calls for more basic, factual information (what phone number to call, where to be vaccinated, how effective are vaccines, etc.), we also heard from several Black residents in these sessions that **they felt uncomfortable with the level of obvious targeting of the Black community** for communications. Some expressed this makes them more wary of vaccinations and distrustful of the health department.

As access increased and vaccination rates declined, community members shared that the trend was likely because those who wanted to get vaccinated have already done so and pushing more was not going to “bring more folks to the table.” Those who are waiting either want to wait and see what happens to those who are vaccinated, or they do not perceive the virus to be a risk in their own life. It has been estimated that there will be an uptick of vaccination when school starts in the fall as well as when people start getting sick again from being indoors. *From Park DuValle Community Health Center listening session.*

Impacts of COVID-19 on the Community and perceptions of vaccination:

Louisville residents experienced significant loss during the pandemic, particularly in West End communities. Listening session attendees lost loved ones, experienced cases of the virus, experienced isolation, and lost jobs. Session attendees recognized the disproportionate rates of death and disease in Black communities compared to White communities. Some felt like there were different sets of resources made available to White people than were made available to the Black community.

Throughout the spring, residents experienced significant barriers to accessing vaccinations. A large part of this involved a lack of timely, accurate information. Though LMPHW worked hard to provide this information and ensure its ubiquity, residents still shared that they didn't have all the information they needed, and they didn't know who to trust.

As the months passed into the summer, the narrative shifted and session attendees shared that they had access to the vaccine, they just didn't have trust for it. Those who had not yet been vaccinated shared that they needed more time and they wanted to see how the vaccine affected others.

Other barriers and concerns included:

- Residents felt that information about COVID was not provided early enough. **“Our community was last to come into knowledge of danger. We were not targeted for receiving the information.”**
- Questions were raised about trust. **“Can we really trust government or Public Health and Wellness based on their poor response?”** When it came time to get the vaccine out, the question arose: *“Are we the guinea pigs?”* *From Louisville Urban League listening session.*
- Community members did not feel like they had been listened to. They have made recommendations and participated in conversations, particularly related to communication requests, without clear action or follow up.
- Targeting of COVID commercials at the Black community made people feel uncomfortable and they did not understand why they were being targeted.
- Mistrust has happened over generations. **“Rebuilding trust is going to take a long time.** Maybe not a month, maybe more than a year.”
 - One participant shared, “There are so many issues with health care right now. A lot of moms that I work with come to me about their experience in the health care system. It's about if we trust you.” *From Park DuValle Community Health Center listening session.*

Addressing barriers to vaccination:

- Having access to the right information was a primary barrier to getting vaccinated. Session attendees identified a number of **communications needs** including clarification on:
 - Why it is important to get vaccinated
 - What is in the vaccine
 - Why it is safe
 - What are the side effects
 - Where to go to get vaccinated
 - What is true and what is false about the vaccine
 - Were Black people and White people receiving the same vaccine
- Resources that would **make it easier for individuals to get vaccinated** included:
 - Access to a computer to sign up.
 - For example, Senior HUD housing facilities often have WIFI but do not have a computer for public use.
 - Additional transportation options.
 - Park DuValle offers free transportation to their clinic. For specific zip codes, someone can be picked up and brought to the clinic if they want the vaccine.
 - Easy access to information on where to go get vaccinated (info on TARC buses, signage at points of interest, etc.)
 - A Latinx group recommended sharing whether interpreters would be available when advertising vaccine clinics.

Ways to increase confidence and uptake in vaccines:

- As the community felt significant distrust of the vaccine, community partners identified measures to increase confidence.
 - Utilize trusted voices and organizations in the community to share information and increase the number of opportunities that community members have to talk to a medical professional about the vaccine.
 - Trusted, local health professionals are key to building trust.
 - Engage with partners to inform strategic planning and messaging strategies.
 - The National Association for the Advancement of Colored People's (NAACP) Health Committee is looking at a variety of measures to address community health. Engaging this informed group of individuals can help improve communication and avoid pitfalls.
 - Make the connection with the health of the whole person. Don't just focus on the vaccine.
 - One participant gave an example of a time they were able to work with someone one-on-one to help them understand the importance of vaccination. Her client was an older woman who struggled with chronic obstructive pulmonary disease (COPD). She told her client that the variant was spreading and she already suffers from a breathing disorder, and that she was really at risk of getting sick from COVID. Because there was a focus on the entire picture of health, the woman understood it and got the vaccine.

