

Final Interim Report:

The COVID-19 Vaccination Storytelling Project

BENEATH OUR SKIN



Clemmons Family Farm, Inc.

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FINAL INTERIM REPORT: THE COVID-19 VACCINATION STORYTELLING PROJECT-BENEATH OUR SKIN

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We note our deep appreciation and respect for all of the project participants who generously shared their time, stories, and artwork with us. Every participant helped the storytelling sessions generate invaluable insights into how Black Vermonters and Vermont's providers make decisions about and experience COVID-19 vaccinations, and what public health planners and implementers can do to improve their services.

We are grateful to Andrea Rosen and her colleagues for their generosity in making available a beautiful venue- free of charge- at the University of Vermont Fleming Museum, Burlington, Vermont for some of the storytelling sessions. The Fleming Museum staff assisted the *Beneath Our Skin* project team with the art space set- up and clean up, in wayfinding for participants, and supported with additional facilitator needs, such as free photocopying of forms and visual art materials. We are also grateful to Nathaniel Eddy for his flexibility and kind assistance in making available a spacious venue at the O'Brien Community Center, Winooski Vermont for some of the storytelling sessions. Our thanks to Living Proof Mentoring and NAACP-Rutland Chapter for helping to spread the word about the November 2021 call-in storytelling service.



This interim report on the *Beneath Our Skin* COVID-19 Vaccination Storytelling Project is a Clemmons Family Farm deliverable to the Vermont Department of Health. It was written by the following co-authors who are all members of the senior team of project advisers: Lydia Clemmons, Andrew Carlson, Kiley Pratt, Glenn Herring, Nari Penson, Cameron Davis, David Fakunle, and Kathryn Blume.

1. INTRODUCTION

1.1 Background:

The spotlight on racial disparities in COVID-19 morbidity, mortality and vaccination rates in Vermont and across the United States has shown the urgent need to have a better understanding of how racial, socioeconomic, educational, locational, personal, familial, historical and cultural factors influence the delivery and uptake public health services, and particularly COVID-19 vaccination as a major prevention intervention.

Clemmons Family Farm, Inc. is a Black-led nonprofit organization whose mission and niche expertise includes working with Vermont's Black artists and integrating the arts and storytelling into public health, K12 education, agriculture, conservation and community-building. Clemmons Family Farm, Inc. partnered with the Vermont Department of Health (VDH) to design and lead formative assessments using new qualitative methods to gain insights on COVID-19 vaccine-related perceptions and access. The assessment aimed to better understand the needs and perceptions on what will improve COVID-19 vaccination access and uptake among Vermonters who identify as Black/African-American and/or of the African diaspora. The assessment also sought to gain insights into how race may influence attitudes, perceptions and care-giving behaviors of health care providers involved in delivering COVID-19 vaccinations.

This interim report shares the process and preliminary findings of the COVID-19 vaccination storytelling project, led by Clemmons Family Farm. The project, named *Beneath Our Skin*, integrates a digital storytelling component with visual and performing arts as culturally relevant qualitative data collection methods in a formative assessment. These methods will also be used to share back the findings with the participants and the general public.

While digital storytelling served as the primary data collection method, creative art-making that led to poems, visual artwork, and songs by the project participants also served as methods generating qualitative data about vaccine acceptance and hesitancy, and about health provider care-giving attitudes and practices that may influence Black Vermonters' uptake behaviors.

1.2 Project objectives

The *Beneath Our Skin* COVID-19 vaccination storytelling project has the following goals and objectives:

1. Gain insights on COVID-19 vaccine-related perceptions and access to improve the planning and delivery of COVID-19 vaccine and other health services in the future;
2. Better understand the needs and perceptions of Vermonters who identify as Black and of African descent that are relevant to improve their access to and uptake of vaccination;
3. Learn more about how race may influence attitudes, perceptions and care-giving behaviors of Vermont's (primarily white) health care providers involved in delivering COVID-19 vaccinations;
4. Integrate a digital storytelling component, and additional uses of the arts (such as poetry, music, song and visual arts), as culturally relevant data collection methods in a formative assessment;
5. Use the findings to develop a social and behavior change communication strategy for the Vermont Department of Health;
6. Share back the findings from the project with participants and the general public;
7. Demonstrate the gains of using storytelling and the arts as methodology to help improve public health programming; and
8. Help build community among Black and white artists in Vermont.

2. WHAT STORYTELLING AND THE ARTS BRING TO PUBLIC HEALTH INQUIRY

2.1 What storytelling can offer in bringing insights to public health challenges and opportunities

The stories people tell have a way of taking care of them. If stories come to you, care for them. And learn to give them away where they are needed. Sometimes a person needs a story more than food to stay alive. -Barry Lopez

Storytelling is a form of communication that uses structure, plot, characters, settings, themes, and performance to convey thoughts, ideas, beliefs, philosophies and perspectives around the human experience. It has existed as long as humanity has. Storytelling helps to assist people to organize their thoughts and emotions, and to amplify what people understand and experience in their lives.

The popularity of amateur storytelling events like *The Moth* - which has grown into a storytelling juggernaut over the last 20 years - shows how much people hunger for, and thrive on telling their stories.

We honor and celebrate the diversity and commonality of human experience, with 25,000 stories to date, shared live and without notes. The Moth

Storytelling is uniquely equipped to encompass the full spectrum of wisdom, knowledge, understanding, intuition and perspective that any human being is capable of expressing. More importantly, storytelling empowers people to share their full spectrum of wisdom, knowledge, understanding, intuition and perspective by respecting and honoring their personhood for what it is. Stories aren't just about what happened, they are also about how people felt when something happened - hopefully how they *really* felt.

2.2 Expanding the menu of options for gaining insights to inform public health programming

Within the context of public health programming, quantitative research methods, such as surveys, help public health planners answer the essential questions of “who?” “what?” “where?” and “when?” of a public health issue. Meanwhile, qualitative research methods, such as focus group discussions, key informant interviews, and direct observations, help public health planners answer

the essential questions of “how?” and “why?” a public health issue is occurring. Information gained from quantitative and qualitative research helps public health planners design improved strategies and services.

Storytelling helps expand the menu of options for qualitative research methods that public health planners can use to gain insights into how and why people behave the way they do, how they are feeling about their behaviors, and what influences their health-related decision-making and care-seeking behaviors. As a universal cultural practice and science, storytelling (and by extension, all of art) has the capacity to encompass the full spectrum of wisdom, knowledge, understanding, intuition and perspectives of human beings. Storytelling also offers a unique opportunity for public health to respect, honor, and *listen* to people’s experiences for what they are.

2.3 What the arts can offer

In nature and in art, what you have are multiple levels of communication and relation that are happening simultaneously. -Nora Bateson, filmmaker and visual artist

While storytelling is an art form in its own right, other forms of creative art have the potential to amplify stories with a wider range of methods to communicate ideas, emotions, and experiences. Visual and performing arts can help capture the intimate, truthful details of a person’s inner experiences in ways that storytelling through verbal narratives cannot.

Art-making opens the door to some emotions that may not be possible to explore with storytelling prompts alone. Integrating creative art-making into the storytelling process can offer opportunities to create a more fun and relaxed setting that is conducive for people to share their stories more comfortably and in more nuanced ways.

Visual arts

The arts can add new insights to our understanding of the influences on health-related behaviors. Visual arts offer a way to access memory holistically. Many people think in pictures. Moreover, images, both recognizable and not, can tap non-verbal information that provides rich descriptions

of experiences while supporting clearer recall of memories, including emotions – a significant motivator in human behavior. Simply put, people have different ways of thinking. Incorporating the arts when trying to understand behaviors widens the net for capturing human responses.

The *Beneath Our Skin* project team provided participants with a range of visual art materials such as colored pencils and markers, glue, colored paper, fabric, scissors, and visual icons (emojis and hand gestures) to provide options for them to share their feelings and stories about their COVID-19 vaccination experiences. Participants used their visual work to tap memories of receiving the COVID-19 vaccination (Black Vermonters) or providing the COVID-19 vaccination (Vermont health care providers).

Performing arts

It has been proven that people involved in performing arts are able to engage the mind, emotions, and body in ways that allow them to properly flow through real-life situations with empathy, understanding, emotional intelligence, and confidence, as well as to communicate with their varying counterparts. - Rhodes School for The Performing Arts <https://rhodesschools.org/why-is-performing-arts-important-in-education/>

Be it theater, song, poetry, music, dance, or storytelling, the performing arts are universal in their capacity to share information and narratives. The performing arts prompts in the *Beneath Our Skin* project helped participants to collaborate with each other and the artist-facilitator in sharing their emotions and real-life experiences, using their creativity and words to express their COVID-19 vaccine experiences.

3. PROJECT DESIGN PROCESS

3.1 Setting up the digital technology for gathering stories and artwork

Design Specifications

The design of the digital platform focused on ensuring usability, security, and flexibility in the capture, presentation and analysis of digital stories shared through a variety of formats (audio, images, and written transcriptions). Considerations of usability included exploring software and digital devices (computers, laptops, smartphones) that would be easy for the artist-facilitators and the storytelling participants to use, and that would also generate information in a way that would be accessible for analysis. Considerations of security included the decision to exclude photographs or video-recordings of the participants themselves, and only use photos of the artwork and audio-recordings of participants' stories to protect participants' identities. Additional security specifications for the digital technology included technology that allowed for the removal of any information that could potentially identify the participant- including altering the tone or pitch of participants' audio-recorded voices in some circumstances. Digital storytelling platforms explored included *StoryCorps*, *Their Story*, and *SAGA*. While all of these storytelling platforms offer advantages, no single platform provided all of the desired. A combination of digital software and platforms (Figure 1) was eventually identified to meet all of the specification needs for the project. These are described below.

Twilio: One important consideration was around storytelling participants who did not have access to smartphones, as well as collecting stories from folks who were unable to complete an in-person session with one of our artist-facilitators. To account for this, we used Twilio capabilities, a suite of communication-centered API's that allowed for the creation of our IVR and capture of user stories. When we switched from in-person sessions to fully call-in, this system allowed for the recording of callers' conversations with the artist-facilitators. Call recordings were transferred into our centralized Dropbox repository for analysis and sharing.

DropBox: DropBox is a cloud storage service that the project team used to save and share large digital files, including audio files of the recorded COVID-19 stories and photos of the visual

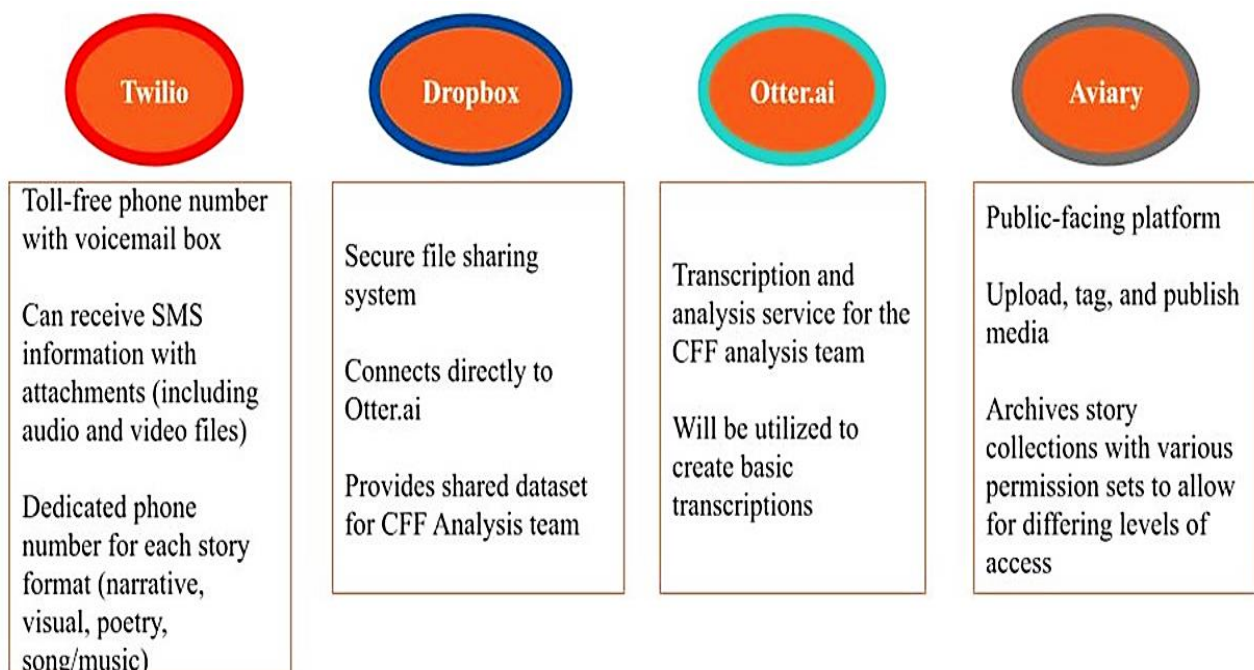
artwork created by participants. While Otter allowed for early initial sharing among team members, the team needed a place to edit the files collaboratively before uploading them to Aviary. DropBox was ideal because of an existing connection to Otter through a built-in extension, allowing for easy transcription. It is also secure and is widely-used, making it easy to work into existing project workflows rather than learning an entirely new platform.

