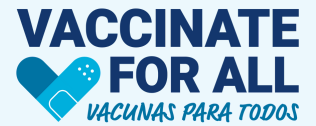


#VaccinateForAll



2023 VACCINE ADVOCACY TOOLKIT

Resources for Healthcare Professionals



National Hispanic Medical Association

1920 L St NW #200, Washington, DC 20036 (202) 628-5895

www.vaccinateforall.org | www.nhmamd.org

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ACKNOWLEDGEMENTS

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The National Hispanic Medical Association (NHMA) would like to thank everyone who assisted in the research, planning, writing, and editing of this document.

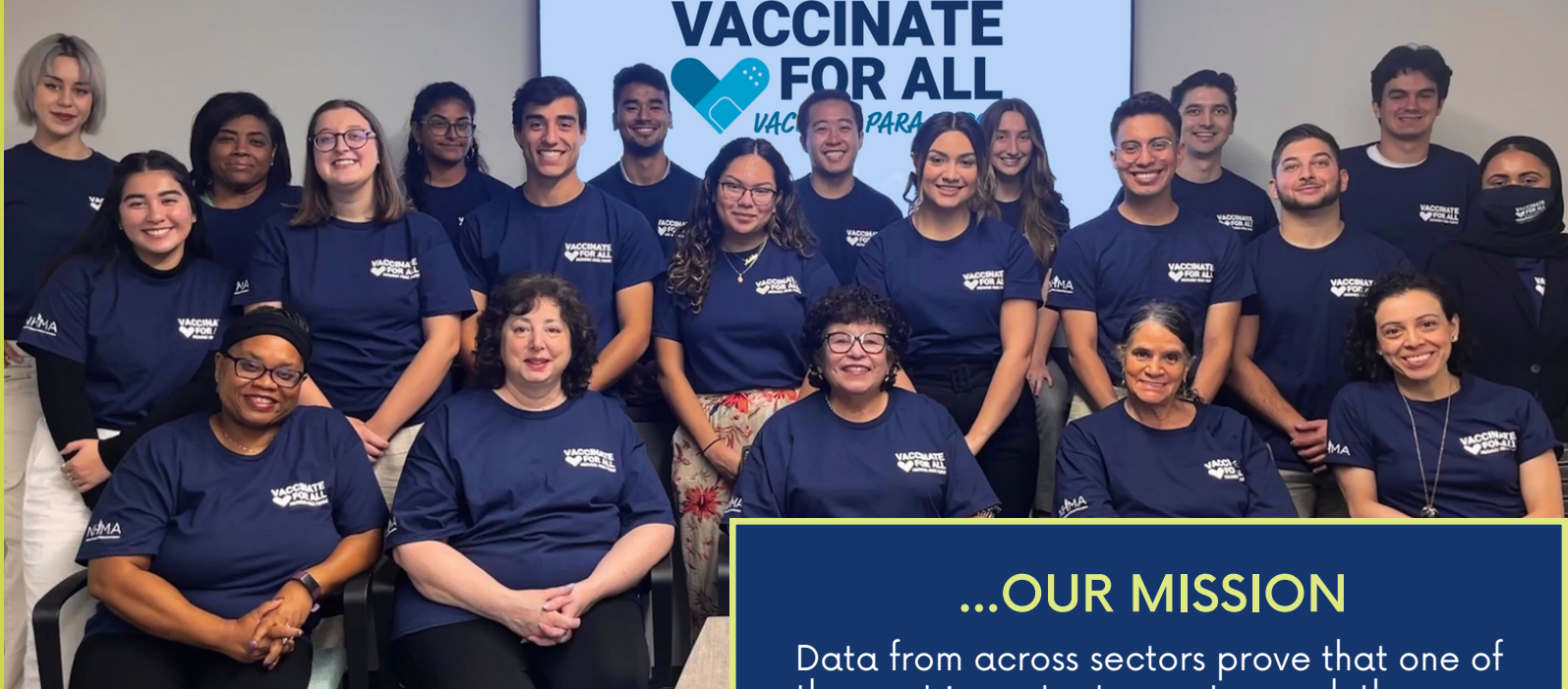
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ABOUT VACCINATE FOR ALL