Mobile Missions within Corrections

While community partnerships provided significant information on vaccine acceptance, feedback was also gathered on the implementation of mobile vaccination clinics at Louisville Metro Department of Corrections (LMDC). This summary can also inform the overall response and understanding of how to best understand why or why not residents are choosing to get vaccinated.

- 1 The messenger matters.** When people were asked about vaccination by corrections officers or jail nursing staff, rates of vaccine uptake were significantly lower than when Public Health and Wellness staff asked. There are several potential explanations for this including people's distrust of jail, prior negative experience with staff, or low vaccination rates among jail staff. It is essential that the "vaccine ambassador" or greeter be personable, knowledgeable and confident that the vaccine is safe and effective.
- 2 Conversations about the vaccine should be conversations, not lectures.** Listening to people is much more important than telling them why they should get vaccinated. People who are vaccine ambivalent tend to have reasons that make them want to get vaccinated as well as reasons that make them hesitant to get vaccinated. If we hope to engage people, it is essential that we understand what is motivating people to get vaccinated AND what is motivating them to hold off on vaccination.
- 3 People want to decide for themselves.** Virtually everyone knows that public health experts and the government recommend getting vaccinated by now. Therefore, most people who remain unvaccinated need to find motivation beyond "expert advice." The most common motivators that were heard from people included protecting their family, needing to be vaccinated for work, and avoiding hospitalization. The most common reason to wait was distrust of pharmaceutical companies and government, concern that there is no data on long-term effects of vaccination, and not wanting to have to deal with potentially uncomfortable side effects (particularly while incarcerated).
- 4 Different people respond to different tactics.** Because people's ambivalence about getting vaccinated depends on their particular reasons not to get vaccinated, a one-size-fits-all approach cannot work. In cases where someone's reasons not to get vaccinated are due primarily to misinformation or a lack of information, these can sometimes be addressed through education. Often it is more effective to focus on amplifying people's motivation to get the vaccine rather than pushing back against their resistance to the vaccine. There are definitely people getting vaccinated now because they have heard that the delta variant is more severe than previous variants.
- 5 The news and community conversation are rapidly changing, so talking points must be updated regularly.** Each week our LMDC talking points change to reflect what people have likely seen on the news or heard about from friends. This includes the Janssen pause, new variants, community vaccination rates, and vaccine incentives. The fact that the situation is continually changing helps to reduce stigma for vaccine ambivalent people to change their mind and get vaccinated.

- 6 Decisions are not binary, and there are often stages between vaccine refusal and vaccine acceptance.** A lot of people who said no to the vaccine the first time we visited said yes on a subsequent visit. Even when people choose to remain unvaccinated in the moment, they may be gradually shifting their position and they may choose to get vaccinated later or elsewhere. They also may practice other COVID risk reduction like wearing a mask.
- 7 We have entered the most labor-intensive phase of vaccination.** People with resources who were highly motivated to get vaccinated have already done so. Most of the remaining unvaccinated population is either vaccine hesitant, ambivalent, or resistant.
- 8 We are increasingly working with people who have been failed by our health and government systems.** While this is particularly true of people who are incarcerated, it is more broadly true about the unvaccinated population as a whole. Generally, people do not assume that the government or healthcare systems have their best interests in mind and our unvaccinated residents have disproportionately been negatively impacted by government and healthcare's failure to meet their needs. As such, they are more likely to doubt that these systems will serve their needs now.
- 9 People value honesty and sincerity.** This includes admitting what we don't know, acknowledging the harm that government policies have caused, and explaining our motivation to bring vaccine to the community. Staff need to respect the people they are serving, and they need to convey this.
- 10 We cannot see or measure all of our impact.** Several of the people we have vaccinated at LMDC reported that they were the first in their family to get vaccinated. By providing a positive vaccine experience for these patients we create opportunities for them to subsequently share their experience with other residents who may be vaccine ambivalent.

Recommendations for immediate needs:

Most immediate needs identified during listening sessions were related to communication. Recommendations have been compiled below and shared with LMPHW leadership and communications teams.

