

# Building Vaccine Confidence Through Ethnocultural Community Engagement: Lessons from the Korean American Community During COVID-19

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## Research Backgrounds

- Health disparities among Asian Americans often overlooked – even national health data often include Asian American in the racial category – funding is not distributed not even based with national and statewide demographics
- Vaccination become the critical factor against the pandemic based on the previous health equity research through endemics and will be so against upcoming endemics.
- Grounded in practice and research: over the past decade, I've observed Korean American community engagement evolve into powerful intergenerational and interracial collaboration—especially in response to anti-Asian hate.

## KAAGP

Korean American Association of Greater Philadelphia (KAAGP)

- Community Legacy & Impact
  - Over 50 years of service in the Greater Philadelphia area
  - Serves approximately 30,000 Korean Americans
  - Culturally trusted and community-rooted
  - Operates 14 programs, with 9 newly developed in response to evolving needs

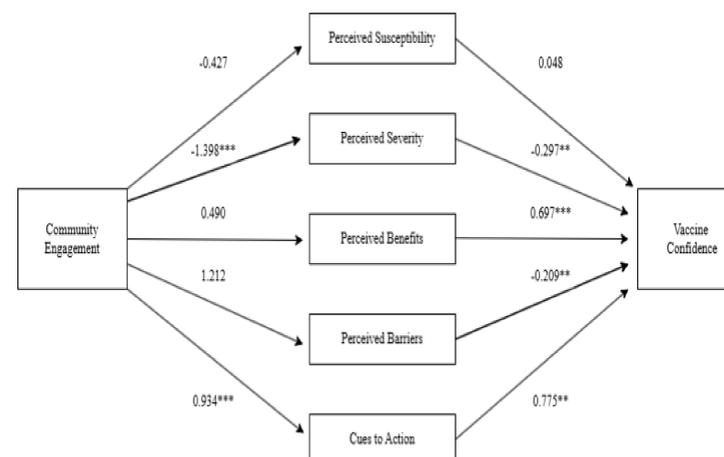
## Conceptual Framework

- The HBM is a widely used theory that proposes a variety of psychological factors that affect people's health-protective behaviors.
- Perceived susceptibility, perceived severity, perceived benefits, perceived barriers, and cues to action
  - Perceived Susceptibility  
Belief about the chances of getting a disease or health condition: "I might get COVID-19."
  - Perceived Severity  
Belief about how serious the consequences of the disease are: "If I get COVID-19, it could be very dangerous."
  - Perceived Benefits  
Belief in the effectiveness of the advised action to reduce risk or severity: "Getting vaccinated will protect me and others."
  - Perceived Barriers  
Belief about the obstacles to taking the advised action: "I'm worried about side effects or cost."
  - Cues to Action  
Triggers that prompt readiness to act: "A friend encouraged me, or I saw a flyer at church."

## Methodology

- N = 313, cross-sectional survey
- Bilingual surveys (English and Korean), online and paper
- IRB approved and amendment requested after receiving feedback from the KAAGP about the huge language barrier.

Standardized Path Estimates for the Structural Mediation Model of Vaccine Confidence



## Results

Table 1. Demographic and socioeconomic characteristics of KAAGP members.

Characteristics	(N = 313)	Percentage (%)
Age		
18-34	4	1.3
35-49	36	11.5
50-64	55	17.6
65 and above	218	69.6
Gender		S.D. (0.483)
Female	198	63.3
Male	115	36.7
General Health Status		S.D. (0.526)
Very good or above	51	16.3
Good	226	72.2
Not good	36	14.5
Education Status		S.D. (0.501)
Up to High school	153	48.9
More than High School	160	51.1
Cohabitation Status		S.D. (0.404)
Living with other(s)	249	79.6
Living alone	64	20.4
US Citizenship Status		S.D. (0.239)
US Citizen	294	93.9
Non-US Citizen	19	6.1
Employment Status		S.D. (0.485)
Working	117	37.4
Non-working	196	62.2
COVID impacting Employment Status		S.D. (0.409)
COVID impacted	66	21.1
COVID did not impact	247	78.9
COVID-19 Exposure Status		S.D. (0.409)
Had COVID-19 virus	182	58.1
Did not have COVID-19 virus	131	41.9
Health Insurance Ownership Status		S.D. (0.506)
No health insurance	10	3.2
Government Subsidized Health Insurance	242	77.3
Non-subsidized health insurance	61	19.5
Vaccine Status		S.D. (0.158)
Fully Vaccinated or Boostered	305	97.4
Not Fully Vaccinated	8	2.6
Household Income		S.D. (1.178)
Up to \$24,999	179	57.2
Between \$25,000 and \$44,999	50	16
Between \$45,000 and \$69,999	26	8.3
More than \$70,000	58	18.5
Community Engagement		S.D. (0.406)
Program Participated	248	79.2
Program non-participated	65	20.8
Vaccine Confidence		S.D. (5.60)
Minimum	25	
Maximum	54	

S.D. : Standard Deviation.

Table 2. Community engagement and vaccine confidence by KAAGP's community program(s).

