

Reducing Vaccine Hesitancy for People Living With Disabilities

As the COVID-19 pandemic continues, vaccination remains a critical strategy to mitigate the impact of the pandemic. Health agencies stood up a massive effort by vaccinating more than [183 million people](#) as of the end of Sept. 2021. However, some people are hesitant to get the vaccine. For this brief, vaccine hesitancy is defined using the [World Health Organization \(WHO\) definition](#): “a delay in acceptance or refusal of vaccines despite availability of vaccine services.”

In collaboration with CDC, ASTHO provided full-time disability and preparedness specialists to 17 jurisdictions to develop emergency preparedness and response plans that better meet the needs of people with disabilities. This brief shares perspectives from specialists in three states: Alabama, Alaska, and Arizona. These specialists have expertise in communicating about the COVID-19 vaccine, understand why people living with disabilities may be hesitant, and how to address their underlying concerns. These perspectives represent a portion of the range of approaches public health officials can take to address vaccine hesitancy in people living with disabilities.

Identify Factors that Contribute to Vaccine Hesitancy

- [Vaccine misinformation](#) can lead to vaccine hesitancy in people living with disabilities. It is critical to address their concerns and questions stemming from misinformation.
- [Lack of accessibility](#) in healthcare settings deters people living with disabilities from seeking a variety of health services, including vaccinations. Other barriers include transportation, [web accessibility](#), and the built environment of the site. Such barriers may discourage people living with disabilities from getting vaccinated and lead to vaccine hesitancy.
- *Previous Trauma* in healthcare settings reduces overall trust. Hesitancy is built over time. People living with disabilities may have experienced personal or historical trauma from the healthcare system, such as provider discrimination and/or judgment. Historical traumas may reduce trust in the vaccine or healthcare providers. Communities neglected by healthcare or public health systems may be reluctant to trust the vaccine because they don't trust the systems around it.
- *Unknown interactions with health conditions* are unsettling. People living with disabilities may have concerns about how the vaccine will impact health conditions that are separate or related to their disability. Some healthcare [providers feel prepared to make vaccine recommendations](#), but others do not. People living with disabilities may not know where to go to better understand the impact of the vaccine on their health condition.

Reduce Vaccine Hesitancy by Building Trust

Reducing or eliminating vaccine hesitancy in people living with disabilities does not have a quick solution. People living with disabilities have intersectional identities and span a variety of experiences; a one-size fits all approach will not work.

- **Establish Strategic Partnerships.** In areas where historical trauma has eroded community trust, strategic partners such as disability organizations can provide inroads. Start by having conversations with partners and communities, listening and understanding their concerns. Build trust first, then discuss vaccination services. Governor's Councils on Disability and [Americans with Disability Act \(ADA\)](#) staff at health agencies are valuable allies in this effort.
- **Share Personal Stories.** Share vaccination stories and messages from people living with disabilities for people living with disabilities. Let the members of the disability community speak for themselves.
- **Offer One-On-One Conversations.** People living with disabilities have valid concerns and questions. One-on-one conversations can help address these concerns in a personal way. With patience, persistence, and a non-judgmental approach, these conversations can build trust and move people to get vaccinated.
- **Work Transparently.** Being open about the vaccination process and the goals of the public health system can help build trust. If people understand what public workers are trying to accomplish in the community, the community may be more willing to engage. Be willing to acknowledge traumatic histories and mistakes so the community feels visible and validated.
- **Provide Home-Based Vaccinations.** In-home vaccinations eliminate significant challenges for people living with disabilities, including transportation barriers for those with mobility issues, and, for those who have experienced medical trauma or have sensory issues being vaccinated in a familiar setting can reduce tension and ease fears.
- **Elevate Community Leaders.** Include people living with disabilities in vaccination efforts. They have first-hand knowledge of community history, triggers, relevant messaging, and other critical factors.

Overall, [building trust is critical](#) to addressing vaccine hesitancy in people living with disabilities. Patience, humility, willingness to answer questions with accurate and accessible information, and persistent commitment to equitable vaccine access [can encourage people to get vaccinated](#).

Learn More

The disability and preparedness specialists in Alabama, Alaska, and Arizona have a wealth of information to share from their experiences addressing vaccine hesitancy. To connect with them about vaccine hesitancy, please contact specialists@astho.org. Learn more using the following resources:

- [Addressing Vaccine Hesitancy with AM Trace](#) (ASTHO)
- [Communicating in Conservative Contexts: Strategies for Raising Health Equity Issues Effectively](#) (Dialogue4Health)
- [COVID-19 and Vaccine Survey Project](#) (The American Association on Health and Disability)
- [Communication: Promising practices for reducing COVID-19 vaccine hesitancy & accessible dissemination](#) (Webinar from ASTHO, the National Association of County and City Health Officials, and the Association of University Centers on Disabilities Vaccination)