



Arab-American Family
Support Center

COVID-19 VACCINE EDUCATION WORKSHOPS EVALUATION & REFLECTIONS

Examining the efficacy of culturally
tailored vaccine education and
evaluation models



AAFSC Research Institute
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INTRODUCTION

The Arab-American Family Support Center (AAFSC) is a non-profit, non-sectarian organization founded in Brooklyn in 1994 to provide culturally and linguistically competent, trauma-informed social services. While we support anyone who walks through our doors, over 28 years, we have developed expertise in serving Arab, Middle Eastern, North African, Muslim, and South Asian (AMENAMSA) immigrant and refugee communities. We are dedicated to supporting these communities as they overcome a nexus of challenges, including lingering trauma, discrimination, poverty, and acculturative stressors. As a settlement house, AAFSC is geographically embedded in the communities we serve, with 14 locations across all five boroughs of NYC.

All of our priority areas – Promote Health, Prevent Harm, Prepare to Learn, and Pursue Solutions – are interlinked. Our theory of change identifies the family as a key focal point, so we offer integrated, holistic services across generations and at all stages of the immigration journey to encourage healthy paths to success and fulfillment.

AAFSC has cemented its position as a trusted and accessible source for information and resources on the COVID-19 virus and vaccine. Since 2020, AAFSC's expanding community outreach initiatives have connected with over 36,700 community members across all five boroughs of New York City through 639 events. While our vaccine education programming (and all of our services) are open to all, AAFSC has developed expertise in serving NYC's Arab, Middle Eastern, North African, Muslim, and South Asian (AMENAMSA) communities who face unique health disparities yet are often left out of mainstream approaches to advancing health equity. Our robust approach leverages on-the-ground outreach, community conversations, culturally-tailored and linguistically accessible digital messaging, mobile vaccine units, and vaccine educational workshops. Our experienced outreach professionals have facilitated 936 COVID-19 vaccinations since the vaccines became available to the public.

In this report, we leverage data and evaluation to examine one of our most critical community-based outreach strategies: in-language, culturally responsive, local vaccine education workshops. These workshops, developed by AAFSC's community outreach and vaccine education team equipped with a robust understanding of community vaccination attitudes and areas of concern, strive to enhance knowledge and confidence in vaccination, dispel misconceptions prevalent in local communities, create awareness around how to pursue vaccination, including encouraging booster vaccinations, and, ultimately, enhance the likelihood of vaccination/booster uptake and encourage workshop participants to be advocates who leverage their learnings and motivation to get vaccinated within their networks.

By evaluating and documenting these efforts, AAFSC has extracted actionable insights about the efficacy of our approach and best practices in culturally responsive COVID-19 outreach strategies. These insights have been leveraged to craft recommendations for partners and stakeholders offering vaccine education and to refine our workshop curriculum for future iterations. Through this project, we also seek to assess the success of our evaluation model in collecting data from respondents in a manner that is appropriate to the workshop setting, effective at gaining cooperation to complete the questionnaire, and successful in generating results that are aligned with the facilitator's overall impressions of the workshop outcomes.



METHODOLOGY

AAFSC's "[The Science Behind the COVID-19 Vaccine](#)" workshop curriculum content included the following key themes:

- (1) Soliciting existing perceptions about the COVID-19 vaccine
- (2) Addressing "myths" about the COVID-19 vaccine
- (3) How the COVID-19 vaccine works and how it protects against the virus
- (4) The availability of various COVID-19 vaccines and boosters and appropriate options for mixing-and-matching vaccines and boosters
- (5) Availability and efficacy of the COVID-19 vaccine for children
- (6) Vaccination side effects, and
- (7) How to minimize risk of contracting COVID-19

A pre/post survey instrument was developed by the AAFSC Research Institute in partnership with the vaccine education team, informed by an exploratory conversation to establish workshop outcomes. An eight-question survey tool was developed to assess workshop participants' understanding of such issues as:

- (1) The function of COVID-19 vaccines
- (2) Benefits of vaccines
- (3) Knowledge of COVID-19 boosters
- (4) Knowledge of reliable information sources
- (5) The differences in adults' perception of vaccine efficacy and potential side effects for themselves vs. their children.
- (6) Practices around continued COVID-19 testing, and
- (7) Likelihood to pursue vaccination or likelihood of encouraging others to pursue vaccination.

The survey was translated into Arabic, Bangla, and Spanish by AAFSC team members with extensive experience with and knowledge of local NYC immigrant communities and the language and phrasing that enhances accessibility and mitigates stigmatization and misunderstanding in the question wording. Workshop facilitators were then trained in administering the evaluation tool, instilling confidence and safety in the data collection process, capturing and storing data accurately and securely, and disseminating incentives for participants who completed the evaluation.

