Written Statement For the Hearing Entitled, "Building Trust and Battling Barriers: The Urgent Need to Overcome Vaccine Hesitancy" on July 1, 2021 at 9:00am ET
Submitted by: The National Council of Asian Pacific Americans

Dear Chairman James E. Clyburn, Ranking Member Steve Scalise, and members of the House Select Subcommittee on the Coronavirus Crisis,

On behalf of our 38 member organizations, the National Council of Asian Pacific Americans (NCAPA) is pleased to submit this written statement to the Select Subcommittee on the Coronavirus Crisis on July 1, 2021 hearing titled "Building Trust and Battling Barriers: The Urgent Need to Overcome Vaccine Hesitancy."

Established in 1996, NCAPA is a coalition of some of the largest national Asian American Pacific Islander (AAPI) organizations around the country. Based in Washington, D.C., NCAPA serves to represent the interests of the greater AAPI community, including the East Asian, South Asian, Southeast Asian, Native Hawaiian and Pacific Islander communities. We strive for equity and justice by organizing our diverse strengths to influence policy and shape public narratives. We envision a world where Asian Americans, Native Hawaiians, and Pacific Islanders work together to shape our own future as part of the broader racial justice movement and advance our communities and country towards a common purpose of progress, prosperity, and well-being for all.

NCAPA's members include organizations that work in civil rights, immigration, health, education, and housing and economic justice, and have constituencies across the diverse AAPI community. We thank the Subcommittee for conducting this hearing to understand the vaccine hesitancy of COVID-19 for underserved communities, including Asian Americans, Native Hawaiians, and Pacific Islanders and we welcome the opportunity to share the experiences of the communities we serve. The following information explains some of the challenges we have seen thus far and why vaccine hesitancy remains an issue for our communities, including the lack of data disaggregation, language access, technology literacy, access to and from vaccination sites, and the lack of support for immigrant populations.

COVID-19 has revealed gaps in the U.S. public health infrastructure that must continue to be addressed moving forward. Asian Americans and Pacific Islanders have been disproportionately and uniquely impacted by COVID-19, therefore it requires specific attention. According to a report done by the Kaiser Family Foundation, Asian Americans were twice as likely to test positive for COVID-19

than Whites, 60 percent more likely to be hospitalized, and 50 percent more likely to die.[1] For Native Hawaiians and Pacific Islanders, they have the highest death rates of any racial or ethnic group in 11 out of the 16 states that disaggregate and report NHPI data.[2] It is important to note that these numbers may be higher due to the limited amount of data that exists for AAPIs, in addition to the lack of data that is not disaggregated at the local, state, and federal level. Without properly disaggregated data, it is difficult to truly assess the impact this virus has had on the diverse communities within the larger population, and it masks information on vaccine access, utilization, and hesitancy for certain segments of population. There is an urgency for continued need for disaggregated data that breaks the AAPI community into subgroups. Furthermore, it makes it difficult to target specific messaging, outreach, communications to specific communities.

Although there has been significant progress made in the past six months to address COVID-19 disparities, including our members working diligently on vaccine outreach and education and building vaccine confidence, there is still more work to be done. For example, continued language access barriers impede understanding and further misinformation due to lack of translated materials and/or access to reliable technology. Seventy-seven percent of AA and NHPIs speak a language other than English at home, more than any other population group. Limited English proficient and low-literacy individuals are particularly vulnerable to misinformation. In Hawaii, We Are Oceania serves the Pacific Islander community, of whom many are Limited English Proficient. They saw a decrease in the number of people attending their vaccine clinics because many people became fearful of getting vaccinated due to media campaigns sharing misinformation about the vaccines. However, they continue to provide education by giving frequent updates and inviting nurses to their clinic to have one on one conversations with community members who have any reservations, questions, or concerns. Information from the CDC on COVID-19 and vaccines are still largely in English and only available online; only some materials are translated into languages other than English and Spanish.

Information on vaccines and making appointments is predominately online, making it difficult for individuals with low technology literacy or who don't have access to reliable or consistent internet to have the most up to date information. For example, Laotian elders lack technology literacy, and organizations such as the Laotian American National Alliance (LANA) have found that one of the best ways to communicate is through their adult children. However, there is still a need for more in-language messaging across ethnic media (hard and digital) channels. It is a vicious cycle of not having resources because of lack of good data, and as a result the lack of resources prevents community organizations from disseminating culturally competent information to their communities. Translation and interpretation services are still a challenge—especially at non-Federally Qualified Health Center or Community Based Organization(CBO) vaccine sites. Therefore, there is also an urgent need for more support for on the ground CBOs on the front lines of outreach and direct service.

Access to vaccine sites has presented some challenges since they are often only open between 9 am - 5 pm, making it difficult for many essential workers in service industries who cannot afford to take time off from work. Transportation during a pandemic is still a concern and there exists some hesitancy towards using services such as Uber and/or Lyft, especially among seniors. Furthermore,

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[1] https://www.healthaffairs.org/do/10.1377/hblog20210519.651079/full/

[2] https://newsroom.ucla.edu/magazine/native-hawaiians-pacific-islanders-covid-19-lab

these modes of transportation are not an option for community members who lack technology. Pacific Islander organizations such as the Arkansas Coalition of Marshallese (ACOM) continue to build trust with community members and healthcare providers and have asked healthcare providers to attend peoples' homes to vaccinate them or help to transport elders to vaccination sites. Other organizations such as UTOPIA PDX in Oregon and the Southern California Pacific Islander COVID-19 Response Team understand the importance of cultural competencies and utilize trusted messengers to arrange onsite language interpreters and offer food boxes for folks who get vaccinated. These are creative strategies CBOs have had to create at the grassroots level on their own because they are not being initiated at the federal level.

We must also take into account that AAPI immigrant populations lack access to information, particularly targeted vaccine announcements and outreach by the federal government, regarding the rescinding of the public charge rule. While public charge was rescinded under the Biden Administration, many communities are still unaware of this change or still uncertain if receiving the vaccine will affect their immigration status or immigration benefits. Another Kaiser Family Foundation survey conducted in multiple Asian languages in partnership with Association of Asian Pacific Community Health Organizations (AAPCHO) and four of its community health centers, found that many respondents had immigration-related fears, and most say they don't have enough information about how recent immigration policy changes affect their family.[3] Additionally, over four in ten (44%) Asian health center respondents say they worry a lot or some that they or a family member could be detained or deported. During the early onset of vaccine rollout, uninformed vaccine site workers turned certain immigrants away for what they believed were required documentation. Many Asian immigrants, including South Asian, Korean, and Chinese communities, have been susceptible to forms of vaccine misinformation concerning vaccinations on social media outlets in Hindi, Korean, and Chinese. These sources of information have been much more well received than the typical public health messages created in English without any consideration of cultural or linguistic appropriateness when translated. In order to address this issue, one recommendation is to create a joint in-language HHS/DHS guidance for community based organizations and health care providers.

NCAPA thanks this subcommittee for highlighting the importance of vaccine hesitancy and we hope you have a better understanding of our communities. We urge members of this subcommittee to continue to improve vaccine confidence and bear in mind that the AANHPI community is not a monolith, but has a diverse set of experiences and needs. Additionally, we hope you will continue to use the power of this subcommittee to address the specific needs of underserved communities, including AANHPIs, during this global pandemic.

Sincerely,

Gregg Orton
National Director
National Council of Asian Pacific Americans (NCAPA)

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3 https://www.kff.org/coronavirus-covid-19/issue-brief/asian-immigrant-experiences-with-racism-immigration-related-fears-and-the-covid-19-pandemic/