Otter.ai

Otter.ai is a note taking software. The project team planned to use Otter for its transcription ability powered by artificial intelligence (AI), and expanded the functions to include using its note-taking app for smartphones. This allowed the project’s artist-facilitators to record sessions with storytelling participants, generate an automatic transcription, and attach photos of any physical art pieces generated while sharing automatically with other members of the story collection team.

Aviary: In order to share stories with specific audiences, the project needed a platform with a highly customizable option for user permissions. Aviary was presented as an option by a potential technology partner and was chosen because of its strong security, ease of use and access, and its focus on preserving and sharing archival and research data.

Figure 1: Beneath Our Skin Digital Technology Overview



Aviary also provides in-depth customization of tags for searching and analysis, as well as the ability to upload transcripts and photos that supplement the audio stories. The team customized the base platform to sit within its custom URL and created several user groups to allow for viewing, analysis, and sharing of the stories based on storytellers' art genre (i.e. visual or performing arts).

3.2 Developing the arts-integrated storytelling protocols

The storytelling protocols were developed by the research team during a 2-day design workshop on location at the Clemmons Family Farm in July 2021. In developing the protocols, the project team anticipated that the integration of the arts would serve two purposes: (1) help participants relax and engage in art-making as an enjoyable activity; and (2) help participants share emotions, memories and experiences in ways that a simple verbal telling of their stories would not.

During the workshop, the project team designed and tested a series of visual and performing prompts and questions to expand the options available for participants to use to share their COVID-19 vaccination stories (Photo 1). The team developed visual art activities with accessibility in mind, prioritizing methods that would be easy and offer immediate access across cultures and ages and for the artist and non-artist alike. This goal guided the selection of small-scale, simple, non-messy art materials that required no prior experience, fine-points drawing tools such as pencil and pens for drawing pictures, and colored papers to use for associative references (e.g., the color blue might signify a COVID vaccination experience at Walmart). Color might be used for associative emotions (e.g., pink might correspond to love or gratitude). It is also important to note, however, that the team left participants free to choose their materials, including colors, and avoided prescribing any culturally-bound interpretations of color to any particular emotion. Rather, color was presented as an option for participants to make associative and intuitive choices as they created art and shared their stories.

Performing arts prompts offered options for storytelling participants to create music, beats, songs, poems or spoken word to enrich their storytelling. An additional performing arts prompt was developed specifically for providers of the COVID-19 vaccination to encourage them to reflect on

their experiences giving the vaccine to Black Vermonters. The prompt – a 3-minute audio file compiling excerpts of the COVID-19 vaccination stories of three Black Vermonters- was designed to be played for providers at the beginning of their performing arts storytelling sessions. Providers would then be invited to respond to what they had heard by telling their own stories of their experiences vaccinating Black Vermonters.

Photo 1: Three of the *Beneath Our Skin* project’s team of senior advisers test visual arts prompts during the project design workshop at the Clemmons farm in July 2021



Enlisting the senses (in this case visual) can open access to memories. Furthermore, one could understand other elements of art to be emotive such as the quality of the line, shapes, and spaces. For example, whether a line is jagged, or meandering can have meaning to the artist whether conscious or unconscious. The project team chose a set of emojis and hand gestures as options for

participants to use in the visual arts storytelling sessions with the idea that cutting and pasting these symbols can be an easy and enjoyable way to for them to express their feelings.

The main objective in the arts-integrated storytelling sessions was to support participants to use art-making as a way to create time for reflection, access memories, and organize their thoughts prior to telling their stories.

The visual arts prompts and art-making methods were developed by the *Beneath Our Skin* team of senior visual artists who have many years of collective experience “testing” art project methods. Meanwhile, the performing arts prompts were developed by the *Beneath Our Skin* team of senior performing artists. All of the project team members tested the prompts and helped to improve them based on discussion and feedback.

The song “Find Your Way” is one of the performing arts products developed during the testing of the performing arts storytelling prompts. Created and performed by the senior project team storytelling adviser David Fakunle, the song is shared in the audio file below (Audio file 1):

Audio file 1: “Find Your Why” (song)



4. METHODOLOGY

4.1 General approach to the storytelling sessions

COVID-19 safety precautions

Regardless of the type of storytelling session (i.e. simply verbal storytelling or storytelling integrating visual arts or performing arts.), the general approach for the sessions was to limit the number of participants to a maximum of four people plus the artist-facilitator. The limitation on the number of participants in each session was directly tied to safety precautions during a period when COVID-19 transmission was surging in Vermont (September – November 2021). The maximum number of fully vaccinated participants was set at four per storytelling group session. Storytelling sessions with partially or unvaccinated participants were limited to one-on-one sessions—in other words, one storytelling participant met alone with one trained artist-facilitator.

All participants and artist-facilitators wore face masks and practiced 6-foot distancing when meeting for the storytelling sessions.

Standardized approach across types of sessions.

All storytelling sessions followed the same general approach. The artist-facilitators used a standardized protocol to ensure consistency regardless of the type of art involved, and regardless of which artist-facilitator was leading the session. The standardized protocol included:

- A step-by-step agenda for the session flow
- A welcoming statement and an overview of the project goals and objectives
- Introduction and explanation of an Informed Consent form for participants to sign before the storytelling began
- An intake questionnaire with basic information about the participant
- Introduction and explanation of the visual arts prompts
- A demonstration of a visual artwork
- Storytelling sharing and note-taking in participant pairs (for group storytelling sessions) and in one-on-one sessions with the participant and facilitator working together as a pair

- Sharing the stories in the group while using cell phones to audio-record
- Uploading the audio-recordings of the stories via Otter
- Taking photographs of the visual art-work
- Outtake questionnaire
- All participants who shared their stories and artwork received \$200 stipends issued through Paypal, Venmo or in a few instances by check.

Artist-facilitators' preparation prior to the storytelling sessions included:

- Photocopying participant informed consent, intake & outtake forms
- Photocopying visual arts prompts OR ensuring that the recordings used as performing arts prompts were ready to go
- Gathering and preparing materials/supplies for the sessions (art supplies as well as pens, paperclips, folders, microphone, ensuring cell phones used for audio-recording and taking photographs were fully charged)
- Identifying multiple spaces in the venue for participants to work on their art individually
- Creation of spacious, distanced workshop spaces with two tables set up for four participants (two people per table) in the “foursome” group sessions
- Learning and reviewing the digital technology (attending follow up support meetings and participating in check-in and trouble-shooting calls with project team members to ensure that they could access and use the Otter, Twilio and DropBox platforms to record and upload the participant stories and artwork during and after the sessions).

4.2 Methodology for performing arts storytelling sessions

If a participant chose the performing arts option, they were prompted to perform their COVID-19 vaccine experience through song, dance, poem, acting, or a combination of these forms. For vaccinated participants, the process included four participants plus an artist-facilitator. Participants worked in pairs, along with the artist-facilitator, to develop and share their performance.

The performing arts methodology included inviting participants to work in pairs to empathetically listen and understand each other's experience with the COVID-19 vaccination. Each participant in

their pair listened and wrote down phrases and key words that they heard their partner use when sharing their COVID-19 vaccine experience. The participant who took notes then shared these back to their partner and discussed the story to ensure that any major points that the storyteller wanted to include in their performing art product would not be forgotten. The pair would then switch roles so that the one who started off the storytelling now took on the role of listener and note-taker. After both participants shared their stories with each other and reflected on key phrases, words and emotions that their partners had noted, they were allocated time to work individually and create a performing art product (spoken word/poetry, dance, and or song). Participants were encouraged to think about and express their emotions and feelings on the essential parts of their COVID-19 vaccine experience with providers. The performing arts prompts also offered participants the opportunity to think about metaphors and similes to include--providing an additional layer of creativity and freedom to communicate without inadvertently revealing identifying details of their personal lives.

Once participants completed their performing art works, they were invited to perform and then explain their performance and tell their story in words. The artist-facilitator used a cell phone and mic to record the stories. Follow up questions, either from other participants or the artist, helped to probe the stories more deeply and led to insights that would likely not have emerged in more structured focus group discussions. The process was similar for unvaccinated or partially vaccinated participants who worked one-on-one with an artist-facilitator.

4.3 Methodology for visual arts storytelling sessions

The visual arts storytelling sessions took about 90 minutes on average. They followed a structured protocol to enable consistency in the basic methodology across different visual artist-facilitators.

The visual art prompts offered participants the option to draw or otherwise illustrate their COVID-19 vaccine experience. Participants were provided with prompts that were intended to assist them in conceptualizing the ways in which their visual art would represent their COVID-19 vaccination story. Prompts included visual arts materials (paper cut-outs of emoticons and hand gestures, strips of fabric, glue, scissors, markers, and colored pencils) for art-making, as well as questions that focused on specific timeframes during the vaccination experience (Photo 2).

Participants were asked to illustrate their COVID-19 vaccination experience. As with the performing arts option, they were also asked to explain why they had chosen a particular art-form. These prompts helped open up participants' sharing about their COVID-19 vaccination experience in detail, as their explanations of the artwork they created helped them feel more comfortable and facilitated their ability to talk about their experience.

Photo 2: Vaccination timeframe sheet prompt for visual arts and storytelling participants

Name:
Tell me your vaccine story! Fully Vaccinated...

Making your decision:

[]

First Shot:

Two Hours Before Getting The Shot Two Hours After

[] [] []

Second Shot:

Two Hours Before Getting The Shot Two Hours After

[] [] []

Now:

[]

4.4 Conducting the visual arts storytelling sessions

Clemmons Family Farm partnered with the University of Vermont's Fleming Museum with O'Brien Community Center in Winooski who each provided free venues for the storytelling sessions.

Storytelling sessions were conducted using protocols developed by the *Beneath Our Skin* project team during a workshop held July 2021. These protocols have shared content for sessions with both Black Vermonters (vaccinated and not), and Vermont Health Care Providers. The shared

protocols included a description of the project objectives, participant consent questions, instructions for the arts activity, and story sharing methods. The protocols differed slightly for each group (i.e. Black Vermonters and providers had slightly different protocols, and participants in visual arts, performing arts, or call-in storytelling sessions also had slightly different protocols). In the integrated art-making storytelling sessions, after participants had completed their artwork, they would show it to the other participants while telling their COVID-19 vaccination stories. The artist-facilitators recorded the participants' stories on their cell phones. The audio files were then transmitted to the *Beneath Our Skin* digital platforms storage, transcription and analysis by the project team.

All four Black Vermonters participating in the visual arts storytelling sessions chose to use emojis in their visual art work. The visual arts facilitators assessed that was most likely because of ease of communication where language was a barrier. Meanwhile, the two providers participating in the visual arts storytelling sessions chose to use collage only, using abstract imagery with no text.