- **Make basic, accurate information even more ubiquitous.** Residents recommended ads at bus stops and on buses, for example, to give the phone number to call for scheduling along with a reminder that we can help arrange transportation.
- **Roll mental health into the conversation.** Talk about how COVID-19 has increased isolation, grief and loss, and increased feelings of being anxious as well as post-traumatic stress disorder (PTSD).
- **Integrate conversations about the vaccine with other topics.** Do a wellness listening session instead of a COVID listening session. Chronic diseases are the long-term conversation including chronic obstructive pulmonary disorder (COPD), diabetes, flu and pneumonia. Talking about overall health makes the community feel more cared for overall.
- If the community knows the provider, then they are much more likely to connect. Host Facebook Live events with well-established health professionals in the community. People are attached with social media.
- Promote more information on Spanish speaking radio stations. Promote information about the availability of interpreters.
- Utilize a text blasting program to get information out about the vaccine, what number to call, where you can get vaccinated, statistics, etc.
- Utilize social media tools like StreamYard, a podcast like program, to spread information. Utilize local community members to get the word out.
- **Create spaces for residents to ask common questions**, and have trusted providers be the ones who can answer:
 - What is herd immunity?
 - How does the vaccine work?
 - Will the vaccine affect fertility?
 - What are the side effects?
 - What is the survival rate for COVID 19?
 - Will it change my DNA?
 - Will the vaccine give me COVID-19?
 - Should I get the vaccine if I've already had COVID-19?
 - Should I get the vaccine if I've had breast cancer?
 - Why do people who get vaccinated still get COVID-19?
 - What was wrong with the Johnson and Johnson vaccine?
 - Why did the Johnson and Johnson vaccine get re-released after it was pulled?
 - What took so long for the vaccine to get down here to the West End?
 - When will we need to get a booster shot?
 - Why are we focusing so much on COVID-19 and not other diseases like diabetes and heart disease?
 - What makes the Delta Variant different?

Potential long-term collaborations:

During listening sessions, ideas were identified that may take longer to implement, but would help to continue building trust by addressing community needs.

Distribution of Information

Several groups requested routine follow-up and new information from LMPHW. Groups said they would be happy to forward members a biweekly newsletter, for example, with tailored, relevant health news. Disseminating information directly through these trusted partners can help residents to trust our communications.

Research and Data

LGBTQ+ groups requested explicit tracking of queer health in Louisville. Including these identifications and removing binary gender choices on appropriate forms (including vaccination data collection) will help us learn about queer health across Jefferson County and help partner organizations address resources where they're most needed. Identifying pathways to increase data collection should be a priority both within the pandemic response as well as across other LMPHW operations. This may require addressing data collection and storage methods both at the local, state and federal levels.

Support for different health campaigns

The following recommendations were made by community partners for potential LMPHW programming.

LGBTQ+ Health

LGBTQ+ groups identified mental health as a major area of concern resulting from the pandemic. Youth, unable to spend time with their peers, felt isolated. Trans youth felt especially vulnerable as extensive anti-trans legislation was put forward across the country in 2021. Adults observed higher rates of anxiety and depression as well as drug and alcohol abuse among their peers. Many don't have health insurance or do not know how to navigate Medicaid and so have not accessed care. Extending and expanding partnerships with LGBTQ+ populations can help clarify needs in the community while strengthening measures to specifically address the support requested by this population.

Chronic Disease in Black Communities

West End communities experience a lower life expectancy than other areas in Louisville which has been documented in the Health Equity Report. A part of this inequity is related to the presence and management of chronic conditions including diabetes, hypertension, and COPD. Community listening session attendees identified chronic conditions as areas where there could be more long-term support and collaboration. Leaders within the Black Counseling and Consulting Collective noted that people didn't understand what so much emphasis was being placed on the virus when the community was experiencing so many other health concerns. By focusing on the health of the whole person people may gain a better understanding of the value of vaccination. Working on health campaigns identified by community partners not only addresses a health care need, but it also builds long term relationships with the community partners.

Mental Health in Black Communities

Black communities have experienced higher rates of infections and have lost more community members due to the COVID-19 virus than other communities across Louisville. This loss has created significant trauma that may affect the community for months and years to come. Seniors in nursing homes have felt immense trauma and isolation. Providing support for mental health programs will be critical for the long-term recovery of these communities.

Build a LMPHW presence in neighborhoods

Build a culture of health by increasing the presence of LMPHW, or appropriate partners, in areas where COVID-19 hot spots remain. Promote awareness and on the virus as well as other health concerns. Be present and build trust.