DELIVER THE MESSAGE THAT COULD
MAKE ALL THE DIFFERENCE FOR THE
HEALTH OF YOUR COMMUNITY

...OUR MISSION

Data from across sectors prove that one of the most important ways to reach those who are unvaccinated is through hearing from trusted sources. The Vaccinate For All campaign wants to make this possible. Led by the National Hispanic Medical Association (NHMA) in partnership with the CDC and Johnson & Johnson, this campaign focuses on connecting and supporting leaders with those seeking to get vaccinated in the Hispanic and Latino communities. Our goal is to continue developing a network of community Champions over the next five years to serve the long-term health of these groups.



WHAT IS A CHAMPION?



Vaccinate For All Champions are individuals and organizations committed to providing Latinos with resources and support that encourage and increase adult vaccination. Acting as trusted messengers in their communities, they build confidence by addressing concerns, dispelling myths, and promoting access to vaccination opportunities.

CONTACT US



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vacunasparatodos.info

Introduction by our President and CEO Dr. Elena Rios

While we have made great strides in combatting the lack of vaccination access affecting Hispanic communities, health disparities across the United States remain a major challenge. The COVID-19 pandemic not only disproportionately impacted underserved populations but also highlighted and exacerbated the deficiencies in healthcare access and the challenges regarding misinformation.

As part of the National Hispanic Medical Association's (NHMA) long-lasting commitment to advancing health equity, we are thrilled to introduce this new toolkit for healthcare professionals — an important element of our #VaccinateForAll campaign developed in collaboration with the CDC, J&J, and other valued partners.

With support from experts on the Vaccinate For All Advisory Committee, NHMA created this valuable resource to provide healthcare professionals with an accessible, useful, and concise set of tools specifically tailored to increase vaccine uptake and address the main barriers that Hispanic people face in our current healthcare system.

Because we know that we are stronger together, this toolkit places a special emphasis on fostering an empathetic and caring relationship between patients and their healthcare providers, which is essential to overcoming barriers to care.

I would like to thank everyone who participated in the production of this material, and I am confident that together we can empower each other with the tools we need to improve the health of our communities.

Sincerely,



A handwritten signature in blue ink that reads "Elena Rios". The signature is fluid and cursive.

Elena Rios, MD, MSPH, MACP
President and CEO
National Hispanic Medical Association

Immunization Fast Facts

#1

Hispanic or Latino and Black or African American adults most frequently had the **lowest estimated vaccination rates** — generally [13 or more percentage points](#) below that of white adults for a given vaccine.

#2

Among Medicare beneficiaries vaccinated for flu, **Hispanic or Latino** beneficiaries were **26% to 32% less likely to receive the high dose flu vaccine** compared with white beneficiaries, even while [accounting for confounding factors](#).

#3

Only **17.3% of Hispanic adults get their routine immunizations** compared to 23.7% of their white counterparts. Additionally, Hispanic (37.5%) have persistently lower flu vaccine rates [compared with](#) White adults (49.3%)

#4

Hispanic women are **20% less likely to receive an HPV vaccine** as [compared to](#) white women, **despite the fact that Hispanic women make up as many as 75% of all cases of cervical cancer** [in the United States](#).

#5

Hispanic and Latino people are almost **three times as likely** as white people to [receive a flu vaccination at a health department, clinic, or community center](#) — further emphasizing the importance of **grassroots community events**.



Barriers to Care

Vaccine hesitancy is not uniform across ethnic groups. Given the disproportionate impact, understandable distrust, and widespread misinformation, the importance of understanding particular localized challenges is clear. Studies conducted in Hispanic communities have demonstrated the impact of a variety of factors associated with vaccination willingness, uptake, implementation, and access.

Underserved populations are more likely to have underlying medical conditions and to experience overlapping risk factors than any other group. Social determinants like income, high-crime neighborhoods, food deserts, limited educational and career advancement opportunities, and high unemployment are some examples of these factors.

There is a dire need for government and locally-based strategies to safeguard the Hispanic community, especially for accessible and digestible information.

