



EASTERN MICHIGAN UNIVERSITY

Center for Health Disparities Innovations and Studies

Virtual Listening Session Toolkit

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Authors' Note: We hope you find the information in the toolkit helpful. Please contact Alice Jo Rainville, arainvill@emich.edu if you have questions or comments. Please cite and provide credit when appropriate.

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OVERVIEW

This toolkit was developed to share the process for planning and hosting listening sessions for community members regarding COVID-19 vaccinations. As of July 2021, the Eastern Michigan University Center for Health Disparities Innovations and Studies (CHDIS) has hosted five virtual one-hour listening sessions for Asian Americans with Bangladeshi, Korean, Filipino and Burmese participants. Community partner organizations assisted with participant recruitment.

There are advantages to conducting virtual listening sessions. Participants are not required to meet at a physical location and they may feel more relaxed in their home. A disadvantage includes technology issues for participants. Dos Santos Marques et al. (2021) found that virtual focus group participants (minority surgical patients) were more relaxed and engaged in virtual discussions. We offered \$15 gift cards as incentives and tokens of appreciation for participants. There is limited research on incentives for listening sessions. Klitzman (2013) found that Institutional Review Boards (n=34) review proposed studies and incentives on a case-by-case basis. A social scientist interviewed by Klitzman stated that a gift card (amount not specified) for a one-hour interview is not coercive.

We used the Centers for Disease Control and Prevention COVID-19 Vaccine Confidence Rapid Community Assessment Guide (2021) to create a script for the listening sessions. In addition, we created an online consent form in Google Forms with survey questions from the CDC Guide for participants to complete before the listening sessions. A more extensive survey was created to learn about COVID-19 vaccine attitudes and opinions. This survey was available in paper and online in English and multiple Asian languages.

STEPS FOR SUCCESS

Before the listening session:

1. Determine the purpose of your listening session. What are you hoping to learn from your priority population?
2. Use the CDC Rapid Community Assessment Guide pages 38-44 to create a listening session script, and pages 48-70 to create a brief survey for listening session participants to complete prior to the listening session. Choose the content and customize for your priority population. <https://www.cdc.gov/vaccines/covid-19/vaccinate-with-confidence/rca-guide/downloads/CDC-RCA-Guide-2021-508.pdf>
For CHDIS, we are interested in three areas, COVID-19 Vaccine Attitudes in the Community, Barriers to and Enablers of COVID-19 Vaccination in the Community, and Strategies to Improve Vaccine Confidence in the Community and we selected questions (see pg. 38-44 for the questions) from CDC's Guide to solicit opinions from participants.
3. If you are offering incentives such as gift cards, identify funds and procedures that will be used.
4. Create a consent form and obtain permission from your institution's Institutional Review Board if applicable.

5. Work with community partners to schedule the listening session(s) and invite participants.
6. Identify no fewer than 6 and no more than 12 participants to participate in each listening session. Think about your priority population and how to group participants. If needed, make sure to have an interpreter in the session.
7. Set up the virtual listening session link, password, and phone numbers for access and send an email with virtual meeting information to the participants.
8. Set up the consent form/survey link for participant demographics (Appendix A). For more information about consent forms, see <https://www.emich.edu/research/compliance/human-subjects/developing.php>
9. Send an email to participants with the links (Appendix B).
10. Send at least two email reminders (Appendix C) with the links—at least one week prior to the listening session and the day before the listening session.
11. Select one individual on your team to be the moderator to ask the questions and one individual to be the co-moderator/tech support/notetaker. The guide with the moderator script and questions can be found in Appendix D.

During the listening session:

1. Login to start the session at least 10 minutes early to allow participants to login and solve any technology issues before the start time.
2. Start the session on time and record the listening session.
3. As you conduct the session, be respectful, smile, show interest, pay attention to non-verbal cues, and avoid distracting behaviors. Remember that the participants are the experts (CDC, 2021).
4. Be aware that listening session conversations may go “off script” and you might not ask every question on your script in the order listed on your script. This is to be expected and adds to the richness of the data you receive.

After the listening session:

1. Prepare a transcript of the session, without identifying participants. Identify themes that emerged.
2. Debrief with team members.
3. After the listening session, send a thank you email or note to your community partner(s) and participants and also any gift cards or other incentives.
4. Follow up with community partners and provide resources that address community concerns.

TIPS

- Work closely with your community partners to plan the listening sessions.
- Consider cultural and religious norms of your priority population. For example, consider hosting one session for women and one for men when working with a Muslim community.
- Expect last minute schedule changes from your invited participants.
- If signing up participants in person, bring a sign-up sheet to collect names and email addresses.
- Keep track of listening sessions in a shared spreadsheet.



