

TOOLKIT FOR COMMUNITY FORUMS ADDRESSING VACCINE HESITANCY

Judith Pierce, MPH
June 2015

Table of contents

Summary of Toolkit	pg. 2
Checklist	pg. 3
Background on Russian speakers and vaccine hesitancy	pg. 4
Planning the Community Forum	
Step 1: Formative research	pg. 7
Step 2: Assemble a team	pg. 7
Confirm a Speaker	pg. 7
Find a recruiter	pg. 9
Find a location	pg. 10
Step 3: Determine content and structure of the meeting	pg. 10
Format of the meeting	pg. 10
Major themes for the presentation	pg. 11
Speak with the presenter	pg. 12
Step 4: Event Promotion	pg. 12
Person to person recruitment	pg. 12
Advertising	pg. 13
Step 5: Event Details	pg. 13
Food	pg. 13
Childcare	pg. 14
Incentives	pg. 14
Step 6: Determine evaluation plan	pg. 14
Step 7: Two days before the event	pg. 15
Step 8: Day of the event	pg. 16
Step 9: During the meeting	pg. 17
Step 10: Follow up and dissemination of findings	pg. 18
Appendices	
Works cited	pg. 19
Sample Questions	pg. 20
Sample Agenda	pg. 21
Common questions and concerns from Russian speakers	pg. 22
Sample posters	pg. 23
Menu	pg. 25
Survey	pg. 26
Introductions	pg. 28

Summary of toolkit

Coordinating a meeting for Russian speakers regarding childhood immunizations requires multiple skills, including relationship building, budgeting and decision making. This toolkit is designed to provide the reader with a step by step guide to organizing the meeting. While this is not an exhaustive list of everything that is required, the toolkit does incorporate a few lessons learned and insight into an important health topic that can be controversial within Russian-speaking communities. Included in this toolkit is a background history of vaccine hesitancy among Russian speaking populations, along with references, to provide the reader with greater insight into the topic. Additionally the appendixes provide sample posters, sample surveys in both Russian and English, a menu for the meeting, and introduction points for the presenter. This toolkit is designed to allow a project manager to develop a culturally appropriate meeting.

Checklist

Conduct formative research to learn about the population, immunization trends, and potential key allies	<input type="checkbox"/>
Secure any possible funding for the event	<input type="checkbox"/>
Find a speaker and determine possible presentation dates and location	<input type="checkbox"/>
Find recruiter, determine ways to recruit, and any key target populations	<input type="checkbox"/>
Scout and confirm locations	<input type="checkbox"/>
Determine and confirm incentives for meeting	<input type="checkbox"/>
Develop promotional materials and reach out to key allies	<input type="checkbox"/>
Construct or update the presentation power point	<input type="checkbox"/>
Construct an evaluation form for participants	<input type="checkbox"/>
Work out event details of food and childcare	<input type="checkbox"/>
Confirm with speaker and recruiter 2 weeks before the event, and 2 days before the event to go over details	<input type="checkbox"/>
After the event, review evaluation findings, disseminate findings and update future event planning efforts	<input type="checkbox"/>

Background on Russian speakers and vaccine hesitancy

Washington State's Healthcare Effectiveness Data Information Set (HEDIS) indicates that Russian speaking populations have the lowest childhood immunization rates of any population in Washington, and this trend has been ongoing since 2008. (Health 2013) The Washington State Department of Health (WADOH) conducted a series of focus groups of Russian speakers to elucidate key concerns and barriers to vaccinations. The state found concerns were linked to a variety of causes, from historic distrust of government and poor experiences with vaccines, to language barriers between Russian speakers and English speaking doctors. (Health 2013) Below is an abbreviated history immunization in the Soviet Union.