In order to overcome these barriers, campaigns like Vaccinate For All work to engage trusted messengers and community leaders, identify and disseminate culturally-competent messaging, directly address widespread concerns and misinformation, and connect with existing community infrastructures that work for underserved and underrepresented communities.

Barriers to Care in Hispanic Communities

No. 01 – Healthcare Access



With legal and socioeconomic barriers blocking access to health coverage for millions, Latinos remain least likely to work in jobs that offer health insurance in a system widely reliant upon employer-provided coverage. Overall, approximately [20% of Latinos are uninsured](#), leading to testing and treatment delays as well as reports of critical shortages in professional interpreters and multilingual telehealth options.

No. 02 – Immigration and Legal Documentation



Approximately [67% of people with undocumented status in the United States come from Central America](#). Lack of legal immigration status is correlated with disenfranchisement and complications in seeking health care; for example, concerns on whether getting vaccinated could negatively impact their or a family member's immigration status are often raised. Data from 2021 shows that among Hispanic adults who are potentially undocumented, more than half (57%) are [unsure about their vaccine eligibility](#), compared to 42% of Hispanics in general.

No. 03 – Low Health Literacy



In the United States, low health literacy is greatly determined by [socioeconomic status, lack of consistent health insurance, and limited English proficiency](#), with the last being the most determining factor. Because most Hispanic immigrants struggle within one or all of these realms, it has become evident that disparities in health literacy parallel those in health outcomes. One example of this is illustrated in a [major study](#) that demonstrated how parents with limited health literacy and English proficiency were the most likely to make dosing errors when administering medication to their children than those without these barriers.

No. 04 – Discrimination



Studies have found that past experiences with racial/ ethnic [discrimination is a major predictor of vaccine hesitancy](#) in Hispanic communities. In fact, those who have experienced this form of discrimination are almost 30% more likely to have a higher level of vaccine hesitancy than those who have not.



No. 05 – Rural & Underserved Communities



Rural, Hispanic communities are the [largest-growing population in the United States](#). They're also the ones that experience some of the greatest difficulties in accessing consistent healthcare, including vaccinations. Underserved communities often experience [lack of resources](#) for navigating online sign-up systems, poor transportation, greater distance to clinics, fewer rural hospitals, being lower income, private insurance issues, low educational achievement, and scarcity of healthcare providers.

No. 06 – Targeted Disinformation



A 2021 study found that [37% of Latino respondents had been exposed to disinformation](#) targeted at delegitimizing the safety and efficacy of COVID-vaccines. Half of these cases were reported to be from Facebook, where only [30% of disinformation in Spanish is identified](#) compared to 70% in English.

No. 07 – Lack of Research



Hispanic people are rarely included in clinical research, leading to results and health recommendations that oftentimes don't apply to the community. In fact, a majority of studies report on "Hispanic" or "Latino" as the characteristic of [Hispanic research populations with no additional defining traits reported](#). Only a few note language, country of origin, and race as descriptors, reflecting a broader misunderstanding of these communities.

CULTURAL COMPETENCY

Culture influences **how** healthcare information is received, **what** is considered to be a health problem, and **who** should provide treatment. That's why it's so important to consider cultural backgrounds in order to provide the best care possible. **Health is a cultural concept.**

In the Hispanic community...

Culture affects the health literacy of patients in many cases. The role of misinformation and disinformation, folk medicine, and religious faith can often negatively affect patient health literacy.

Cultural Competence...

Is a set of congruent behaviors, attitudes, and policies that come together to work effectively in cross-cultural situations and establish clear communication towards a given goal.

Beyond translation...

It is necessary to adapt health communications in a way that utilizes tone, intent, and style to make information more understandable to patients.

Some concerns reported are...

1. Lack of culturally tailored communication in Spanish
2. Beliefs based on social media misinformation
3. The possible harmful effects of the vaccine (use of chemicals, tracking devices, etc)

Cultural Competence helps...

Providers learn how to deliver services that are respectful of and responsive to the health beliefs, practices, and cultural and linguistic needs of diverse patients.

