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Examining the Attitudes of Hispanic Individuals on the COVID-19 Vaccination

By

Raúl Ortiz

An Honors Capstone

**submitted in partial fulfillment of the Diploma
requirements for the Honors**

to

The Honors College

of

The University of Alabama in Huntsville

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Dedication

This paper is dedicated to my family and the Hispanic community I grew up in. I am proud to be Hispanic and to add my voice to the academic field as a representation of the Hispanic community. Furthermore, I would like to dedicate this paper to my advisor, Dr. Christina Steidl, who has given me the opportunity to make this study possible. And to my girlfriend, Alex, who encouraged me at every step of the way. I couldn't have done it without you. I love you.

Abstract

The purpose of this study is to examine the attitudes of Hispanic individuals regarding the COVID-19 vaccination. Hispanics are underrepresented in medical services and medical research causing a gap in the consideration of the Hispanic community. This is due to a variety of factors including socioeconomic conditions, historical discrimination, physical barriers, and a complicated relationship with medical services. This is a significant issue as Hispanic individuals are more susceptible to infection and hospitalization due to lack of access to health care. As a result, COVID-19 hits the Hispanic community harder in many places across the United States. Thus, it is important to examine vaccination rates and what influences Hispanic individuals to take the COVID-19 vaccination or not take it. This study aims to provide that examination with seven semi-structured interviews conducted with Hispanic individuals in the Huntsville community. Factors such as the relationship with medical services and how that effects a COVID-19 vaccination decision, the factors that take priority in both deciding to take the vaccine or deciding to not take the vaccine, the perception of how the Hispanic community is managing the COVID-19 pandemic, the way Hispanic individuals navigate conflicts in their community, the way racial perceptions influence the view of Hispanic individuals, and the outlook for the future of the Hispanic community are all points that this study seeks to discuss.

Introduction

The SARS-CoV-2 virus, henceforth referred to as the COVID-19 virus, pandemic has been ongoing since early 2020. An approval of the emergency use of developing vaccinations began in December of 2020 (Austin, 2022). Responses to both the pandemic and the vaccines have varied significantly between demographic groups globally and nationally which has been subjected to a rapid response in research due to the nature of the pandemic and its severity (Wagner et. al., 2021). The representation of specific demographics within medical services and medical research can be hard to analyze due to a variety of factors. Therefore, Hispanic/Latino communities have shown a significant amount of vaccine hesitancy with shifting trends since the rollout of vaccinations for COVID-19 (Garcini et. al., 2021). It is important to understand why this population is exhibiting hesitancy and previous research suggests that components that contribute to hesitancy include historical discrimination and mistreatment from health care providers, safety concerns over the vaccine, misinformation regarding vaccines, religious and moral beliefs, trust in healthcare providers, community influences, and fear of detainment or deportation (Garcini et. al., 2021). Of these components, one stands out specifically for the Hispanic community: familism or the cultural idealism of placing one's family before one's individual needs. Additionally, other factors that may influence Hispanic communities could include socioeconomic factors, accessibility to healthcare, and underrepresentation in health care studies. All these components may contribute to both vaccine hesitancy and an overall higher risk of infection within Hispanic communities. This study will further developed the understanding of the attitudes and perspectives of individuals in the Hispanic community in regards to the COVID-19 pandemic

and vaccinations. This type of study is necessary with the onset of new COVID-19 variants such as the delta variant emerging which pose increased risk for the general population. As there are 60.57 million Hispanics that live and contribute to the U.S., it is important to maintain the health and address concerns from the Hispanic community for the purpose of mitigating the COVID-19 pandemic. This means addressing why some in the Hispanic community support and take the COVID-19 vaccine and why some are in opposition and do not take the COVID-19 vaccine. This type of knowledge can form new public health strategies that better suit the needs of the Hispanic community.

How does an individual's relationship with medical services as a whole intersect with their attitudes with COVID-19? What factors are a higher priority when considering a COVID-19 vaccination? How do they interact with their communities? Furthermore, as mentioned previously, the Hispanic/Latino communities tend to have a stronger sense of familism that affects the attitudes of individuals within the community. However, while there is data that outlines the motivation of supporting one's family and community, a gap exists in the data about the perceptions held by Hispanic individuals about their communities in regard to the COVID-19 pandemic and its vaccinations. How do members of the community feel that their group is handling the pandemic? Do they believe the community has reacted to the COVID-19 vaccinations in the same way? How do members of the community navigate conflicting stances regarding the pandemic and the vaccinations? The intent of this study is to explore this line of questioning to provide a qualitative view into the attitudes of Hispanic individuals for the COVID-19 pandemic and their perspective of the Hispanic community's response.

Literature Review

It is vital to be aware of the conditions and attitudes of the Hispanic/Latino communities to fully grasp the statistical importance of the data with regard to the risk these communities have faced during the COVID-19 pandemic. The Hispanic community has a higher risk for infection compared to other races which warrants consideration of methods that would increase vaccinations. To begin, Hispanics have a 31% rate of hospitalization, making them higher risk than White (22%) and Asian (23%) communities, although Hispanics have a lower rate of hospitalization compared to Black communities (37%) (Fisher et. al., 2021). Additionally, Hispanic individuals in the U.S. account for 21% of total COVID cases after the first year of the outbreak (Garcini et. al., 2021). The previously discussed factors and conditions contribute to producing a higher susceptibility of infection resulting in these higher rates of infection. This is compounded with increased severity of symptoms and lower quality of care administered to Hispanic individuals. Hispanic individuals receive poorer quality care compared to non-Hispanic Whites for 40% of the measures tracked in one study (Avilés-Santa et. al., 2017). Additionally, Hispanic children are more likely to receive a multisystem inflammatory syndrome diagnosis associated with COVID than White or Asian children (Fisher et. al., 2021). The socioeconomic strain that Hispanic individuals go through can be tied to the increased rate of mortality in response to severe and undermanaged symptoms (Garcini et. al., 2021). Furthermore, Hispanic individuals navigate an emotional and mental stress associated with the physical effects of an illness. With the COVID-19 pandemic, having ill or dying family members increases the risk of depression or other

mental symptoms that have already been issues and stresses given the existing inequalities that the Hispanic community already encounters (Gallegos, 2020).

Hispanic communities have a lower COVID-19 vaccine uptake compared to White and Asian communities but higher than Black communities. U.S.-born Hispanics reported a 40.1% uptake of COVID vaccinations compared to Whites (51.0%), although their rates were higher than Blacks (38.2%) (Jang & Kang, 2021). Similarly, Wagner et al. (2021) found that 51% of Hispanics in Detroit would be willing to vaccinate compared to 32% of Black Detroiters and 69% of White Detroiters. However, a notable positive correlation between age and vaccinations exist within Hispanic communities, with a higher level of vaccinations in counties with a larger population of Hispanics over the age of 65 (Mirpuri & Rovin, 2021). While initial hesitancy and lower vaccination uptake is prominent thus far, a greater confidence and willingness to vaccinate builds as time goes on: disparities between the Hispanic populations with COVID-19 vaccinations continue to narrow (Fisher et. al., 2021). Thus, the progress of the Hispanic community with the COVID-19 vaccination does improve.