Between the 1920s and 1980s, forced vaccination was common for all sectors of Soviet society. The totalitarian regime could force citizens to receive vaccines, and mass immunization was a point of "ideological pride." (Garrett 2000) If individuals refused, they faced the threat of police harassment or prison. The Soviet public health service would oversee upwards of 280 million immunizations in a single month throughout the USSR. (Garrett 2000) Owing to the dispersed populations throughout the large land mass, the Soviet government implemented a strategy to educate a few centralized doctors who could decree medical treatments and blanket immunization plans. The government then trained *felshers*, and dispersed them throughout the region. Currently *felshers* are used in Russia and surrounding areas as a first contact for health care for many rural dwellers, and their training is more akin to that of a Physician Assistant in the United States. (Multak 2010) Historically however, *felshers* had very a basic medical training, therefore their ability to accurately diagnose and appropriately treat medical conditions was limited. *Felshers* followed orders from Moscow, and determined who would and who would not receive vaccinations, allowing parents little recourse or options if they disagreed. (McKee 2007)

Soviet rule from 1922-1991 was marked by a deliberate blockade of information from the world beyond the USSR. The Soviet government rewarded scientists who affirmed communist theory in their work, while researchers who opposed the prevailing powers were reprimanded through harsh punishments. (McKee 2007) While there are many sectors that

suffered from lack of outside knowledge, life science, particularly knowledge about genetics and the immune system, was greatly hampered. The West saw impressive breakthroughs in science and medicine between the 1920's-1990's, such as the discovery of penicillin, successful organ transplants and vaccines for diseases including polio, yellow fever and measles. (Pfizer 2006) Soviet scientists developed their own medical guidelines within a vacuum, and without the support of rigorous scientific inquiry, such as randomized control trials. (McKee 2007) In the absence of scientific rigor, and owing to the rising cost of seeing a trained medical professional, many people began to turn to traditional healers and folk medicine for primary care. (Lindquist 2001)

In the absence of worldwide scrutiny, incorrect ideas of how immune systems function began to gain traction in the USSR, especially in regards to how to strengthen the immune systems of children. In the 1970's, a theory of immunization began to emerge, based on an assumption that children's immune systems were too weak to take vaccines. This theory gained popularity not only in the general public, but in Soviet medical schools as well. The notion of "the weak child" presumed children should not take immunizations if they were immunosuppressed in any way. (Garrett 2000) In the US, immunosuppressed refers to children who have specific immune system deficiencies or who are undergoing treatment such as chemotherapy. In the USSR, immunosuppressed could mean anything from a child with a cold, if the child had a family history of illness, or a white blood cell count below normal. If a child presented with any of these conditions, health workers could refuse to vaccinate. In the USSR, doctors decided on a case by case basis when a child could be vaccinated, whereas in the US, doctors vaccinate as long as the child is not severely ill, as a way to stay on schedule. In the late 1970s, the Soviet government produced a list of "contraindications" which forbade physicians from immunizing children with any vaccine that may influence white blood cell count. The contraindications list lead to low rates of immunization throughout the Soviet Union, which contributed to (among other smaller outbreaks), a Pertussis outbreak in 1980, and a Diphtheria outbreak in the 1990's. (Tatochenko and Mitjushin 2001)

Families in the USSR were reasonable to fear the safety of childhood immunizations, based upon a series of public scandals with vaccines. Stories found by Laurie Garnett reveal instances of children receiving a dose amount meant for an adult, causing undue physical suffering. There are stories of vaccines that were not maintained at the appropriate temperature (i.e. through the cold chain) between manufacture, distribution, storage, and use. If vaccines are not kept at the proper temperature at all stages of the process, they can lose their effectiveness. Additionally, local wars in former Soviet countries would force immunizations campaigns to stop, leaving populations vulnerable to outbreaks. (Garrett 2000)

According to the Nikitric Doctrine, a theory popularized by an engineer who gained acclaim as a children's health expert, childhood is an especially vulnerable time for health development, therefore interventions such as immunizations will weaken the child's innate ability to ward off illness and disease. In 1988 a researcher, Dr. Galena Petrovna Chervonskaya, claimed in a popular medical journal that vaccines were made of intolerably high amounts of toxic chemicals, such as mercury salts and Merthiolate. The media latched onto this story, and despite other researchers and doctors who denounced these claims, many young parents read and believed the anti-vaccination researcher. Some claimed vaccinations would lead to the disintegration of the gene pool. Other common myths about vaccines included rumors vaccines giving AIDS, blood cancers and tumors. Unfortunately there was an outbreak of HIV among children who had been in the hospital and exposed in 1988. As the Soviet Union began to collapse, resources were scarce, and many hospitals were known to reuse needles and other medical equipment without proper sterilization. This outbreak is known as the Elista Incident, named after the hospital where the first of 250 documented cases of hospital acquired HIV infections began. Since HIV is a slow moving virus, often children were released and then when they presented with HIV symptoms, they would go to different hospitals, which had similar resource scarcity. The Elista-linked epidemic spread over multiple Russian cities before finally stopping in 1994. This incident may be another historic factor to explain why Russian speaking families feel hesitancy over vaccinations. An accurate number of immunizations are difficult to confirm, but by 1992 in Ukraine less than one third of children were vaccinated at all. (Garrett 2000) For a complete list of works cited, see Appendix 1.