Preparation checklist prior to on-site/in-person storytelling and artwork sessions

- ✓ Purchase supplies (colored pencils, markers, etc.) supplemented with personal supplies
- ✓ Gather and prepare materials/supplies:
 - ✓ cut magazines for swatches of color, texture, and shape – (little to no pictorial reference).
 - ✓ Begin assembling supply kits for anticipated additional Artist Facilitators (yet to happen)
 - ✓ Photocopy emoji paper cut-out sheets
 - ✓ Photocopy consent, intake & outtake forms
- ✓ Create spacious/distanced workshop spaces with two tables for four participants
- ✓ Spread out collage papers, glue sticks, colored pencils, and sheets of emojis for cutting and pasting
- ✓ Technology Instruction and follow up support meetings with Team Tech Kiley Pratt for platforms - Otter, Twilio, Aviary

4.5 Call-in storytelling

In response to the low mobilization rates of participants to attend the on-location storytelling sessions and the increasing concerns around COVID-19 transmission, in November 2021, the data collection method was changed to a call-in format in which participants would call a toll-free number to share their stories over the phone with an artist-facilitator. The call-in sessions did not include any visual or performing arts prompts.

4.6 Participant selection and recruitment

Information about the call-in hours, phone number and \$100 participant stipend for the storytelling phone lines was presented in digital flyers (Figures 1 and 2 below) and disseminated through “under-the-radar” channels.

The information for the call-in service for Black Vermonters (using the call-in number “MY STORY” or 219-697-8679) was disseminated through Clemmons Family Farm’s list serve for Vermont Black artists, the Peace and Justice Center, the NAACP-Rutland offices, and private Facebook pages targeting Black Vermonters, such as the “Real Black Girls” Black Vermonters. A total of eight Black Vermonters used the call-in storytelling phone line in November.

The information for the call-in service for vaccinators (using the call-in number “JAB-TALK” or 239-522-8255) was disseminated through Clemmons Family Farm’s FB page and through the Vermont Department of Health newsletters and email communications to its partners. No vaccinators used the call-in storytelling phone line in November.

Digital flyers (Photos 3 and 4 on the following page) were developed and then disseminated through Vermont Department of Public Health, social media, and several collaborating organizations, including Peace and Justice Center, NAACP-Rutland. In the case of social media dissemination for Black Vermonters, due to concerns about the volatility of the social-political climate around race, racism and COVID-19 vaccines in Vermont and the nation, the project intentionally limited the distribution to private group FaceBook pages that serve Vermont’s Black/African American communities to reduce the risk of backlash or harm to the participants,

the artist-facilitators conducting the storytelling sessions, or Clemmons Family Farm. For the same reasons of safety and security concerns in a volatile social-political climate, the project team considered but chose not to pursue mass media dissemination (e.g. television, radio, local and state-wide newspapers) as outreach methods to solicit participants.

Photo 3: Digital flyer for Black Vermonters

What's Your Story?


If you are a Black Vermonter who is fully vaccinated, partially vaccinated, or not at all vaccinated against COVID 19, we want to hear your story!

**CALL 219 MY STORY
(219 697-8679)**

November 2021 Call-in Hours:
Mondays-Fridays 6-8 PM;
Saturday: 8 – 10 AM; 1-3 PM
Sundays: 10 AM-12 PM and 3-5 PM

Complete your storytelling call with our trained artist-facilitator and receive a \$100 participant stipend through Paypal or Venmo*!

*You must be 18 years old or older, and have an email address and either a Paypal or Venmo account to receive the \$100 stipend. Call 219 697-8679 for additional details that apply.

 **Beneath Our Skin COVID 19 Vaccine Storytelling Project**

The flyer features a man on the left wearing a white t-shirt and a blue surgical mask, flexing his right arm. On the right is a woman with a large afro hairstyle wearing a red sweater and pointing upwards with both hands. The background is a light pink color.

Photo 4: Digital flyer for providers

What's Your Story?


If you are a Vermont provider who has given a COVID 19 vaccination, we want to hear your story!

**CALL 239 JAB TALK
(239 522 8255)**

November 2021 Call-in Hours:
Mondays 5-7 PM; Thursdays: 5 – 9 PM EST
Sundays: 5 – 7 PM

Complete your storytelling call with our trained artist-facilitator and receive a \$100 participant stipend through Paypal or Venmo*!

*You must have an email address and either a Paypal or Venmo account to receive the stipend. Call 239 JAB TALK or 239 522 8255 for additional details that apply.

 **Beneath Our Skin COVID 19 Vaccine Storytelling Project**

The flyer features a man on the left wearing a white lab coat, a blue surgical mask, and blue gloves, pointing upwards with both hands. On the right is a woman wearing blue scrubs, a blue surgical mask, and blue gloves, also pointing upwards with both hands. The background is a light blue color.

4.7 Conducting the call-in storytelling

The artist-facilitators signed up for 2-hour shifts to receive calls each week throughout the month of November. Call in hours were as follows:

For Black Vermonters:

- Mondays through Fridays from 6-8 pm
- Saturdays 8 – 10 pm and 1 – 3 pm
- Sundays 10 – 12 pm and 3-5 pm

For providers:

- Mondays from 5-7 pm
- Thursdays from 5-9 pm
- Sundays from 5 – 7 pm

In spite of the stipends, dissemination channels, and wide range of daily call-in hours offered, only eight Black Vermonters and no providers called in during the entire month of November. Even though most of the shifts did not receive any callers, the artist-facilitators were paid for their time spent waiting for calls.

All eight call-in storytelling sessions were recorded. The artist-facilitators read introductory statements, confirmed callers' eligibility to participate in the project, and retrieved their informed consent that included details on how widely the callers would like their story to be shared, and how best to receive their stipend.

Callers shared their COVID-19 vaccination story and responded to specific prompts from the artist facilitator. Following their narrative, they'd be asked a few outtake questions, and then the call would conclude. The team was pleasantly surprised by the quality of the stories collected over phone calls, due in no small part to the skill of the artist-facilitator taking the call. While the in-person sessions offered more opportunities for connection with the artist and other participants, the call-in sessions were also deep and powerful in their own way. Call-in participants were eager

to share their stories not only with the artist-facilitator but with the general public provided that their identities are kept anonymous.

Strategies to consider for improving the call-in service including selecting an app to allow the consent forms to be sent to callers in digital format to complete and then send back, thus reducing the amount of time spent reading and listening to the consent form over the phone. Exploring the idea of a leave-a-story voice mail system is another possible option that would enable the project to capture more stories at hours outside of those currently available. The potential challenge with the leave-a-story option is that it may lead to diminished quality and depth of the stories and increases the likelihood of “crank” calls.

5. ANALYSIS

5.1 Process used to analyze the stories

Data from the research was analyzed using Atlas.ti qualitative management software. Transcriptions and visual art were imported into the software package and coded. The coding of qualitative data involves identifying concepts from the data that are used as “the basic unit of analysis” (Strauss and Corbin, 1990)¹, based on their presence or non-presence in the data. The concepts are marked by “codes” which are single words or short phrases that represent the concept. Later, these codes are connected through a process called axial coding, in which connections between the basic units of analysis are made (Strauss and Corbin, 1990). Finally, refining emergent theory is done through a process called selective coding, in which “all categories are unified around a ‘core’ category” (Glaser and Strauss, 1968)². The *Beneath Our Skin* project team developed a set of codes and code categories related to COVID-19 vaccination experiences prior to the analysis. These were later supplemented by with new codes during the actual data analysis.

The codebook contained three code categories specifically related to individuals’ interaction with the COVID-19 vaccination, each of which contained a set of codes. These codes assisted the researchers in identifying and highlighting important concepts in the data. They are presented in Table 1 on the following page.

The code categories and codes presented in Table 1 were used to identify what the research team believed would be some of the most important concepts surrounding Black Vermonters’ experiences with the COVID-19 vaccine. Code categories provided ways to consider themes that emerged from the data.

¹ Strauss, A. and Corbin, J. (1990). Grounded theory research: Procedures, canons, and evaluative criteria. *Qualitative sociology* 13(1), 3 - 21.

² Glaser, B. and Strauss, A. (1968). The discovery of grounded theory: Strategies for qualitative research. *Nursing research*, 17, 364.

Table 1: Code categories and associated codes

Code Categories		
Personal/Psychological	Physical/Environmental/Media	Social/Cultural/Interpersonal
Codes		
Feelings about being told what to do	Context of counties/homes, e.g., urban/rural; digital divide issues, etc.	COVID as people's first encounter with public health
My feeling about the usefulness of social distancing and masking	Experiences with mass media	How decisions are made around public health practice
My perceptions of the VDH/USG	Experiences with social media	Overt and covert racism/racist experiences
Other things I am skeptical about	Sources of information	People I trust in my social group
Perceptions of medical institutions, health care, medicine in general		People who confirm or challenge my skepticism
Things I am skeptical about because I don't understand them		Previous interactions with healthcare
Things I trust without fully understanding them		Social distancing and masking in my community
Things that confirm my skepticism		The availability of health services in my community
		The practice of public health among Black Vermonters

The dataset on which this preliminary report is based consisted of three categories of materials: (i) transcriptions of participants' stories; (ii) artistic outputs created through performing arts prompts or visual arts prompts; and (iii) intake/outtake forms that provide demographic and background information on participants.

Findings from each of these categories are presented in the subsequent sections.

Coding on the initial dataset was performed using the codebook and additional codes were generated as indicated by the data. As the coding process continued, additional codes were generated and added to concepts not articulated in the codebook.

5.2 Process used to analyze the visual arts products

The project design positioned the quality of participants' engagement in the creative art-making and storytelling process to be more important than the quality of the artwork itself. The artist-facilitators frequently reassured participants not to worry about whether or not their artwork is "good" or "bad", but rather to use the creative art-making as a way to help them remember and express their vaccination experiences and any other related emotions or thoughts. The objective of utilizing visual arts prompts was to help participants access their memories and enhance their storytelling through the powers of pictorial and metaphoric thinking.

The artist-facilitators' recollections of their informal observations during the sessions, and their review of the outtake questionnaires and audio-recorded stories supported their analysis of the visual artwork created by the storytelling project participants.

5.3 Process used to analyze the performing arts products

None of the three providers who participated in the project used the performing arts option to share their stories. To analyze the performing art works created by Black Vermonters, the team used a simple cover term coding method where the researcher extracts repeated words such as fear, lies, deceit for each participant's story. Taxonomy major categories were used to review variations of

the overarching participant experience i.e. fear, lies, deceit about the COVID vaccination contributed to the broader theme of mistrust in the government/health/media.

6. FINDINGS

6.1 Storytelling venues

Seven storytelling sessions integrating visual or performing arts were conducted in three on-site locations in Chittenden County. Two storytelling sessions with US-born Black Vermonters, one storytelling session with foreign-born Black Vermonters, and two storytelling sessions with Vermont providers were conducted with at the Fleming Museum at the University of Vermont in Burlington. One storytelling session with foreign-born Black Vermonters was conducted at the O'Brien Center in Winooski and one storytelling session -- a one-on-one session-- was conducted in an unvaccinated participant's home.

In addition, eight call-in storytelling sessions were held with participants who used a call-in number in November to share their stories over the phone.

6.2 Storytelling participants' demographics

A total of twenty-five people participated in the storytelling project through on-site sessions or over the phone during the call-in session. The vast majority (22) are female. Project participants comprised twenty-two Black Vermonters and three COVID-19 vaccine providers (vaccinators), all of whom are white/Caucasian females.

6.2.1 Residence, national origin and language

Twelve of the Black Vermonters participating in the project were born in the US and speak English as their first language. Nine of the Black Vermonters participating in the project were born outside of the US (East Africa) and speak Swahili as their first language. Among the nine Swahili-speakers, one participated in the first part of the storytelling session but subsequently declined to share her story. English was a barrier for the Swahili-speaking participants, who ranged from a few who were illiterate in any language, and completely unable to speak, write, or read in English to others who were literate and could speak and write English with some assistance.