A substantial amount of research has documented Hispanic communities' distrust of medical providers. Historically, countries like the US have created an institutional system that has abused the trust of Hispanics with discriminatory practices including the fear of inadequate care due to language barriers (Jacobs et. al., 2011). The World Health Organization (WHO) does acknowledge the "contemporary and historic contextual factors affecting hesitancy" which would produce racial inequities in regards to the COVID-19 vaccine (Woodhead et. al., 2021, pg. 2). Therefore, with reasonable precedence, racial

minorities such as the Hispanic community have consistent issues regarding governments and health care.

Institutionalized racism can intensify common vaccine hesitancy factors as well as “provoking additional grounds” for hesitancy in racial minorities (Woodhead et. al., 2021, pg. 13). This doesn’t just produce mistrust or hesitancy among Hispanic populations but also fear as specific concerns with anonymity and safety arise: the fear that one may be detained, deported, or otherwise separated from their families. Garcini et. al. (2021) notes that the biggest personal barrier to COVID-19 testing is fear and mistrust of the handling of personal documents, especially from the undocumented, that could result in detainment or deportation and, in areas with large amounts of Hispanic immigrants, it is common to avoid accessing medical or emergency services to avoid detection from law enforcement (Gallegos, 2020). Furthermore, Garcini et al. (2021) find that rumors of COVID-19 connect to the mistrust of government officials. This presents a unique strain upon many members of the Hispanic communities of the U.S. as individuals would need to weigh the risks of their own personal and community health with a potential COVID-19 diagnosis and increasing vaccine uptake, that is the amount of people in a population taking the vaccine, against the risks of legal enforcement that would separate them from their family and community.

Among the Hispanic community, an overall trend regarding perceptions of the safety of the vaccines begins to arise, as well as misinformation related to the vaccines and the vaccination process. Gallegos (2020) notes that the lack of available information regarding the COVID-19 disease and vaccinations results in growing misconceptions of the virus in Hispanic communities. Concerns over the quality of the vaccine have been raised in response

to the perceived speed of the vaccine development. For example, one study found that those who are hesitant and unwilling to be vaccinated held significant concerns about whether the vaccination was actually effective against COVID-19 and if the vaccine itself would result in long term harm (Fisher et. al., 2021). Likewise, in another study, Hispanic and other minority physician respondents preferred to wait and see how the vaccine affected others before seeking a personal administration (Woodhead et. al., 2021). It is no coincidence that concerns over the safety of the vaccine coincide with the lack of information or misinformation available to the Hispanic community, especially given how much Hispanic individuals rely on their community for information and advice. Thus, misinformation lends itself as a barrier for the Hispanic community in the uptake of the COVID-19 vaccination.

The Hispanic community does have a unique trait in their relation to COVID-19 in that a strong culture of familism exists. Members of family and community influence the personal decisions of a Hispanic individual more than in other racial groups (Garcini et. al., 2021). This has been shown to have been beneficial to the attitudes of Hispanics during COVID-19 as Jang & Kang (2021) note that family, including the extended family, could be positively influenced to take vaccinations. In contrast, the influence of family can be detrimental to attitudes of Hispanics during the COVID-19 pandemic as Garcini et. al. (2021) notes that fears of getting sick leading to the shame and perceived failing to protect their loved ones serve as a barrier to diagnostic testing. The nature of COVID quarantine precautions has increased strain for Hispanic families that results in psychological stress, loneliness, and guilt in response to disruption of familial unity (Gallegos, 2020). Physical separation and fear of infecting others removes the support of family and community that the

Hispanic community relies on. Indeed, Jang & Kang (2021) found that the influence of family and community is a significant factor for Hispanic individuals in a study regarding the decision to receive an influenza vaccination (the researchers noted that given the similarities between COVID-19 and influenza, especially in the age demographics most at risk for each disease, behaviors in response to influenza would be an adequate comparison to COVID-19 response). Jang & Kang's study found that for all racial/ethnic groups studied except for the Hispanic group, individuals who were married were more likely to receive a vaccination based on their spouse's advice (Jang & Kang, 2021). This is consistent with familism as the impact of a spouse's opinion may lessen and merge with the broader family position. This holds true even with professional physicians. Fisher et al. (2021) note that vaccine uptake can be influenced by the support from other families, clergy, and members of the community, but find that for only a little more than half of Hispanic individuals studied would find a doctor's recommendation helpful. Additionally, a significant amount of emotional distress exists among Hispanic individuals with COVID-19 related to fear of harming others. Hispanic individuals feel a guilt and shame in response to a positive COVID-19 diagnosis such that the embarrassment of letting down one's family or disrupting one's ability to provide or otherwise care for their families was a significant deterrent to COVID testing (Garcini et. al., 2021). Overall, the Hispanic community and cultural quality of familism can positively or negatively affect individual responses to the pandemic and the vaccinations for COVID-19.

There are external factors, generally outside of individual control, that can affect the attitudes of Hispanic individuals toward vaccine hesitancy as well. These factors include socioeconomic status, accessibility of health care, and representation in healthcare studies.

To begin with the socioeconomic, minority groups such as Hispanics are more likely to live in larger sized, multigenerational households where COVID-19 is easier spread with less means of social distancing due to cultural and affordability reasons (Woodhead et. al., 2021). Furthermore, Woodhead et al.'s study notes that minority groups are more often essential workers--increasing exposure to COVID-19 at work and commuting (Woodhead et. al., 2021). This is a complication if an individual in a Hispanic family contracts COVID-19, as they could either infect members of the household and/or potentially lose the income that would help support that household if they needed to quarantine, thus placing pressure on the household's financial status. Additionally, Hispanic communities have a higher likelihood of being a part of "lowvax" counties in the US which had higher unemployment, lower income, and lower high school graduations (Mirpuri & Rovin, 2021). The low socio-economic status of many Hispanic communities lead to further susceptibility to misinformation. For example, researchers have found that increasing internet access in lowvax counties, which have a larger groups of people of color (POC), actually decreased COVID-19 vaccination rates, as lower literacy rates increase the chance to retain misconceptions on the COVID-19 vaccination (Mirpuri & Rovin, 2021). This is further compounded by structural inequalities of income inequality, healthcare access, and linguistic disparities that lead to higher burdens of illness and deaths in COVID-19 cases (Gallegos, 2020). Overall, the COVID pandemic has created financial and social strain as individuals in the Hispanic community have to choose between health and work in environments of increased susceptibility to the COVID-19 virus.

