





munity. Meeting them in their spaces....” [Participant #1] The philosophy of meeting people where they are at was also applicable to people’s position regarding the COVID vaccine. “..for the most part, I do not see hesitancy as a bad thing because if you just see why people may be hesitant, people want to make the right decision. If they aren’t sure about something, I don’t think we’d want people to be jumping into making decisions blindly that they aren’t sure about”. [Participant #4] They also emphasized the need to demonstrate genuine care by treating people with kindness, empathy, non-judgement: This involved deliberately adopting a manner of approach that broke down unspoken barriers, enabled connectivity, and birthed a percep-

ing, emailing information, and then when we began the office hours educational sessions, inviting those people to those.” [Participant #2]

- Racially-concordant presenter-audience health education events. These educational opportunities were a series of

#2]

**Enhancing access to vaccination clinics:** The community-based organization also partnered with healthcare systems to host vaccination clinics, bringing those to community spaces and events. This made it more accessible for community members.

**Addressing vaccine hesitancy/resistance:** A variety of strate-

with the necessary information. This proved to be a huge challenge. "Like I didn't recognize or realize that we would have vaccines sort of this soon and it sort of just came on.

There was just like the first few weeks of this, and I'm so grateful for this team, it was hectic and hard. I didn't know which way to go, but we just needed to react and react and react". [Participant #1] The personnel found themselves having to perform under less-than-ideal situations, as work dynamics were not structured for efficient operations. They were thus unable to forecast and plan accordingly. "I like to have a better; I'll just say a better setup for people to work in .... It's tough to be able to set things forward in a way that's more organized, I guess." [Participant #1]

**Accessibility:** There were barriers related to access to vaccination clinics

- **Limited clinic hours:** Community coordinators reported that since the clinic was only open during the regular working hours, some people, though willing, could not be scheduled for vaccination appointments, as they were unable to get time off work to get vaccinated. "Now that we have the vaccines, a lot of different jobs are opening back up and people are going back to work. Some of the challenges that we've also seen is scheduling people during these clinics that have to work during the day." [Participant #2]
- **Transportation:** For some community members, getting transportation to the clinics was a major challenge, especially for persons with disabilities. "Another challenge knows people want to work during the day." [Participant #2]

- 1) Tips on how to address vaccine resistance
  - i) Limit e orts with persons who are 'vaccine resistant'
  - ii) Do not be 'defensive' of 'coercive'; simply provide valid information
  - iii) Stay accessible.
- 2) Seemingly "little things" make a di erence as demonstrated by profound gratitude expressed over
  - i) giveaways (tote bags, masks, hand sanitizers),
  - ii) getting vaccinated
  - iii) the follow-up calls a er vaccination.
- 3) 'Vaccine hesitancy' is not a bad thing
  - i)

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