Planning the community forum

Step 1: Formative research

Before planning for the event, spend time researching peer reviewed literature and grey literature on current trends in vaccination, especially any trends related to your targeted population or geographic location, if the data is available. This information can allow the project manager to shape the presentation to address current events. Additionally, look for any recent outbreaks or occurrences of a vaccine preventable disease, especially if it has garnered a lot of media attention, as it may be a source of many questions at the meeting. Also research the legacy of childhood immunizations in Russian speaking countries, both how forced vaccinations were implemented by the government, and controversies which lead to an increase of vaccine hesitancy among Russian speakers.

Speak with key informants about a variety of topics, including community culture in the specific geographic region, vaccine trends, and public perception of vaccines. Findings from these topics will help the project manager determine a target population, how to best recruit forum participants and potential locations for the meeting. Key informant conversations will provide greater understanding of which topics to address in the meeting. The conversations will also allow the project manager to build relationships with community members and health workers, which will support participant recruitment for the meeting. Keep in mind that Russian speaking communities are not homogenous, and no single key informant can represent the entire community or their perspectives, therefore aim for a range of informants. For a list of sample questions, see Appendix 2.

Step 2: Assemble a team

Confirm a Speaker

Until there is a speaker, there is no event. The speaker determines the location they are willing to travel to, the time of the meeting, and the date. Finding the speaker allows a project

manager to make many decisions based upon the speaker's availability, which narrows down options, but also allows a project manager to focus on other event details. The most essential component of any speaker is their ability to champion immunization. They should be knowledgeable about how vaccines work, and how to communicate about them with clear and consistent messages. The project manager can help support messaging and provide a power point presentation, but the speaker must be able to speak publically about their support for immunizations.

Ideally, the presenter will be a native Russian speaker who works as a practicing health care worker, preferably a pediatrician, family medicine/practice doctor or a nurse practitioner. If this is impossible to find, a second generation Russian speaker would be preferable. Try to avoid relying on an English speaking provider with an interpreter to present at the meeting. Russian speakers will be less inclined to speak openly of their distrust of immunizations, it will require the meeting to be twice as long, and of course, many nuances and cultural understandings may be lost in translation.

The speaker will have greater legitimacy if she or he is also a parent and vaccinates their child. For the Community Forum in Spokane, we relied on a first generation pharmacist, and received a few comments that a practicing doctor would be more credible; however it was more important to us to find a member of the Russian speaking community who would definitely champion immunizations, rather than relying on an outsider. Discuss with the speaker any public speaking experience they may have, and brainstorm possible questions they may face during the meeting. Outline with them a strategy of how to handle if one person takes up too much space, or if they are cornered with questions. Remind the speaker that if they do not know the answer, they can defer to immunization staff, or promise to follow up with the participant about their specific topic at a later date.

Find a recruiter

For both the Washington State Department of Health focus groups and the Community Forum in Spokane, the events would not have been well attended had there not been a trusted Russian speaking recruiter to promote the event. A Russian speaking recruiter ensures the participants will be Russian speaking, and can serve as a contact for any questions in case the project manager does not speak Russian. The recruiter can also help connect the project manager to services or organizations that Russian speakers in the particular location interact with. The recruiter can also help say which recruitment methods will not work within their community. It is important to listen to Russian speakers' input and to incorporate their local knowledge into the project. However the project manager may need to hold firm on certain agency regulations that may go against the wishes of the recruiter. The project manager may wish to clearly delineate which aspects of the event they have to adhere to, to promote transparency between them and the recruiter.

