Evaluation Report:
Motivators and Barriers to COVID-19 Vaccination & NAPCA’s Work to Support ANHPI Older Adults

Prepared by
Evaluation Specialists

in partnership with
National Asian Pacific Center on Aging

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Background

The National Asian Pacific Center on Aging (NAPCA) exists to preserve and promote the dignity, well-being, and quality of life of Asian Americans, Pacific Islanders, and diverse communities as they age. One element of NAPCA’s response to the Covid-19 pandemic was to provide outreach, registration, and support to help this population access vaccines in Los Angeles County, California. Funding for this work came from the Public Health Institute and the National Council of Asian Pacific Americans, a project of The Tides Center.

The major outreach effort was a July 2021 press release explaining the in-language support the NAPCA Helpline provided and describing how to access it. This information was distributed through 16 media outlets that reach different Asian, Native Hawaiian, and other Pacific Islander (ANHPI) communities (for example, the Chinese LA Daily News, Daily Sport Seoul, and Little Saigon TV).

The key support effort was using NAPCA’s Helpline program to provide in-language information and referral to homebound older adults and their caregivers to help them access vaccination. The Helpline also offered this support to other callers, including self-referred older adults and people referred by contracted vaccine providers in LA County.

This report was prepared by Evaluation Specialists (ES), an external evaluation firm hired by NAPCA to evaluate their recent work in this space and help guide their future efforts. The report covers activities during the past year, since approximately November 2020. It offers answers to descriptive evaluation questions regarding Covid-19 vaccine uptake among ANHPI seniors in California. It also addresses formative evaluation questions about how NAPCA can continue to effectively support Covid-19 vaccination in this population, including boosters, as well as ways they can collaborate with providers to increase vaccination rates and improve other types of support for ANHPI elders.

Answering Our Evaluation Questions

Evaluation Data Sources

Complete details on our data collection, sampling, and analysis methods appear in the Methods Appendix (page 6). We used data from two sources in this evaluation: A brief survey of 143 ANHPI older adults living in California, and interviews with 10 people who have knowledge of NAPCA’s work and are experts about the ANHPI older adult community.

Evaluation question 1:

What are the current motivators and barriers to Covid-19 vaccine uptake for ANHPI seniors?

The vast majority of survey participants (98%) told us they had been vaccinated against Covid-19. In comparison, County of Los Angeles Public Health reports that the vaccination rate among Los Angeles County Asian American/Pacific Islander seniors (65 and older) is currently 83%. Thus, our results are specific to vaccinated older adults and may not accurately describe the experiences of all seniors in the Los Angeles area, especially those who are not vaccinated. Complete survey results, including a description of our sample, appear in the Survey Results Appendix (page 8).

Key Motivators. The motivators that people cited as most helpful were knowing the vaccine would allow them to travel and socialize more safely. Ninety-seven percent of elders we surveyed reported that safer travel was a very helpful vaccine motivator, and 92% said this about safer socializing. Receiving information about the vaccine on the radio or TV in their own language was also effective, with 85% of survey respondents saying this was a very helpful motivator.

Providing vaccines seemed somewhat less effective as a motivator, though still helpful to many elders. Forty-six percent reported that providing a vaccination at their home would have been “not
helpful” or only “a little helpful.” Thirty-eight percent said the same thing about providing a vaccination at their place of worship, and 34% said this about providing it someplace else they often went, like the grocery store, park, library, or senior center.

Other facilitators for vaccine uptake that were mentioned in qualitative interviews included:

- **Offering vaccines in settings close to older adults’ homes.** Providing vaccines at non-health care sites such as schools, grocery stores, and community centers was mentioned as a way to make it easier for ANHPI older adults to get fully vaccinated. Offering mobile vaccine clinics in which providers did home visits to deliver vaccine to home-bound seniors was also mentioned.

- **In-language support for scheduling vaccine appointments.** Assistance with scheduling and in-language support was also cited as a facilitator of vaccine uptake. One example was having a community member help a senior complete an online form and not requiring that a person have an email address (as many older adults do not).

- **Meaningful conversations with people knowledgeable about the vaccine.** Having a meaningful in-person or phone conversation about the vaccine with someone who treats an ANHPI older adult very respectfully and seriously was also mentioned as a facilitator. Allowing the older adult to ask questions in their preferred language was additionally noted as helpful; providing written information is not always adequate, rather, people benefit from interaction about vaccination.