A second structural factor is access to healthcare in Hispanic/Latino communities, which has raised barriers to COVID-19 testing, vaccinations, and general treatment. A lack of adequate available information to Hispanic populations pushes individuals away from utilizing health services (Garcini et. al., 2021). Specifically, of the available little to no health information translated into Spanish for the Hispanic community, with what is available often being translated through automated systems which typically lack the context to properly convey information regarding the pandemic (Gallegos, 2020). This can turn into a struggle with the relay of important information regarding the COVID-19 pandemic, and feed the proliferation of misinformation in Hispanic communities. Lack of insurance presents another deterrent to accessing medical services. In one study, individuals that had insurance were statistically more likely to obtain a vaccination (Jang & Kang, 2021); another study suggests addressing barriers like insurance coverage could help to bolster vaccination rates among minority communities (Wagner et. al., 2021). This supports the claim that Hispanic individuals are pushed to decide between their health and their financial state with those receiving support from insurance being more likely to access medical services (Garcini et. al., 2021). Furthermore, there are physical barriers to healthcare access, such as geographic location. Inequity in the distribution of clinical locations for the distribution of the COVID-19 vaccination makes it more difficult for Hispanic individuals to access care (Mirpuri & Rovin, 2021). Therefore, even if a Hispanic individual was willing to obtain the vaccination, the distance needed to access that vaccination may delay or even deter the individual from obtaining it.

The last structural factor relates to medical research. There remains an underrepresentation of Hispanic individuals in health studies - giving less available data to analyze and reflect with the Hispanic community. Moreover, with regard to the issue of data collection, minority groups have notably lower participation rates which limits the data obtained from Hispanic/Latino groups with clinical studies thus further underrepresenting Hispanic/Latino groups in clinical data (Avilés-Santa et. al., 2017). Hispanic communities have been seen as an overall homogenous group in culture and socioeconomic status by clinical researchers, which is an assumption that fails to grasp the differences and similarities among the specific groups of the Hispanic/Latino communities (Avilés-Santa et. al., 2017). Both physically and socially, subgroups of Hispanic communities differ in ways that would be vital in the utilization of personalized application of health care. How one culture receives information differs from another and likewise environmental exposure to illnesses differs between racial subgroups. For instance, Weng et al. (2020) found significantly higher COVID-19 symptoms in Hispanic populations such as cough, nasal congestion, myalgia, headaches, sore throat, and vomiting/diarrhea that could result from geographic variations and differential reporting. These differences would be important for physicians to look out for to avoid underdiagnosing COVID-19 for individuals with early symptoms. Thus, recognition of key differences between Hispanic subgroups would assist in addressing the COVID-19 pandemic.

As mentioned, the Hispanic community has strong senses of familism with community engagement. Thus, researchers see the merit in utilizing these ties. Jang & Kang (2021) proposed the development of partnerships with community centers such as faith-based

organizations and opinion leaders, as well as digital sites that properly translate information into Spanish in a way that native speakers can understand as likely ways to increase vaccination rates. It would be beneficial to begin rebuilding trust between the Hispanic community and health professionals to bolster commitment to medical advice and increase the value of physicians' medical recommendations such as vaccinations (Jang & Kang, 2021). Community-led approaches that would address the inequalities experienced by Hispanics due to the COVID-19 pandemic could also help to relieve some tension from individuals of the Hispanic community, could help further dispel misconceptions regarding COVID-19, and could establish more trust in medical care (Woodhead et. al., 2021). Given how community-based Hispanic individuals are, this would be an approach that would be more appropriate for the Hispanic community in particular.

Now, the second hurdle is for Hispanic individuals to access that medical care. Wagner et al. (2021) suggest that the key to further vaccine uptake could lie in assisting groups with transportation, increasing time to be able to get a COVID-19 test and vaccine, and increasing insurance coverage.

The general viewpoints of the Hispanic community is present in data, however this has mainly been on the factors that have affect vaccination rates such as vaccine hesitancy or barriers, both physical and socioeconomic. A more in-depth analysis of the attitudes of individual Hispanics regarding their perspective of the pandemic and of vaccination is lacking from the studies. This study seeks to fill in the gap in the research of in-depth Hispanic attitudes.

Methods

The study recruited individuals that identified as a part of the Hispanic community via a snowball sampling method from emails sent from various departments, professors, and club organizations at the University of Alabama in Huntsville. Of those who volunteered, five women and two men met the criteria to be interviewed. The age range of the sample is 18-39 years. The subgroups of the Hispanic community were primarily Mexican (5) and Puerto Rican (2). The majority of the sample were also US born citizens (5) while two of the participants immigrated to the US. See Table 1.

Table 1: Demographics of Participants.

Name	Gender	Ethnicity	Immigrant or US born
Caroline	Female	Mexican	Immigrant
Celine	Female	Hispanic	US born
Dulce	Female	Mexican	US born
Hector	Male	Mexican	US born
Julia	Female	Mexican	US born
Leticia	Female	Puerto Rican	Immigrant
Victor	Male	Puerto Rican	US born

The interviews were conducted and recorded in the spring of 2022 over various digital and audio communication platforms (Discord, Zoom, and telephone calls) organized between the principle investigator and the participant. Each interview was approximately 30 minutes in length with an interview guide that focused on attitudes regarding COVID-19

vaccinations and the Hispanic community. For example, some of the questions asked included: How would you describe your relationship with the Hispanic community? How would you describe your relationship with medical services? How frequently do you go to the doctor? Are you vaccinated? What factors contributed to the decision of getting the vaccine? In your opinion, how do you think COVID-19 vaccination is being taken by the Hispanic community? How do you think the impact of COVID will affect your future?

The recordings of the interviews were transcribed and coded using the qualitative data management software *QDAMiner Lite*. The coding utilized the questions posed in the literature as a guideline for the headers and sub headers of coding groups. For example, one question was “how does an individual’s relationship with medical services intersect with their attitudes on COVID-19 vaccinations” and initial codes included the code header “Relationship with Health care” that contained the following sub-headers: “Uncomfortable Feelings”, “Reluctance for Doctor’s visit”, “Discrimination”, “Dissatisfaction with system”, “No qualms with Doctor’s visit”, “Underrepresentation”, “Positive Relations”, and “Mistrust in institutions”. The responses given by the participants were organized into coding families such as relationship with healthcare, personal vaccination attitudes, and community COVID vaccination attitudes totaling to 9 code headers and 38 code sub-headers. See Table 2 for code hierarchy.

Table 2. Hierarchy of Codes.

CODE HEADER	CODE SUB-HEADERS
RELATIONSHIP WITH HEALTHCARE	Uncomfortable Feelings Reluctance for Doctor's Visit Discrimination Dissatisfaction with system No qualms with Doctor's visit Underrepresentation Positive Relations Mistrust in institutions
PERSONAL VIEWPOINTS	Racial Perception Sense of community or family Conflicts in Stance Positive Involvement in Community Disconnect with Hispanics Family Burden
PERSONAL VACCINATION ATTITUDES	General Vaccines (positive) COVID Vaccines (positive) General Vaccines (negative)

FACTORS FOR VACCINATION	Work Related Community/Family Related Improved Reaction to COVID Proximal Death Mistrust in others Previous Illness Research Backed
FACTORS AGAINST VACCINATION	Time Adverse Side Effects Religion Misinformation Ineffectual
COMMUNITY COVID VACCINATION ATTITUDES	Negative Views Positive Views
PERSONAL HEALTH	Good Standing Complications
FUTURE OUTLOOKS	Personal Effects Societal Effects
SOCIOECONOMIC FACTORS	Healthcare Access Class Differences Work Strain

Due to the size of the sample, the findings in this study are limited in the generalizability of the broader Hispanic community. The study was limited to the southern attitudes of the Hispanic community specifically within the Huntsville, Alabama area. Furthermore, the recruitment call was hosted on the University of Alabama in Huntsville campus so the participants were primarily college students attending the university. The size of the sample allows a snapshot into the Hispanic community though a larger sample could provide a more thorough understanding of the Hispanic community in regards to the COVID-19 vaccination.