Among the Black Vermonters participating in the project, eighteen reside in Chittenden county- mostly in the Burlington and Winooski areas. Two reside in Rutland county, one resides in Orleans county, and one resides in Windham county.

All three providers who participated in the project are residents of Chittenden county and are white females (Table 3). All three have significant experience in public health. They estimated that they had vaccinated between 500 and 1500 people, with a relatively small percentage (1 - 20%) of these individuals being Black Vermonters.

6.2.2 COVID-19 vaccination status

All but two of the twenty-two Black Vermonters who agreed to share their stories were fully vaccinated against COVID-19 at the time of the storytelling session, either through two doses of Moderna or Pfizer vaccines, or a single dose of the Johnson and Johnson vaccine (Table 2). All three of the providers were fully vaccinated against COVID-19. Booster shots were not yet available in Vermont, and so the participant intake forms did not include information about booster shot status.

Table 2: Participants- Black Vermonters, by vaccination status, gender, county, origin and native language

Vaccination Status		Gender		County		Origin		Language	
Fully Vaccinated	20	Male	3	Chittendon	18	United States	12	English	13
Unvaccinated	2	Female	19	Rutland	2	East Africa	9	KiSwahili	9
Partially Vaccinated	0	Non-binary	0	Orleans	1	Pacific Islands	1		
				Windham	1	Other	0		
Total		22 participants							

6.3 Where Black Vermonter participants were vaccinated

Some of the Black Vermonters had attended COVID-19 vaccinations at locations offered to the general population- such as pharmacies and other public places. Others attended locations offering BIPOC clinics for the COVID-19 vaccine.

6.4 Distribution of participants in the arts-integrated storytelling sessions

Of the twenty-two Black Vermonters participating in the project, ten engaged in performing arts-integrated storytelling, four engaged in visual arts-integrated storytelling, and eight engaged through a call-in storytelling session (Table 3). Of the three providers, two engaged in visual arts storytelling and one chose to simply tell her story without integrating any arts (Table 4).

Table 3: Participants- Black Vermonters, by Art mode, vaccination status, gender, county, origin and language

No.	Art Mode	Vacc Status		Gender	County	Origin	Native Language
		V	UV				
1	Performance	✓		F	Chittenden	United States	English
2	Performance	✓		M	Chittenden	East Africa	KiSwahili
3	Performance	✓		M	Chittenden	United States	English
4	Performance	✓		M	Chittenden	United States	English
5	Performance		✓	F	Chittenden	United States	English
6	Visual	✓		F	Chittenden	East Africa	KiSwahili
7	Visual	✓		F	Chittenden	East Africa	KiSwahili
8	Visual	✓		F	Chittenden	East Africa	KiSwahili
9	Performance	✓		F	Chittenden	East Africa	KiSwahili
10	Performance	✓		F	Chittenden	East Africa	KiSwahili
11	Performance	✓		F	Chittenden	East Africa	KiSwahili
12	Performance	✓		F	Chittenden	East Africa	KiSwahili
13	Performance	✓		F	Chittenden	East Africa	KiSwahili
14	Call In	✓		F	Chittenden	Micronesia	English
15	Visual		✓	F	Chittenden	United States	English
16	Call In	✓		F	Rutland	United States	English
17	Call In	✓		F	Chittenden	United States	English
18	Call In	✓		F	Orleans	United States	English
19	Call In	✓		F	Chittenden	United States	English
20	Call In	✓		F	Chittenden	United States	English
21	Call In	✓		F	Windham	United States	English
22	Call In	✓		F	Rutland	United States	English

Table 4: Participants-Providers (Vaccinators), by Art mode, vaccination status, gender, race, county, origin and native language

No.	Mode	Vacc Status		Gender	Race	County	Origin	Native Language
		V	UV					
1	Storytelling	✓		F	W	Chittenden	United States	English
2	Visual	✓		F	W	Chittenden	United States	English
3	Visual	✓		F	W	Chittenden	United States	English

6.4.1 Visual arts storytelling participants

All six of the participants who participated in the visual arts storytelling sessions are women. A total of four Black women Vermonters and two women providers participated in storytelling sessions using visual arts prompts. One participant- a US-born Black Vermonter who was unvaccinated, attended a one-on-one session with the artist-facilitator at her home. The three other Black Vermonters- all fully vaccinated, born in East Africa, and who speak Swahili as their first language- attended a group session held at the University of Vermont Fleming Museum. A paid interpreter was present to assist the three participants in reading through and completing the intake forms, translating the prompts provided by the artist-facilitator, and translating storytelling and discussion. Each Black Vermonter created four visual art products (16 images in total) using colored pencils and markers, and/or cut-out emojis and hand gestures.

6.4.2 Performing arts storytelling participants

Nine of the ten Black Vermonter participants who opted to join the performing arts storytelling sessions chose some form of spoken word poetry or song to integrate into their storytelling about their COVID-19 vaccination experiences. Several also included a few dance steps- although dancing was not captured in the audio recordings and protocol. All three of the male Black Vermonters participating in the project created performing art works. It is important to note that all three of these men are singers or spoken word artists and so felt comfortable enough with the art prompts. In contrast, none of the three providers (all white/Caucasian) used the performing arts to share their stories. Two opted for the visual arts storytelling sessions and the one provider who actually signed up for a performing arts storytelling session in the end declined to use any of the

performing arts prompts, explaining that she is not creative in that way and just wanted to share her story in narrative form, which she did.

Several participants in the call-in sessions reported that they had recently moving to Vermont during the pandemic due to Vermont's reputation as being one of the safest places with low COVID cases.

6.5 Findings about Black Vermonters COVID-19 vaccination decision-making and experiences and what influenced them

This section summarizes the types of influences that appeared to have the greatest impact on the decision-making and vaccination care-seeking practices of Black Vermonters who participated in the storytelling project. All of the project participants shared personal stories about their COVID-19 vaccination experiences, and the influences that led to their decisions to get vaccinated or not. Most of these stories integrated either the visual arts or the performing arts.

The analysis of the transcriptions of participants' audio-recorded COVID-19 vaccination stories, shared during on-site art-making sessions and also shared over the phone during call-in storytelling sessions, was conducted by tagging text with specific codes for various types of influences on human behavior. Even though they did not engage in art-making, the eight call-in participants reported that they enjoyed the opportunity to share their story and said that they were glad that the project was happening and that the word was getting out. An interesting difference between the call-in participants and the art-making participants is that the former were very excited about the idea that their stories would be shared with the general public, while the later were more excited and engaged with the art-making process.

Personal/Psychological Influences

Most of the Black Vermonters reported positive experiences with the COVID-19 vaccination process, in spite of some initial mistrust or other misgivings about getting vaccinated. One

participant mentioned being appreciative of having been given painkillers at the vaccination site due to the pain they were experiencing after the second vaccine injection.

In general, the Black Vermonters participating in the project, regardless of whether they were US-born or foreign-born, did not focus their stories on their experiences with individual providers (vaccinators). For example, very few mentioned any specific attitudes or conduct—good or bad—of the providers who gave them the COVID-19 vaccine shots. Instead, most of the Black Vermonters focused their stories on the general vaccination experience including the vaccination venue, on their perceptions of the medical and public health systems, and on the vaccine itself.

Mistrust in the medical establishment and intergenerational harm in the medical and public health establishments' relationship with Black Americans

Many of the US-born Black Vermonters who participated in the project expressed a great deal of skepticism and mistrust of the medical system in the United States. In several cases, participants specifically referenced the Tuskegee experiments designed to study Black men who were left untreated for syphilis, and other examples of disregard and mistreatment of Black people by the medical and public health systems.

Even though he was vaccinated, one Black Vermonter who participated in a performing arts storytelling session, noted:

There have been too many casualties for us not to be religiously cautious, eternally vigilant about what the outcome will be. [Black Vermonter, male, U.S.- born]

Several participants discussed their own or their family's medical history in the context of Blackness and the overarching history of intergenerational harm inflicted on Black Americans by the medical and public health establishments. One participant talked about the need to find ways for medical practitioners to develop healthy relationships with Black people and suggested that the new COVID-19 vaccination effort may be a pathway to achieving this.

Maybe this is a step in that direction and not a box to be checked but a doorway to open discussion... (to start a) dialogue on how to humanize medicine and its practitioners to develop healthy relationships with Black people to end the damning disparities with compassion, and sincerely good intentions, and impact. [Black Vermonter, male, U.S. born]

Mistrust in the vaccine

Many US-born Black Vermonters also shared their concerns about putting something into their body that either they didn't want or didn't trust. This finding may relate, at least in part, to research by Amin et al., (2017)³, who identified the concept of "purity" as being associated with vaccine hesitancy. For example, one woman who was not vaccinated said that she avoided the COVID-19 vaccine because it was untested and new, although she continued to get the flu vaccine every year in part because it has been around much longer, and in part out of her strong desire to protect her mother from catching the flu. Two Black women Vermonters mentioned concerns about introducing what they perceived as a relatively new vaccine into their bodies; both of these participants were fully vaccinated but nonetheless had this concern prior to vaccination.

And I mean, I barely can take Tylenol. You know, so putting something in your body that you don't that you're just taking somebody else's word for it was a little nerve wracking for me. [Black Vermonter, female, U.S. born]

And so I just kind of thought, you know, putting something into my body that I don't want 100%. You know, because I didn't really research much into the vaccine. I just kind of knew I was gonna get it so it was kind of the thought of putting something unknown into my body kind of made me anxious. [Black Vermonter, female, U.S. born]

Side effects

The issue of side effects came up in some of the stories, although a code for side effects was not identified in the initial design. A specific code for side effects was not identified in the initial design. Future storytelling analysis could include this as a specific code. Many Black Vermonters discussed their perceptions of the severity of side effects both in the context of what they expected after hearing from others and what they actually experienced.

³ Amin, A. et al. (2017) Association of moral values with vaccine hesitancy. *Nature human behavior* 1, 873-880.

The second time, the shot did hurt a lot. Not a lot, but it hurt. And then the after effects of it were kind of more substantial. Like I kind of felt more nauseous and my arm was more sore. But nothing too, too terrible. [Black Vermonter, female, U.S. born]

I did go through that as they warned us, you gonna feel like you've been hit by a Mack truck and did. I had a, very splitting headache. I just was tired all the time. [Black Vermonter, female, U.S. born]

Liberty, freedom and personal choice

The values of personal liberty and/or freedom from mandates are part of US society and history, and have been front and center in national discourse about the COVID-19 pandemic and how to address it. These same values of liberty and freedom were revealed in the stories of some of the US-born Black Vermonters who participated in the project, and are in tension with being told what to do by public health professionals. One Black Vermonter, who was unvaccinated, asked the simple question of “Don’t I have an individual right? Don’t I have a choice?” Conversely, these values appear to be in conflict with the desire expressed by Black Vermonter participants to protect their elders, their families and their communities.

The values of liberty and freedom are also documented by Amin et al. (2017) as having strong correlations with vaccine hesitancy.

Gratitude and relief

Despite their hesitancy, many Black Vermonters expressed gratitude and relief at receiving the COVID-19 vaccine and encouraged others to receive it. Foreign-born Black Vermonters, in particular, mentioned health care workers, the scientists who developed the vaccine, and other leaders in the medical and public health systems as deserving their thanks. The majority of the foreign-born Black Vermonters participants who spoke Swahili appreciated the work of the government, were glad to have the vaccine, and reported having waited impatiently for their turn to receive the vaccine.

One participant said:

But, thanks very thankful for the people [who] came out. Health officials and scientists who discovered, would discover and came up with a vaccine because after that, the world is becoming orderly. [Black Vermonter, female, foreign-born]

Another said:

...thanks so much for the presidency and the whole administration of the states who came up with the programs, which are helping people so that we are now very hopeful. [Black Vermonter, female, foreign-born]

Eagerness to get back to “normal”

Expressions of excitement and relief in believing that being vaccinated would enable them to finally be able to get back to “real life” or at least a semblance of “normal life” were common across both groups of Black Vermonters (US-born and foreign-born), particularly in the context of being able to interact with others.