Recruiters can be found at service organizations, government agencies, and schools. While church is often a major influence in the lives of Russian speakers, try to find a recruiter who is not a church representative, and can therefore hold sway to recruit Russian speakers from numerous congregations. Past recruiters for events have included WIC workers, university translators and community health workers. If the agency can provide an honorarium for the recruiter's time and energy, tell the recruiter and acknowledge the payment as a gift of appreciation, but not a direct payment for services. Some recruiters will work very hard, while others may do the bare minimum to promote the event. Speak with the recruiter about what materials they may need (posters, sign up forms, reminder stickers etc.) and what their strategy will be to promote the event, and offer to provide technical and logistical support where needed. For the Community Forum in Spokane, the recruiter kept a list of people who were interested, and confirmed with them two days before the event. While this was appropriate for that specific recruiter, do not require the recruiter to keep track of people if they feel it will not be helpful for attendance.

Find a location

Based upon key informant interviews, the project manager should have a good idea of where the target population lives, which should help shape location options. Community centers and nonprofit organizations may be the best option, as they will often be located near the communities they serve, and have lower costs than private spaces. According to previous key informants, it is best to avoid hosting the meeting in government buildings, as Russian speakers are less likely to trust a health care provider who appears to be aligned with a government agency. Additionally, avoid using a church, unless there is a plan to use multiple churches in order to target many different Russian speaking groups. Preferably the location will be near to where many Russian speakers live. Be mindful that key informants may have differing opinions over which places are most convenient for the meeting, and it may be impossible to follow everyone's advice.

The location must have room for at least 20 participants, a space for food to stay before, during and after the presentation, a space for childcare that is close to the room where parents will be, and ample parking and/or proximity to public transportation. The presentation area should also have room for a projector and a screen (or a white backdrop) to support the power point portion of the meeting. Discuss with the space coordinator any signage available to the project manager during the day of the event. Options include white boards, sandwich boards, and free standing arrows to direct participants to the meeting.

Step 3: Determine content and structure of the meeting

Format of the meeting

The format for the Community Forum in Spokane was a power point presentation on childhood immunizations followed by a question and answer session. We structured the meeting to provide an overview of how vaccines work and why they're safe (responding to specific concerns raised in the focus groups), but we really wanted the vast majority of time to

be spent on questions and answers. In total, the presentation lasted 30 minutes, and question time lasted 65 minutes.

For example, before the presentation started, we had the recruiter welcome participants and introduce the WithinReach interpreter, who did not interpret during the meeting but did translate the survey and served as a moderator during the meeting. Our translator was a WithinReach worker who was born in Ukraine and speaks Russian. The translator explained WithinReach's experience and expertise in childhood immunizations, highlighting the difference between our organization and a government agency. We differentiated our nonprofit organization from government agencies in response to key informants who emphasized Russian speakers' distrust of the US government. Finally, the translator introduced the presenter by summarizing his educational background, current work, and the fact his two children are fully vaccinated. Before the presenter began, he reminded the participants that he would take questions after the power point was over, but encouraged participants to write down their questions during the presentation. For a sample agenda, including a list of materials to bring, see Appendix 3.

Major themes and talking point for the presentation

The major talking points in the power point were based on findings from Washington State Department of Health's focus groups with Russian speakers. In the report, researchers identified common concerns for Russian speakers including:

- Safety and efficacy of vaccinations
- Severity of vaccine preventable illnesses
- Lack of understanding of the US immunization schedule
- Explaining the role of herd immunity to protect unvaccinated persons

Based on the report from WA DOH, we deliberately included the above talking points in the presentation. Specifically, there was an effort to be transparent regarding the safety and process of vaccine development. Additionally, the presentation was developed to make slides visual and not word heavy. Please contact WithinReach for copies of the presentation.

Depending on the project manager's research with key informants, and any recent high profile cases of disease, the presentation should be tailored to the specific concerns the presenter, recruiter and project manager can foresee. For example, for the Community Forum in Spokane on March 2, 2015, we prepped the presenter on questions about the recent measles outbreak which originated at Disneyland and gained international news media attention.

Speak with the presenter about what might happen during the meeting

When interviewing key informants, it is wise to ask how Russian speakers may react to the presentation, and how they will respond. Based on this information, determine the format of the question and answer time. Talk through some of the possible questions the presenter may hear, and provide additional information if their knowledge of certain components of immunizations is limited. For a list of questions and concerns brought up at the Community Forum in Spokane see Appendix 4. Speak with the presenter on what their plan is to handle selecting people to ask questions. There are a few options, such as having people ask their questions directly, or turn in their questions via notecards or text messaging. Make a plan, or develop a few messages to say if someone in the room takes up too much space after asking a question. If possible, have a moderator handle the questions and keep track of who is able to ask when, thus allowing the presenter to focus on answering the question, and not managing the participants.

