

# Survey Study | COVID-19 Vaccine in the North Dakota Black Community

## STUDY OVERVIEW

### CONSULTING TEAM

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**GOAL:** Inform an equity-first approach to outreach, communications, and advocacy that encourages and supports COVID-19 vaccinations in North Dakota's (ND) Black Community.

**PROBLEM:** The North Dakota Department of Health (NDDoH) has identified the Black Community to be at higher risk of more severe disease and death due to COVID-19 in North Dakota. This echoes national data on COVID-19. NDDoH's Health Equity Office (HEO) has been tasked with improving outcomes in the ND Black Community and ultimately improving health equity in the state.

COVID-19 vaccinations lower risks of severe disease, hospitalizations, and deaths due to COVID-19. Increasing the number of COVID-19 vaccinated individuals in the ND Black Community, decreases the number of individuals in the ND Black Community at risk for severe disease, hospitalization, and death due to COVID-19.

**INQUIRY:** Develop a survey study to generate evidence about the uptake of COVID-19 vaccinations in the ND Black Community, specifically what factors support and prevent individuals from becoming COVID-19 vaccinated.

**OUTCOME:** Due to recruitment challenges, survey sample size was too small and not representative of the ND Black Community. Therefore, we cannot generalize findings or draw conclusions beyond this study. Yet, the evidence presented in this report:

- **exemplifies the types of data that can inform state and community stakeholders about vaccination uptake within the ND Black Community**, such as beliefs about COVID-19 disease and vaccines, experiences with COVID-19 disease and vaccination sites, trusted and preferred sources of information, and access to general and COVID-19 healthcare.
- **grounds a set of recommendations for building and strengthening relationships with the ND Black Community**, such as establishing an HEO Advisory Board that is representative of the statewide ND Black Community, high-touch and targeted outreach via diverse communication channels, planning vaccination and other health events in ways that remove barriers and increase convenience, and working with healthcare providers in the state to provide current, accurate COVID-19 information in a culturally-safe manner.