**Key Barriers.** The most common barriers that people reported were being worried about how sick the vaccine’s side effects might make them and not being able to schedule an appointment in the language they spoke. Forty-one percent of elders we surveyed said that concern about side effects making them sick made it harder for them to get vaccinated, and 37% said this about language barriers to making a vaccine appointment. Survey participants seemed less affected by being unable to leave their homes to be vaccinated, with 6% citing this a barrier, and by concerns that getting vaccinated might affect their immigration status or their families’, with only 4% mentioning this as a barrier to vaccination.

Qualitative findings from the interviews also indicated several barriers:

- **Limited in-language information about the Covid vaccine and appointment scheduling.** Interviewees reported that older adults were not always able to schedule an appointment in their preferred language and that information about the risks and benefits of the vaccine was not provided in languages such as Hindi, Bengali, and Khmer.

- **Lack of adequate or convenient transportation.** Interviewees discussed limited bus routes in several ANHPI communities and the long walks that some older adults have to make to their bus stops. The physical and psychological effort it takes to access transportation for vaccine appointments was reported as overwhelming for some older adults.

- **Fear of violence and harassment en route to appointments.** Interviewees mentioned that some older adults are fearful of traveling to unfamiliar neighborhoods or non-ANHPI communities because of recent violence against members of the ANHPI community. One interviewee noted, “If the vaccines aren’t delivered in their neighborhood, many don’t know where to go, or may be afraid to go there.”

- **Different instructions about vaccines administered in other countries.** Many older adults watch the news from their home countries, which have different available vaccines with varied efficacy, safety, and dosing schedules. For this reason, these older adults often receive information and instructions that conflict with what they receive from US sources.
• **Media misinformation.** Many countries have safe and effective vaccines, however, some older adults receive misinformation and conflicting guidance via both US and international media outlets, including false stories delivered via YouTube and other social media platforms.

• **False and misleading information shared by their adult children.** While many older adults would like to get the vaccine and booster shots, some of their adult children do not support them doing so. For example, one interviewee felt strongly that “the children of the older adults are a barrier!” She remarked, “when an elder asks for a ride to get their vaccine, their sons and daughters try to talk them out of it”. This theme of the younger generation (below 55) being more anti-vaccine than the elders was mentioned by several interviewees, including one who noted “this goes against what we are usually taught to do as public health advocates who work with communities of color… that is… we tell people to talk to a trusted community or family member”. She continued that in this case, “we need to think about family-centered work, where we work with the whole family”.

**Evaluation question 2:**

**How can NAPCA continue to effectively support Covid-19 vaccine uptake (including boosters) for ANHPI seniors?**

Survey findings suggest that one effective way to support vaccine uptake among ANHPI seniors is to inform them about how vaccination makes activities they value, such as travel and socializing, safer. Providing vaccine information in the languages they speak and in the media sources they use is another part of supporting uptake, as is ensuring that seniors are able to schedule vaccination appointments in-language.

In addition, interviewees also suggested a number of ways that NAPCA could support vaccine uptake. These included:

• **Launching strategic communication on the right media platforms.** Interviewees suggested that NAPCA offer information about the vaccine on social media platforms and media outlets that ANHPI older adults use regularly, and do so in an intentional manner. For example, conducting outreach and sharing information on YouTube and Facebook Messenger was successful because these technology platforms can translate into languages such as Khmer. Also, some older adults are more comfortable using those platforms than others.

• **Conducting effective outreach and “in-reach” to the diverse ANHPI community.** Feedback from interviewees suggested collaborating closely with other organizations and keeping them informed about NAPCA’s programs to support vaccine uptake and their other offerings. One interviewee suggested NAPCA do more specific “in-reach to people and groups they are already working with… to tell them about current projects.” Some interviewees reported that they did not know NAPCA was working on supporting vaccine uptake.

• **Focusing on supporting caregivers of ANHPI older adults.** Several interviewees discussed how many of the challenges ANHPI older adults face can be lessened by supporting the caregivers of these elders, along with their other family members. Interviewees felt that education and resources that support caregivers are critical to ensuring that the entire family can access vaccines and other supports. They suggested that NAPCA offerings need to “think about the family holistically” and that “the younger people are the bridge to the older adults”. Messages and programming can be tailored to caregivers and others who directly support older adults.