Step 4: Event Promotion

Person to person recruitment

Face to face invitations by the recruiter was the method of recruitment for 85% of all participants at the Community Forum in Spokane. The project manager should speak to the recruiter about which recruitment tactics will be best, which can include anything from linking their own personal networks at a church, outreach in WIC waiting rooms, to placing posters at

laundromats. Clearly detailing how and to whom the recruiter spoke about the event is key to learning what methods work, and which do not.

Advertising

According to the feedback from the Community Forum in Spokane, only 5% of all participants noticed a poster and decided to attend the meeting based on the information from the poster. Create a poster in both Russian and English, but only distribute the Russian posters in promotional locations. The English poster is to distribute to agencies and organizations that can help get the word out about the event, so that they are clear on what they are sharing, but be sure to remind any organization that wishes to support promotion that the event will be in Russian only. One way is to place a hand written note reminding the readers that the event is in Russian only on all English posters. For an example of a poster, see Appendix 5. If there is a newspaper or local blog many Russian speakers read, consider it as one of the many places to promote the event. Keep in mind, according to key informants, Russian speakers are far more likely to attend an event if they are directly and personally asked. The project manager may consider using earned media to promote the event, such as providing interviews to local media outlets about the event. While we did not investigate Facebook and other social media venues for event promotion, this is definitely a possibility if there are limited resources. However, ensure at least a few Russian speakers are the ones who invite people to the event, and not just government or non-profit workers.

Step 5: Event Details

Food

Food is essential for this meeting, as the meeting time will most likely occur either during lunch or dinner hours. According to key informants, at the very least there should be hot tea with lemons slices, cookies and crackers for participants to eat during the meeting. In many Russian speaking homes, when a guest arrives they are greeted with tea and sweets to eat, so it is culturally appropriate to provide familiar foods to make the atmosphere of the meeting more

welcoming. For more flexible budgets, add meat and vegetables and a broader range of sweets. This is another opportunity to learn more about the community by asking your recruiter which catering companies or local groceries may be able to provide food. If childcare is provided, ensure there are a few items children will want to eat as well. Allow participants to take home any remaining food. Many Russian speakers are thrifty, and do not like to waste food. For a sample menu, see Appendix 6.

Childcare

Offer childcare at the event if you are able to, as it makes one less barrier for a parent to attend. At the Community Forum in Spokane, parents kept children younger than one year with them during the meeting, while older children were allowed to sit and play with other kids in a separate room. While it is not essential to have a separate room for childcare, it may be preferable to have a space that is not in the direct sight line of parents, so they will be less distracted. Many parents chose to check on their children during the meeting. If possible, hire (or provide an honorarium) to Russian speaking childcare providers who are parents themselves, which will make participants more comfortable.

Incentives

If the meeting has the budget to provide an incentive, this will greatly improve the ability of the recruiter to promote the event. Options for incentives include gift cards to local grocery stores or major retail shops. If a cash or gift card incentive is not possible, try to provide participants with chocolates as a token of appreciation for their attendance. Chocolates are often given as a “thank you” in Russian speaking countries. If neither is possible, allow participants to take away any remaining food at the end of the event.

Step 6: Determine evaluation plan

If possible, seek feedback on how the event went, and what to do to improve the event in the future. Depending on the project manager’s time, budget and language capacity, there are multiple ways to receive feedback. Whoever evaluates the forum must first determine what

questions they want to ask, and what to measure. The easiest way to receive feedback is through an anonymous survey, which allows a participant to express their feelings and perceptions with less trepidation than if they spoke one on one or in a group. The downside to a survey is the inability to probe with deeper questions if the evaluator is interested in a new theme. See Appendix 7 for a sample survey that measures both perceptions of immunizations and satisfaction with the event itself. For additional questions on perceptions of immunizations, see Dr. Douglas Opel et al “The Parent Attitudes about Childhood Vaccines Survey.” (Opel, 2011) Think through how to collect data, through paper surveys distributed at the meeting, or focus group follow up questions. Depending on the survey burden, it may be necessary to incentivize people for their additional time. Build a plan to analyze the data based on the questions answered and how the data will be collected.