Quick Tips on Cultural Competence:

1. **Assess cultural values, misunderstandings, and fears**
2. **Embrace an attitude of empathy and collaboration**
3. **Ask permission to discuss vaccines**
4. **Motivational interviewing**
5. **Valuing and respecting traditional medicine**
6. **Allowing time for questions**
7. **Being aware of body language**
8. **Being clear and concise**

National Standards for Culturally and Linguistically Appropriate Services (CLAS)



No. 01 – Principal Standard

- Provide effective, equitable, understandable, and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy, and other communication needs.

No. 02 – Governance, Leadership, and Workforce



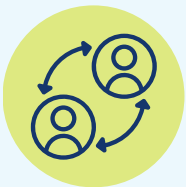
- Advance and sustain organizational governance and leadership that promotes CLAS and health equity through policy, practices, and allocated resources.
- Recruit, promote, and support a culturally and linguistically diverse governance, leadership, and workforce that are responsive to the population in the service area.
- Educate and train governance, leadership, and workforce in culturally and linguistically appropriate policies and practices on an ongoing basis.

No. 03 – Communication and Language Assistance



- Offer language assistance to individuals who have limited English proficiency and/or other communication needs, at no cost to them, to facilitate timely access to all health care and services.
- Inform all individuals of the availability of language assistance services clearly and in their preferred language, verbally and in writing.
- Ensure the competence of individuals providing language assistance, recognizing that the use of untrained individuals and/or minors as interpreters should be avoided.
- Provide easy-to-understand print and multimedia materials and signage in the languages commonly used by the populations in the service area.

No. 04 – Engagement, Improvement, and Accountability



- Establish culturally and linguistically appropriate goals, policies, and management accountability.
- Conduct ongoing assessments of the organization's CLAS-related activities and integrate CLAS-related measures.
- Collect and maintain accurate and reliable demographic data to monitor and evaluate the impact of CLAS on health equity.
- Conduct regular assessments of community health assets and needs and use the results to plan and implement services.
- Partner with the community to design, implement, and evaluate policies, practices, and services.
- Create conflict and grievance resolution processes that are culturally and linguistically appropriate to identify, prevent, and resolve conflicts or complaints.
- Communicate the organization's progress in implementing and sustaining CLAS to all stakeholders, constituents, and the general public.

ADDRESSING LANGUAGE NEEDS



Building a foundation of trust between a doctor and their patients is essential for providing good care. To do so, healthcare staff should be **diverse** and **inclusive**, create a safe place of understanding and reciprocal dialogue. Having bilingual personnel gives the patient a better understanding of the medical procedure they will undergo, fostering **trust**.

Language Access

One way providers can overcome the scarcity of bilingual staff is to have a designated staff member to coordinate language service activities. Small health care providers can also develop written language plans, as suggested by the U.S. Department of Health and Human Services' Office for Civil Rights. These plans identify language needs and propose strategies for meeting those needs for their patient population.

Language Needs at First Contact

Some small health care providers are taking steps to introduce language access at the first points of patient contact. For example, "I Speak . . ." posters and cards, which identify patients' language needs as soon as they walk through the door, are being used by front-desk staff.

Contract Interpreters

Providers can also consider interpreters who are available to work on contract with small provider sites. Potential sources for hiring such interpreters include area hospitals, state or local agencies, refugee resettlement sites, community-based organizations, or nonprofits.

Community Resources

Small health care providers can work with entities or individuals in their communities to improve the provision of language services. These may include local hospitals, managed care organizations, community-based organizations, volunteer groups, community colleges, funding from specialized grants, and former patients and their family members.

Telephone Language Lines

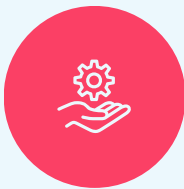
Some small provider sites are developing ways to make telephone language lines (i.e., services that offers interpreters via telephone) accessible to both providers and patients. Some sites have placed speaker phones in examination rooms, while other providers carry cell phones with speakers that can be easily exchanged between provider and patient.

