

Overcoming Barriers to Vaccination: Trust-Building Strategies Among Somali Migrants in the United States and Norway

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Introduction:

The intersection of migration, health equity, and COVID-19 vaccination plays a vital role in mitigating global health inequalities. Somali communities in Minnesota and Norway, confronted with migration-induced challenges such as language barriers and socio-economic limitations, exhibit a reluctance to accept vaccinations. This reluctance, known as vaccine hesitancy, where individuals delay or decline available vaccines, poses a significant obstacle in these communities. Consequently, targeted efforts have been made to overcome this hesitancy and enhance vaccine acceptance among them. Addressing vaccine hesitancy is crucial for the health and welfare of migrant populations and is in line with the universal health coverage objectives and the World Health Organization's emphasis on the health of migrants.

Objectives:

This study aimed to:

1. explore community actions and initiatives related to COVID-19 vaccine hesitancy in Somali immigrant communities in Minneapolis and St. Paul (MSP), MN, US, and Bergen, Vestland, Norway.
2. understand trust factors in these collaborative efforts and explore the unique and shared challenges in managing vaccine hesitancy in these migrant communities.

Results:

Table 1. Demographic and Professional Profiles of Study Participants

Naming Convention	Ethnicity	Gender	Position
BG 1	Somali	Male	Leader of Community Organization
BG 2	Somali	Male	Leader of Somali Media Channel
BG 3	Somali	Male	Leader of Community Organization, Health Professional, and involved with Religious Organization
BG 4 ^a	Somali	Male	Religious Leader
BG 5 ^a	Somali	Female	Leader of Community Organization
BG 6	Somali	Female	Member of Community Organization
MSP 1	Somali	Female	Leader of Community Outreach of Large Hospital System
MSP 2	Non-Somali	Male	Leader of Community Advancement of Large Hospital System
MSP 3	Non-Somali, immigrant	Female	Leader of a Community Health Center
MSP 4	Somali	Male	Community Leader involved with Large Health System and Community Organizations
MSP 5	Somali	Male	Leader of Religious, Community Organization
MSP 6	Non-Somali	Male	Leader of Community Organization
MSP 7	Non-Somali	Female	Leader of Community Advancement of Community Vaccine Clinic
MSP 8	Non-Somali	Female	Leader of Community Outreach of a Community Health Center

Note: ^a interview was conducted in Norwegian

Table 2: Impact of Contextual Factors on Vaccine Hesitancy

Contextual Factors	MSP	Bergen
Racial and Political Climate	- George Floyd incident amplifying mistrust - Disproportionate COVID impact on communities of color - Historical trauma influencing perceptions - Colonial dynamics affecting immigrant/refugee trust	- General distrust in Norwegian authorities - Immigrant experiences clashing with government views - Assimilation pressures leading to conflict and frustration
Cultural clash of the hospital system and Somali community	- Overwhelmed hospitals and cultural disconnect - Clash between individual rights in hospitals & Somali communal values - High mortality in Somali community, limited family communication - Unaddressed religious needs in healthcare settings	- Distrust of medical professionals - Hesitation to use services due to discrimination
Misinformation	- Vaccine safety and religious concerns - Reproductive fears and extreme side effects from social media - Timeline and testing doubts - MMR hesitancy impact on COVID response	- Distrust in health personnel and government motives - Reproductive, religious, and privacy fears - Timeline doubts and testing concerns - Extreme side effects and eradication concerns

Conclusion:

The study reveals that contextual factors influenced the success of COVID-19 vaccine initiatives in Minneapolis, St. Paul, and Bergen Somali communities, emphasizing the need to consider context and socioecological levels in intervention design and implementation. It highlights the necessity of tailoring health interventions to migrant experiences, ensuring cultural sensitivity, and building trust. These insights are crucial for future global and public health strategies, particularly in addressing vaccine hesitancy among migrant groups, and contribute to the broader discourse on migrant health equity as championed by the World Health Organization and other international forums.