Results/Discussion

How does an individual's relationship with medical services as a whole intersect with their attitudes with COVID-19?

To begin, I analyzed how the relationship of individuals in the Hispanic community with medical services intersected with the attitudes about COVID-19 and its vaccination. On the one hand, there are the positive factors of trust in physicians and the research process. Of the 7 participants, only 2 were in full support of medical services. Both held jobs in medical services, with one being a nursing student and the other working at a doctor's office. The nursing student participant felt comfortable and believed that his doctors "are very kind and have good patient-oriented care" while the participant who worked at the doctor's office stated an appreciation for "every type of medical person from like a nurse to like doctors" and trusted them for medicine recommendations when she is sick. This suggests that a certain level of familiarity and involvement in medical services promotes a better understanding and

relationship with those services. The respondents who are able to navigate medical spaces tend to have better experiences with physicians.

On the other hand, participants described the negative factors that persist within the attitudes they held regarding medical services with feelings of minimization, crossing of personal boundaries, disrespect, discrimination, dissatisfaction and trust in medical services and an overall reluctance to utilize medical services for a variety of reasons.

Minimization, crossing of personal boundaries, and disrespect interplay with each other culminating in an uncomfortable environment for Hispanic individuals. One participant was frustrated by the feeling of “not being heard” and having to rehearse conversations to get what felt like proper care. Similarly, another participant stated that she felt like she had to act “extra extra white” if she wanted proper care. The issues of Hispanic individuals are perceived as brushed aside and overlooked resulting in Hispanic individuals having to conform and accommodate medical services rather than medical services accommodating Hispanics. Furthermore, the lack of consideration from physicians to their Hispanic patients in regard to reassurance and affirming actions prior to execution of an act causes reservations from those Hispanic patients. One participant reported that a physician lifted clothing to see a rash on their sister “without even asking her” while another participant expressed discomfort with a male OB/GYN checking a lump on her breast reporting on her health that was far too “to the point” showing a lack of tact in the concerns and anxieties of the participant. Even when encountering medical professionals that are Hispanic, there can be boundary crossing. One participant felt that the doctor was “a little too comfortable with us, like she was venting to us about all her problems at work that day.” The issue becomes one of balancing too little

familiarity against too much familiarity as physicians do not establish enough rapport to assure patients or assume too much connection to a patient and lose focus on the purpose of the visit. The feelings of minimization and the crossing of personal boundaries can lead to attitudes that can build to feelings of disrespect. One participant was driven to tears, stating that physicians that were “treating [her] like a child” with regard to medical directions and that this infantilization persisted even when she assisted relatives who could not speak English. Trust is a vital key for interactions between individuals and medical services, and part of building trust is a level of understanding and feelings of genuine involvement in the progression of one’s care. These participants expressed a lack of belief that medical professionals are truly involved and genuine in their care.

These feelings of frustration and minimization are also present in 3 participants who reported a history of discrimination from medical professionals. For instance, one participant reported that physicians always suspected that she was pregnant with one going so far as to perform six pregnancy tests in one visit. She even noted how odd this behavior was because she “was like a teenager at the time. So it was a little bit funny.” This is consistent with the literature involving a history of discriminatory practices within medical services that have placed a strain on the trust of Hispanics with their care. Additionally, participants noted little accommodation for Hispanic individuals as another participant had to function as a translator at the age of 12 for her mother, “discussing things at a different level [she] wasn’t used to or capable of doing.” Considering that the population of Hispanics in the U.S.A. in 2019 was numbered 60.57 million, a significant presence of Hispanics exists in the country and services as basic as the ability to communicate is lacking in many medical institutions. Even

those who speak everyday English may struggle with technical medical information presenting an ongoing potential for misunderstood information (Key et al., 2021). This has resulted in participants being more hesitant and displeased with medical services that they feel have neglected them.

Furthermore, a theme of dissatisfaction with the way that medical services are run is voiced by 2 participants in the study. For instance, one participant, an immigrant to the U.S.A., who has had experiences with both American and Mexican health care, spoke about her frustrations from her interactions with American health care with the long process of scheduling visits and receiving results. For example, she describes her frustration with her dermatologist having “appointments for, like, four months” before she could see her physician stating “it’s complicated to see a doctor quickly.” She notes that even if she gets sick, it would take a few weeks to receive care. However, the COVID-19 vaccinations are an exception as she notes that the vaccine could be received within a day in the U.S., as opposed to her experiences in Mexico which featured a navigation of long lines and limited availability.

The final factor being considered is the overall reluctance consistent across the participants in the interviews to access medical services. Only 2 of the 7 participants felt no significant hesitation for accessing health care services. Interestingly, these were the only two male participants in the study. Moreover, among the women, even the participant who worked in a doctor’s office and held trust in medical services, felt hesitation when it came to accessing health care. This may suggest a potential difference in reluctance between genders of the Hispanic community, although the sample size of this paper limits the generalizability

of such a claim. Future researchers should increase the sample size and include more male participants to test this pattern. For this paper, hesitation is defined by parameters that include: amount of time that an individual waits (going beyond days of persistence and severity of illness), expression of financial strain, and feelings of shame or humiliation for being sick at all. For example, one participant recalls instances where she was so sick that she could hardly get out of bed actively denying her feelings of illness to the point where her sister had to physically carry her to a car to visit a doctor. Her reason for reluctance was the shame of being a burden on her family, she blamed herself for getting sick “putting that on [her] family like ‘Oh, you’re sick. You’re sick like a dog.’ You know almost like it’s shameful?” Another participant noted that it would have to be a life or death scenario for her to visit a doctor due to the perception that she would “probably be humiliated and rack up a big bill” if she accessed medical services. As a result, a common theme prevails among those who are hesitant: to practice varying degrees of self-care with medicines and natural remedies that they have stocked up in their homes. An illness has to persist for a minimum of three days for some and weeks for others to consider making a doctor’s visit.