• **Strengthening the cultural competence of the larger systems of health care, food delivery, and other organizations that serve ANHPI older adults.** Interviewees discussed the need for NAPCA to bolster its efforts to make other systems more culturally appropriate for
ANHPI seniors. For example, one interviewee mentioned that the food offerings through food pantries do not include the typical foods preferred by some ANHPI older adults.

- **Support efforts to provide more affordable housing for ANHPI older adults.** Many elders are facing eviction and increased housing costs. Interviewees felt that NAPCA could support efforts to increase access to affordable housing, including supporting organizations in efforts to find housing in neighborhoods with larger ANHPI communities.

**Evaluation question 3:**

*How can NAPCA and other organizations continue to collaborate in order to effectively increase Covid-19 vaccine uptake for ANHPI seniors?*

Findings from the qualitative interviews indicate the following actions:

- **Promote NAPCA’s programs in a strategic manner to other organizations.** A common theme that interviewees repeated was that many people in the ANHPI community, including organizations serving ANHPI older adults, have not heard about NAPCA and do not know about NAPCA’s helpline. Many interviewees suggested that NAPCA continue to work with other organizations in order to spread the word about their programs and other offerings. Suggestions for NAPCA included:
  - **Providing additional training to helpline staff** so that they can 1) know more about NAPCA offerings 2) know more about other organizations who can assist ANHPI older adults. While interviewees felt the helpline was beneficial, several suggested that additional training of helpline staff would allow the helpline counselors more fully answer questions. For example, one interviewee remarked “Helpline staff need an updated, written list of every program NAPCA provides and a list of what other organizations provide.”
  - **Developing a strategic plan about how to best work with other ANHPI community organizations.** Several interviewees discussed the complexity of serving diverse communities in various regions of the country. One interviewee suggested that “NAPCA could do a planning process to figure out how to clearly live out its mission and values and how to best work alongside other organizations”.

- **Create conditions and settings where the ANHPI community can build trusted relationships with health care providers and others.** For example, while the mobile units provided vaccines to older adults in their homes, an interviewee commented “it would be great if doctors and nurses were in the community events more and in the neighborhood more to get to know people better”.

- **Continue to partner with other organization on grants and other projects.** Several interviewees remarked how much they liked working with NAPCA and how impressed they were with NAPCA’s staff and programs. In particular, the in-language support was noted as one of the best services provided. Interviewees also remarked “NAPCA is doing a great job working with us” and “NAPCA staff are very caring, committed, and motivated.”
Conclusions and Take-Aways

1. **Vaccination rates are high among the ANHPI older adults NAPCA serves.** Of the ANHPI older adults surveyed in the Los Angeles area, the vast majority were vaccinated and willing to get an additional booster.

2. **The most common barriers that people reported** were being worried about how sick the vaccine’s side effects might make them and not being able to schedule an appointment in the language they spoke.

3. **The top motivator that people cited as most helpful** was knowing that the vaccine would allow them to travel and socialize more safely.

4. While **NAPCA has a great reputation** when other organizations work with them, many organizations in the larger ANHPI community are unaware of the various NAPCA offerings.

5. **Ways NAPCA can bolster its efforts** supporting ANHPI older adults include:
   - focusing on strategic messages on the right media platforms, educating current partners about program offerings, and
   - including the caregivers of ANHPI older adults in ongoing efforts.
Methods Appendix

This evaluation used qualitative data from a total of 10 key informant interviews conducted via phone or virtual meetings, and quantitative data from 143 surveys conducted via phone with ANHPI older adults in October 2021. We report on details of recruitment and sampling, interviewing methods, the survey instrument and how we administered it, and our analysis of interview and survey data below.

Qualitative Data

Recruitment. ES Staff worked with NAPCA staff to identify people who were familiar with the older adult ANHPI community as well as NAPCA’s work on vaccine uptake and other programming. We reached out to a total of 18 individuals and completed 10 interviews in October 2021. Individuals who completed the interview (and who were not NAPCA staff members) were offered a $350 honorarium.

Interviews. Evaluation Specialists staff interviewed ten participants via online video chat. We interviewed six staff from community or public health organizations who work closely with NAPCA and/or work directly with the ANHPI community. In addition, 4 NAPCA staff members were interviewed who had knowledge of the helpline and other NAPCA programs. We asked questions about their knowledge about barriers and facilitators to vaccine uptake, and also for feedback about NAPCA’s work. We recorded these conversations and transcribed them using voice recognition software (Otter.ai). Interviewers also took extensive notes during and after interviews.