Step 7: Two days before the event

Check in with the recruiter, speaker, caterer and location one week prior to the event, and two days prior to the event if possible. This should allow enough time to ensure all foreseeable hiccups can be avoided, and give a rough estimate of the number of people to expect. Ask the recruiter and speaker to arrive 20 minutes prior to the official opening time, so there are a few friendly faces to greet participants.

Ask the speaker for a mini biography of their experience and points they think will promote their credibility as an expert. If they have children, ask them to share that they vaccinate their children. Write up key points for whoever will introduce them.

Confirm the powerpoint presentation and edit based on feedback from the speaker. If possible, have a third person read the presentation, to ensure edits are correct. Upload the powerpoint to a laptop and load it to a thumb drive which will also go to the meeting. As a backup, you may want to save it on a cloud-based document storage service such as Google Drive or Dropbox, or email it to an account you have online access to.

Print the survey to ensure there are no errors, and the questions are easy to comprehend. Determine if you will pass the papers out individually, or load them into folders to be given at the event.

Print and/or collect all additional educational materials for participants. Options include Plain Talk About Childhood Immunizations, the updated Childhood Immunization schedule, and other immunization brochures. If you choose to create folders for the meeting, add in a sheet of paper for participants to take notes, or write questions.

If there are incentives, clear with your administration whether they require a list of names of those who received them. Figure out a way to distribute them after the meeting. For the Community Forum in Spokane, participants turned in their survey to receive a gift card, and then signed their name to a sheet.

Write up introductions, or at least a few talking points for the recruiter to say at the beginning of the meeting. If there is a representative from your organization who speaks Russian, have them introduce the speaker. See Appendix 8 for an example of an introduction.

Collect a few thank you cards to write at the meeting for the speaker, recruiter and event space.

Step 8: Day of the event

Arrive at the event space at least one hour prior to the meeting to check in with the space, and make sure it is ready for the meeting.

Ensure the technology works well, which includes the projector and laptop.

Set up signage around the venue to direct participants to the correct room. If there are extra posters for the event, use those to direct participants, and circle the room number or specific location. It may also be helpful to label directions to restrooms in Russian.

Set up food, ensuring there is enough hot water for tea, and napkins for any potential spills.

Step 9: During the meeting

When participants arrive, they may show up a few minutes early, or 30 minutes after the program was scheduled to begin. Since the participants are mostly parents, have some flexibility on start time, and give them time to relax, grab food, set their children in the childcare space, and to say hello to friends.

The participants may feel uncomfortable about eating food, so ask the recruiter to encourage everyone to eat, in case most people do not have food before the meeting begins.

Have the introductions include an acknowledgement of any non-Russian speakers in the room who may be taking notes. This promotes transparency, and can allow participants to feel more comfortable with the non-community members in the room.

Take notes on any observations during the meeting. If possible, have a Russian speaker take notes on what questions community members asked during the question time, to see if there are any trends and major concerns for this population.

After the question time is over, have the speaker explain the process to turn in the survey and receive the incentive (if applicable)

Give space to allow the speaker and recruiter to speak with participants after the meeting, as they will be able to get a sense of how participants felt about the meeting which may not be captured in the survey. Speak with them after most participants have left, and ask them for any initial feedback. After the debrief, present them with the thank you notes.

Step 10: Follow up and dissemination of findings

After collecting the data, analyze and begin to pull out recommendations for how to improve the meeting format and content in the future. Depending on the project deliverables, disseminate the findings among vaccine hesitancy researchers, physicians who interact with Russian speakers, and other invested parties.

Appendix 1

Works cited

Garrett, Laurie. *Betrayal of Trust: The Collapse of Global Public Health*. New York, New York: Hyperion, 2000.

Health, Washington State Department of. "Study of Childhood Immunization in Washington State Russian-speaking Populations." 2013.

Lindquist, Galina. "WIZARDS, GURUS, AND ENERGY-INFORMATION FIELDS: WIELDING LEGITIMACY IN CONTEMPORARY RUSSIAN HEALING." *Anthropology of East Europe Review*, 2001.

McKee, Martin. "Cochrane on Communism: the influence of ideology on the search for evidence." *International Journal of Epidemiology*, 2007.

