# Slavic and Eastern European Community Provider Tip Booklet

A Guide for Health Care Providers Delivering Immunization Services to Slavic and Eastern European Communities



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# Table of contents


Introduction and Context 3

Cultural Background 4

Common Concerns Related to Vaccination 6

Helpful Strategies 14

Immunization Resources 21

# Introduction and Context

Oregon and Southwest Washington are home to many immigrants and refugees from countries that were part of the former Soviet Union. Among this population, high levels of vaccine hesitancy have been noted by health care providers.

In 2025, Clark County Public Health conducted interviews with Slavic and Eastern European community members, and health care providers who serve members of the Slavic and Eastern European community. These interviews highlighted the many unique reasons Slavic and Eastern European community members may be hesitant to vaccinate themselves and their children. Throughout this document, the full Slavic and Eastern European population served is reflected with the shortened term Slavic community for readability and consistency.

This guide was developed by Clark County Public Health in partnership with Slavic Community Center of Northwest.



## Intended Audience

This booklet is intended for health care providers who serve members of the Slavic and Eastern European community. As a health care provider, you are a trusted source of information. We hope this booklet will increase your awareness of social and cultural contexts and support you in providing culturally responsive care for patients who are members of the Slavic and Eastern European community.



# Cultural Background

## Historical factors that may impact care

Most members of the Slavic Community in Oregon and Southwest Washington immigrated during two separate waves. Immigrants in each of these waves have brought with them different experiences that have shaped their reasons for vaccine hesitancy.

**Immigration in the 1990's**

Slavic immigrants in the 1990's arrived in the wake of the Soviet Union's collapse. Most immigrants during this timeframe were fleeing religious persecution and economic instability. Many immigrants arrived fully vaccinated under mandatory Soviet-era programs where questioning medical authority was not an option.

Vaccine hesitancy often developed after arrival in the United States. New immigrants were able to exercise personal choice and autonomy regarding vaccines. This combined with exposure to anti-vaccine misinformation in immigrant community networks increased hesitancy. Community members who immigrated during this era may also carry distrust rooted in government corruption, economic instability, and experiences with poorly stored or low-quality vaccines distributed through humanitarian aid.

**Immigration in the 2020's**

Most Slavic and Eastern European immigrants who have arrived since 2022 were displaced due to the Russia-Ukraine war. It is important not to assume language preference based on country of origin, ethnicity, or surname. Immigrants from Ukraine may speak Ukrainian, Russian, both languages, or other regional languages. Some immigrants with Ukrainian roots may find being addressed in Russian, provided materials in Russian, or being categorized as "Russian-speaking" distressing or offensive, particularly in the context of the ongoing war.

Always ask directly about preferred language for communication and interpretation services, and ensure interpreter requests reflect that preference accurately. Avoid using “Russian-speaking” or “Slavic” as default identifiers for Ukrainian immigrants; when appropriate, use “Ukrainian” or the broader term “Eastern European.”

Those displaced by the Russia–Ukraine war may also carry significant trauma, stress, and loss, which can affect health care engagement and trust.

While immigrants from each wave have varied experiences there are still many shared cultural values.

Many community members **belong to religious communities**, some of which have moral or faith-based concerns about vaccines that may influence decision-making. Some community members also view outcomes (including a failed vaccination appointment) as "God's will." Community members may listen to and trust religious leaders more than health care providers regarding health/vaccine related topics.

**Community and belonging** are particularly important for newer immigrants who are heavily reliant on their Slavic and Eastern European community network. A patient who privately agrees with vaccination may still face real social consequences for following through if their community is hesitant.

Slavic and Eastern European families often **place a strong emphasis on their children’s health** and generally maintain regular relationships with health care providers. Rather than a broader rejection of health care or medicine vaccine hesitancy is specific to vaccines. Factors influencing vaccine hesitancy include:

- Fear of side effects and potential harm from vaccines
- Concerns regarding vaccine ingredients and vaccine development
- Prior experiences related to vaccination in their home countries
- Preference for natural or holistic approaches
- Influence from family or faith communities
- Exposure to misinformation

Many community members are also still **learning how the U.S. health care system works.** They may not know what to expect at well-child visits, which vaccines are required versus recommended, or how to access vaccine records.