And I couldn't wait to get this shot... I got that shot and I was like, I was so relieved. I was like, I've been waiting for so long for a shot like you. [Black Vermonter, male, US-born]

And then finally, after the vaccinations, life again, felt wow, well after all, life can start going normal. So that's when, is that not the first type of life but at least some sort of hope? And some sort of...you know, life coming back to normal. [Black Vermonter, male, foreign-born]

Pride in Vermont’s response

In slight contrast to the foreign-born Black Vermonters, US-born Black Vermonters expressed specific pride in Vermont’s response to the pandemic.

I really appreciated that Vermont was leading the rest of the country and the world as being, you know, a place where people are not suffering as much or being affected. And I'm proud I'm proud that I live in Vermont and proud to be a part of that. [Black Vermonter, female, U.S. born]

So Vermont did well. I will give them kudos for this. They were one of the best states reacting to this because it didn't seem like everybody was on board and taking it as seriously as they should have. [Black Vermonter, female, U.S. born]

I was impressed by the way they made that vaccine, accessible to everyone, they did try really hard to get it out there. I was impressed how they did that, and how they really tried to meet people where they were, especially trying to be sure that people of color weren't left out, which we often are. So I was impressed and sort of proud of how they did that. [Black Vermonter, female, U.S. born, unvaccinated]

Social/Cultural/Interpersonal influences

This code category yielded the richest information in the analysis of the story transcripts. Most of the participants had experiences that intersected with the codes in this category.

Family

The findings indicate that- for Black Vermonters- family plays a very important role in their decision making around seeking vaccination. As one participant noted, the decision to be vaccinated against COVID-19 and which vaccine to receive was based on hearing about the experiences of family members:

My son was the first in our family to receive these...he was working for a university that...was doing cold storage for the different, you know, pharmaceuticals that was putting COVID-19 vaccines out there. I learned when he got his they were administering Pfizer at that University, so then I felt okay with that. He didn't have any, you know, adverse symptoms...and then I was like, okay, so that's how Pfizer's working. Let me hear about someone who's taken Moderna. Well, I didn't hear about anybody who had taken Moderna. And then I think, um, my mom is an elder in New York City in Harlem, so I was very, you know, okay, Mom, what are you taking? What are you hearing? And I believe she had Moderna, she had no symptoms, no anything, everything was fine. And she was one of those, you know, at higher risk. [Black Vermonter, female, U.S.-born]

This quote is similar to those of many other Black Vermonters who shared their stories about how they made their decisions about the COVID-19 vaccination. Family and interpersonal relationships were revealed to be strong influencers on people's decision making processes- much more than what they may have heard or seen on television, radio, newspapers, or in social media.

Several participants mentioned a particular person who had influenced them in their decision-making about the vaccine, especially their mothers. Many participants expressed their desire to protect and please an aging mother.

I had to forego my own loyalty to my mother's philosophy of not letting these white people harm you. I was thinking, whatever this is. If it's something bad, I can withstand it. And if it's good, then my mother and daughter will be protected. [Black Vermonter, male, U.S. born]

Another participant mentioned that she was initially resistant to receiving the vaccine but made the decision out of love for her mother:

I was like, I'm not getting this anytime soon...I'm not ready now. Being that I'm the only family member here in Vermont... and my mother is six hours away. She lives in New York City. She lives in Brooklyn. She was a little hesitant also in 2020. But in 2021, she went ahead first. She, between the two of us, she had gotten her first dose. And I said you know what, I'm gonna change my mind and do this pretty much (for) my mom. Because if I want to see her again, I wanted to be fully vaccinated for her comfort. [Black Vermonter, female, U.S. born]

Another mentioned that her mother had a connection to BIPOC clinics and so it was her mother who influenced her to decide to get the vaccine.

Only two Black Vermonters in the project participant sample had decided not to receive the vaccine. Their reasoning had more to do with individual liberty and skepticism about the vaccine and much less to do with the influence of family. However, it is likely that families in which a person expresses vaccine hesitancy or a philosophical resistance to “white” medicine do influence people’s decision making. In the case of the participants quoted above, the protection that the vaccine provided them and by extension their mothers and other family members outweighed their resistance to the vaccine.

In some cases, what contributed to people’s willingness to receive a vaccine was not a separate BIPOC clinic but a multi-racial vaccination center where it was clear that everyone was receiving the same vaccine. This was expressed by a participant who stated

My apprehension, waned, ebbed, disappeared in a way because the theory...conspiracy theory, started melting. Yeah because I was confident now if that white, old man dies, I will also die. If it was a conspiracy, we should have different tables. [Black Vermonter, male, foreign-born]

This sentiment was shared by Black members of the research team, who also indicated that they felt more comfortable receiving their vaccine when they knew it was the same vaccine administered to white people.

For others, BIPOC clinics were perceived as a more effective method or venue to receive the vaccine, or at least a place where they felt more comfortable. A participant who received their vaccine at a BIPOC clinic described their thoughts regarding BIPOC clinics as follows:

Yeah, I mean, when I went, it was one of the BIPOC led drives, so it was all like Black people and people of the global majority who were welcoming people in. And I honestly, you know, I felt like if this is good this is great, if this is bad and this is people being exploited further to bring this in. So I don't, I kind, of I kind of have both those thoughts going. [Black Vermonter, male, U.S. born]

The other codes in this category did not emerge significantly in the analysis. This is likely due to the relatively small number of participants in this group overall, and specifically the fact that only one participant had not been vaccinated. Going forward, the inclusion of additional participants will likely yield greater insights into experiences with health care, overt and covert racism and racist experiences, and other issues included in this code category.

Physical/Environmental/Media influences

As in the personal/psychological influences category, there were few codes in the physical/environmental/media category that emerged in the analysis of the storytelling transcripts. Participants were not asked directly about their primary or most trusted sources of information, and the personal nature of their stories made it less likely that they would mention them. Subsequent storytelling protocols could benefit from including specific prompts about trusted sources of information; however, the few mentions of the news that are present in the data (as

above) do not suggest that mass media is likely to be a trusted source of information for most Black Vermonters.

When participants did discuss the media - mass media or social media - it was most frequently in the context of either a) avoiding the news, b) what others perceived from these media, or c) what the Vermont Department of Health and the government in general could do to better communicate about COVID-19.

Several participants noted that communication around COVID-19, particularly at the national level, was inconsistent and unreliable:

Recently, I feel like our governor has been on the fence as to what to do to protect us. And, and, and then I also feel like that health department needed to in the beginning, I guess they had to go through a certain protocol. [Black Vermonter, female, U.S. born]

Another participant mentioned that she believed that the political leadership and voices of authority in Vermont needed to be clearer in its communication in regards to the pandemic, vaccine, and other public health measures:

Sometimes I feel like the health department as well as our, our politicians that are supposed to keep us safe, are not being very clear about what needs to happen in order for us to stay fit. I think they need to have, you know, strong reasons as to why we should follow the protocol. [Black Vermonter, female, U.S. born]

6.6 How the visual and performing arts helped amplify the findings from the storytelling transcripts

This section shares findings from the visual and performing artwork created by Black Vermonters. This information enriches the findings from the analysis of the story transcriptions reported earlier, offering a deeper understanding of these participants' COVID-19 vaccination experiences and the emotions that accompanied them.

All sixteen participants who met for in-person/on-site storytelling sessions and created visual or performing art works to help share their COVID-19 vaccination stories reported being appreciative

of the opportunity to use the arts in this way. Participants enjoyed the process of creating art while connecting with others during the session and sharing stories.

Participants joining the visual arts session many options for creating their art. Many chose paper cut-outs of emojis showing different facial expressions and clip arts of hands in various gestures and pasted them on a sheet of paper to describe how they were feeling during five specific timeframes in their COVID-19 "non-vaccination" experience:

1. When the participant first heard about the vaccine;
2. When the vaccine became available;
3. Their access (or no-access) to the vaccine;
4. When they made their decision; and
5. How they are feeling now after having made their decision.

The two senior visual artists facilitating these sessions observed and took “head notes”⁴ of how participants engaged with the visual art materials and with one another during the storytelling sessions. They noticed the following behaviors among participants that suggested their enjoyment and high level of engagement with the visual arts activities:

- relaxed facial expressions;
- giggling, playful demeanor;
- casual chatting;
- sustained focus of attention during the art making process: foreign-born Black Vermonters and providers all worked steadily for approximately 30 minutes to create their visual art works; and
- both groups verbally expressed their desire to complete their art work.

The arts-integrated stories of vaccinated Black Vermonters

Black Vermonters participating in the on-site storytelling sessions that used visual or performing arts prompts were much less interested in completing the intake and outtake forms and much more

⁴“Head notes” is a term used by anthropologists to describe the mental notes an ethnographer may take while observing behaviors during their field research. Ethnographers retain their head notes and may transcribe them later on when they have time to write.

interested in the art-making and storytelling segments of their sessions. Participants generally expressed a great deal of emotion while creating art and telling their stories- regardless of their vaccination status. As noted earlier in the analysis of the written transcriptions of the stories, participants’ artwork communicated their feelings of gratitude, conflict, fear, and relief. An excellent example of how storytelling was combined with art is shared on the following page in an audio file of an excerpt of the story of “GL”- a US-born Black Vermonter, who wove a song into his emotional story about his family, mother, and faith (Audio File 2).

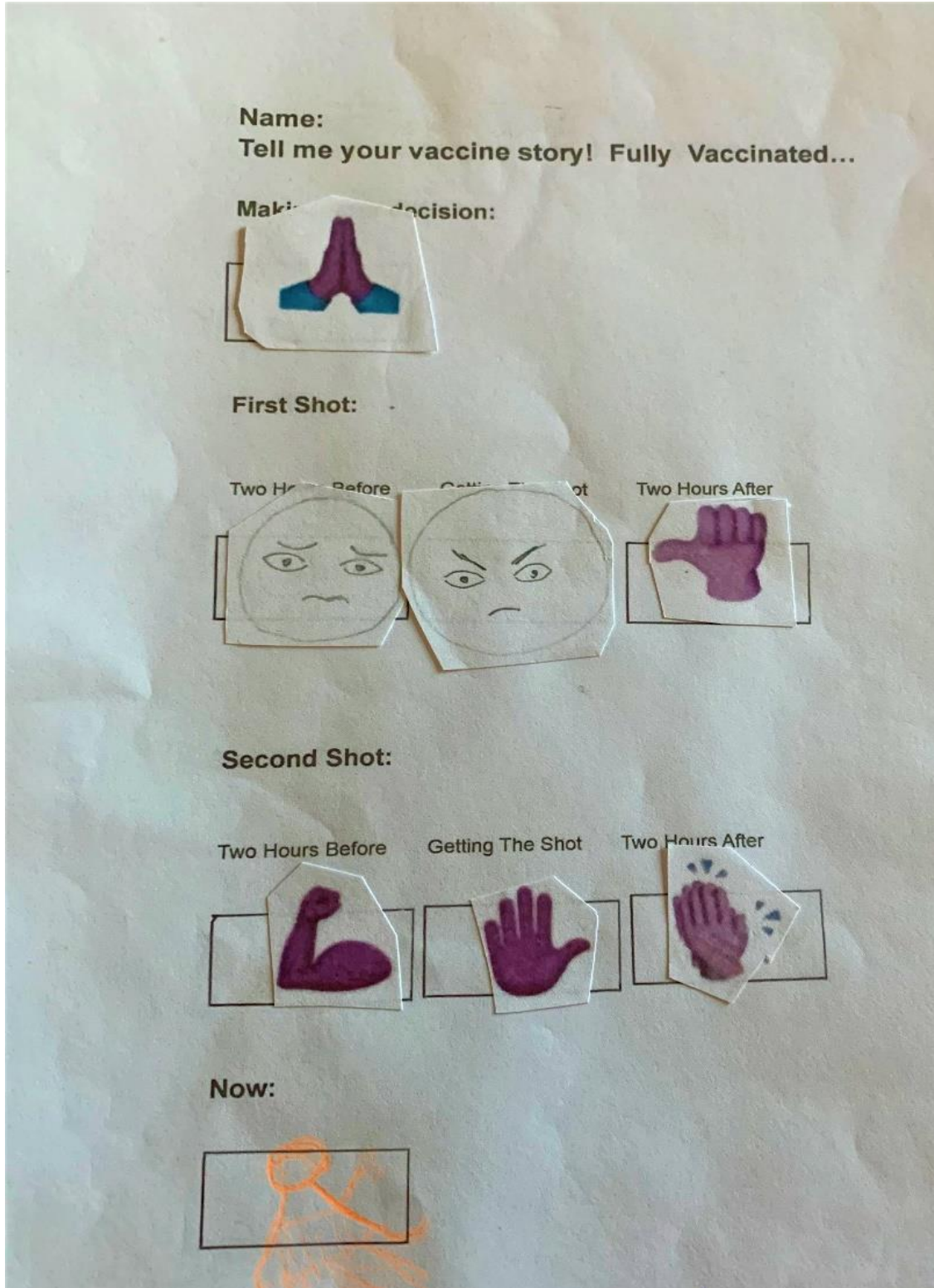
Audio file 2: GL’s story and song.



