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In the Latino population of Omaha, NE, primary vaccination series completion rates are lower than the national rate at 67%, as of September 10, 2023 [9]. In contrast, locally the non-Latino White population of Douglas County, Greater Omaha, in 2022 was 407,990 and had a 59% primary series completion rate, also as of September 10, 2023. Thus, the Latino vaccination rate exceeds that of the non-Latino Whites.

The Latino population in 2022 was 81,347 [10]. But 33% of the Latino population in Omaha (26,845 individuals) lack the primary series vaccinations.

The purpose of this paper is to summarize a Latino Community Health Workers (CHWs) COVID-19 vaccination education, training, and community outreach program in Omaha, Nebraska. These Latino CHWs or “promotoras/res” were part of a cadre of CHWs previously trained and certified by Creighton University’s Center for Promoting Health and Health Equity (CPHHE) [11,12]. CHW effectiveness in addressing community health disparities and inequities is why the CPHHE has educated, trained, and overseen a cadre of CHWs since 2014 [12,13]. CPHHE has referred to these CHWs as “Community Health Advocates (CHAs)” and “Community Health Advisors (CHAs),” terms common in the literature. The current efforts by the promotoras/res were part of CPHHE’s broader CHA vaccination promotion to diverse communities through personal community encounters and town hall meetings. Bilingual Latino CHAs, worked primarily in South Omaha with Latino families and individuals. CHA community encounters were in English or Spanish as needed.

CPHHE’s COVID-19 Project had 2 phases. Phases 1 and 2 aimed to reduce disparities in COVID-19 infections and vaccination, respectively, including the Latino population. In Phase 2, specific aims for CHA education and training were to show CHA trainees how to (1) overcome vaccination hesitancy and misinformation, and (2) disseminate relevant information, given language barriers and cultural beliefs and customs contributing to vaccine hesitancy. Douglas County Health Department (DCHD) in Nebraska funded Phases 1 and 2.

Creighton University funds CPHHE through distributions of state of Nebraska Tobacco Settlement funds LB692. Figure 1 illustrates CPHHE’s CHA programmatic evolution from 2014 through the 2021 COVID-19 programs [14].

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CHAs (“promotores/ras”) understood fully the facts during the eight-week training so they could explain and disseminate this information correctly, in simple terms, and with confidence to their circle of influence.

Town halls

Practices: To prepare 2 town halls, practice sessions were held with the CHAs. Practices helped overcome CHA nervousness and assure information accuracy. Also, Author ISS individually met with 2 of the promotoras to rehearse presentations, ensuring comfort and quality. Prior to the first Town Hall, Authors ISS and JRS met to ensure presentation of scientific information in Spanish was linguistically appropriate. To prepare for the second town hall, Author LV helped a CHA presenter update local COVID-19 statistics and showed them how to explain their significance to the Latino population.

Presentations: Themes addressed attendee needs, informed by CDC guidelines [14]. Two CHAs and a health expert discussed vaccine facts, population specific data, vaccine science, myths, and misinformation. All materials were presented in Spanish.

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Town hall meetings

There were 2 town hall meetings held for the Latino population. The first town hall meeting was on Zoom and Facebook with an attendance of 30 and 3,000, respectively. The second town hall meeting was also on Zoom and Facebook. Topics presented included viewing and interpreting the Douglas County Health Department's dashboard data (local statistics by population), vaccine science and safety, mask wearing, variants, and answers were provided to anticipated questions around allergies, and side effects. Whether vaccination causes "COVID-19 infection" was also discussed. Two CHAs presented facts that discredited myths surrounding vaccine hesitancy. Question and answer sessions concluded each town hall meeting.

Communications

Flyers and brochures were adapted to Spanish and disseminated in the communities. Other communication strategies were also culturally and linguistically adapted. For example, the project newsletter was translated to Spanish and reviewed by a Latina project leader. Communication strategies employed, with the total number of items disseminated, included: flyers in Spanish (50); brochures (200); posters (20); banners (1); billboards

(1); newsletters (5 minimum); newspaper articles (2); pocket guide booklet (1); magazine article (1) church bulletins (6 minimum); and Facebook postings.

Evaluation

As indicated in the final report submitted to the funder, Douglas County Health Department, survey results showed that most respondents viewed the events positively and would use the information with their neighbors [16]. However, a minority of respondents would not use the information to change their minds regarding vaccination. One participant indicated they changed their mind and would seek vaccination.

Of the English language survey respondents, 91.8% indicated they had taken the COVID-19 vaccine, while 65% of the Spanish language survey respondents indicated they had taken the vaccine. However, 95% of Spanish survey respondents indicated they would help spread the COVID-19 vaccination promotion message of encouraging people to take the vaccine, while 100% of the English language survey respondents were in the affirmative. Also, 93.2% of English language survey respondents indicated they gained new information and 95.8% of Spanish language survey respondents answered "yes" (Table 1).

Table 1: Town hall meeting post-event "Yes" survey responses for both English and Spanish language surveys

funding allows. Reasons for this planning strategy include that the overall project planning did not adequately consider some linguistic, cultural, and logistical challenges as detailed below. However, the pandemic's emergent nature required rapid planning and implementation. Also, limited funds for recruiting and training Latino CHAs constrained project scope.

The town hall meetings posed complex technical needs that were partially unmet; attendees through the Facebook (FB) platform were unable to complete evaluation surveys as the link was not made available through FB, whereas Zoom participants could complete the survey by clicking on the chat link. Given this complexity, one individual could not satisfactorily monitor all streaming platforms. Thus, at least 2 individuals are needed to monitor technology platforms during presentations and town hall meetings.

Other technology challenges included user discomfort with the project team's selected Zoom platform for the Town Hall meetings. Instead, users in the Latino community mostly preferred Facebook (FB) streaming rather than Zoom. Because we did not anticipate the predominant FB presence, two-way communications with that audience were unavailable during the town hall meetings. Again, enhanced pre-planning with the CHAs might have averted these issues. Thus, a project of this overall size, and the Latino subset participation, posed several technological needs. A team approach of shared expertise with community input would better anticipate such challenges.

Impact evaluation should assess vaccination rates due to CHA promotoras/res encounters, attending town hall meetings, and impact of other communications (e.g. catchy promotional phrases like "Don't hesitate, vaccinate," billboards and rap music). However, such outcome determinations require significantly enhanced project funding. Our project did not include that financial support.

Latino communities include communities with varied cultural practices. To ensure cultural alignment, pre-planning consultation with members of these diverse communities

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