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## COVID-19 Timeline

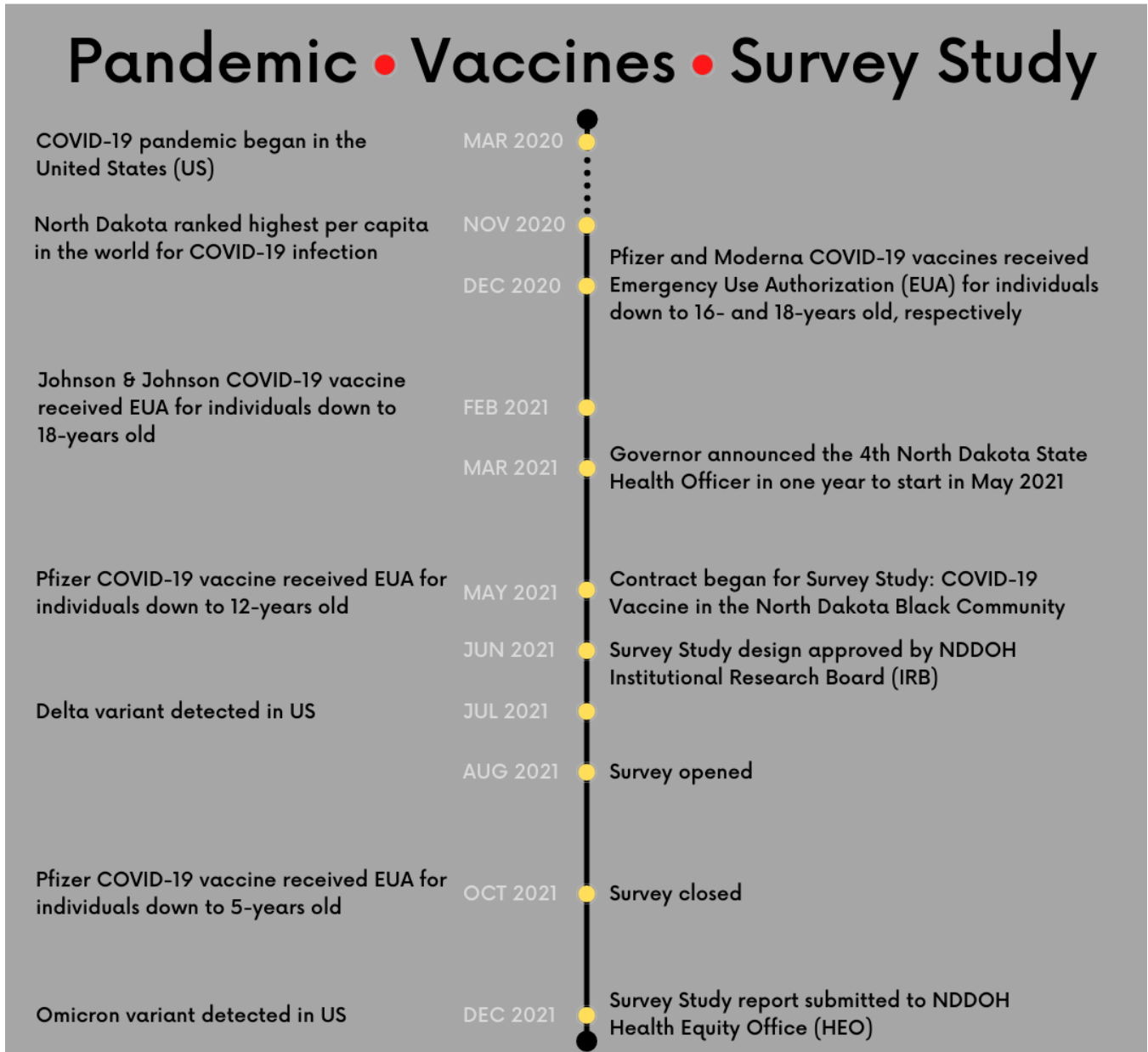


Figure 1 | COVID-19 Timeline: Pandemic, Vaccines, and Survey Study

### CALL TO ACTION

The events of the COVID-19 pandemic transpire against the backdrop of racial disparities in health and income. This has positioned the ND Black Community at a higher risk for more severe disease and death due to COVID-19. In addition, the ND Black Community has experienced barriers to high-quality, culturally-safe healthcare, such as transportation or inconvenience, and missed opportunities to learn about COVID-19 disease, vaccines, and treatment from trusted sources of

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- 2) demographics section flagged early on in survey data collection that a large number of people completing the survey did not identify as part of the Black or African American community (i.e., 60% of respondents in the first 2 weeks of the survey window identified as another racial category). Figure 2 provides an example of a survey update email.

To date, 81 people (+21% since last week) have completed the survey. (See **Response Rates and Vaccination Status** tab.) Currently, 77% of survey respondents indicated they were fully vaccinated.

We pulled preliminary demographics to help inform your distribution and outreach strategies (See **Respondent Demographics** tab):

- 47% of survey respondents identify as White only
- Out of the 28 respondents who identify as Black, 43% report the following first languages: African language (5), French (5), and Arabic (2).

We are curious about how this survey is being communicated? Being too general invites respondents outside our target population (e.g., white residents) but can also deter our target population (Black residents). Any insights into the high percentage of white respondents?

Still, for most of the completed surveys, 56 respondents clicked the link shared in state health department communications. (See **# Responses by Collector** tab.) Does this include outreach to your advisory boards?

Again, we advise more high-touch outreach and relationship-building activities with community-based organizations and leaders (e.g., visiting community organization sites or meetings, getting to know you meetings, participation in organization events).

Next week, the status update will filter to include only residents who identify as Black and are 18+ years old.

Good luck and we look forward to growing the number of Black residents in North Dakota who complete the survey!

**Figure 2** | Example of Survey Update Email, sent on August 14, 2021

NDDoH HEO staff reviewed the survey updates and adjusted their outreach and communications plan to include (1) flyer distribution in public areas, local businesses, and housing areas of interest and (2) a paid social media campaign from September 1-30, 2021 that included location- and demographic-targeted and general advertisement. NDDoH invested \$2,400 in the paid social media campaign, yielding 654,106 impressions and 453 website clicks, for a click-through rate of 0.07%. Detailed performance data can be found [here](#).