All four Black Vermonters who participated in the visual arts storytelling sessions chose to use the paper cut-outs of emojis and hand gestures to create their art. The visual artist-facilitators observed how these symbols transcend cultural differences. For example, two Swahili-speaking Black Vermonters were very animated, pointing frequently to the praying hands emojis expressing how grateful and thankful they felt about getting the COVID-19 vaccine. A third Swahili-speaking Black Vermonter (“B”) placed symbols of strength (arm muscle) and happiness (waving and clapping hands) to describe her experience after receiving her second COVID-19 shot. She also drew herself dancing to show her feeling of joy “now” that she is fully vaccinated (Photo 5).

Meanwhile, “U”, one of the Swahili-speaking Black Vermonters, drew a picture of herself with a shield to show how she felt protected after being vaccinated (Photo 6).

Photo 5: “B”’s visual art for her COVID-19 vaccination story (vaccinated foreign-born Black female Vermonter)



U's visual artwork (Photo 7) shows that her decision-making was grounded in gratitude for the opportunity to get vaccinated. She was apprehensive before her first COVID-19 vaccine shot. She was scared and experienced pain or discomfort when she received the shot. Two hours after receiving the shot, however, she believed she'd made a good decision and was feeling ok.

When it was time for her second COVID-19 vaccine shot, U felt confident two hours before her appointment, and she felt that the experience of getting the second shot was ok. Two hours later, she still felt ok about the experience.

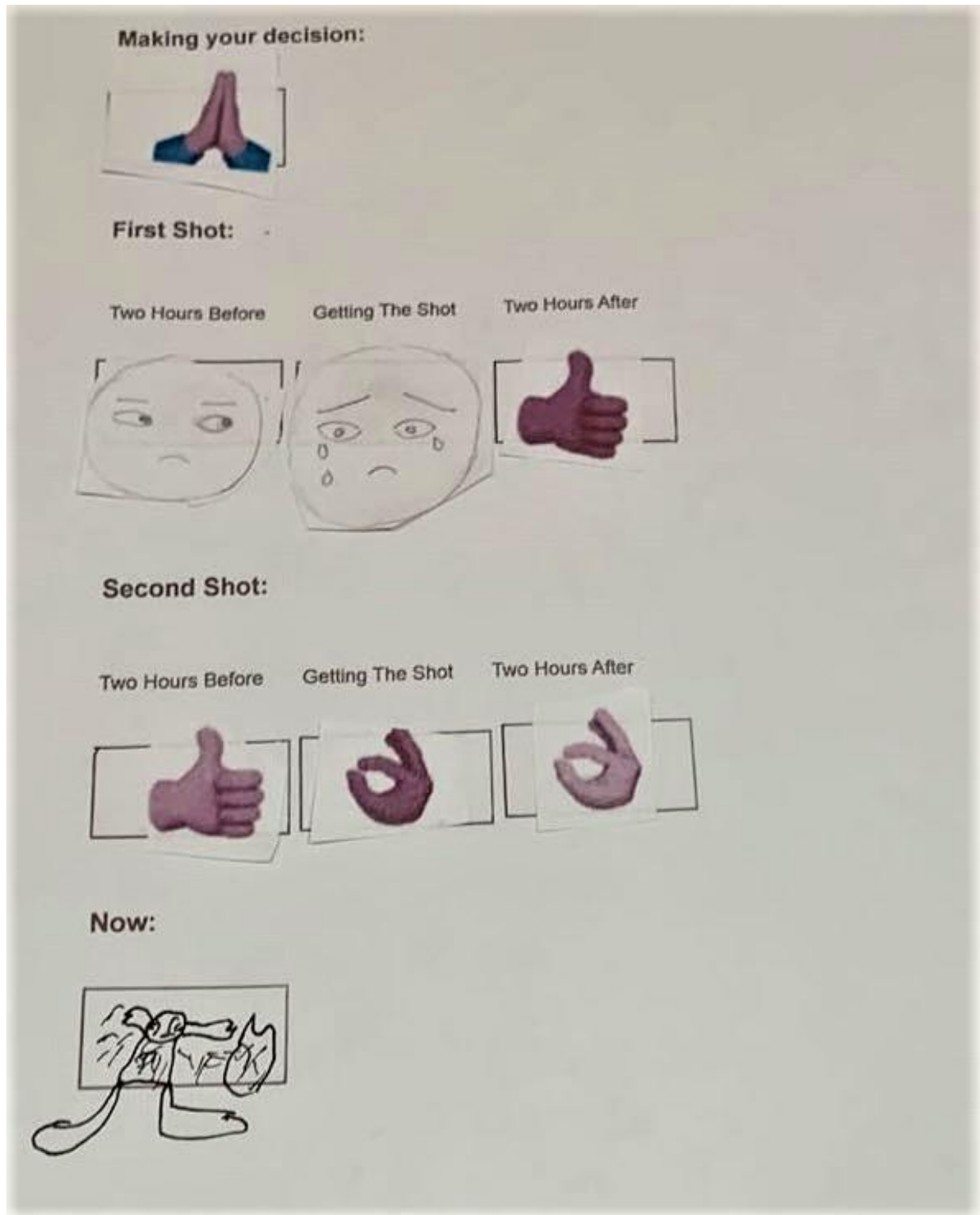
In the final time block- which describes how she was feeling "now"- U departed from using paper cut-out emojis and hand gestures and instead drew a picture of herself standing strong and protected with a shield.

The ten Black Vermonters who participated in the performing arts storytelling sessions chose poetry/spoken word, songs, and in some instances, included dancing and clapping with the other art forms to enhance their stories about their COVID-19 experiences. The storytelling sessions using the performing arts also evoked a great deal of emotion among the participants.

The theme of family, discussed earlier in the section reporting on findings from the analysis of the story transcriptions, also emerged in the performing art works created by Black Vermonters. Most of the participants in these sessions also spoke of fear, rumors, lies, and deceit around information and misinformation about the COVID-19 vaccine. Two participants mentioned being part of the uniformed services and felt that they were not being told the full truth about the vaccine. One described being motivated to get the vaccine so that she could visit her mother. Another explained that she was not motivated and believed in faith alone to help her. This participant also explained that- although as a member of the uniformed services, she had been scheduled to receive her COVID-19 vaccination soon, and planned to go to the venue and walk through the door for her appointment, she had not yet decided if she would actually agree to having the vaccination.

As also reported previously, foreign-born Black Vermonters spoke much more of their sense of gratitude and described their eagerness to get the COVID-19 vaccine. The main anxiety for this group of participants was having to wait for their turn to get vaccinated based on the state-wide roll-out of the vaccination schedule for people based on their age and other factors.

Photo 6: U's visual art for her COVID-19 vaccination story (vaccinated foreign-born Black female Vermonter)



A song created and sung by “F”- a foreign-born Black Vermonter who speaks Swahili as her first language, is shared in the audio file below. F’s song reassures others that they can be cured, that they can recover from COVID, and that they can get protection from the virus through vaccination. “F” sings about her happiness at being vaccinated and discourages others from the belief that the COVID-19 vaccine is ineffective.

Audio file 3: “F”’s Song:



The arts-integrated stories of unvaccinated Black Vermonters

Only two unvaccinated Black Vermonters participated in the project. Both are U.S.-born and female. Their stories are presented in more detail in these sections because they provide informative similarities and differences with the stories and experiences of the majority of Black Vermonters who had decided to get vaccinated.

As with all of the stories presented in this report, given the small sample size, it is important to state that the stories are not necessarily representative of most unvaccinated Black Vermonters.

S's story

“S” is an unvaccinated Black Vermoner who participated in a one-on-one performing arts storytelling session with the performing artist-facilitator assigned to gather stories from Black Vermonters. S’s performing arts product that helped her share her COVID-19 vaccination story was a poem, *I want to live*, which is presented on the next page.

S’s poem shared her feelings and her story about the COVID-19 pandemic and vaccine from the perspective of an unvaccinated Black Vermoner. She spoke of her suspicion around the vaccine itself and her belief that she, along with the general public, had not received the full truth about the pandemic. She also shared her mistrust in the medical establishment’s motives and practices with Black Americans, in spite of being in the uniformed services and having a strong love for her country.

I've limited ... my news intake, because of those reasons, like we never get full truths of anything. And this is the history of it, right? And so I just immediately, I um, one day, I could turn on news one day and I'll see, you know, "this many millions people died", and the next day is like "we're not going to mandate it."

Other influences revealed through her poem and her storytelling focused on an intersection between faith and her desire for freedom.

Similar concerns and suspicions around inconsistent messaging about the COVID-19 pandemic and vaccine, and the medical and public health establishment, were also mentioned by many of the vaccinated US-born Black Vermonters who participated in the project.



I want to live.

I'm a child of God created in His image.

I want to live. Living is my choice. Choice is my right that my God gave me. I choose to live on my mustard seed of faith, my faith, bigger than me. It allows me to be free.

You can test me. But don't test me, my faith, that is.

I believe that my God will provide. He has. He will.

I prayed over me, prayed over my household, prayed over my children.

That mustard seed, that little mustard seed, is all on me to believe.

Rumors, lies, deceit, division, death toll, vaccines, fear, control. Miss me with all of that.

I'm busy serving and believing in my God.

Oh yeah. Serving is what I do, serving this country that I love.

Uniform on. I'm still me.

Uniform, uniform off, I'm still me.

I put it on with my faith and believe America can be free.

A mandate? You can test me. But don't test me.

A mandate? The cloth of this country I wear, I've worn, in my faith.

My faith for me, for you, for he for her to be free, free. Freedom, free will, and choice.

I want to live.

My choice is to live.

I serve free. I serve voluntarily.

Harlem Hellfighters, Tuskegee Airmen, remember them.

Do I give up my place and fight?

A vaccine I don't believe in.

Don't I have an individual right?

Don't I have a choice?

G's Story

The second unvaccinated participant was G. Like S, G is female and was born in the U.S.

G believes that COVID-19 is a real threat, but she has avoided getting vaccinated because of the newness and seemingly quick development of the vaccine. Although she said she was impressed by the public health roll-out of the COVID-19 vaccination, she also noted inconsistencies in the public health messaging around the prevention of COVID-19 transmission, particularly messaging around recommended masking practices. These inconsistencies, and other observations, that made her feel good about her decision to avoid the vaccine.

For G, those who did elect to get the COVID-19 vaccination were essentially “guinea pigs” and she felt relieved that enough people would take the vaccine so that she could avoid it and still be safe by practicing increased vigilance with her own prevention behaviors (e.g. masking, social distancing, frequent hand-washing).