Multak, Nina. "An Update on Feldsher Training and Practice in the Ukraine." *The Journal of Physician Assistant Education*, 2010.

Opel, Douglas. "Development of a survey to identify vaccine-hesitant parents: The Parent Attitudes about Childhood Vaccines survey." *Human Vaccines*. April 2011.

Pfizer. *Milestones in Public Health*. New York, New York: Pfizer, 2006.

Tatochenko, Vladimir, and I.L. Mitjushin. "Contraindications to Vaccination in the Russian Federation." *Journal of Infectious Disease*, 2001: Supplement 1.

Appendix 2: Questions for key informants

Researchers

- When did you first learn about vaccine hesitancy, and from where?
- What are trends that you notice, or trends you don't understand?
- What are your thoughts on vaccine hesitancy among the Russian speaking population?
- What actions from the government and medical industry do you feel helped assuage vaccine fears, or do you think their actions have led to greater public scrutiny?

Community members

- What are common perceptions of childhood immunizations in this community?
- What types of things have you heard about childhood immunizations in this community?
- What are good ways to promote an event like this?
- Where are Russian speakers located in this area?
- Who are trusted people within this community? [I.e, solicit suggestions for possible speakers and recruiters]
- How can we make the meeting welcoming to Russian speaking parents?
- Can you suggest any locations that would be convenient for Russian speaking parents to attend an event like this? Are there other organizations or people you suggest connecting with to promote this meeting?

Health workers

- When did you first notice there is a sense of vaccine hesitancy in your community?
- What are common barriers to treating Russian speaking patients?
- What questions or concerns do you hear most frequently from Russian speaking parents about immunizations?
- What things have worked when speaking to parents about childhood immunizations? (especially Russian-speaking parents)

Appendix 3 Agenda

Room set up by center staff by 4:30pm

WithinReach staff arrive at Northeast Community Center at 4:30 pm

Caterers arrive 4:30

WithinReach staff set out materials, put up signs, connect computer

Presenter and recruiter arrive by 5:10

Doors open at 5:30 pm

Attendees eat, mingle

Presentation begins at 6:00pm

Recruiter introduces WithinReach interpreter

WithinReach interpreter introduces presenter

Presenter goes through powerpoint

Question time

Attendees ask questions

Interpreter writes down details about what parents are asking

Wrap up

Recruiter and project manager collect surveys

WithinReach team clears up space.

Out by 9pm

Appendix 4

Common concerns brought up at the Community Forum in Spokane

- Vaccines cause adverse reactions (immediately and over time)
- Anger regarding requirements to immunize children (immigration, school)
- Unclear where to address concerns (where to report adverse reactions, parents' concerns are not validated by providers prior to immunization)
- Desire to have doctors take a more individualized approach to immunizations, rather than strictly adhering to the schedule
- General sense of distrust (connected to the limited understanding of how vaccination works in conjunction with feeling coerced to vaccinate by institutions of government, education, and medical systems)
- Feeling like second class citizens (when treated by providers, due to limited English capacity)
- People used meeting time to vent, including sharing "horror stories" of adverse reactions to or uselessness of vaccines (perhaps sign of overall frustration, less analytical thinking)
- People learn a lot about vaccines and immunization online (dominantly public forums)

Appendix 5: Sample poster

У Вас есть вопросы о детской вакцинации?



Эксперты готовы на них ответить!

Подарочные
карты первым
30-ти
участникам!

Общественное собрание для обсуждения темы иммунизации детей

Состоится в понедельник 2 марта 2015, в 17:30 (5:30pm)
Северовосточный Общественный Центр (Northeast Community Center)
Главный зал на нижнем уровне здания 4001 N Cook Spokane, WA

Во время собрания будет предоставлен
присмотр за детьми

 WithinReach

Do you have questions about childhood vaccines?



Let the expert answer!

Community Forum on Childhood Immunizations

Monday, March 2nd at 5:30 pm

Northeast Community Center, Lower Level Main room

A gift card for
the first 30
participants!

Childcare provided

The logo for WithinReach, featuring a stylized arch of dots above the text "WithinReach".

Appendix 6: Sample menu

Must have:

Black tea

Lemon slices

Cookies

Nice to have:

Meat and cheese slices

Vegetables with dip

Bread rolls

Assorted sweets: lemon bars, chocolate cakes, coffee cake.