Implementing recommendations within the Department of Public Health and Wellness

LMPHW has taken into account many of the recommendations provided by listening sessions. While some responses could be addressed immediately, others will take more time and a shift in prioritization within LMPHW operations. Current responses to recommendations include the following:

Complete or in progress:

- Changes to communications:
 - Communities shared that vaccine messaging felt too forceful. The communications team took this into account and shifted messaging practices to be more supportive.
 - Additional modifications included making information more ubiquitous, making fliers with the Lou Vax Hotline information, and increasing a social media presence.
 - Communities requested to hear more from trusted medical providers. Significant time and investment have been placed in listening sessions with medical experts for community organizations.
 - Feedback from listening sessions was shared with the vaccine communications work group – a group of about 40 including healthcare providers, businesses, Jefferson County Public Schools (JCPS), nonprofits, and international community representatives. Representatives were asked to take the feedback into consideration when doing their own promotion of vaccines.
- Changes to outreach and support:
 - Feedback from sessions was used to develop postcards with help line information, and enhance care kits for those with COVID-19.
- Changes to vaccination sites:
 - Feedback from listening sessions supported the decision to move towards a standing site model for vaccine clinics, and helped to support and justify the decision in front of Metro Council and other leadership.
 - Suggestions from community partners were integral to determining where LMPHW would establish standing sites.
- Changes to partner interactions
 - The information learned in these sessions greatly enhanced the goal of building trust with community partners.

Short-term:

LMPHW will continue to support and expand partnerships with community organizations:

- A listening session with partner organizations resulted in requests for more coordination between partners.
 - Coordination efforts will include sharing of data, information, and marketing.
- LMPHW will also work to include additional partners interested in COVID-19 response work.

Long-term:

Staff at the Center for Health Equity have taken into account recommendations to expand community partnership operations. Some of these recommendations have been identified by Center for Health Equity staff in the past through other community conversations - for example the need for more engagement, improvements to communications, and expansion of how we do data collection. However, with limited resources it has been difficult to address these in full. With a grant from the Centers for Disease Control for addressing COVID-19 Health Disparities, Center for Health Equity is able to expand our staff and capacity to more fully address some of these concerns. Several of these ideas and recommendations will need more development and we will focus on these in our upcoming strategic planning process:

Engagement:

- Designate LMPHW employee(s) to focus specifically on connecting with community organizations or community leaders.
- Implement qualitative research to gather information on needs and priorities (surveys, listening sessions, focus groups, etc.)

Communications:

- Identify what the best forms of communication are to reach each different community (radio, WLOU, social media, newspaper, television, etc.).
- Work with community partners to identify most important topics, and best language for health messaging.
- Work with community partners to help distribute information.

Research:

- Identify ways to collect demographic data or advocate for changes in data systems that can help us better understand how different populations are being impacted.
- Strengthen LMPHW's research operations through connections to community organizations.
- Prioritize research on topics identified by the community.

Support:

- Identify ways to support the existing infrastructure and programs of community organizations doing public health work.
 - Partners, particularly of Black-led organizations, have requested ongoing assistance with amplifying their work, connecting them to resources, and educating people in power about their work.
- Help build partnerships across networks to strengthen the capacity of each organization. Work smarter, not harder. LMPHW doesn't necessarily need to be in charge of all public health programming, but it can foster relationships to make programming happen.

Summary

Continuing the process of listening to communities will be critical to the success of future operations both in the pandemic response as well as across other public health operations. Building on existing partnerships, sharing the process with community partners, and building trust will be critical for long term success and healthier communities.

Dr. Ruth Carrico, a nurse practitioner and associate professor at the University of Louisville School of Medicine, has emphasized the importance of Transcultural Nursing Theory, the practice of meeting people where they are at both culturally and physically. “Our job is to understand where a person is. We don’t have to agree with it. We don’t have to understand it. We just have to figure out where we need to start and recognize the growth and transformation that a person may experience when they are provided the resources to make their own decisions.”

Providing a consistent presence, providing factual information that is easy to understand, and supporting individuals in their process to make informed choices are key steps to building trust around vaccination. The listening sessions have again emphasized that dialogue with community is essential for making informed public health responses. Building this practice into future LMPHW operations will strengthen trust and work to meet communities where they are at.