The most important reason for G's reluctance to get vaccinated against COVID-19, however, is her deep mistrust of the medical system based on her parents' experiences. G's mother and father each suffered from two instances of apparent medical malpractice that led to the untimely death of her father on the first instance, and a debilitating health outcome for her mother in the second instance. G's story is shared on the next page.

G's Story: *Oh Well, So It's Another Dead Black Man*

Pretty much my experience being a Black woman in this country is that I don't generally trust the medical system. You know, aside from Tuskegee, and, you know, sisters whose DNA was taken from her and has been used in, you know, and she hasn't really been compensated, I've had my own experiences. My share of them.

My father died when I was seven. And he died at age 28, from a heart attack. And the reason he died is that when the ambulance came, there was no oxygen in the tank. And so, so that was that, you know, he was a Black man, so back then they didn't sue people, but, you know, like, okay, so, oh well, no oxygen, so it's another dead Black man.

And then, more recently, that my mother, my mother, had a stroke in 2007. And she's in the hospital. And she was doing okay with this stuff. You know, she had a little bit of, you know, a little bit of cognitive problems, but she still wanted to speak and move around. But then, during that stay, they overdosed her with Heparin, and she completely lost any ability to be independent, she lost her speech, she got, vascular dementia. So our lives completely turned, changed because of that mistake. And again, there's no accountability for that mistake. Another Black woman? Oh, well, you know.

So this in general, I'm hesitant with anything having to do with the medical world. And that's pretty much how I live my life. Like I'm, I'm careful about what I put into my body chemicals. And my doctor, well, until this year when I started Medicare, my doctor was a naturopath. I've always been into more alternative, or, natural medicine.

G's previous doctor was a naturopath and she noted that she has "always been into more alternative, or natural, medicine." Nonetheless, G does receive a flu shot each year because she feels that she needs it to protect her mother's health. She has been extremely conscientious about her health practices during the COVID-19 pandemic, remarking:

I go even above and beyond what I did when we were on lockdown. You know, I used to just wear one mask, now I'm wearing two or three. You know, I'm still doing all the things I did when we were on lockdown to be safe, but I'm doing even more to keep myself and other people safe, you know, it's like, I'm still wearing the gloves, I'm wearing two or three masks. I don't hang out in groups, you know?

G used visual art to further tell her story. She pasted paper cut-outs of emoticons and hand gestures to describe her emotions at the beginning and end of the 5-block timeframe on her COVID-19 vaccination experience. The timeframe and the cut-outs were among the many materials provided to G and other participants as prompts supporting visual arts storytelling. G's emotions at the beginning of the timeframe were rather negative: she felt mistrust when the vaccine was announced and was worried when the vaccine became available. She felt more positive in the two middle timeframe blocks for access to the vaccine and making her decision: she felt impressed about people's ability to access the vaccine and yet she also felt relieved about her decision to not get vaccinated. By the end of the timeline, however, G had returned to negative emotions- primarily anger and feeling like she wanted to fight back- as shown in the image-- when she experienced ridicule and ostracizing by other people, or by society in general, for her choice to remain unvaccinated. A copy of G's visual artwork is presented on the following page (Photo 7).

The stories of S and G - the two only project participants who are unvaccinated- illustrate Black Americans' painful intergenerational relationship with the medical system. The harm experienced by Black Americans, their loved ones, and their ancestors continues to feed a deep mistrust in the medical establishment and influences their decision-making around the COVID-19 vaccine. While many manage to overcome their mistrust and get vaccinated because of other, stronger influences on their care-seeking behaviors, others – like S and G- do not.

Photo 7: G's visual art for her COVID-19 non-vaccination story (unvaccinated US-born Black female Vermonter)

Tell me your non- vaccine story !

When you first heard about the vaccine:

Mistrust

When the vaccine became available :

worry

Access to the vaccine:

impressed

Making your decision:

relief

Now :

Anger

The visual art consists of five rows, each representing a stage in the story. Each row features a hand-drawn face on the left and a pair of emojis on the right. The faces are simple line drawings with varying expressions: sad, worried, happy, neutral, and angry. The emojis are purple and blue, representing thumbs-down, hands clasped in prayer, clapping hands, thumbs-up, and clenched fists.

6.7 Findings about providers' COVID-19 vaccination experiences

Each provider was offered similar visual and performing arts prompts to help them tell their stories about giving COVID-19 vaccine shots to Black Vermonters. Providers were also asked to talk about what worked well, and what advice they would provide to the Vermont Department of Health to improve demand for vaccinations among Black Vermonters.

The codes used in the analysis of the transcriptions of the Black Vermonters' audio-recorded were not relevant to the providers' experiences. This, combined with the fact that only three providers participated in the project led to the analysis of their stories being directed towards identifying emerging themes. Providers were more likely to share their thoughts on the process and notable events that occurred during their time vaccinating people than on issues of race or the experiences and history of Black people in the US medical system. Analysis of the transcriptions from the three providers yielded the findings in the following five areas: community communication, building trust, logistics, altruism, and providers' perceptions of Black Vermonters positive reactions to getting vaccinated.

(1) Community Communication.

All three providers noted that communication about the COVID-19 vaccine that is intended for Black Vermonters is most effective when the communication is delivered by Black Vermonters and other People of Color, themselves, rather than delivered top-down from the Vermont Department of Health to Black communities.

One provider stated:

...using the community two-way you want to target your services, and making it readily available for schools or notices and local grocery stores. Not everybody has a computer and an email and whatnot to get this information...continuing to have Black Vermonters out there, reassuring people say it works, getting the facts out there.

Another provider noted:

I just think that also, if there are more people of color in the community [who] are spreading the word too...I think there's still a lot of hesitancy, particularly in that community as far as trusting what what's going to happen, but think people are I think people are really trying hard.

The third provider also supported the importance of community communication, and emphasized the crucial role of religious leaders and interpreters for those who do not speak English as their first language:

You know, church leaders, church leaders and other religious leaders, in whatever community, they've been a very important piece as well. So I think the more people who get on board, and they spread the word, and particularly people that have a position in the community, like the translators, and I think many of the translators are also somewhat of a leader in there, as well.

(2) Building trust.

The providers identified mistrust in the medical and public health system as a barrier to vaccine uptake among members of the Black community. Mistrust was also identified in the stories of the Black Vermonters who participated in the project.

I still know of people, particularly in the Black community [who] are very hesitant, and even people [who] have had COVID, and are still really hesitant and mistrusting of, you know, what, what could happen to them. So I think that's the barrier, is reaching, reaching through that somehow. I mean, I think we've done a fantastic job. And I hope you continue, you know. We can break down that barrier. But that barrier still does exist. [Provider, white female].

(3) Logistics

Logistics and the gradual improvement of the COVID-19 vaccination system also emerged as a theme in one of the providers' stories:

Initially signing up for a visit on appointment was difficult because it was all online, there was a telephone number where it was very backed up. I think that's, improved very much. [Provider, white female].

(4) Altruism

All three providers expressed altruism and the desire to serve vulnerable communities, and expressed high levels of satisfaction in their experience of providing COVID-19 vaccines to Black communities in particular.

...I hadn't been prepped with the system, the computer system and whatnot. But what was amazing as I came around the door, and then to the doorway, and the people were waiting outside to be let in because they were trying to be careful about not spreading COVID, and all of that. And I said, I'm a nurse to the guy at the door. And this cheer went up. It was like I was, I was brought to tears. And so that was the start of my experience. [Provider #1, white, female]

I just, what I'm trying to say here is, is if these (people) represent the Black population (then) I was so privileged to be there to be able to reach out and do something. So that's, that's a privilege. There you go. [Provider #2, white, female]

People were just in tears, the patients, the clients coming in were in tears because they were finally getting a way to be able to socialize more and be rescued from this horrible disease and all of this stuff. [Provider #3, white, female]

The providers also expressed great appreciation for the work of the Vermont Department of Health and the state of Vermont.

I feel the Department of Health has done an incredible job as far as it trying to engage that community and I think, you know, I've been working more recently, a little bit with the Community Health Center which also is seeing a similar demographic for patients, and just we're just trying to be where they come.

Once again, our leadership in this state outdid itself, right from the get-go. Very clear, lots of communication to those who could take it in.

Two of the three providers engaged in making visual art as part of their storytelling process. None engaged with performing arts, and one provider preferred to just share her story without using any art work at all. An excerpt from the notes of the artist-facilitator who worked with this participant, who is called “K” to protect her identity, is presented on the following page.

ARTIST-FACILATOR NOTES ON A STOYRETELLING SESSION WITH K", A PROVIDER

K and I met on October 13, 2021 at the Fleming Museum in Burlington. There were two providers scheduled to attend, but only K showed up. K is a retired nurse who has a deep background in public health, and started volunteering for the BIPOC and refugee clinics in Chittenden County as soon as they opened because she was very clear about how significant they'd be in preserving public health and managing the pandemic.

She let me know immediately that she doesn't consider herself an artistic person, and so wasn't sure how she could contribute to our efforts from a creative perspective, but was deeply interested in participating because she's so committed to the process - and to public health in general.

It also happened that she knew who I was, because her husband was on the board of a local theater company my husband used to run, and she'd seen me perform many times. I don't know if, in our case, that contributed to her comfort telling her story or sense of the legitimacy of our process...

Because the other participant didn't show up, I served as her partner, and she had a lot to say about both her history and her assessment of the clinics where she worked. Because I was following our protocols as her partner, I took notes on everything she said. In retrospect, I wish I had started recording her story from the very beginning - partly because she had so much to say, and partly because she was a little stymied by the notion of turning her narrative into anything creative - be it a poem or a mime or a dance or a more condensed version of what she told me the first time.

Had I been recording her narrative from the start, I might also have been able to draw out more of her emotional response to her experiences - although in her case, I'm not sure that the depth of her emotional experience had any greater value than the detailed assessment of her time at the clinics.

Once she finished telling me about her personal background and experiences at the clinics, I gave her a condensed version of my notes, with suggestions about what I thought some of the personal highlights and useful assessments might be.

This is where her lack of identification as a creative person stymied her, because she couldn't think of another way to tell the story.

Two providers expressed gratitude to serve and give back to the community. They were glad they have the skill set and the availability to administer the COVID-19 vaccination. Both providers mentioned that they observed Black Vermonters having to walk outside in clothing that is not suited for the cold weather. One provider told the story of an elder, in particular, who had walked a long distance to the clinic and the staff got involved in ensuring that they could get him a ride home.

Another provider said that she recognized that a major goal with vaccination is to make the experience “acceptable” to Black Vermonters so that the maximum number of people will get the shots. To that end, she said that the Department of Health partnering with Black/BIPOC organizations in town to promote the vaccination clinics was vital:

“That’s how you’re successful. Get people in the community to give input on how to be most successful.” [Provider, white, female]

The provider also told a story of her personal experiences that taught her how important it is to make sure that vaccination clinics go to “where the people are” and are “adapted to the needs of the people you want to bring in”. She believes that the COVID-19 vaccination clinics she participated in seemed to be doing a good job of this by:

- Taking place in easily accessible places with good parking
- Having translators so that they didn’t have to rely on family members for that service
- Providing enclosed areas to protect people’s privacy

She talked about the challenge of working in masks when you’re trying to connect with people who are often nervous and make them feel comfortable. She shared the following tips to help people feel more at ease during their COVID-19 vaccination appointments:

- Even when you're masked, people know if you're smiling.
- Eye contact is always important.
- It's valuable to make an effort to pronounce someone's name - even if you don't get it right at first.
- Be kind.
- Be unrushed.
- Go at the pace of the client coming in.

She also noted that there was fun music playing in the clinics, and that it helped lighten the atmosphere. The provider shared her opinion that it is very important to have a competent, well-trained staff, noting that while of course they need to know how to store and deliver the vaccine, they also need to know about the community they're working in. She believed this is especially important for traveling nurses. She said that knowing the needs and structure of the community they're serving is "Really, really important." She believes that all providers need to receive training or refreshers in how to use any adjacent technology. She explained that many volunteer vaccinators are retired, with different levels of computer experience, so this is an important issue that will need to be accounted for in future clinic situations.