Interestingly enough, despite the general negative relationship that most of the participants harbor with medical services, all of the participants felt positive or mostly positive about the COVID-19 vaccinations. At worst, there were only two participants that felt nervous about the vaccine, but even these conceded that it has been producing beneficial results. This deviance from hesitancy could be attributed to the unique circumstances that the COVID-19 pandemic has created. As previously mentioned, one participant noted that it would have to be life or death to motivate her to access medical care showcasing the negative

ties to medical services but was supportive of the COVID-19 vaccination in the face of a virus that is potentially lethal if contracted and, since the literature suggests, Hispanics seem more susceptible to be infected with the COVID-19 virus. This highlights the special circumstances that the COVID-19 pandemic has created providing the motivation for the participants to overcome their negative conceptions of medical services to get vaccinated. Furthermore, as another participant noted, the process of receiving the COVID-19 vaccination differs from the typical scheduling process of medical services. She explains that the ability to “make an appointment and go without struggle and without lines” makes the vaccine a lot more accessible for the Hispanic community as “Latinos take advantage of those parts.” Thus, the intersection of medical services relationships and COVID-19 attitudes highlight the perceived severity of the pandemic and the complicated ways that individuals in the Hispanic community utilize to navigate these intertwining relationships.

What factors are a higher priority when considering a COVID-19 vaccination?

The feelings that the participants had about general vaccinations translated into the feelings that they had with the COVID-19 vaccination. These feelings include: a sense of necessity on taking vaccinations to prevent illnesses such as tuberculosis or measles, a confidence in vaccinations due to past research setting up a positive historical record, and building an immunity or resistance early on. The primary factor that was consistent among participants were family and community related concerns. That is to say that, either because of influence from family and friends or a concern for the health and safety of family and friends, individuals were motivated to receive the COVID-19 vaccination. Additionally, there three further compounding factors that motivated participants to take the vaccine: confidence

in trials and research, potential improved reactions to COVID-19, and occupational requirements.

To examine the primary factor, individuals in the Hispanic community reported a strong sense of personal responsibility in maintaining their family and friends which is consistent with the literature as a culture of familism. Given the youth of the participants in the study, the concern they held was for the children and elderly of the family rather than themselves. One participant was concerned in preventing COVID-19 exposure for her parents stating “my mom’s diabetic and her and my dad have other health issues and obviously at that point everybody was just like – well I mean still, it’s like the immunocompromised and I think having any kind of chronic disease is you being immunocompromised and I was just like “Well, if I can prevent me from COVID and bringing it home, then that would be awesome.”” so her vaccination was a service to protect them. Another participant noted that her family had initial concerns about the vaccination because her “mom already has health complications, she has high blood pressure, she’s prone to getting diabetes soon if she doesn’t take care of her diet”, but that these concerns since shifted as her mother has “been vaccinated and she advocates for getting vaccinated and she also wants the booster shot.” While these participants were personally willing to get vaccinated on their own motivations, one participant felt pressured by her elderly parents to vaccinate stating that “they’re like “Hey, you’re still going out so better get it cause, you know, your dad and I don’t want to be put at risk because you’re going out with your boyfriend and friends or something like that.”” The participant did get vaccinated, both to protect her parents but also to give them peace of mind. This sense of family persisted across all 7 of the participants.

Beyond immediate family, the community that Hispanic individuals are a part of influences their decision making process. Participants noted that a pro-vaccine environment with incentives to vaccinate set them more at ease with the vaccination. One participant explained that “the reason [she] got vaccinated was because they were offering it for free for faculty at the university” without giving much thought to long-term or side effects of the vaccine admitting “it was pretty impulsive.” Additionally, two participants who were still hesitant about the COVID-19 vaccine noted that their families and friends were very supportive of the vaccine factoring into their decision to vaccinate. Thus, a strong positive environment around the COVID-19 vaccination encouraged participants to take the vaccine. However, one participant did note her immediate friends were critical of the booster shot stating “my immediate circle is saying bad things about it and I think that has an influence on me. I do want to get the booster but I don’t make it a priority because of the people around me saying like, ‘Oh, you’re gonna need a booster shot for every other variant that comes out,’ stuff like that.” This suggests that a negative community environment has the opposite effect on the decision to vaccinate. Lastly, an intense motivator exists that can push individuals in the Hispanic community from doubtful to supportive of the COVID-19 vaccination. That motivation is proximal death. Of the 7 participants, 3 mentioned deaths of family members or of close friends as checks into taking the COVID-19 virus more seriously. One participant, who was on the older side of the study, had a close friend that was her age who “died real close to [her] city Mazatlan and it was because of that variant – the Delta variant.” The participant expressed fear that it could happen to her motivating her to receive the COVID-19 vaccination. Another participant expressed frustration with those

skeptical of the vaccine and preventative measures wishing that “the Hispanic community took it a little more seriously” as she had personal connections that had passed away due to COVID-19. Additionally, one participant cited the limited capacity of hospitals during the COVID-19 pandemic as motivation to get vaccination, so that he would not take up space in the hospital as he doesn’t “want to be taking up somebody’s spot if that could be the difference between living and dying.” Overall, the individual sense of obligation to one’s family and community in the Hispanic community is a primary driver of influence. This is supported by the literature as decision making, especially with health, is drawn from a variety of sources within the community.

As noted above, the interviews revealed three other factors, which I will address here. First, the trust in the vaccine itself is a benefit. While the majority of the participants spoke positively about trust in the vaccination, there were 4 participants that strongly believed the process for the creation of the COVID-19 was safe based on what they knew about the background of the research and trials. One participant was familiar with the repetition of the trials that a vaccine undergoes and cited that she “had some people I personally know that were in the vaccine trials so they told me about it and I thought it was safe enough” so she was willing to receive the vaccination as soon as possible. Another participant based their knowledge on information she received from Twitter that explained the science behind the vaccine and noted “that they’ve had years of studies on this that they actually try to, um, develop the vaccine back when – back in the early 2000s and so obviously they’ve been working on it. They just stopped because of funding. And I’m just like “well that makes sense.”” A third participant noted that, after a certain time period, adverse symptoms would

have started to manifest. Thus, by the time the interview was taking place so he was confident that the vaccines were safe as they were done by medical professionals. This is significant as this suggests that access to information, which may be lacking due to insufficient available knowledge in the Spanish language, is important to reassure and establish medical connections to the Hispanic community. The confidence in vaccinations is strong with the participants that understand how the medical process and the vaccination itself works. In contrast, some of the more skeptical participants encouraged personal research to make an educated choice.

The second compounding factor is the notion of vaccinated individuals having an improved reaction to the COVID-19 virus if contracted. Two of the participants directly mention an improved response as a factor that contributed to vaccination which is notable as these were the two males that had participated in the study. One participant was confined to bed rest when they contracted COVID-19 stating “I did get COVID-19 the first time around before the vaccine was available...And it hit me a little hard. Like, it wasn’t like too bad but it was like a very – it was like a strong flu” and was strongly adverse to going through that experience again, contributing to his vaccination. The participant that had voiced a concern for taking up potential hospital space if he contracted COVID-19 also cited that “if you get COVID while you’re vaccinated it’s not as severe.” The participants seemed to advocate for the vaccine as a method of minimization of damage with the vaccine taking precautions to prevent, resist, and curb the spread of COVID. Given the size of the sample, it is difficult to determine whether this is a gender difference that Hispanic men show more concern for their personal health when compared to Hispanic women or if this is consistent across genders in

the Hispanic research. Future researchers should increase the sample size with even numbers of men and women to investigate a potential difference gender makes to this issue.