Appendix

Thematic Analysis/Affinity Diagram

Vaccine Access	Perceptions/ fears of vaccine	Perceptions of vaccine campaign	Measures that increase Vaccination/Why people are getting vaccinated.	Research	Communication	Long term collaborations
Provide transportation for those that need a ride. Provide information about how to get that transportation.	Fear of effects on fertility	"White people suddenly concerned about us. We have racist police, redlining, murders, and now you are concerned for vaccinations only."	Create more forums with health professionals so that people can get their questions answered in a straightforward manner. (Churches, online platforms, etc.)	Address lack of data on LGBTQ health across the pandemic. We still have binary just choices on registration materials.	Expand routine communications on the state of the virus to partner organizations.	Identify ways to provide affordable mental health care in the LGBTQ community.
NAACP wants to make sure youth are getting vaccinated this summer. What does it take?	Fear of feeling unwell after vaccination.	"Joe Biden wants to even go in our barbershops. No one is talking to us about our health; only talking about vaccination."	1. Give us time; and 2. Help us get access to the things that will support us.	Don't just approach community when you need research. Show up. Support us.	Need factual information from a trusted source.	Implement suicide prevention programs in LGBTQ community.
Access to the right information: Reasons why it is important to get vaccinated. Facts about the vaccine. Why it is safe. Where to go to get vaccinated.	"The storyline keeps evolving so I don't know what to believe. For example, if I'm healthy, I was told the virus won't affect me. If this is the case, why do I still need to get vaccinated?"	"We need to educate family members on what to look for. This is a journey and it's going to be with us for a long time."	"People will do it when they are ready"	Need information on how to get vaccinated (telephone number), and not just be told to get vaccinated. (Place info on TARC buses, signage at points of interest, etc.)	Need information on how to get vaccinated (telephone number), and not just be told to get vaccinated. (Place info on TARC buses, signage at points of interest, etc.)	"Many in the LGBTQ community jumped at the vaccine because we've already been through a plague. If the government had thrown all the resources at HIV that they did COVID it would have made a big difference." Need to address the "plagues" of various different communities equally.
Access to a computer to sign up or do research.	"I'm scared. I don't want to put a foreign substance into my body."	A lot of trans people don't trust healthcare.	People will get vaccinated if they know someone who has been impacted by COVID infection or death.		Make women more comfortable with the Janssen.	LMPHW partnership with NAACP Health Committee.
People feel like they have access to the vaccine, they just don't yet trust getting it. They want to wait and see what happens to other people.	"It feels like there wasn't enough research."	People need more time talking to a health professional to feel safer about getting the vaccine.	Time passing to see harmful effects, outcomes of vaccination.		Important messaging: "The risks of covid vastly outweigh the risks of the vaccine."	Computers for the Senior Centers to sign up and look up information.
Park DuValle offers free transportation to their clinic. Someone can be picked up and brought to the clinic if they want the vaccine. (In specific local zip codes)	How far can variants evolve, and will the vaccine cover them?	"What took so long for the vaccine to get down here to the West End? Now, we are more accepting of it, so we want our questions answered because we want to decide if we can get it."	"Sick and tired of being scared."		"Folks in barber shops have conversations. I have to go do my research after I hear what folks have to say there."	Maintain open communication and collaboration with LUL as the community continues to address a broad spectrum of health concerns.

Vaccine Access	Perceptions/ fears of vaccine	Perceptions of vaccine campaign	Measures that increase Vaccination/Why people are getting vaccinated.	Research	Communication	Long term collaborations
	Are we looking at vaccinating kids with autism?	People feel like they have access to the vaccine, they just don't yet trust getting it. They want to wait and see what happens to other people.	Older folks doing it to show "we can get through this together."		People want to know more about the J and J vaccine. Need to get this information out there.	Address the long-term mental health impacts of the pandemic on Black and Brown communities as well as on youth.
	Does the MRNA vaccine use CRISPR technology?	"There are so many issues with health care right now. A lot of moms that I work with come to me about their experience in the health care system. It's about if we trust you."	Job requirements or medical reasons		Advertise what vaccine is being provided at any clinic. Make sure people know clearly before they arrive.	
	Have they observed a difference in how the vaccine affects different races?	"The mad rush is over. Things have opened. Up. It's summer, people are out. It's not going to be real to them. It's only when people are in crisis that they might find motivation."	Some folks getting it to protect elderly family members		Truth adjacent information is more confusing. Information may seem correct but it gets muddled in with what is true and what is not.	
	Low trust in the government and healthcare system due to historic racism in health care research.		To protect health due to other chronic conditions.		Community members do not feel like they have been listened to. They have made recommendations and participated in conversations, particularly related to communication requests, without any action or follow up.	
	Concerns about tracking devices being put into bodies via vaccine.		Build relationships with those that fear getting the vaccine. Relationships are key to building trust.		Targeting of COVID commercials at the Black community makes people feel uncomfortable and they do not understand why they are being targeted.	
	Misinformation is hard to navigate.				People feel pressured to get the vaccine with media everywhere.	
	"Reasons for not getting vaccinated—fear of long-term effects. We still don't have enough info."				Be sure there is transparency in what's happening with vaccine outcomes, important information.	
	Tuskegee experiments				Do a wellness listening session instead of a COVID listening session.	
	Concern about how fast the research was implemented. (comparing cancer research to vaccine research)				Do a wellness listening session instead of a COVID listening session.	