	Model A	Model B	Model C	Model D	Model E	Model F	Model G	Model H
Community Engagement	3.042 (0.735) ***							
Mask Making Campaign		1.884 (0.624) **						
Sharing Love Committee			-0.104 (1.014)					
COVID-19 Vaccination Committee				-0.039 (1.331)				
Small Business Relief Fund Application Assistance Committee					0.348 (3.075)			
Korean National Holiday Celebration Committee						1.525 (0.611) *		
Next Generation Leadership Committee							0.224 (5.293)	
Other Community Programs								1.843 (0.841) *
Age	-0.107 (0.040) **	-0.092 (0.041) *	-0.099 (0.042) *	-0.099 (0.042) *	-0.099 (0.042) *	-0.105 (0.041) *	-0.099 (0.042) *	-0.093 (0.041) *
Gender <sup>a</sup>	0.412 (0.630)	0.266 (0.638)	0.324 (0.648)	0.323 (0.649)	0.315 (0.649)	0.302 (0.640)	0.319 (0.649)	0.263 (0.642)
General Health Status <sup>b</sup>	-0.911 (0.574)	-0.926 (0.583)	-0.752 (0.592)	-0.757 (0.590)	-0.763 (0.590)	-0.750 (0.583)	-0.758 (0.589)	-0.728 (0.584)
Education Status <sup>c</sup>	-3.122 (0.676) ***	-3.239 (0.686) ***	-3.094 (0.700) ***	-3.101 (0.696) ***	-3.100 (0.696) ***	-3.104 (0.688) ***	-3.101 (0.696) ***	-3.178 (0.691) ***
Cohabitation Status <sup>d</sup>	-0.386 (0.760)	-0.092 (0.768)	-0.123 (0.780)	-0.124 (0.783)	-0.129 (0.779)	-0.330 (0.775)	-0.126 (0.779)	-0.059 (0.774)
US Citizenship Status <sup>e</sup>	-2.926 (1.355) *	-2.982 (1.374) *	-3.331 (1.392) *	-3.338 (1.390) *	-3.337 (1.390) *	-3.331 (1.376) *	-3.339 (1.390) *	-3.017 (1.387) *
Employment Status <sup>f</sup>	2.385 (0.990) *	1.801 (1.009)	2.183 (1.017) *	2.182 (1.022) *	2.178 (1.017) *	2.202 (1.006) *	2.178 (1.017) *	2.257 (1.009) *
COVID impacting Employment Status <sup>g</sup>	0.391 (0.737)	0.434 (0.746)	0.410 (0.757)	0.408 (0.758)	0.413 (0.758)	0.295 (0.751)	0.409 (0.757)	0.393 (0.751)
COVID-19 Exposure Status <sup>h</sup>	-0.564 (0.793)	-0.999 (0.796)	-0.992 (0.808)	-0.993 (0.808)	-0.996 (0.809)	-0.855 (0.802)	-0.993 (0.808)	-0.941 (0.802)
Vaccine Status <sup>i</sup>	2.755 (1.901)	3.176 (1.920)	3.502 (1.946)	3.502 (1.950)	3.504 (1.946)	3.162 (1.931)	3.505 (1.946)	3.388 (1.931)
Health Insurance Ownership Type <sup>j</sup>	-0.448 (0.859)	-0.627 (0.876)	-0.309 (0.883)	-0.307 (0.883)	-0.313 (0.884)	-0.351 (0.874)	-0.308 (0.883)	-0.333 (0.876)
Household Income <sup>k</sup>	0.684 (0.369)	0.750 (0.373) *	0.743 (0.379)	0.745 (0.379)	0.747 (0.379)	0.676 (0.376)	0.745 (0.379)	0.772 (0.376) *
Constant	47.073 (3.851) ***	48.467 (3.884) ***	48.562 (3.943) ***	48.574 (3.944) ***	48.582 (3.943) ***	48.402 (3.902) ***	48.572 (3.942) ***	47.886 (3.924) ***
r <sup>2</sup>	0.154	0.168	0.143	0.143	0.143	0.16	0.143	0.157

Standard errors are in the parentheses. \*\*\*p < 0.001, \*\*p < 0.01, \*p < 0.05.

- a. Female 1. Male
- b. 1. very good or above 2. good 3. not good
- c. 0. up to high school education 1. more than high school education
- d. 0. living with others 1. living alone
- e. 0. US Citizen 1. Non-US Citizen
- f. 0. Working 1. Not-working
- g. 0. employment status not impacted by COVID-19 1. employment status impacted by COVID-19
- h. 0. Not had COVID-19 virus 1. Had COVID-19 virus
- i. 0. not fully vaccinated 1. fully vaccinated or Boostered.
- j. 0. No health insurance 1. Private pay health insurance 2. Government subsidized health insurance.
- k. 1. Up to \$24,999 2. Between \$25,000 and \$44,999 3. Between \$45,000 and \$69,999 4. More than \$70,000

## Research Questions

- Is community engagement programs linked to vaccine confidence? If so, what programs?
- Do health beliefs mediate this link?

## Research Implications

- Participation ↑ vaccine confidence (p < .001)
- Age, education, status influenced outcomes
- Health beliefs mediated the effect
- Cues to action & perceived severity strongest mediators



What motivated us to get started, I must admit. I said, 'Hey, we have to do something here.' We are here to help. We are part of the community. We are Korean, but we are all American here (Dean, 2020)."