The final factor is occupational requirements or incentives. There were two forms of thinking when it came to this factor: protection of self and others or taking advantage of an opportunity. For instance, one participant works as an educator for young children and found that “being around children all day will make you want to get a vaccine because you see how they literally spread germs so easily” so she obtained the vaccination so she would not get sick and would continue to work, as well as to add an extra layer of protection for the children that she teaches. This frame of mind was most common in individuals whose occupational work would potentially increase the chances of the spread of COVID-19. In these cases, the safeguard of the vaccine was accepted by participants. On the other hand, the opportunity oriented motivation favors those who already lean towards receiving a COVID-19 vaccination. For example, one participant noted that places of business and education were incentivizing vaccination. Her own employer “bribed everybody to go get a vaccination and she would pay you a hundred bucks to go do that.” This constituted a more enticing route for individuals who were already positive about vaccinations, giving them an extra push. Overall, the participants maintained favorable attitudes regarding the COVID-19 vaccinations with no significant concerns other than various levels of doubt with the time that the vaccination has been out as well as the potential long term effects. Two out of the seven participants had held or hold doubts regarding the effects of the vaccination. One of those participants noted that “it seems like it was almost a bit rushed or maybe there were too many side effects for some people to where for a while I was like “Oh hell no, I’m not taking that”

citing videos of “people with... hives on their face” as a factor in her vaccine hesitancy. The second of those participants was less doubtful only worried on if the vaccines “would work or not work.” While these doubts are present, the interviews suggested that these fears seemed to have diminished over time.

How do members of the community feel that their group is handling the pandemic?

The participants were split in their perceptions of how the Hispanic community is handling the pandemic. Those that believed that the Hispanic community was reacting favorably to the pandemic emphasized the frequency of vaccinations within their family and community as a basis for a positive response. Although this is a case-by-case situation as one participant noted that some communities are handling the pandemic better in with others. In particular, in the Hispanic community such as Argentina and Chile compared to Mexico. Likewise, another participant viewed different Hispanic countries producing different responses as she described her wedding “it was in Puerto Rico so it was very, like, strict there. They’re still wearing masks even out in public.” While these countries were viewed as exemplifying better community handling, another participant highlighted the effects the pandemic has already had on Hispanic communities stating “well, look there’s been a lot of people that have died in Mexico...everything is handed to the Americans” which has resulted in the opportunity for vaccinations being cherished there as opposed to the perception of abundance and ease that Hispanics in the U.S. noted with health care access and vaccinations. This suggest that Hispanic countries are still conscious and cautious with the COVID-19 pandemic even when the reactions to the pandemic vary. On the other hand, the perception that the Hispanic community not taking the pandemic seriously frustrates the

participants in the study. One participant establishes that there seems to be this conception of invincibility within the Hispanic community where members of the community disregard precautions such as masks, social distancing, and quarantining opting to go out and socialize with others freely. These Hispanic individuals hold the idea that the virus won't affect them when they go out and if it does then it won't be as bad as it is presented to be. Another participant notes that members of the Hispanic community don't prioritize safety and don't change how they approach the virus "until [they] realize "Oh, shit. I just got a relative that got COVID and they didn't make it."” This causes the fear and reality of the illness to settle in.

While the participants felt favorable towards their individual COVID-19 response and the COVID-19 vaccination, their perceptions of the community response to the vaccine is mixed. Five out of the seven participants note that a section of the Hispanic community is strongly against the COVID-19 vaccine although the participants generally consider this a vocal minority opinion. This negative view is influenced by the amount of time the vaccine has been out, misinformation, and religious obligations. On the other hand, the participants noted that the majority of the Hispanic community is supportive of the COVID-19 vaccines for the same reasons as discussed with personal COVID-19 vaccine attitudes. Some participants reported that their family was positive about the vaccination early on, while other participants suggested levels of doubt that varied from member to member of the family but eventually followed a pattern of building trust in the vaccination and subsequently receiving the COVID-19 vaccine. However, when a conflict in position arises within a family, the Hispanic individuals against the COVID-19 vaccine hold a strong stance that is perceived as

unshakable with one participant noting his family being “very very anti-vax” and that if the community is “religious, they’ll tend to be against the vaccine” while another participants noted a section of the family that are “the extended family” that are anti” implying they are a minority opinion in her family. In light of this, there appears to be split in the perception of how their families are handling the pandemic with a majority being in favor and then a very vocal and entrenched minority being against COVID-19 vaccinations.

Similarly, the participants believe that a majority of the Hispanic community hold favorable views with the COVID-19 vaccination while a minority hold views strongly against the COVID-19 vaccination. Participants named several key rationale for their perception that the Hispanic community has reacted to the COVID-19 vaccination favorably: vaccination status, vaccine availability, and perceptions of higher educated levels and access to information. On the other hand, participants justified their perception that the Hispanic community has reacted to the COVID-19 vaccination negatively based on amount of time the vaccination has been out, perception of the vaccination as ineffectual or unsafe, misinformation, and religious obligations. I will address first the positive, then the negative perceptions in more depth below.

With regard to perceptions of the Hispanic community’s reaction to the COVID-19 vaccine, all but one participant reported that their immediate family have been vaccinated. One participant noted that her extended family was vaccinated even her “102 or 103 year old grandma, great grandma, was vaccinated.” This suggests a greater willingness to vaccinate than for hesitancy to the vaccine among members of the Hispanic community. The Hispanic community’s reaction to vaccine availability within different regions can reveal the sense of

urgency the pandemic has had on the Hispanic community. For instance, one participant referred to the supply urgency stating “in Mexico it’s very difficult – any day there could be vaccines and the lines would be enormous.” Additionally, the perception exists that education level and access to information regarding the COVID-19 vaccine has a positive effect on vaccine uptake. One participant cites an investigative journalist podcast called “El Hilo” that has reported on responses to the COVID-19 pandemic from various countries and assesses that higher education level was associated with more pro-vaccine stances from regions such as Argentina, Chile, and Puerto Rico while other regions struggled more such as Mexico. The literature supports this correlation as Jang & Kang (2021) found that higher education levels correlated with increased vaccine uptake in minority groups such as Hispanics. While the participants are straightforward and direct about community’s positive support for the COVID-19 vaccine from the community, there are more concerns based on the negative attitudes of the vocal minority Hispanic community for the COVID-19 vaccines when compared to individual concerns of the participants. Overall, participants described that the Hispanic community is reacting more positively to the COVID-19 vaccine outweighing the negative perception. Therefore, this suggests that the idea that Hispanics in the community are supportive of the vaccine as the default or self-explanatory stance of the community likely consistent with the individual’s own positive attitudes with the COVID-19 vaccination.