She made a point of appreciating and emphasizing how important the clinics were, and that "we would not have had the numbers of Black and refugee people vaccinated without assertive outreach and the expertise of the leadership involved."

(5) Little manifestation of pre-vaccination fear or anxiety at the clinics

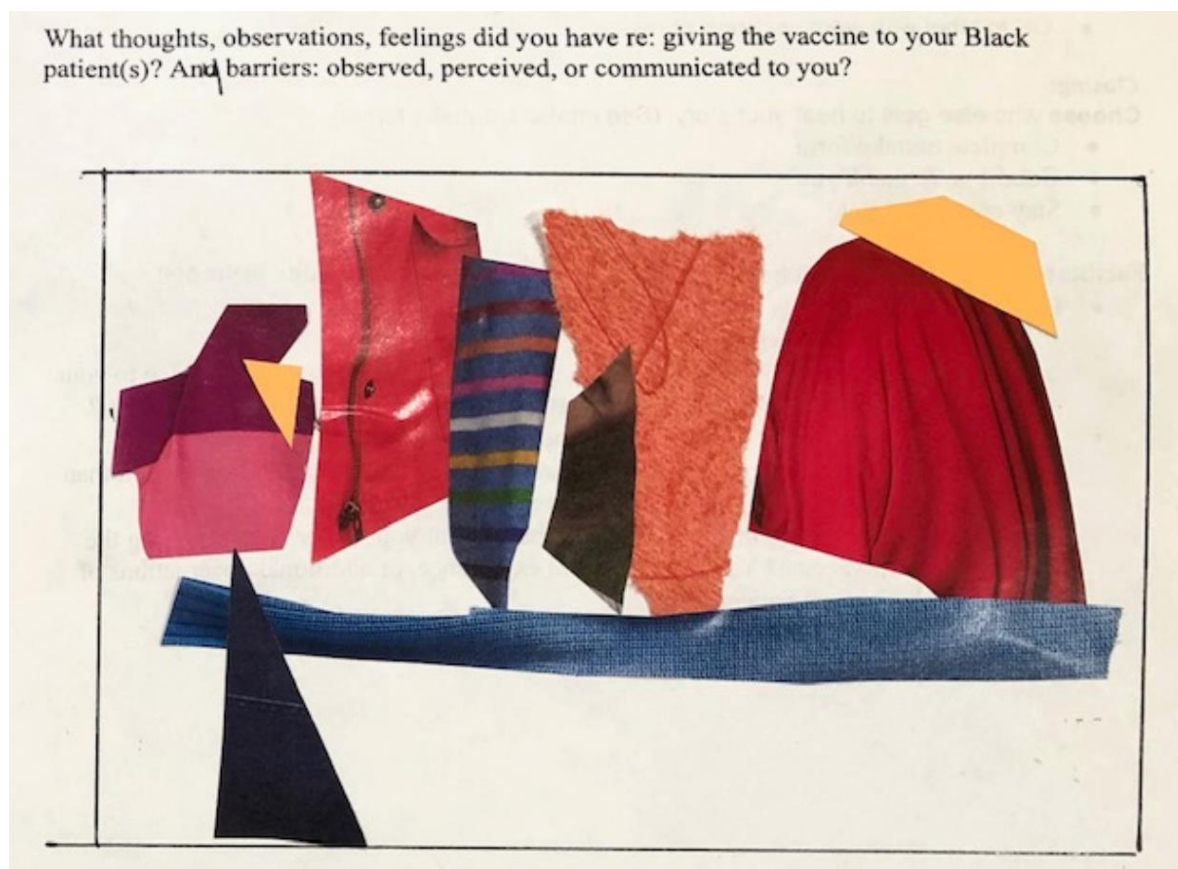
Other than some Black Vermonters expressing some expected discomfort with the needles, providers said they noticed very little fear or anxiety among the Black Vermonters they vaccinated. Two providers said that everyone seemed to be happy to be getting vaccinated, and assumed this was because they had chosen to be there. This finding from the providers' perspective is very different from what was observed in the stories of US-born Black Vermonters, who expressed fear, mistrust, and anxiety about the COVID-19 vaccination and the general medical system.

Analysis of the artwork of providers

Only two of the providers created artwork in the storytelling sessions, and both of these used collage arts. The *Beneath Our Skin* project team of senior visual artists looked for broad themes in providers' artwork with the understanding that with such a small number of participants, there are major limitations around drawing any conclusions.

The visual artwork of the three providers all expressed an empathy and caring for the Black Vermonters they vaccinated. For example, one provider (H), responding to a different visual arts prompt, explained her awe and enjoyment of meeting and observing the foreign-born Black Vermonters ("New Americans") who attended the COVID-19 vaccine clinic. Many who attended, she explained, are foreign-born and relatively new to Vermont and the US. They arrived in family units, wearing beautiful and bright clothing. H's visual artwork, again using collage, is shown in Photo 8 below. She used multiple colors to describe the beautiful clothing of the New Americans while expressing her gratitude to be able to serve an underserved community.

Photo 8: "They came in family groups". Visual artwork by "H" (provider, white female).



While explaining her art, H elaborated by pointing out the need for warmer clothing among the population she was serving during those first cold months when the vaccination came out. This led her to create more artwork to share another story about a woman who had walked at least a mile in the cold to get his vaccination. Providers at the clinic “scrambled” to found her a ride back home after she got her shot (Photo 9).

H’s visual art-making helped her include insights into the need for public health planners to address the lack of transportation and adequate winter clothing for some Black Vermonters- particularly those who have recently immigrated from warm climates- as barriers to accessing COVID-19 vaccinations services.

Photo 9: “She walked for a mile to get the vaccine and it was so cold out.” Visual artwork by “H” (provider, white female).



Meanwhile, in response to a visual art prompt- “*Was your experience giving the vaccine to a White Vermont patient any different than giving it to a Black Vermont patient?*” - another provider created a collage artwork (Photo 10) and explained, “*We are a mirror of each other.*”

Photo 10: “*We are a mirror of each other*”. Visual artwork by “R” (provider, white female)

Was your experience giving the vaccine to a White VT patient any different than giving it to a Black VT patient?



7. KEY TAKE AWAYS AND LESSONS LEARNED

7.1 Key Takeaways from Black Vermonters

This section shares some of the preliminary key takeaways and lessons learned from the analysis of the story transcripts and the visual and performing art work produced by the participants. It is important to recognize the limitations of a very small sample size comprised of participants who are mainly residing in just one county—Chittenden County—and the need to expand the number of participants, stories and art gathered to ensure the reliability of the findings as a good representation of Black Vermonters’ COVID-19 vaccination stories and experiences.

That said, the preliminary findings suggest that COVID-19 vaccination uptake among Black Vermonters is influenced by at least five main factors:

1. Trust or mistrust in the medical establishment. US-born Black Vermonters’ level of trust in COVID-19 vaccinations is greatly influenced by their intergenerational perceptions of the history of Black Americans’ relationship with the medical and public health systems in the United States. Black Vermonters’ perceptions of COVID-19 communication from authorities, including the Vermont Department of Health, but more importantly other state and national entities, are closely related to the issue of trust. Although all but two of the Black Vermonters who participated in this project overcame any mistrust they may have had to get the COVID-19 vaccine, many expressed painful emotions and memories of harm by the medical establishment—harm to themselves, their loved ones, or their ancestors. Addressing this pain, developing restorative interventions to help Black Americans heal from it, and identifying strategies to prevent ongoing harm Black Americans may face with the medical and public health establishments will be important areas of work for increasing the uptake of COVID-19 vaccinations and other public health services. In contrast to the US-born Black Vermonters, the “New Americans” (Black Vermonters who were born outside of the US and recently immigrated to the US and Vermont) participating in the project appear to be more trusting of US medical and public health systems and to feel grateful for the COVID-19 vaccination services. This specific community of Black Vermonters expressed eagerness to help share the

good news about the COVID-19 vaccination and to encourage their families, friends and neighbors to get vaccinated too.

2. Communication. While few participants mentioned mass media or social media as key sources of information about COVID-19, the inconsistency of information and messaging about the virus and the vaccine at national and state levels, was frequently mentioned by both those who had chosen to get the vaccine and those who decided not to get it. In contrast, “New Americans” (Black Vermonters who were born outside of the US and recently immigrated to the US and Vermont) appear to be more likely to trust in US medical and public health systems and to feel grateful for the COVID-19 vaccination services, while US-born Black Vermonters appear more likely to harbor mistrust.

3. Familial relationships. Family members exert strong influences in Black Vermonters’ decision making around vaccine seeking. Family members, particularly mothers, were mentioned often by Black Vermonters as their main reason for receiving any vaccine, whether COVID-19 vaccines or the flu shot. In some cases, participants weighed the philosophical position of avoiding the medical establishment against the need to keep their elderly family members safe. This resulted in the person either deciding to receive the vaccine or taking extra precautions (wearing multiple masks and gloves; avoiding crowds, adopting alternative healing and health practices). Providers also observed that many Black Vermonters brought their family members with them when they attended the COVID-19 vaccine clinics where they worked.

4. Freedom and agency over one’s body. While only two of the Black Vermonters who participated in the storytelling project were unvaccinated, both shared a strong desire to be free to make their own decisions about their bodies and their health. Both also shared a common hesitation about the newness of the vaccine and concerns that government authorities had not provided sufficient information to convince them that the vaccine is safe over time. One of the unvaccinated participants adopted her own self-care and COVID-19 prevention practices by wearing two or even three masks whenever she was out in public, observing social distancing, and using natural healing and health therapies at home.

5. Access to vaccination sites: Transportation challenges and navigating through cold winter weather are two important access barriers for some Black Vermonters. BIPOC clinics are appreciated by some Black Vermonters as safe, welcoming and affirming places. Other Black Vermonters may view these clinics with some suspicion and prefer to receive their vaccinations where white Vermonters are also receiving them.

7.2 Key Takeaways from Providers

Once again, this interim report shares the preliminary findings of a very small sample. In this case, only three providers—all white women—participated in the storytelling project. Their stories and art work revealed that all three are deeply committed to their service to Black communities and that they feel empathy and connection with the Black Vermonters that they vaccinate at the COVID-19 clinics. The three providers generated a number of practical recommendations to improve COVID-19 vaccination services for Black Vermonters. These are:

- Expand online appointment-making to include the use of community liaisons to help make for multiple appointments.
- Work with leaders within Black and BIPOC communities to help with community outreach and communication.
- Understand and embrace the high value of translators as community mobilizers and call on them to assist in outreach to non - English speaking people.
- Consider the limitations of literacy and computer access when designing communication materials for Black Vermonters.
- Continue to engage with Black Vermonters to invite them to talk about their vaccine experiences and to also help reassure others that the vaccine works and is safe.

8. RECOMMENDATIONS

This report presents the findings from stories and artwork of twenty-five participants (twenty-two Black Vermonters and three white female providers). Given the significant constraints encountered in mobilizing storytelling participants during the implementation of the *Beneath Our Skin* project—most of which were tied to the surge in COVID-19 cases in Vermont- Clemmons Family Farm recommends a six-month extension of the project.

This additional time will enable the project team to:

- Meet with the Vermont Department of Health and its partners to discuss and redesign an improved participant outreach and mobilization strategy;
- Increase the sample of project participants to provide the team with an opportunity to compile, analyze and share a larger and more diverse set of stories from Black Vermonters and providers across the state. The larger dataset will make the findings more reliable and will generate more helpful recommendations for the Vermont Department of Health that will include a draft social and behavior change communication strategy;
- Disseminate the stories gathered thus far on the project website and through the Vermont Department of Health; and
- Share out the innovative methods the team used to integrate visual and performing arts with digital storytelling as a way to gather insights about COVID-19 vaccination-related experiences and behaviors.