Analysis. Evaluation Specialists staff analyzed and wrote up all of the qualitative findings based on their review of interview notes and transcripts. We used standard qualitative techniques such as coding and constant comparison for these analyses, and illustrated our answers to evaluation questions by including exemplar quotes.

Quantitative Data

Sampling and recruitment. We used a convenience sample selected by NAPCA staff from among their older adult clients and other ANHPI community members. The majority of people surveyed were current and former participants in NAPCA’s Los Angeles Senior Community Service Employment Program (SCSEP). NAPCA also recruited through an in-language (Chinese, Korean, Vietnamese, Tagalog, and English) social media campaign during October 2021, which reached 18,182 people across the Facebook and Twitter platforms. Other survey participants were recruited through NAPCA’s California community-based organizations, and from among family, friends, and community members of the NAPCA team.

In recruitment calls, NAPCA staff told potential participants that they were being contacted regarding taking a survey about motivators and barriers to Covid-19 vaccination among older Americans of ANHPI descent aged 55+. They stated that participation was completely voluntary and that survey participants would be given a $50 Target gift card as an incentive. Staff made initial calls to 177 people. Of these, 29 were not reachable by phone due to reasons such as wrong numbers or no answer. Five people opted out of participating in the survey.

Survey. We designed the survey by researching the most common barriers to and facilitators of Covid-19 vaccination in older adults, as well as to vaccination and medical care in general. After writing the survey questions in basic English, we got input on their wording from NAPCA staff who worked with ANHPI elders, and revised them to be even more accessible. NAPCA then had the survey translated into Korean, Cantonese, Tagalog, Vietnamese, and Mandarin.

NAPCA helpline counselors administered the survey over the telephone in each participant’s own language. They entered data in English in Excel spreadsheets designed for this data collection task. We collected data during the last two weeks of October.

Analysis. Evaluation Specialists staff merged data from the Excel data collection spreadsheets, then exported data to SPSS for descriptive analysis.
Limitations

This project’s main limitations are its short timeframe and its sampling methods. Due to factors such as funding deadlines, the entire project was planned and executed over a five-week period. The convenience sampling method used for the survey means that caution should be used in generalizing from these findings to all ANHPI seniors.
Survey Results Appendix

NAPCA helpline counselors surveyed 143 older adults. They administered surveys in Korean (35 surveys; 24% of the total), Cantonese (33; 23%), Tagalog (29; 20%), English (28; 20%), Vietnamese (10; 7%), and Mandarin (8; 6%).

Survey participants were all over age 55. Seventeen percent (24 individuals) were 55 to 60 years old, 48% (68 individuals) were 61 to 70, 29% (42 individuals) were 71 to 80, and 6% (9 individuals) were 81 to 90. The majority of participants were women (73%), the rest were men (27%). All lived in California. The most common cities of residence were Los Angeles with 28%, Monterey Park with 9%, Seal Beach with 8%, and Alameda with 6%.

The vast majority of survey participants (98%) had been vaccinated against Covid-19. Fifty-nine percent (84 people) were fully vaccinated and also had plans to have a booster, and 39% (56 people) were fully vaccinated. One individual reported not being vaccinated but intending to be and having a plan. Two stated that they were not vaccinated and did not intend to be.

Vaccine Motivators (n = 143)