Nonetheless, participants raised several factors that produced a negative perception of the Hispanic community’s reaction to the COVID-19 vaccine. The primary factor is the doubts of the effectiveness or safety of the vaccination, determined by the consistent fear or nervousness from interactions three out of the seven participants had with other members of

the community. For instance, one participant's family opted to wait a while stating her family "were like "let other people take it first" so you know if they kinda get messed up or sick of it and then if we know people close to us that take it and they're fine, we'll take it ourselves." This is due, in part, to the perception that the vaccine roll out and trials were rushed and therefore potential side effects were unknown. However, the wait-and-see method does not have a clear time limit and would vary on a case by case basis, possibly ranging from a few months to years. As one participant notes waiting for long-term effects is unclear because "when are the long term effects going to happen?" At this point in the progression of the pandemic and the vaccine rollout and based on the responses from four of the participants, there have been many who have utilized the wait-and-see method and have come around to support the vaccination and are vaccinated themselves. Therefore, those that still cite the wait-and-see method are likely utilizing that as an excuse not to be pressured to receive a vaccination rather than as a legitimate marker for confidence in the COVID-19 vaccine. A second factor leading to negative perceptions is the perceived ineffectiveness of the vaccine. One participant explained that members of their community disregard the vaccine as waste "because they thought if they got vaccinated they still would be able to get it." This mindset that does not link the vaccine to potential resistance but rather as an all or nothing cure. To be able to still get sick while vaccinated thus places the COVID-19 in a light of failure for some in the community. This perception connects with a theme of misinformation that members of the Hispanic community cite to explain opposition to the COVID-19 vaccine. These misconceptions often are sourced in social media websites such as Facebook and local and personal networks in their community. One participant stated that the level of misinformation

among her family members and others in the community was so bad that she “actually deleted [her] Facebook account because” of the content she would see. For example, one post which she cited was “just like “And the vaccine having like aborted fetus cells” or something like that”, which was still shared despite Facebook marking it as misinformation.

Additionally, adverse experiences with medical services have damaged trust with members of the Hispanic community so a level of suspicion arises, indicated by negative theories regarding vaccine trials. For instance, one participant noted that members of the community viewed the vaccine as a way to use Hispanic individuals as guinea pigs to test a potentially unsafe vaccination. This is further compounded as other participants highlighted the community’s preference to utilize self-care with their own medications rather than subject themselves to clinics with which they have previously had negative experiences. Of the 3 participants that cited members of the community in opposition to the COVID-19 vaccine due to perceived misinformation, perceived those members of the community as being anti-vaccinations in general, which naturally translated to the COVID-19 vaccine. Finally, a strong religious factor works in opposition to the COVID-19 vaccine. Members of the community relied on God’s protection and healing stating that if they contracted COVID-19 then that is within God’s plan - even if they end up dying from the virus. This presents a conflict with the beliefs of members of the community about taking a COVID-19 vaccination with entire devout religious communities reacting negatively to the vaccine as one participant notes “I would say that they have problems with it considering, I guess, with their religious stance. I guess, like, that would be the main driver.”

As previously mentioned, the participants of the study were primarily driven by concern or pressures from their family and the Hispanic community. This is consistent with the familism that is present in Hispanic communities as mentioned in the literature. For instance, one participant feels a special connection to the Latino community as they were “more friendly. Of higher quality” and “always trying to help” in comparison to other groups in America. Four of the seven participants express a consistent theme of involvement and participation in for the participants with the Hispanic community ranging from spending time with other Hispanics, attending cultural events, and participating in the local church. Furthermore, there’s a closeness between members of the community as one participant notes that “it’s like, you know, if you have a friend you haven’t seen in a while but when you see - it’s like you saw each other yesterday and you just pick up where you left off and you’re family. You’d walk through fire for each other.” Another participant stated “I worry about my family in Puerto Rico. I’m not able to see them as much” as one of her stressors implying a greater value on family connection. When this connection is established in the community it tends to be a strong force within the lives of individuals in the Hispanic community. On the other hand, there are barriers that can come in between individuals in the Hispanic community and the community itself. Primarily, it is seen as a form of gatekeeping by some individuals in the community. For instance, one participant noted that members of the community often evaluate her in regards to heritage, fluency with Spanish, and other cultural activities such as dance claiming “it was very much like snooty. Like if you weren’t a certain class or didn’t speak Spanish or – If you couldn’t move your hips a certain way, you couldn’t hang out with everybody.” Another participant that immigrated to the U.S. claims that the

same classism and racism that she experienced in Puerto Rico still translated to the Hispanic communities of America. Overall, community serves as a key factor within the lives of individuals in the Hispanic community.

How do members of the community navigate conflicting stances regarding the pandemic and the vaccinations?

Participants described how the COVID-19 pandemic has caused waves within the Hispanic community, dividing the community in an ongoing conflict that individuals need to navigate in some form. This conflict is perceived as due to the politicalization of the COVID-19 vaccine. One participant has noted that there appears to be more concern about whether someone is anti-vaccine or pro-vaccine rather than the intention of the vaccine to assist in the prevention of the COVID-19 virus stating that “I feel like people are more interested in being in the pro-vaccine or anti-vaccine camp. It’s less about dealing with COVID at this point and more about whether or not you’ve been poked, at this point. I don’t think that was the point.” Therefore, taking a stance on the COVID-19 vaccination is now tied to political concerns rather than solely health concerns. Other participants indicated that at this stage of the pandemic however, members of the community are tired of arguing with one another with regards to the COVID-19 vaccination and opt to just ignore the topic if they can. For instance, one participant details the experiences of trying to talk about the conditions of the vaccine and its validity, only to be dismissed for her youth as she notes “it was always them against me. And then like me being a lot younger than them was always just like intimidating in a way. That they would also intimidate me like kinda look at me like “Um, you’re younger than us. You don’t know.” You know?” She also described being outnumbered in the

conversation earlier in the pandemic, and remembers deciding to stop bringing it up stating “I just kinda butt out cause it was always like six against one” due to the intimidation and futility she felt. Another participant also voiced their fatigue about the argument, preferring to have the pandemic over as soon as possible rather than to fight on the details. Thus, it appears as though the burnout of the pandemic has started to result in a weary apathy between community members, most choosing to navigate a non-confrontational approach to the division.

How do racial perceptions affect individual perspectives?

Throughout the study, an interesting theme emerged in the way that participants viewed specific racial beliefs. For instance, the participant that cited the investigative journalism podcast “El Hilo”, believed that certain Hispanic countries handle the pandemic better stating that “in my opinion, it depends on nationality and education level. So what I learned was, to me, more South Americans, depending on the country too, like maybe Argentina and Chile, they’re like very supportive of it but then there were others that were completely against it or even unknowingly just saying that it wasn’t gonna help. Uh, Central American people were less likely to be vaccinated.” Despite what members of the Hispanic community may think of differences in Hispanic countries, a consensus was formed in relation to white Americans. As one participant details, part of the invincible feelings that some members of the Hispanic community harbor is due to the perception that the COVID-19 pandemic would not directly affect them or their communities because they are not doing the same actions as white people are. The participant believed that Hispanic individuals were like ““Hey, we don’t do the same stuff as those white people do. We don’t do like that crazy

stuff where we're trying to get sick or having a "who can get COVID sick first party." We're fine. We don't do stuff like that. So we don't need anything for it" not seeing their actions, such as not wearing masks or not social distancing, as placing members of their community at risk for COVID-19. Finally, as previously mentioned, participants felt disconnected with medical professionals that were not Hispanic, particularly due to the feeling of being minimized or misunderstood. One participant took it a step further specifically describing frustrating incidents in which black nurses treated them as children disrespectfully and condescendingly indicative of an ongoing conflict between the Hispanic and Black communities.