AAFSC conducted 6 "[The Science Behind the COVID-19 Vaccine](#)" workshops in February 2023 reaching 114 participants. Workshop settings included a school, a mosque, an adult education class, and several partner community centers and reached communities in-person (4) and virtually (2). 100% of participants completed the pre/post evaluation questionnaire and received the incentive. Evaluations were self-administered via a paper questionnaire or via a virtual polling tool facilitated through a HIPAA-compliant teleconference platform. Responses were analyzed to extract questionnaire results and tabulate workshop outputs. A debriefing session was conducted by the research team with workshop facilitators to extract qualitative findings, reflections, and lessons learned.



FINDINGS

Pre/Post Evaluation Results

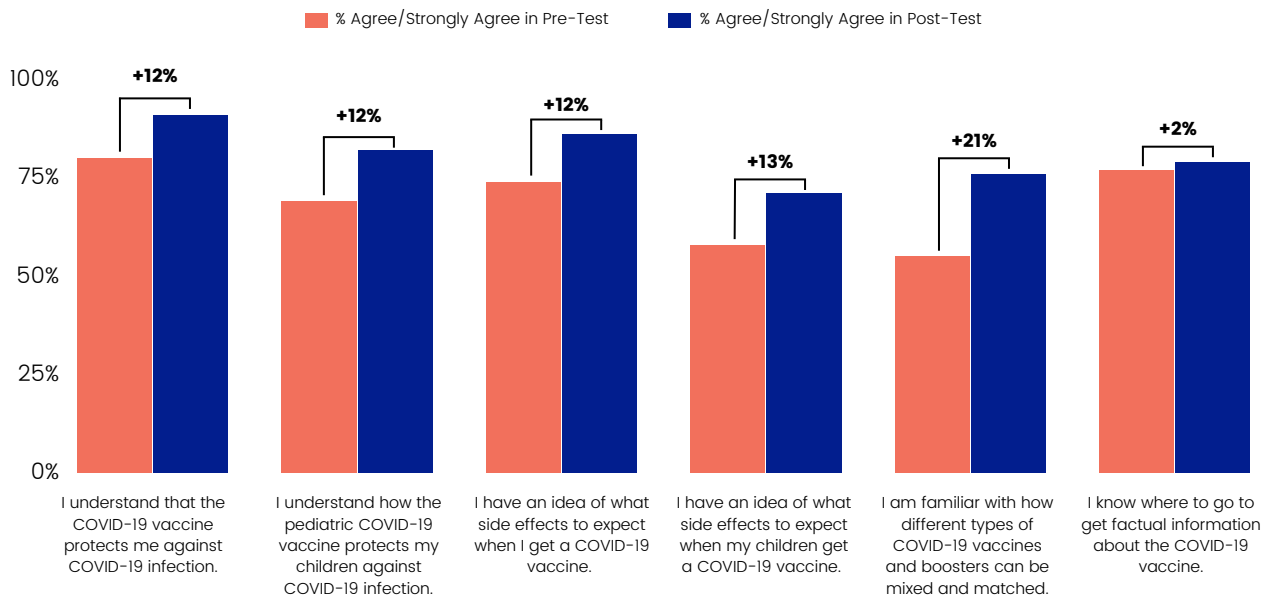
Six of eight survey questions assessed self-perceived knowledge and attitudes related to COVID-19 vaccination and asked respondents to describe their level of agreement/disagreement with a series of statements (see Figure 1). The outcomes showing the most significant improvement were (1) knowledge of COVID-19 boosters (+21%) and (2) knowledge of COVID-19 side effects for children (+13%).

In comparing knowledge gain outcomes for adult vaccination and side effects and child vaccination and side effects, degree of improvement is fairly uniform (+12-13%); however, pre and post test results for statements relating to child vaccination and side effects are lower overall than for the adult vaccination and side effects statements (average pre-test score for child vaccine questions is 63%, average pre-test score for adult vaccine questions is 77%).

Existing awareness of reliable information sources was high among participants, as demonstrated in the pre-test results (77%), with a modest improvement in this outcome in the post-test (+2%).

Overall, a majority of respondents agreed or strongly agreed with each of these statements in the pre-test, demonstrating a strong level of existing adoption of knowledge related to COVID-19 vaccination.