# Common Concerns

## How are vaccines developed, tested, and monitored for safety before and after approval? What happens when problems are found?

*Cultural concern:* Some members of the community perceive that vaccines are developed and approved without sufficient testing.

*Cultural context:* There is a general lack of understanding of the regulatory process in the United States and vaccine safety monitoring systems in place (clinical trials, FDA review, post-market surveillance).

Provide transparent, clear, and simple explanations of the multi-phase testing and approval processes for vaccines in the United States. Explain how adverse events are tracked, and what happens when safety signals emerge. This can actually build trust by demonstrating that the system does catch problems and respond — unlike their experience with Soviet-era health care.

## Vaccine Storage and Safety Concerns

*Cultural concern:* Some believe storage issues with vaccines cause them to be ineffective or unsafe.

*Cultural context:* There were many issues with storage and handling of vaccines in former Soviet countries. It was known they were stored improperly, but the vaccines were still given.

Explain U.S. requirements, how clinics monitor storage temperatures, and what safeguards are in place.

## Where are vaccines manufactured? How do we know they're of high quality?

*Cultural concern:* There is a general distrust in the quality of vaccine ingredients and concern about where vaccines were manufactured. Vaccines produced outside of the U.S. or Europe are perceived to be of lower quality.

*Cultural context:* In former Soviet countries, vaccine quality varied widely by manufacturer — European and U.S.-made vaccines were considered far superior to others. Patients bring this same lens to the U.S.



Proactively share the manufacturer and country of origin of vaccines you administer, and explain that all U.S.-distributed vaccines must meet FDA quality and storage standards regardless of origin.

## What ingredients are in each vaccine? Do vaccines contain aborted fetal tissue, animal products, or harmful chemicals?

*Cultural concern:* Specific misinformation — including beliefs about "abortion materials," "chimpanzee plasma," hidden toxins, or prohibited biological substances — circulates actively in some segments of the community and may be closely tied to religious beliefs, moral concerns, and broader distrust of pharmaceutical ingredients.

*Cultural context:* Certain faith communities may also hold strict beliefs regarding blood products or other medical interventions, which can increase concern about vaccine contents and how vaccines are produced.



Be prepared to provide clear, evidence-based information about vaccine ingredients, address concerns respectfully, and consider patients' religious and moral beliefs. Transparent communication can promote informed decision-making and strengthen trust.

## Which immunizations are necessary/required?

*Cultural concern:* Many will vaccinate for school or travel requirements but are skeptical of anything beyond the minimum. Some feel that providers will always recommend more vaccines no matter how many they've already received.

*Cultural context:* There is higher trust in traditional vaccines — MMR, DTaP, polio — than in newer ones. Adult vaccinations receive less attention in Slavic communities. Many immigrants arrived without complete records or awareness of U.S. adult vaccine recommendations.



Be clear about what is required, what is strongly recommended, and what is optional and why.

## Why are very young children vaccinated so early — including while still at the hospital?

*Cultural concern:* Many feel intuitively that a newborn's immune system is too fragile or underdeveloped to handle vaccination, and that it would be better to wait until the child is older and stronger. Some specifically express a preference to delay vaccination until the child has had a chance to build immunity naturally first.

*Cultural context:* The early newborn vaccination schedule — particularly the hepatitis B vaccine and even vitamin K (also perceived as a form of vaccination) given at birth — is deeply confusing and alarming to many community members. Parents are generally unfamiliar with the U.S. schedule and the reasoning behind it.



Providers should explain the rationale for each vaccine administered at birth in clear, accessible language, emphasizing why early immunization is essential and how newborns' immune systems are well equipped to respond. Framing vaccination as protection during a period of greatest vulnerability can help improve understanding and acceptance.

## Is natural immunity better than immunity from vaccines? Are vaccine preventable illnesses actually severe?

*Cultural concern:* Some may believe that vaccines weaken or overload the immune system.

*Cultural context:* Belief in "natural immunity" is common in some parts of this community. Many families reference personal experiences with children recovering from illnesses such as measles or chickenpox without complications as evidence that the body can fight diseases naturally. In certain cases, parents may intentionally expose children to illness through "playdates" or social gatherings intended to promote immunity through natural infection.