<table>
<thead>
<tr>
<th>Would any of these have been helpful to you in getting the Covid-19 vaccine?</th>
<th>Not helpful</th>
<th>A little helpful</th>
<th>Very helpful</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Number (%)</strong></td>
<td><strong>Number (%)</strong></td>
<td><strong>Number (%)</strong></td>
<td></td>
</tr>
<tr>
<td>Knowing the vaccine would allow you to travel more safely</td>
<td>2 (1%)</td>
<td>3 (2%)</td>
<td>138 (97%)</td>
</tr>
<tr>
<td>Knowing the vaccine would allow you to socialize more safely</td>
<td>6 (4%)</td>
<td>5 (4%)</td>
<td>132 (92%)</td>
</tr>
<tr>
<td>Information about the vaccine on the radio or TV in the language you speak</td>
<td>8 (6%)</td>
<td>13 (9%)</td>
<td>122 (85%)</td>
</tr>
<tr>
<td>Help making an appointment to get vaccinated</td>
<td>12 (8%)</td>
<td>14 (10%)</td>
<td>117 (82%)</td>
</tr>
<tr>
<td>Information about the vaccine from a trusted family member</td>
<td>12 (8%)</td>
<td>15 (11%)</td>
<td>116 (81%)</td>
</tr>
<tr>
<td>Printed information, like posters or flyers in the language you speak, about the vaccine</td>
<td>14 (10%)</td>
<td>20 (14%)</td>
<td>109 (76%)</td>
</tr>
<tr>
<td>Information about the vaccine from a person or place you trust in your community</td>
<td>17 (12%)</td>
<td>17 (12%)</td>
<td>109 (76%)</td>
</tr>
<tr>
<td>Giving you a free ride to get vaccinated</td>
<td>31 (22%)</td>
<td>12 (8%)</td>
<td>100 (70%)</td>
</tr>
<tr>
<td>Going with you to your vaccine appointment to speak or translate in your language</td>
<td>36 (25%)</td>
<td>10 (7%)</td>
<td>97 (68%)</td>
</tr>
<tr>
<td>Talking with this NAPCA helpline in the past</td>
<td>36 (25%)</td>
<td>11 (8%)</td>
<td>96 (67%)</td>
</tr>
<tr>
<td>Providing a vaccination someplace else you often go, like the grocery store, park, library, or senior center</td>
<td>33 (23%)</td>
<td>16 (11%)</td>
<td>94 (66%)</td>
</tr>
<tr>
<td>Providing a vaccination at your place of worship</td>
<td>39 (27%)</td>
<td>16 (11%)</td>
<td>88 (62%)</td>
</tr>
<tr>
<td>Providing a vaccination at your home</td>
<td>45 (31%)</td>
<td>21 (15%)</td>
<td>77 (54%)</td>
</tr>
</tbody>
</table>

NOTES:
Motivators are arranged from most frequently cited as “very helpful” to least. Percentages are rounded.
Vaccine Barriers (n = 143)

<table>
<thead>
<tr>
<th>Barriers</th>
<th>No</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Did being worried about how sick the vaccine’s side effects might make you, or that they would stop you from doing other things you need to do, make it hard to get the vaccine?</td>
<td>85 (59%)</td>
<td>58 (41%)</td>
</tr>
<tr>
<td>Did not being able to schedule an appointment in the language you speak make it hard to get the vaccine?</td>
<td>90 (63%)</td>
<td>53 (37%)</td>
</tr>
<tr>
<td>Did being concerned the vaccine might affect your health long-term make it hard to get the vaccine?</td>
<td>92 (64%)</td>
<td>51 (36%)</td>
</tr>
<tr>
<td>Did not knowing how to schedule an appointment make it hard to get the Covid-19 vaccine?</td>
<td>91 (64%)</td>
<td>52 (36%)</td>
</tr>
<tr>
<td>Did not being able to use a computer to schedule an appointment make it hard to get the vaccine?</td>
<td>94 (66%)</td>
<td>49 (34%)</td>
</tr>
<tr>
<td>Did worrying whether the Covid-19 vaccine was safe make it hard to get the vaccine?</td>
<td>96 (67%)</td>
<td>47 (33%)</td>
</tr>
<tr>
<td>Did not having transportation to the place vaccines were given make it hard?</td>
<td>119 (83%)</td>
<td>24 (17%)</td>
</tr>
<tr>
<td>Did being concerned how much you would have to pay for a vaccine make it hard?</td>
<td>129 (90%)</td>
<td>14 (10%)</td>
</tr>
<tr>
<td>Did being concerned that personal information would be collected about you make it hard to get the Covid-19 vaccine?</td>
<td>131 (92%)</td>
<td>12 (8%)</td>
</tr>
<tr>
<td>Did feeling that getting this vaccine was against your beliefs make it hard to get the vaccine?</td>
<td>133 (93%)</td>
<td>10 (7%)</td>
</tr>
<tr>
<td>Did being unable to leave your home to get the vaccine make it hard?</td>
<td>135 (94%)</td>
<td>8 (6%)</td>
</tr>
<tr>
<td>Did being worried that getting vaccinated could affect your immigration status or your family’s make it hard to get the vaccine?</td>
<td>138 (96%)</td>
<td>5 (4%)</td>
</tr>
</tbody>
</table>

NOTES:
Barriers are arranged from most frequently reported to least. Percentages are rounded.