Written Translations

When evaluating the need for translated materials, local health care providers are making extensive use of existing resources. Sites are using translated materials offered by various organizations, online materials from federal and state governments, and from health departments in other countries or states. Small provider sites can work with contract interpreters, local hospitals, and faith-based organizations to translate documents.

TALKING TO PATIENTS ABOUT VACCINES

No. 01 – Getting Started



- Listen to patients with an open mind and have a calm attitude
- Let the patient speak everything they want to say and don't interrupt them
- Make sure the patient feels like they are heard when they are telling you their hesitations on getting the vaccine by doing things like keeping eye contact and taking notes

No. 02 – Active Listening



- Ask questions about how patients feel and what they fear surrounding vaccination
- Don't argue with the patient even if you think what they are saying is wrong
- Ask open-ended questions to find out their worries

No. 03 – Messaging Priorities



- AFTER the patient has explained their side, ask them if it would be okay for you to share information about vaccines
 - If they do not want to hear it, don't push the information onto them
 - If they say yes, give them resources with information that is reliable and trustworthy (CDC, local Health Department, academic research, etc.)
- Stress the benefits of vaccination and proper care
- Appeal to family well-being as a notion of decision-making in health

No. 04 – Following Up



- Invest in employees and trainings that emphasize clear and concise information with people of low English proficiency
- Follow-up after visits to establish trust and clear up questions
- Become involved in community well-being



THE CASE MODEL

The CASE approach, while brief, connects the patient to the clinician through the shared value or concern (Corroborate), recognizes and employs the professional standing of the clinician (About Me), relies on science to address the concern (Science) and allows the clinician to reframe the recommendation addressing the concern of the patient (Explain/Advise).

Here's an example on how to respond to the following patient concern using the CASE model:

“I am concerned that the COVID-19 vaccines might cause long-lasting health problems.”

Key Skill	Definition	Sample Response
Corroboration	Awareness of the patient’s hesitancy while identifying a shared underlying value or concern.	“I share your concern and agree that we must avoid using pharmaceuticals or biologics that could cause long-lasting health problems—especially when we are using them for prevention of a health condition.”
"About me..."	Share a statement, describing how you as a clinician went about getting a scientific answer to the concern.	“I have learned in my studies as a clinician that vaccines must meet a much higher standard for safety and avoidance of side effects than medicines used to treat disease once the disease is present. This is because they are given to so many more people simply to prevent illness.”
Talk Science	Summarize the science underlying the recommendation and/or explanation regarding said concerns.	“The FDA required that the very large trials of the COVID-19 mRNA vaccines follow thousands and thousands of vaccine recipients closely for two months after each dose for safety signals. That length of time exceeds the time in which such safety concerns would show up by two or more weeks.”
Advise	Advise your patient as a Clinician and fellow community member	“The safety studies with follow-up for tens of thousands of vaccine recipients gives me the confidence to strongly recommend this vaccine to all of my patients so they can protect themselves and their families from getting sick with COVID.”

The CASE method provides a structured means to organize your thoughts and express yourself in terms of your compassion for your patient, your role as the patient’s trusted health care provider, and your understanding of science. We recommend familiarizing yourself with the common patient concerns about vaccination and practicing use of the CASE method to improve your ability to address these concerns with your patients in a sensitive manner.

ORGANIZING A VACCINATION EVENT

No. 01 – Inclusive Messaging



- Messaging/tone that is culturally relevant and in predominant spoken languages
- Use promotional imagery that includes people from or that represent the community
- Use materials that are transparent, promote the benefits of immunization, and address community-specific concerns and misinformation, such as vaccine side effects or risks, or what will happen at vaccination provider sites

No. 02 – Essential Information



- Information on vaccine administration and cost, including who will be delivering vaccines, languages offered at vaccination provider sites, how it is free of cost, and the personal information to be requested as well as how it will be used
- Information on the importance of collecting demographic data to understand racial/ethnic disparities, as well as on how personal information will be used
- Clarity on vaccination provider site hours/locations and available transportation

No. 03 – Venues and Locations



- Frequented community centers and spaces (e.g., barbershops/salons, grocery stores, corner stores, recreational centers or courts, YMCAs, Boys and Girls Club)
- Faith-based institutions (e.g., churches, mosques, synagogues)
- Schools and other educational institutions (e.g., local schools, HBCUs)
- Locations where community members access other social or community services