Providers should acknowledge these beliefs and discuss the differences between immunity acquired through infection and immunity developed through vaccination. Include the potential risks and complications associated with vaccine-preventable diseases.

## How do I get vaccines if I don't have health insurance?

*Cultural concern:* Fear of cost causes some families to avoid appointments entirely.

*Cultural context*: Many newer immigrants assume vaccines require out-of-pocket payment and will not ask. Many are not aware of programs that provide vaccines at no cost.



Providers and their staff should proactively discuss coverage options and local public health clinic resources should be offered. Having this information available in Ukrainian and Russian, and having staff who can assist with navigation, is particularly valuable for this population.

## Can vaccines cause autism, developmental delays, paralysis, or other serious harm?

*Cultural concern:* This is the single most prevalent concern in this community. The MMR and Tdap vaccines are specifically associated with these fears.

*Cultural context:* Many participants personally witnessed or heard community stories of children who experienced developmental regression, stopped speaking, or developed other conditions after vaccination.



When a parent has personally witnessed a child change after vaccination, no amount of statistical reassurance will immediately overcome that lived experience. These conversations require the most care.

## Do vaccines actually have a real benefit? Vaccinated people still get sick.

*Cultural concern:* BCG vaccine is given to all infants, yet people still get sick with Tuberculosis. People who have been vaccinated for COVID, influenza, and pertussis still get sick with these illnesses.

*Cultural context:* Many believe vaccinated people get sick more often than unvaccinated people. There is a foundational question here about whether vaccines provide meaningful benefit at all.



Be honest: vaccines reduce severity and complications, not the possibility of infection. Present specific outcome data — hospitalization rates, complication rates, and death rates in vaccinated versus unvaccinated individuals.

## How can a doctor be sure I won't have an allergic reaction, adverse reaction, or intolerance to a vaccine — since everybody is different?

*Cultural concern:* A commonly expressed desire is for pre-vaccination blood testing to screen for intolerances, allergies, or sensitivities to vaccine ingredients before administration.

*Cultural context:* This concern ranks very high for this community and reflects a broader cultural expectation of individualized medicine. Many community members feel that U.S. providers apply a one-size-fits-all approach to vaccination and do not account for individual differences in health, genetics, or immune response. They often feel that doctors are not genuinely concerned about what might happen to their child — and that if something does go wrong, the provider will not be held accountable.



While this type of testing is not standard practice and is generally not supported by evidence as a predictor of vaccine reactions, dismissing the request outright without explanation is counterproductive. Providers should explain what pre-vaccination screening actually does occur, what is known about who is at higher risk for reactions, and what protocols are in place if a reaction occurs during or after the appointment.

Directly address the feeling that providers are not accountable for vaccine-related harm. Explain the National Vaccine Injury Compensation Act which acknowledges that rare serious injuries can occur. This can paradoxically build trust by demonstrating that the system does take this seriously, rather than pretending harm never happens.

## What are the long-term side effects? Are providers hiding what they know?

*Cultural concern:* Many community members want to know the actual mortality rate associated with vaccines, the probability that a vaccine could cause the disease it is meant to prevent, and the real chances of serious harm. They are looking for complete, unfiltered information — and when providers seem to brush past side effects or minimize them, it confirms the suspicion that something is being hidden.

*Cultural context:* There is a belief that providers are pressured or instructed by pharmaceutical companies or the government to conceal known side effects from patients. This reflects lived experience with Soviet-era medicine, where doctors were government employees who followed institutional directives, and information was routinely withheld from the public.



Being forthright about known adverse events, rare serious reactions, and the surveillance systems in place to monitor for harm is more effective than reassurance alone. Acknowledge that serious side effects do rarely occur, provide clear factual data on rates, and explain how providers are required to report adverse events.

## How do I know this isn't just about profit?

*Cultural concern:* Some in this community believe vaccines are primarily a money-making scheme, and that viruses are intentionally created to generate demand for vaccines.

*Cultural context:* This concern is tied to distrust of pharmaceutical companies and the government.



Acknowledge the concern, and provide transparent information about how vaccine development is funded and regulated, and how clinics are reimbursed for vaccine administration costs.