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## STUDY FINDINGS AND RECOMMENDATIONS

### PARTICIPATION AND DEMOGRAPHICS

#### SURVEY RESPONDENTS

There were 110 total survey respondents, 79 of which identified as one or more racial categories (i.e., they did not skip the race/ethnicity survey question or choose "prefer not to say"). Of those 79 people, 32 (41%) identified as Black or African American. Because this survey was intended to reach the adult Black Community in North Dakota, the summary of results below include only those respondents who represent the intended survey population-- those identifying as 18 years or older and Black or African American. There were 31 survey respondents who identified themselves as Black or African American, and also over the age of 18. One respondent was excluded from analysis over data validity concerns.

#### DEMOGRAPHICS

Figure 3 summarizes key demographic information for the survey respondents. Additional demographic data can be viewed [here](#).

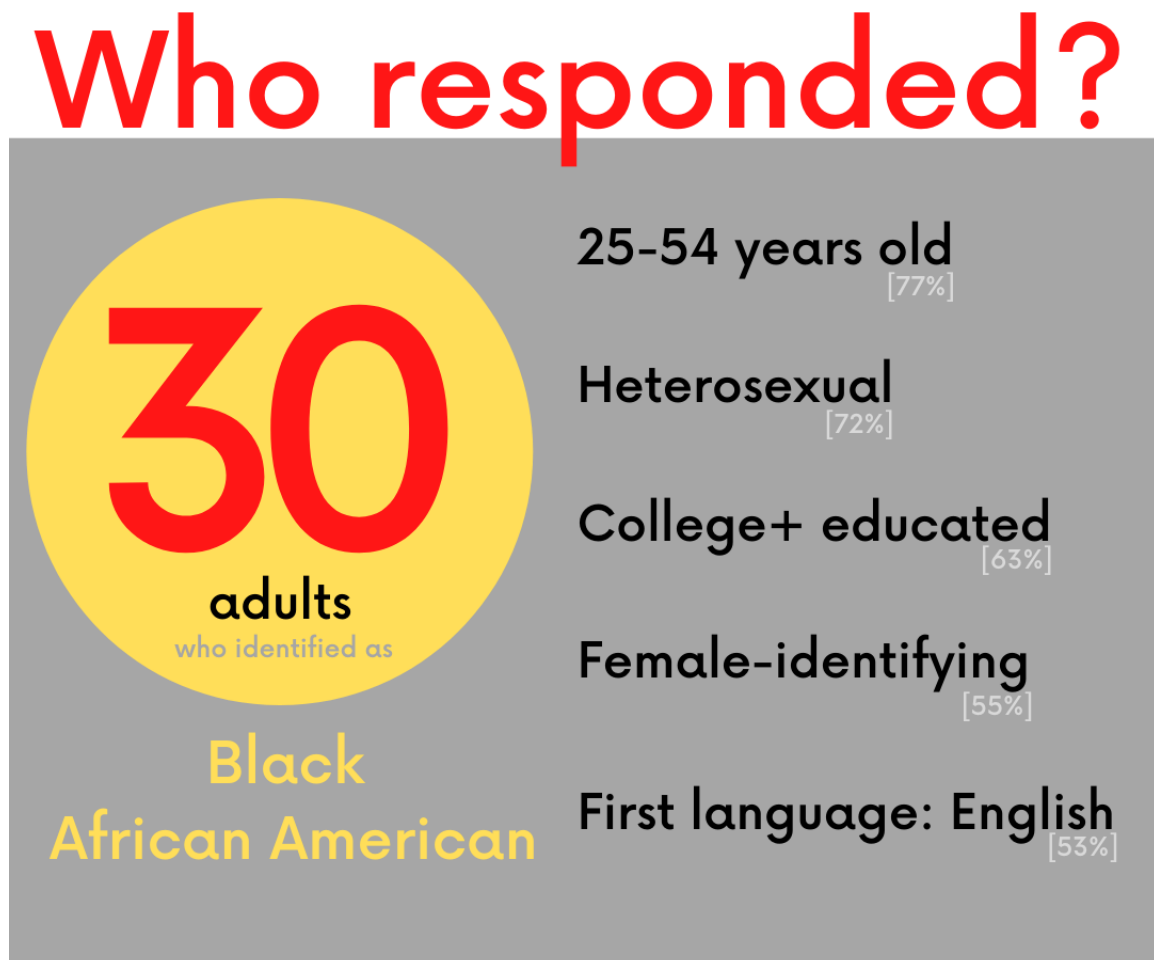


Figure 3 | Summary of Survey Participants and Demographics

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## KEY RECOMMENDATIONS

To connect with a broader cross-section of Black and African American community members in North Dakota, form an HEO Advisory Board for the Black and African American community within the state, similar to the existing boards (e.g., LGBTQ2S+ AND NFI).

- Set specific goals for recruitment in terms of numbers and representation of the statewide population and intersecting social identities (e.g., gender, class, or disability).
- Develop a relationship-driven outreach strategy that prioritizes community-building and targets subgroups that are underrepresented in current survey responses, such as young adults (18-24 years old), older adults (55+ years old), and adults whose educational attainment is more representative of the statewide population.
- Pursue high-touch relationship-building strategies, such as frequent, face-to-face meetings with community organizations and key community leaders, event announcements or resource-sharing in community spaces (e.g., churches, mosques, neighborhood parks, community centers), and on-the-ground canvassing of public spaces (e.g., stores, events).

## COVID-19 VACCINE BELIEFS AND EXPERIENCES

### COVID-19 VACCINE BELIEFS

Seventy-four percent (74%) of fully vaccinated respondents compared to 29% of un- or partially-vaccinated respondents believe that COVID-19 vaccines slow the spread of COVID-19, as indicated by their reported agreement with the statement "I believe COVID-19 vaccines are a reliable way to slow the spread of COVID-19." The full table summarizing vaccine beliefs by respondents vaccination status can be viewed [here](#).