No. 04 – Forging Trust



- Training/scheduling vaccine workers and translators who share the same ethnic background and speak the same languages as patients
- Leveraging and expanding healthcare staff who can administer vaccines
- Working with trusted providers or staff to refer people to vaccination sites



VACCINATION EVENT SPOTLIGHT

Our NHMA Nebraska Chapter, led by Co-Chair Dr. Armando de Alba, partnered with local organizations in Omaha for a Vaccinate For All-supported Community Soccer & Vaccine Clinic. Joined by Hall of Fame soccer star Luis Hernández "El Matador," this free event featured vaccinations for ages 5+, exhibition soccer matches for kids and adults alike, as well as food, drinks, and music!

Nothing brings the Latin American community together like soccer, so this event was the perfect opportunity to get everyone on board, increase vaccine uptake, and raise awareness on the health issues faced by our community. The success of this event attests to the importance of community coordination, diversity, and including the whole family in vaccine advocacy.



Event Attendants

400+



This event was made possible by the efforts of our Vaccinate For All Champions in the NHMA Nebraska Chapter, and the 16 community organizations that worked alongside them which included University of Nebraska Medicine, Douglas County Health Department, One World Community Health Center, and Telemundo Nebraska. Dr. De Alba also joined NHMA on Instagram Live to amplify this impactful event, watch at [YouTube.com/NHMAvideos](https://www.youtube.com/NHMAvideos).

Dr. Armando de Alba with soccer star Luis "El Matador" Hernández

CHAMPION ADVICE FROM OUR LESSONS LEARNED PSA

NHMA met with its Champions at Neighborhood Health in Fairfax, Virginia for a Lessons Learned Panel to discuss major takeaways from the pandemic. Read below for a sneak peak, and check out the full video on our Youtube at youtube.com/NHMAVideos.



No. 01 – Dr. Saldarriaga

"I think the main lesson we've learn is that we have to **build trust in relationships with our patients and our families**, because they're gonna come to you in the end to ask for your advice and your professional opinion."



No. 02 – Dr. Mariel

"After practicing over 25 years, I have found that Spanish has been one of my greatest tools. Building rapport with patients is that you get to greet them in their own native tongue. It builds rapport, it builds good communication. It makes them trust you, and it allows you to chip away at some of this misinformation and disinformation that they're exposed to."



No. 03 – Dr. Kahn

"**We've provided more than 75,000 vaccines.** The overwhelming majority have been in low income communities and among people of color. We've done this **by going door to door, by educating, by providing resources and ensuring that all of them are able to have access to vaccinations**, and we make it easy for them to access the vaccine."



No. 04 – Dr. Ortiz

"Perhaps as doctors, we need to go to places where people go like churches, like festivals and talk to the people, tell them, 'We have services in this clinic, or we have services that can be obtained in this other clinic.' **Clarify the message, have a constant message.** We may have to look into other sources we have that are bilingual- like patient testimonials. We all have patients who are willing to talk to other patients about their experience with vaccines."

Hispanic/Latino populations across the U.S. want to get a COVID-19 vaccination. But they face unique challenges and barriers to access. Data from across sectors prove that one of the most important factors in making a decision to get vaccinated is hearing from community leaders—like you. Vaccinate For All Champions use their voices to share trustworthy resources with Hispanic community members around them. **Because we're stronger together.**

What's Next? Get Engaged.

Learn more about next steps Vaccinate For All Champions can take below:

Download the VFA Action Plan:

Our [2022 Action Plan](#) is available for download at [VaccinateForAll.org](#) and includes information on getting engaged as a Champion through:

- Supporting community-based vaccination events
- Disseminating educational, culturally-competent resources
- Panelist opportunities for our COVID-19 Virtual Briefing Series
- Media placements, interviews, and public service campaigns
- Meetings with Spanish-speaking workers at DPR Construction sites to provide education on COVID-19, vaccinations, and general health
- Networking and resource-sharing among Champions
- NHMA Chapter Microgrants



Contact Us

The National Hispanic Medical Association is based at 1920 L St NW #200 in Washington, DC 20036.