## How was the COVID vaccine developed so quickly? Does the speed of development mean it wasn't properly tested?

*Cultural concern:* Seeing vaccinated people still get sick was widely interpreted as proof vaccines don't work, and the rapid development raised concerns that testing was skipped.

*Cultural context:* The pandemic significantly intensified vaccine skepticism. These concerns have spilled over onto other vaccines.



Address the COVID-19 vaccine separately from other childhood vaccines and be transparent that COVID vaccines reduce disease severity — they don't prevent infection entirely. Discuss how vaccines are developed and the approval process to bring them to market.

## Why is the government promoting vaccines? Can we trust this information?

*Cultural concern:* Government health messaging feels to many like pressure to comply with a hidden agenda.

*Cultural context:* Governments in former Soviet countries were widely perceived as authoritarian and non-transparent.



Avoid leading with government branding for highly hesitant patients. Lead with your personal clinical relationship and research first; offer government sources as supporting evidence once trust is established.



# Helpful Strategies

## Ask about language preference first.

Don’t assume. Ask directly which language patients prefer. Do not default to Russian — for Ukrainian patients this can be offensive given the current war.

## Avoid certain phrases.

Phrases such as "Common good," "herd immunity," or "community protection" echo Soviet-era collective framing and are not motivating. Coercive, mandatory, or protocol-driven language of any kind should be avoided

## Acknowledge religious community.

Avoid language that conflicts with faith perspectives. If religious concerns about ingredients arise (e.g., beliefs that vaccines contain fetal tissue or animal products), address these factually and compassionately without dismissing their religious values.

## Honor autonomy.

Many in this community specifically value the freedom to choose as this was not always the case in their home country. Avoid coercive or protocol-driven language. Be direct: "This is your choice, and I respect that." If a patient declines today, keep the door open for future conversations.

Approaches that honor choice while providing thorough information are more effective than those that feel coercive or mandatory.

## Explain the U.S. immunization schedule.

Many immigrants are unfamiliar with how the U.S. schedule compares to the schedule in their country of origin. Offer a brief orientation — what is recommended, what is required for school, and why. Distinguish clearly between vaccines that are school requirements and those that are recommended but optional.

Parents may also have concerns about vaccine timing. Explain how the vaccine schedule is created and why vaccines are given to infants - to provide the best protection when it is most needed.

> A brief, non-pressured orientation to the U.S. immunization schedule supports informed decision-making.

## Explain how the U.S. health care system works.

Take time to explain how the U.S. health care system works. Many community members may not know what to expect at well-child visits, which vaccine are required versus recommended, or how to access vaccine records.

## Share the broader social context honestly — without pressure.

If patients ask whether most people vaccinate or support vaccination requirements, answer honestly. The majority of U.S. parents follow the recommended schedule. Regarding mandatory vaccination: many support school requirements, but the U.S. does not have universal mandatory vaccination and exemptions exist.

## Proactively share vaccine origin and quality standards.

Share the manufacturer and country of origin of vaccines you administer and explain that all U.S.-distributed vaccines meet FDA quality and storage standards regardless of origin. Concerns should not be dismissed, these families have real experiences with poor vaccine quality and storage, and those experiences deserve acknowledgement.

## Ask who else influences health decisions.

Grandparents are often highly influential in this community. Ask if anyone else in their family helps with health decisions to better address the whole family's concerns, not just the parent in the room.

## Address cost and access before patients ask.

Many newer immigrants assume vaccines require out-of-pocket payment and won't say so. Proactively mention programs/resources for uninsured or underinsured children or adults. Have this information available in multiple languages.

## Lead with shared values.

Before discussing any vaccine, acknowledge what you already know: this family cares deeply about their child's health and wellbeing. A simple statement like "I can see how much you care about keeping your child healthy — I want to make sure you have complete information" establishes common ground.

Beginning with shared values — such as acknowledging a parent's desire to protect their child — can help build trust and create space for productive discussion.



## Start with traditional vaccines.

Trust in MMR, DTaP, and polio is higher in this community compared to newer vaccines, such as COVID-19 or flu vaccines. Start by emphasizing decades of safety data to build trust toward other vaccines.



## Use personal, family-centered framing.

Messages focused on protecting this child and this family are far more effective than community-level or public health framing. "I want to protect your child from serious complications" resonates more than "vaccines protect the community."