Methodology:

Study Design:

- Qualitative collective case study with a phenomenological approach

Participant Selection:

- Locations: Minneapolis-St. Paul, US; Bergen, Norway
- 14 key informants knowledgeable about vaccine hesitancy initiatives

Data Collection:

- 14 in-depth interviews
- Interviews recorded for analysis

Data Analysis:

- Used NVivo 12 for data management and analysis
- Employed thematic analysis grounded in the Bergen Model of Collaborative Functioning

Ethical Considerations:

- Norwegian Centre for Research Data (NSD) approval
- Informed consent obtained from all participants

Figure 1. Bergen Model of Collaborative Functioning

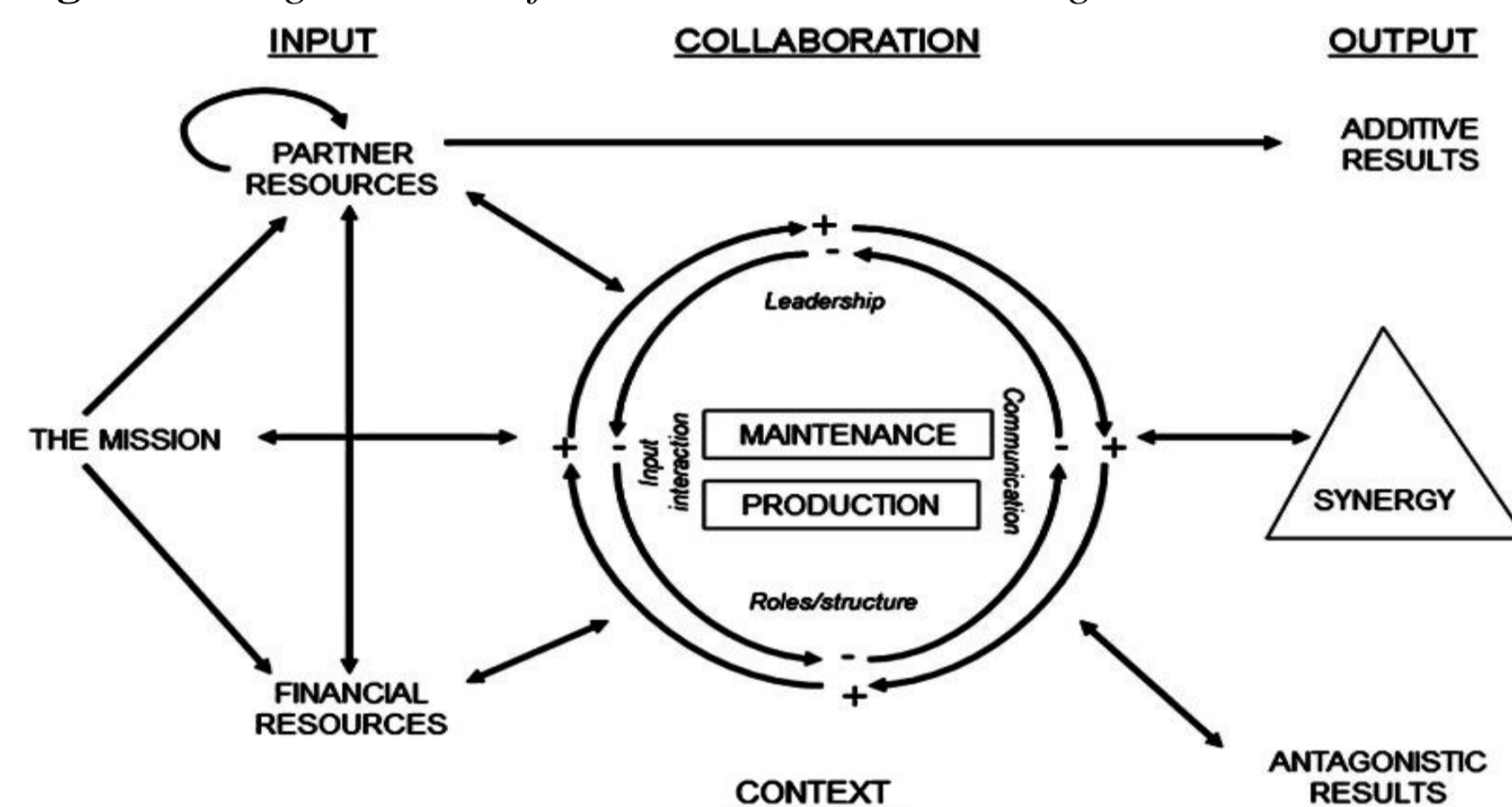


Figure 2. Comparison of Strategic Approaches to Addressing Vaccine Hesitancy

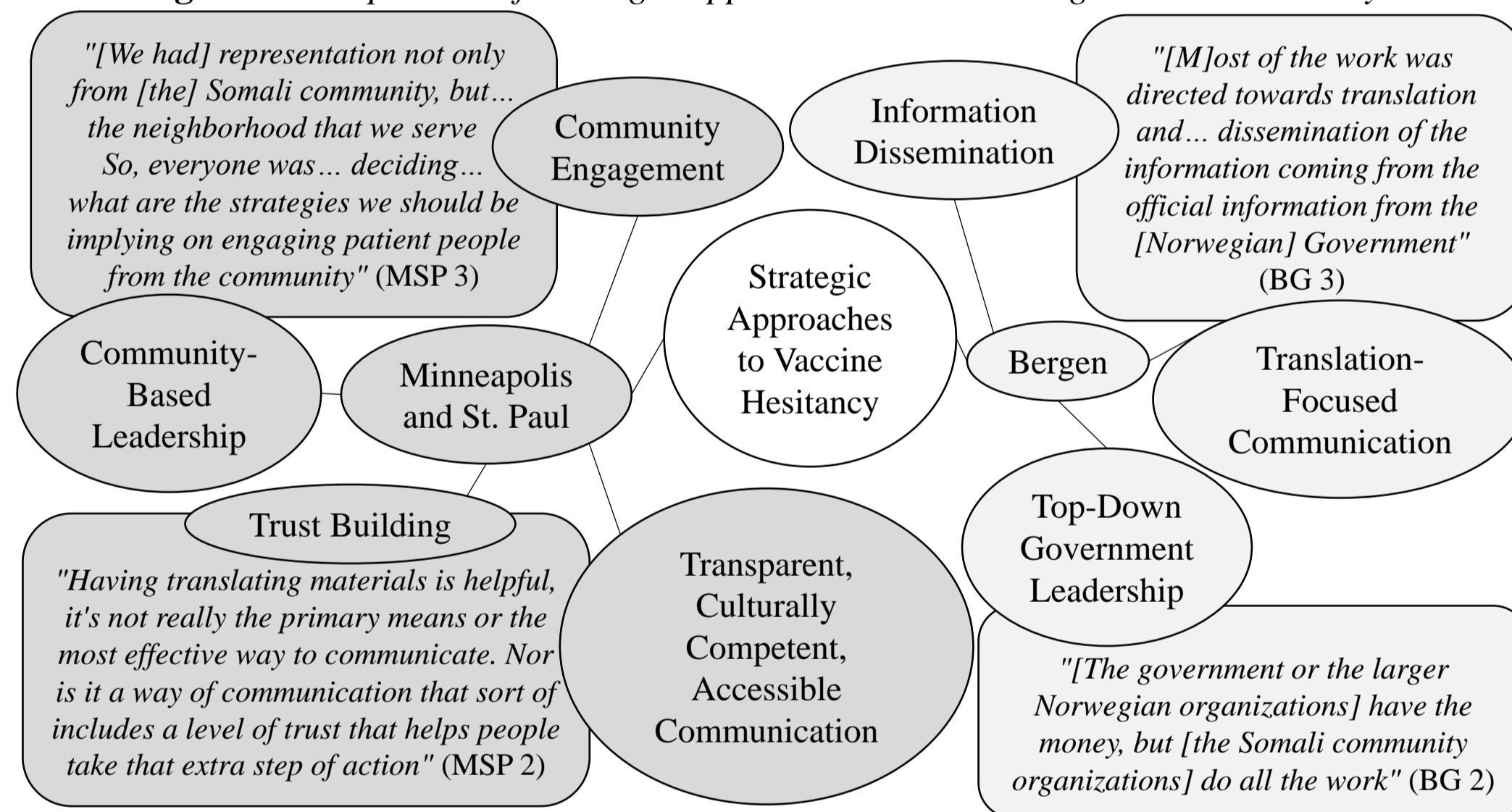


Table 3: Outcomes of Vaccine Hesitancy Initiatives

Outcome	MSP	Bergen
Antagony	- Distrust from racial tensions and cultural clashes	- Distrust due to government actions, community stigmatization, and threats of violence
Synergy	- Community leader engagement - Sustained presence	- Top-down information dissemination

Summary of Findings:

1. Successful initiatives in vaccination uptake involved trust-building strategies tailored to migrants' experiences, including the strategic use of community leaders and culturally relevant communication.
2. Broken trust due to negative experiences such as racism and xenophobia, and fears surrounding vaccination were major challenges.
3. The contrast highlights the importance of culturally sensitive approaches to improve health outcomes among migrant communities.

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