Our team can be reached at vaccinateforall@nhmamd.org.

You can also find information on our departments and an updated contact list for NHMA Staff at nhmamd.org/staff.

Social Media Activations

NHMA conducts Twitter Chats and Instagram Lives to connect with Champions and the general public, share essential information, and provide a platform for trusted experts to help increase vaccination awareness and uptake. You can use #VaccinateForAll and tag us to be featured in our Vaccinate For All content. Find our pages under @NHMAmd and National Hispanic Medical Association on Instagram, Twitter, Facebook, and LinkedIn.

Participate in our Annual Conference

Showcase your work at NHMA's 26th Annual Conference, "From Awareness to Action : Finding Solutions through Innovation," April 27-30, 2023 in Chicago, IL. Speaker and poster presentation abstracts are due September 30th. Registration to attend is now open, with additional details on activities, workshops, plenaries, networking opportunities, and trainings offered coming soon. Read more at nhmamd.org/2023-conference.

Become an NHMA Member and Join a Chapter

NHMA represents the interests of over 50,000 licensed physicians in the United States who are dedicated to improving Hispanic health and eliminating health disparities in underserved communities. Membership types include packages for Young and Established Physicians, Council of Medical Society Members, International Medical Graduate Members, Residents and Fellows, Health Professional Students, and Non-Physician Professionals. We also hold 9 national chapters, with members able to start their own as well. Read more: nhmamd.org/membership-benefits.

VACCINATE FOR ALL SOCIAL MEDIA RESOURCES

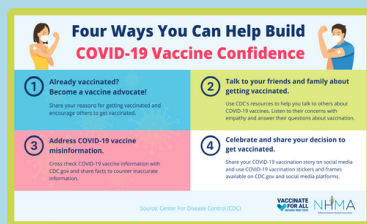
Visit VaccinateForAll.org/resources to access our social media toolkit, printables, forms, and more!

Spread the Word

One of the most important aspects of Vaccinate For All is information-sharing. Use your voice and your platforms to further the importance of culturally competent care.

Updated & Curated

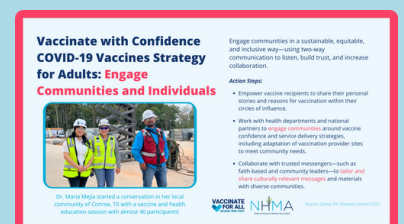
We've created our Resources page to include social media resources to get you started in your vaccine advocacy journey as a Champion, with toolkits being updated frequently.



Quick Tips on
Vaccine
Confidence



Information
on Inclusive
Care



Advice from
Fellow
Champions

Stay tuned for #VaccinateForAll
Twitter Chats & IG Lives!



Tag Us!

Get featured on our channels
by tagging us in your
#VaccinateForAll content.

VACCINE COMMUNICATION AND CONFIDENCE CHECKLIST

Vaccine Advocacy Essentials



Sign up as a Vaccinate For All Champion at VaccinateForAll.org	<input type="checkbox"/>
Research and share vaccine communication and confidence resources	<input type="checkbox"/>
Talk to your colleagues about strategies for patient vaccine confidence	<input type="checkbox"/>
Post bilingual vaccine educational materials in common clinic areas	<input type="checkbox"/>
Share credible and simple information on your social media channels	<input type="checkbox"/>
Establish a point of contact for feedback and suggestions	<input type="checkbox"/>
Share regular updates on vaccine advocacy with staff and partners	<input type="checkbox"/>
Attend and organize trainings on culturally-competent care	<input type="checkbox"/>
Use the Vaccinate For All Toolkit to guide conversations with patients	<input type="checkbox"/>
Identify and collaborate with local trusted community leaders	<input type="checkbox"/>
Recognize the needs and achievements of your healthcare staff	<input type="checkbox"/>
Engage in speaking opportunities to lend your expertise to others	<input type="checkbox"/>
Reach out to your mentees and mentors to spread the word	<input type="checkbox"/>

3 RAZONES IMPORTANTES POR LAS QUE LOS ADULTOS DEBEN VACUNARSE

1. Usted podría estar en riesgo de enfermedades graves que todavía son comunes en los Estados Unidos.

Cada año, miles de adultos en los Estados Unidos tienen problemas graves de salud a causa de enfermedades que se pueden prevenir con vacunas. Algunas de estas personas son hospitalizadas y otras mueren.