Appendix 7: Sample survey

Опрос По Окончанию Собрания. Поделитесь Своим Мнением!

Пожалуйста, выберите насколько Вы согласны со следующими утверждениями (обведите в таблице):

1 - Категорично не согласен(на) 2 - Не согласен(на) 3 - Нейтрален(на)

4 - Согласен(на) 5 - Полностью согласен(на)

1. Придерживаться установленного графика прививок - правильно.	1 2 3 4 5
2. Меня беспокоит, что детская вакцинация, возможно, представляет опасность.	1 2 3 4 5
3. Я уверен(а), что детская вакцинация предотвращает серьезные заболевания.	1 2 3 4 5
4. Мне комфортнее задавать вопросы, касающиеся детской вакцинации, русскоязычному медработнику, чем англоязычному.	1 2 3 4 5
5. Я предпочитаю общественные собрания для обсуждения вопросов детской иммунизации, чем обсуждения этих вопросов один-на-один с медработником.	1 2 3 4 5
6. Я получил(а) ответы на все мои вопросы по поводу детской иммунизации.	1 2 3 4 5
7. Я доверяю компетентности эксперта, участвующего в сегодняшнем собрании.	1 2 3 4 5
8. Как Вы узнали об этом собрании? (Пожалуйста, обведите) Объявление на NECC В другом месте От друзей и/или членов семьи. Прямое приглашение от организаторов	
9. Повлияло ли участие в этом собрании на Ваше мнение о вакцинации? (Пожалуйста, обведите): Да Нет Если нет, то почему?	
10. Какие изменения Вы бы внесли в структуру данного собрания?	
11. Есть ли у вас какие-либо дополнения по поводу детской иммунизации исходя из Вашего опыта? Опишите, используя место внизу.	

Community Forum Survey – Survey to fill out after the meeting

Please circle your level of agreement with each statement according to these ratings:

1. Strongly Disagree 2. Disagree 3. Neutral
 4. Agree 5. Strongly Agree

1. Following the regular shot schedule is a good idea	1 2 3 4 5
2. I am concerned that childhood immunizations might not be safe	1 2 3 4 5
3. I believe childhood immunizations prevent against severe illnesses	1 2 3 4 5
4. I am more comfortable asking questions about childhood immunizations with a Russian speaking health provider than an English speaking health provider.	1 2 3 4 5
5. I prefer a community meeting about childhood immunizations more than speaking to a doctor one on one.	1 2 3 4 5
6. I was able to get my questions about childhood immunizations answered at this meeting	1 2 3 4 5
7. I trust the speaker’s expertise on vaccines	1 2 3 4 5
8. How did you hear about the event? (please circle one)	
Poster at NECC Poster elsewhere Direct recruitment	
From a friend or Family member Radio	
9. Did this meeting change your opinion of vaccines? Yes No	
Why or why not?	
10. What would you change about this meeting?	
11. Anything to add about your experience with childhood immunizations?	

Appendix 8: Sample introduction

Moderator's Introduction

- We thank [the recruiter] and [the speaker] for their help in making tonight possible!
- WithinReach is a nonprofit organization that helps families in Washington connect with the resources that they need to be healthy. This includes not only immunizations, but also resources for breastfeeding, developmental screening, access to nutritious food, and access to healthcare. If you have questions about any of these resources, I would be happy to speak with you after the event.
- We are holding this meeting because we know that families have many questions about childhood immunizations, and in fact, Russian-speaking parents requested a meeting where they could ask an expert questions. We believe all parents should have someone to answer their questions and help them find accurate, reliable information about vaccines.
- I'd like to introduce [the presenter]. He is going to share a short presentation with you, and then we will have plenty of time for questions and answers.

Moderator's Closing

- Thank you again for coming out tonight. We hope that you had your questions answered and got some useful information.
- And thanks again to [the recruiter] and [the speaker].
- Thanks is also due to [the funder], who provided funding. They are a great local community health foundation serving Eastern WA. [If it comes up/seems important, can add that this was not sponsored by pharmaceutical companies.]
- Please fill out your evaluation so we will know whether you found this meeting helpful and how we can improve it next time. We have \$15 Safeway gift cards for you as a recognition of your time and in appreciation for your feedback.
- Please feel free to enjoy some more food and beverages.