Figure 1. Pre/Post Evaluation Outcome Results – Self Perceived Knowledge/Attitudes



Our survey assessed practices around continued COVID-19 testing by asking participants about the likelihood of seeking out a COVID-19 test under three potential scenarios: "I start to feel ill/experience symptoms," "I was exposed to someone who was infected with COVID-19," and "I'm planning to travel or visit a vulnerable friend or family member." Respondents were prompted to select any or multiple of the three scenarios, an option for "all of the above" and an option for "none of the above." The desired result was selection of "all of the above." Figure 2 demonstrates an increase in the percentage of respondents selecting "all of the above" between the pre-test and post-test.

Figure 2. COVID-19 Testing Behavior Results

In the next few weeks, I will get a COVID-19 test if:

- I start to feel ill/experience symptoms
- I was exposed to someone who was infected with COVID-19
- I'm planning to travel or visit a vulnerable friend or family member
- All of the above
- None of the above



FINDINGS, cont.

The final evaluation question was administered only in the post-test questionnaire and asked respondents to assess their likelihood of either getting the COVID-19 vaccine and booster or encouraging vaccine uptake among friends and family as a result of their participation in the workshop. 84% agreed or strongly agreed that they were more likely to take these steps as a result of attending.

84%
agree:

"After attending this workshop, I am more likely to get the COVID-19 vaccine and booster or to encourage my friends and family to get the COVID-19 vaccine."

Workshop Facilitator Insights

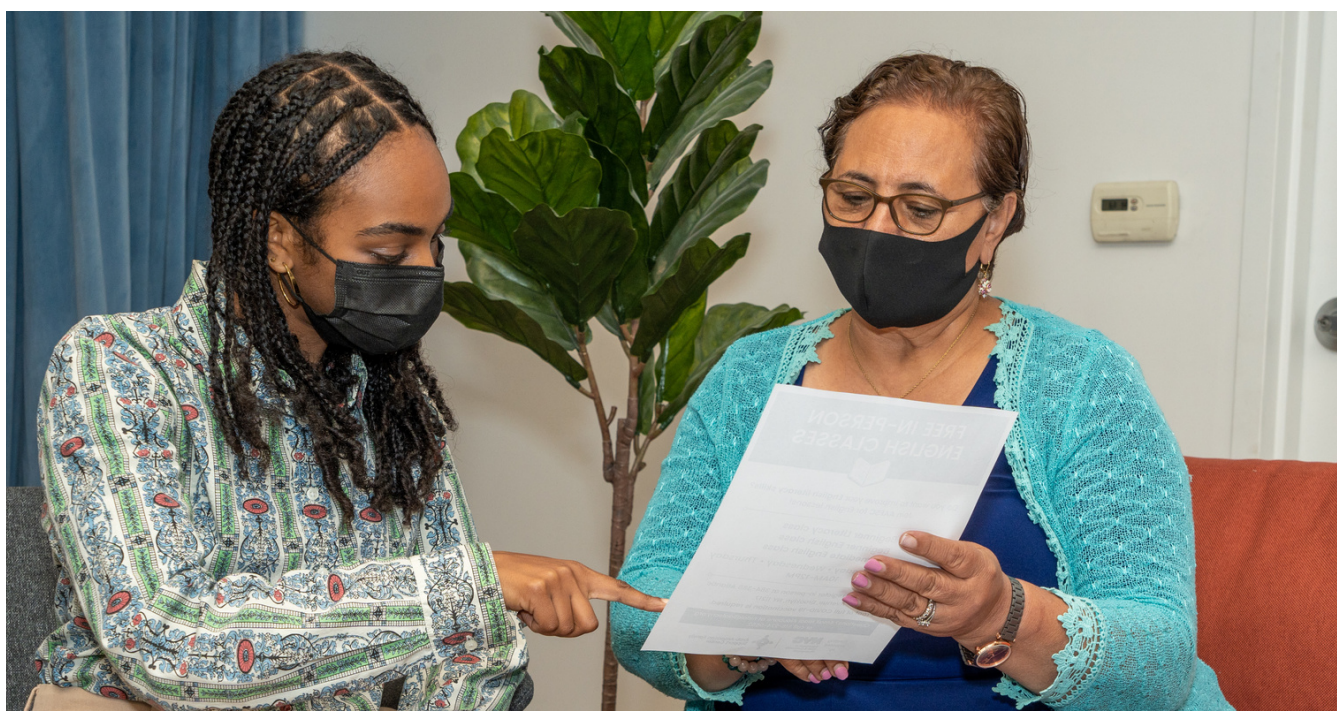
Reflections shared by three workshop facilitators highlighted four central themes:

Generally, participants have a high existing level of awareness about the COVID-19 vaccine generated through a combination of ubiquitous public messaging, community-based outreach (like that conducted by AAFSC), and word of mouth information sharing happening within personal networks and online. However, knowledge about COVID-19 boosters and their purpose/efficacy was relatively lacking.

