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## Low vaccine hesitancy in southeast Idaho Hispanic communities, research finds

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In this Sept. 14, 2021, file photo, a syringe is prepared with the Pfizer COVID-19 vaccine at a clinic at the Reading Area Community College in Reading, Pa.

Matt Rourke

New research from Idaho State University found that Hispanics in rural southeastern Idaho communities had low rates of vaccine hesitancy and refusal.

The research, published last week as part of a collaboration with Johns Hopkins University, calls for efforts to bolster trust in public health institutions and to address vaccine hesitancy and acceptance in all communities.

As part of the research, 20 university students conducted 41 interviews in American Falls and Aberdeen. Thirty-two interviews were conducted in Spanish, and nine were in English.

Here are four key takeaways from the research, which is available online at [bit.ly/CommuniVaxReports](https://bit.ly/CommuniVaxReports).

### 1. Hispanics had low vaccine hesitancy

Early into Idaho's vaccination campaign, Hispanics had disproportionately low vaccination rates, the Post Register previously reported. Hispanics also accounted for a small share of the people prioritized for early vaccine access by March, an official said, in addition to other social and institutional barriers like language.

But in interviews with residents of highly Hispanic areas, the ISU researchers learned that "there is little vaccine hesitancy and/or refusal in the Hispanic communities of southeast Idaho," they wrote in the published paper. Access also did not seem to be an issue in these communities. "No one spoke about having difficulties in accessing a vaccine if they wanted one," the paper said.

"Workers took the vaccines because they wanted to be vaccinated, they saw vaccines as neutral, but possibly helpful in maintaining their health and working capacity. For a very few, they felt pressure from employers (whether real or imagined) that it was necessary to be vaccinated in order to continue working at their current place of employment," researchers wrote.

"Coupled with the availability of the vaccine is the lack of health insurance for many of the individuals working in agricultural jobs. The fear of getting sick and losing work was palpable in the interviews and the attendant hospital bills that faced families whose members were very sick with COVID-19 earlier in the pandemic were a strong incentive for vaccination," the paper said.

### 2. Ethnicity data is still sparse

Elizabeth Cartwright, an ISU anthropology professor who directs the Latino Studies program, is unsure about the accuracy of Idaho's vaccine ethnicity data, which now shows 11% of vaccinated Idahoans are Hispanic; Hispanics make up about 13% of Idaho's population, according to the

Census.

“I think that they look a lot lower than they really are because I don’t think that data is being gathered in a consistent manner everywhere,” Cartwright said of Hispanic vaccination rates.

Ethnicity is not reported for almost one-third of the more than 800,000 people who have been vaccinated in Idaho.

The paper said that the state did not require vaccine data reporting by race or ethnicity until late this February, and “the question of race/ethnicity is often not asked by providers.”

Cartwright said she was not asked her ethnicity when she was vaccinated.

While Hispanics received a smaller share of Idaho’s limited shots in the early months of Idaho’s vaccine campaign, they contracted coronavirus at higher rates than non-Latinos in cases where patient ethnicity was known and reported, which advocates have attributed to Hispanics working in frontline essential jobs and large outbreaks at food manufacturing plants, among other factors.

### 3. Other populations need more study

In the report, researchers found little vaccine hesitancy or refusal in southeast Idaho Hispanic communities.

“Is it the Hispanic community that we need to focus on?” the paper said.

Cartwright said she thinks other groups should be studied.

“All along we’ve noticed and certainly we have become very concerned about the non-Hispanic rural inhabitants of Idaho, who have very low vaccination rates,” she said. “So I really think those folks should be the next target to understand through good research, through respectful research. We really need to understand more about the decision-making process or information that people are getting.”

The researchers acknowledged in the paper that their findings of higher-than-expected vaccine uptake contrasts with the rest of Idaho, which has one of the lowest vaccination rates in the nation.

“Based on these efforts, we support more efforts to address hesitancy and acceptability of COVID-19 vaccines in non-Hispanic as well as Hispanic communities,” the paper said.

#### 4. Public health needs sustained funds, focus

The paper also called for sustained support for public health, rather than the typical boom-bust cycle that revolves around public health crises.

Responding to public health crisis by giving more money to an issue is “well intended,” but falls short of what’s needed, said Diana Schow, who directs the Institute of Rural Health’s Southeast Idaho Area Health Education Center at ISU.

“We have a crisis; people want to take care of it. But that creates a systemic problem of dealing with a massive influx of money without an adequate amount of time to plan,” said Schow, who added that “it’s better to have these processes continuing.”

Focusing on public health in communities can help to boost trust, which Schow said is especially important.

“If you don’t trust somebody telling you to get a vaccine, why would you do it?” she said. “It’s much easier to go to someone you do know and you do trust.”

In a presentation describing the team’s research results, Southeastern Idaho Public Health District Director Maggie Mann said she’s only seen three times in her 25 years working in public health when the field saw an influx of money. They were all during different crises: Anthrax, H1N1 and COVID-19.

“In between those times, it’s pretty lean,” Mann said. “And so when these situations occur, we don’t have the infrastructure to respond really quickly and effectively.”

Schow worried how a new overhaul passed by the Idaho Legislature this year would affect public health funding. The bill removed all state funding for public health districts, pushing responsibility to the counties who would pay with savings from reduced indigent health care payments.

“We don’t know what the fallout will be from this rearrangement of funding,” Schow said.

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