How optimistic are members of the Hispanic community about the path forward?

When it comes to the future, a shared uncertainty is present among the participants in the direction that society and their communities will take in relation to the ongoing pandemic. Participants believed several common themes would be present going forward: better preparation for future pandemics, a fear of discrimination for minority groups, a potential integration of the COVID-19 vaccine into the vaccines taken as child, the disappearance of COVID as a pandemic, and the continued political nature of the COVID-19 pandemic and vaccine.

First, individuals perceive the management of the COVID-19 pandemic by the government and medical professionals as unsatisfactory but with some optimism that future medical events might be handled better. Furthermore, participants believe the Hispanic community has shifted to be more accommodating of digital services and to be more sanitary given the disinfecting practices performed during the COVID-19 pandemic. For instance, one

participant is approving of hands-off measures and available disinfection wipes for regular everyday use describing “you know, wipes at like the gym, you know how they have like disinfectant to clean off your area which I think should’ve been a thing a long time ago, COVID or not. Cause I don’t wanna get on a bench with this 200 pound dude was just sweating all over. (Laughs). That should’ve been a thing long before COVID. Clean your stuff.” However, there are fears in the community that minority groups will be discriminated against with the continuation of COVID-19 and in potential future pandemics. One participant claims that there would be a priority to help the most informed of society while demographics such as minorities and the poor being an after-thought in care. Another participant claims “because a lot of people in the United States automatically think that minorities are the first ones to get these diseases just because of their own stereotypes that they have, their own beliefs. I hope not but, I think it’ll get a little worse with that.” As the literature suggests, Hispanics do have a higher risk of hospitalization than other demographic groups however this is due to the low-socioeconomic factors and barriers to health care access rather than biological factor (Fisher et. al., 2021).

As for the status of the COVID-19 pandemic itself, there are two camps of thought. The first is a more optimistic take held by two of the participants that, with the measure that have been taken, the COVID-19 virus will disappear in the future. However, this frame of thought is overshadowed by four of the participants who believe that COVID-19 will persist, but at least decrease in scope and severity. Two of the participants believed that the COVID-19 vaccination will become a regular dose taken in intervals, like the yearly flu vaccination or might otherwise be integrated into the vaccinations that infants and children are required

to take. Furthermore, two of the participants hold the perception that the COVID-19 vaccine will remain a political issue that divides not only Hispanics but the broader country. One participant noted that “if you’re a Democrat, you’re more leftist, right? The leftists, obviously, are for [the vaccine] and then obviously Republican are more conservative people are either against [the vaccine} or strongly against it that they voice it everywhere.” One thing is certain, the Hispanic community is weary of the COVID-19 pandemic and hope that it will come to an end soon.

Conclusion

In this study, 12 peer reviewed journal articles and 7 semi-structured interviews of members of the Huntsville Hispanic community were analyzed. I found that the generally negative relationship of the Hispanic community with medical services is juxtaposed with a strong positive stance on personal COVID-19 vaccine views. Mostly this positive view stemmed from family and community factors compounded with trust in research, hope for improved reactions to the virus, and work requirements and benefits. At the community level, there seems to be a majority of Hispanics that feel favorably to the COVID-19 vaccine based on a greater number of vaccinated individuals noted by the participants with a more vocal minority of Hispanics in opposition to the COVID-19 vaccine based on feelings of the ineffectiveness or danger of the COVID-19 vaccine due to misinformation and religious backing. The Hispanic community itself has strong, tightly knit connections with a persistent sense of familism but can be a community that experiences conflict. When conflicts regarding the COVID-19 vaccine arise, the desire to avoid the topic due to a weariness of argument and its perceived ineffectual influence to change either sides mind becomes an ongoing theme. Furthermore, racial perceptions within the group and about other racial groups influence how individuals in the Hispanic community viewed the pandemic and the vaccination.

Hispanic individuals in the community feel an optimism to the future believing that society will be better prepared for future health related events while a section holds a strong concern over potential discrimination of minority groups both with the COVID-19 pandemic and potential future outbreaks. Many hoped that COVID-19 will disappear but acknowledged

an integration of a regular vaccine for the virus to be a likely possibility. Overall, it appears the Hispanic community is supportive of the COVID-19 vaccine, but it has been a hesitant and tentative support which could shift to apathy or opposition if the understanding of the vaccine or the sense of urgency regarding the pandemic diminishes.

Given this body of research, existing studies suggest several methods to reduce disparities and inequities with the Hispanic community and to increase the rate of vaccination for Hispanics. There are two main themes in this research with regard to improving vaccination rates: (1) increasing involvement between medical information and Hispanic community centers and leaders and (2) reducing or eliminating financial and physical barriers for the vaccination. Based on these findings, individuals in the medical community should take steps to address the specific cultural concerns that Hispanics hold to accommodate for that community. These steps can include: providing a translator during medical discussion, providing accurately translated and available medical notices to the Hispanic community, setting up clinics in areas more accessible to the Hispanic community, and so on. Likewise, Garcini et al. (2021) suggest that leaning on non-traditional but trusted sources such as non-profit or faith-based organizations can be key to helping deliver services in Hispanic communities by addressing the barriers of transportation and time. If the individual members of the Hispanic community can be persuaded to be supportive of the vaccine, they will be able to build up influence to convince others more skeptical individuals in the community. Therefore, there should be an active involvement in keeping the Hispanic community informed and encouraged to continue supporting preventative COVID-19 measures such as the vaccine and its potential boosters.

It must be acknowledged that this study is limited as it takes a small snapshot of a section of the Hispanic community. The sample size of seven is insufficient to determine a broader community response to the vaccine and is more a measure of the Hispanic community at the University of Huntsville in Alabama than the larger population of Hispanics. Additionally, these views represent Hispanics from North Alabama so this regional view may not translate to a national perspective of the attitudes of the Hispanic community regarding the COVID-19 vaccine. Future research might address these limits by increasing the scale and scope of the sample size to a nation-wide study to account for regional disparities. Further, future research may take a closer look at the intersectional differences between the attitudes of Hispanic men and women regarding the COVID-19 pandemic and vaccine. Given the strong sense of community that the Hispanic population have, there could be merit in exploring potential connections between medical services and community centers or leaders to increase confidence in health care and vaccinations. Furthermore, while this study highlights factors that produce hesitancy or opposition to the COVID-19 vaccine, it does not provide an in-depth solution to these issues. So this leaves the question of what strategy could be developed to best address these concerns, including addressing the factors that cause the Hispanic community to have a negative relationship with health care and medical professionals more broadly.

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