Participants were more hesitant about the safety and efficacy of child vaccination than they were about adult vaccination. This hesitation is largely generated by misinformation circulating online, and facilitators worked to unpack and reframe sources of mistrust in US medical providers that are traditionally regarded in high esteem in many of the participants' home countries.

Family- and community-centered health is a helpful framework for discussing the COVID-19 vaccine and the importance of public safety measures. Messaging that uplifts the health of family units and the strength of communities is more helpful than individualistic health messaging, facilitators have found. This holds true for addressing the disparity in confidence between adult vaccination (and participants' willingness to be vaccinated themselves) and child vaccination.

Tactics to engage and capture responses were especially effective during this series of workshops, as demonstrated through the 100% response rate. Facilitators shared helpful strategies that are distilled in our recommendations section.



CONCLUSIONS & NEXT STEPS

Our project demonstrated the efficacy of AAFSC's culturally competent and linguistically accessible COVID-19 education workshops, and the success of our tailored evaluation model both in generating participation in pre/post questionnaire completion and in yielding results that align with the impressions and observations held by workshop facilitators.

Additionally, we have concluded that there is widespread adoption of basic knowledge of COVID-19 vaccination among our communities who have been the target of COVID-19 public education campaigns for nearly three years (by AAFSC and others), and improvement in knowledge and attitudes can be generated by focusing on practical, family-centered information about vaccine/booster availability, child vaccination/side effects, and by addressing common misconceptions prevalent in the local community. Yet, our results also show that further work can be done to enhance outcomes and support adoption of knowledge and positive attitudes about the COVID-19 vaccine among a subset of community members who, despite evidence that vaccination knowledge has been spread widely among our communities, still demonstrate reluctance.

Aside from COVID-19 vaccine related outcomes, our results show an opportunity for public education initiatives to improve the community's understanding of the importance of continued COVID-19 testing, in addition to vaccination, as an essential tool for addressing the continued spread of COVID-19 infection and breakthrough cases.

AAFSC offers the following recommendations to COVID-19 vaccine education providers reaching immigrant communities:

- 1. Leverage local knowledge to identify COVID-19 vaccination myths and misconceptions prevalent among the communities being reached through education initiatives and integrate positive messages that dispel these misconceptions directly. Additionally, leverage positive frameworks of vaccination and faith in medical care present in the home countries of local communities to re-contextualize the source of vaccine hesitancy.**
- 2. Frame vaccine education through a multi-generational model and infuse family-centered language to emphasize the importance of vaccination for both children and adults. Tapping into the value of family-level and community-level health, rather than an individualistic view of health, are effective in underscoring the importance of vaccination and can enhance vaccine confidence among adults not only for child vaccination but also vaccination for themselves.**
- 3. While focusing on enhancing COVID-19 vaccination knowledge and confidence, emphasize the importance of COVID-19 testing as a component of the comprehensive pandemic response that remains a critical tool to mitigating the spread of COVID-19, even after vaccination.**



CONCLUSIONS & NEXT STEPS, cont.

Our success in administering the pre/post evaluation to all workshop participants underscores the efficacy of our evaluation administration approach, which leverages culturally competent and trusted community service providers to introduce and administer evaluation questionnaires in a manner that effectively navigates stigmatization, addresses fears surrounding data collection, and overcomes literacy barriers.

We recommend that evaluators consider the following recommendations:

1. Prime workshop participants about the purpose of the evaluation tool and why their completion of the questionnaire is beneficial. Ensure participants are informed that their responses are confidential and secure, will not be shared externally, and have no bearing on their workshop experience or on the availability of services following the workshop. Be aware of and prepared to address concerns about confidentiality and preconceptions about data collection activities.
2. Translate and tailor questions into participants' preferred language and use terminology that is relevant to the COVID-19 and vaccine related conversations they have in their local community. Leverage community experts in crafting and translating these questions. Be aware of particularly sensitive topics that may derail the data collection process and omit from the questionnaire unless absolutely necessary.
3. Be prepared to address data collection methods that account for varying literacy levels, both in English and in the participants' native language. Verbal administration or ad-hoc translation support may be necessary for participants to confidently understand and complete the evaluation. Plan to assess literacy levels and account for additional time and availability of facilitators as needed.



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