## Provide real data, then connect it to a story.

This community specifically asks for statistics and evidence, not general assurances. Come prepared with specific numbers: adverse event rates, hospitalization and complication rates in vaccinated versus unvaccinated individuals, outcome data. Point to specific, credible resources when asked. Acknowledge uncertainty honestly when it exists.

**Center personal connection:** After sharing the data, anchor it with a relatable example or story — evidence is most persuasive when it connects to something personal and concrete.



## Share your own vaccination decisions when appropriate and relevant.

Many community members place high value on personal conviction and authenticity. Speaking from personal experience in addition to professional expertise may garner a more positive response. Sharing that you vaccinate yourself and your children and your reasoning can build trust and credibility when shared sincerely and appropriately.

## Speak from clinical experience, not only guidelines.

Patients often feel U.S. providers simply follow protocol. Candid, individualized relationships with their health care provider are preferred. Where appropriate, offer your own clinical perspective alongside guidelines. Review the patient's individual history before the visit and personalize recommendations.

> Where appropriate, speaking from personal clinical experience and explaining the reasoning behind recommendations — not solely referencing guidelines or mandates — can help strengthen trust and rapport.

## Be honest about what vaccines do and don't do.

Seeing vaccinated people still get sick is the most commonly cited reason this community distrusts vaccines. Be straightforward: "Some vaccines don't guarantee you won't get sick. They significantly reduce the risk of serious complications, hospitalization, and death. If illness does occur, it is typically much milder." Honesty here builds more trust than blanket reassurance.

## Acknowledge the natural immunity perspective, then provide the fuller picture.

Acknowledge natural immunity as a concept, then provide specific information about risks of natural infection.



## Acknowledge concerns.

Proactively address common concerns using transparent language, compassionately, and without condescension. Common concerns include:

- Providers are hiding information on potential side effects, including concerns about developmental delays and autism.
- Vaccine ingredients, including misinformation about fetal tissue or animal products which may be linked to religious values.
- A desire for prevaccinaton screening based on the desire for individualized medicine.

These can be addressed by:

- Proactively sharing information about known side effects, including rare ones, and discuss how we know things such as autism are not side effects of vaccines.
- Sharing the ingredients included in vaccines, and why they are included. Along with addressing underlying religious concerns.
- Sharing information about pre-vaccination screening and safety measures that are in place. This includes information about contraindications and precautions, post-vaccination observation protocols, and emergency procedures at your clinic.

Discussing this information openly can help increase confidence and trust.

Providers should avoid dismissing concerns and instead approach conversations with empathy, curiosity, and respect.

## Avoid leading with government branding for highly hesitant patients.

Lead with your personal clinical relationship. Offer government sources as supporting evidence once trust is established.

## Encourage questions every visit.

Make space: "I'd rather you ask me than find something online that might not be accurate." Patients in this community can be reluctant to voice concerns. Inviting questions directly and consistently lowers that barrier.

Building trust over time, without pressure, is key.

## Listen before redirecting.

Ask open-ended questions and let patients share their full concern before offering information. Patients who feel heard engage more openly. Patients who feel dismissed become more resistant.

## Reframe success.

For highly hesitant patients, agreeing to one previously refused vaccine or committing to revisit the conversation is real progress. Document conversations and return to them. Sustained engagement over time is more effective than pressure for immediate change.

Small shifts over time are still progress.

LEARN MORE

# Immunization Resources



## General Immunization Resources

- Vaccine Recommendations Washington Department of Health
- Plain Talk About Immunizations Washington Department of Health
- Immunizations American Academy of Pediatrics
- Vaccine Education Center Children's Hospital of Philadelphia
- Immunize.org

## Additional Information

- Refugee and Immigrant Health Program Washington Department of Health
- Ukrainian and Russian Language Translation Guide for School Immunization Records Spokane Regional Health District and Washington Department of Health
- Vaccination Coverage and Record Translation Guidance for Health Care Providers Serving Ukrainian Newcomers Minnesota Department of Health

## Community Resources

- IRCO Slavic & Eastern European Center
- Lutheran Community Services Northwest
- NASHI
- Slavic Community Center of NW

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