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# COVID-19 Vaccine

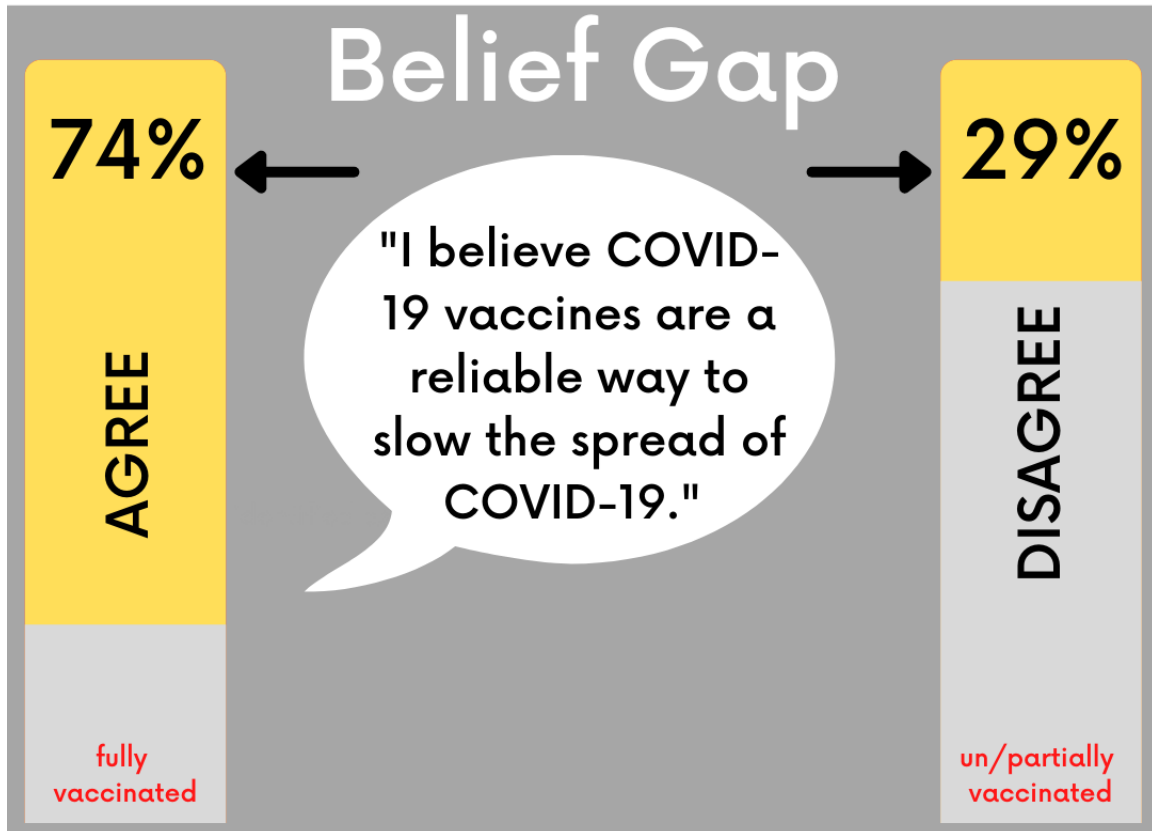


Figure 5 | COVID-19 Vaccine Belief Gap

### COVID-19 PERSONAL EXPERIENCES

We cannot draw any conclusions between respondents' beliefs about vaccines and their experiences with COVID-19. Table 5 displays respondents' reported personal experiences with COVID-19. Note that over half of the fully-vaccinated respondents reported a family or community member who also received a COVID-19 vaccine. While we cannot determine if family or community members influenced survey respondents' decisions to vaccinate, research suggests that family and friends can affect the vaccination decisions of those within their close networks.<sup>10, 11</sup>

<sup>10</sup> [Quinn, S. C., Hilyard, K. M., Jamison, A. M., An, J., Hancock, G. R., Musa, D., & Freimuth, V. S. \(2017\). The influence of social norms on flu vaccination among African American and White adults. Health education research, 32\(6\), 473-486.](#)

<sup>11</sup> [Latkin, C. A., Dayton, L., Yi, G., Konstantopoulos, A., & Boodram, B. \(2021\). Trust in a COVID-19 vaccine in the U.S.: A social-ecological perspective. Social science & medicine \(1982\), 270, 113684.](#)

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**Table 5 | COVID-19 Personal Experiences By Vaccination Status**

Experiences with COVID-19, by Vaccination Status		Un- or Partially Vaccinated	Fully Vaccinated	Total
PERSONAL	I have no personal experience with COVID-19.	43%	17%	23%
	I was diagnosed.	43%	26%	30%
	I was hospitalized.	0%	0%	0%
FAMILY	A family member was diagnosed.	14%	35%	30%
	A family member was hospitalized.	14%	13%	13%
	A family member died.	29%	9%	13%
	A family member received a COVID-19 vaccine.	0%	52%	40%
COMMUNITY	A friend, neighbor, or coworker outside my family was diagnosed.	29%	43%	40%
	A friend, neighbor, or coworker outside my family was hospitalized.	14%	30%	27%
	A friend, neighbor, or coworker outside my family died.	14%	22%	20%
	A friend, neighbor, or coworker received a COVID-19 vaccine.	29%	57%	50%
<b>Total</b>		<b>7</b>	<b>23</b>	<b>30</b>

### COVID-19 VACCINATION EXPERIENCES

Twenty-four (24) partially and fully vaccinated respondents selected the locations where they received their first and second (if applicable) COVID-19 vaccination. As shown in Figure 6, of the 45 unique vaccine doses reported, the four most common locations were hospitals (e.g. Sanford, St. Alexius) [22%], NDDoH vaccination events or pop-ups [18%], public health facilities (e.g., state, county) [18%], and pharmacies (e.g., drugstores, Walmart) [13%]. Few COVID-19 vaccination doses were received at community clinics [2%], community events [11%] and drive-thru locations [11%]. The full table of vaccination locations can be viewed [here](#).

All respondents who had received at least one vaccine answered the survey item about mode of travel to their vaccination site(s). Most reported driving themselves to the vaccination site (76%), followed by being driven by someone else (12%), walking (8%) or being vaccinated at the workplace (4%).