2. No puede darse el lujo de enfermarse

Si se enferma, es posible que no pueda cuidar de su familia ni cumplir con las otras obligaciones que tenga.

3. Usted puede proteger su salud y la de quienes lo rodean si se pone las vacunas recomendadas.

Las vacunas reducen sus probabilidades de enfermarse. Incluso las personas sanas pueden enfermarse lo suficiente como para perder días de trabajo o de escuela. Si está enfermo, es posible que no pueda ocuparse de su familia o de otras responsabilidades.

Reducen sus probabilidades de transmitir ciertas enfermedades
Hay muchas cosas que se quieren pasar a los seres queridos, pero una enfermedad que se puede prevenir con vacunas no es una de ellas. Los bebés, los adultos mayores y las personas con el sistema inmunitario debilitado (como las que están en tratamiento para el cáncer) son especialmente vulnerables a las enfermedades que se pueden prevenir con vacunas.

Las vacunas son una de las formas más seguras de proteger la salud. Los efectos secundarios de las vacunas por lo general son leves y temporales. Los efectos secundarios graves son muy infrecuentes.

REFERENCES

- Baquero B, et al. "Understanding and Addressing Latinx COVID-19 Disparities in Washington State". *Health Educ Behav*. 2020 Dec 47(6):845-849. doi: 10.1177/1090198120963099.
- Jacobson, Holly E., et al. "Predictors of English Health Literacy among U.S. Hispanic Immigrants: The Importance of Language, Bilingualism and Sociolinguistic Environment." *Literacy and Numeracy Studies*, vol. 24, no. 1, 1, Mar. 2016, pp. 43-64. doi.org/10.5130/Ins.v24i1.4900.
- Kaiser Family Foundation. "Vaccine Monitor: Unvaccinated Hispanic Adults Are Twice as Likely as White Adults to Want a COVID-19 Vaccine ASAP, Highlighting a Key Outreach Opportunity for Vaccination Efforts." KFF, 13 May 2021, www.kff.org/other/press-release/vaccine-monitor-unvaccinated-hispanic-adults. Published: May 13, 2021
- LADL: Nationwide Poll on COVID Vaccine. www.votolatino.org/media/press-releases/polloncovid/. Accessed 10 Aug. 2022.
- Leslie M. Harris, et al. Liquid Medication Dosing Errors by Hispanic Parents: Role of Health Literacy and English Proficiency, *Academic Pediatrics*, Volume 17, Issue 4, 2017, Pages 403-410, doi.org/10.1016/j.acap.2016.10.001.
- Lewis, Melinda L. "Rural Healthcare Access for Hispanics in the United States: Barriers and Possible Solutions." *Sincronía*, no. 71, 2017, pp. 297-311.
- McNeil JI. A model for cultural competency in the HIV management of African American patients. *J Natl Med Assoc*. 2003 Feb;95(2 Suppl 2):3S-7S. PMID: 12656426; PMCID: PMC2568281.
- Migration Policy Institute. "Profile of the Unauthorized Population - US." *Migrationpolicy.org*, 1 May 2022, www.migrationpolicy.org/data/unauthorized-immigrant-population/state/US.
- Occa, A. et al. "Underrepresentation of Hispanics and Other Minorities in Clinical Trials: Recruiters' Perspectives". *J. Racial and Ethnic Health Disparities* 5, 322-332 (2018). <https://doi.org/10.1007/s40615-017-0373-x>
- Savoia E, et al. Predictors of COVID-19 Vaccine Hesitancy: Socio-Demographics, Co-Morbidity, and Past Experience of Racial Discrimination. *Vaccines*. 2021; 9(7):767. <https://doi.org/10.3390/vaccines9070767>