References

Centers for Disease Control and Prevention, COVID-19 Vaccine Confidence Rapid Community Assessment Guide. <https://www.cdc.gov/vaccines/covid-19/vaccinate-with-confidence/rca-guide/downloads/CDC-RCA-Guide-2021-508.pdf>

Dos Santos Marquez, I.C., Theiss, L.M., Johnson, C.Y., McLin, E., Ruf, B.A., Vickers, S.M., Fouad, M.N., Scarinci, I.C., & Chu, D.I. (2021) Implementation of virtual focus groups for qualitative data collection in a global pandemic. *The American Journal of Surgery*. 221, 918-922. <https://doi.org/10.1016/j.amjsurg.2020.10.009>

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Appendix A

Sample Survey for Listening Session Participants

Add a consent form to the survey, if applicable.

1. What year were you born? _____

2. What sex were you assigned at birth, on your original birth certificate?
 - Male
 - Female
 - Prefer not to say

3. What is your race or ethnicity? (Select all that apply).
 - Arab
 - American Indian or Alaska Native
 - Bangladeshi
 - Black or African American
 - Burmese
 - Chinese
 - Filipino
 - Hmong
 - Korean
 - Lao
 - Native Hawaiian or other Pacific Islander
 - Nepali
 - Taiwanese
 - Thai
 - Vietnamese
 - White
 - Yemeni
 - Other: _____

4. How well do you speak English?
 - Not at all
 - Not well
 - Well
 - Very well

5. What is your primary spoken language at home? _____

6. What is your zip code? _____



7. What is the highest level of education you completed?
- Less than high school
 - High school or equivalent (e.g. GED)
 - Some college, including associate degree or trade school
 - Bachelor's degree or higher
8. Which of the following describes your employment status right now?
- Working remotely only
 - Working in person only
 - Working both remotely and in person
 - Not working-temporarily laid off or furloughed
 - Not working-voluntary leave of absence or sabbatical
 - Not working-permanently laid off
 - Not working-retired
 - Not working-student
 - Other
9. Do you have any of the following conditions?
- Cancer
 - Chronic kidney disease
 - Chronic obstructive pulmonary disease (COPD)
 - Heart conditions, such as heart failure, coronary artery disease, or cardiomyopathies
 - Obesity or severe obesity
 - Sickle cell disease
 - Type 2 diabetes mellitus
 - Immunocompromised due to solid organ transplant
 - Current smoker
10. Because of a physical or emotional condition, do you have difficulty doing errands alone such as visiting a doctor's office or shopping?
- Yes
 - No
11. To your knowledge, do you have or have you had COVID-19?
- Yes
 - No
 - I don't know

12. Have you been tested for COVID-19?

- Yes
- No
- I don't know

13. If you have been tested for COVID-19, what was the result?

- Positive
- Negative
- I don't know



Appendix B

Sample of Introduction Email to Participants

Subject: EMU CHDIS COVID-19 Listening Session on Wed., June 16 at 7:00 p.m.

Dear Community Members,

My colleagues and I are looking forward to seeing you via Zoom on Wed., June 16 at 7:00 p.m. for the EMU Center for Health Disparities Innovations and Studies (CHDIS) Listening Session. The purpose of the Listening Session is to learn about how COVID-19 has impacted your community and how your community views the COVID-19 vaccine so we can create resources and programs to support your community.

1) Please complete this consent form and survey before the Zoom meeting:

<https://docs.google.com/forms/d/e/1FAIpQLSeM2tMGPC-IWtBdhaQubfiSw7EdHESf99HVijbSq613gEkRMQ/viewform>

2) Zoom Link for Wednesday, June 16 at 7:00 p.m.

Time: Jun 16, 2021 07:00 PM Eastern Time (US and Canada)

Join Zoom Meeting

<https://emich.zoom.us/j/83449630391?pwd=UFJiSkwzRXBYUVNPL1NRcWRjNi9uUT09>

Meeting ID: 834 4963 0391

Passcode: EMU

One tap mobile

+13126266799,,83449630391#,,,,*232891# US (Chicago)

+16468769923,,83449630391#,,,,*232891# US (New York)

Dial by your location

+1 312 626 6799 US (Chicago)

+1 646 876 9923 US (New York)

Thank you and please let me know if you have any questions.

Sincerely,

Alice Jo

Appendix C

Sample of Reminder Email to Participants

Subject: Reminder-EMU CHDIS COVID-19 Listening Session Tomorrow at 7:00 p.m.

Dear Community Members,

My colleagues and I are looking forward to seeing you tomorrow evening via Zoom (Wed., June 16) at 7:00 p.m. for the EMU Center for Health Disparities Innovations and Studies (CHDIS) Listening Session. The purpose of the Listening Session is to learn about how COVID-19 has impacted your community and how your community views the COVID-19 vaccine so we can create resources and programs to support your community.

1) Please complete this consent form and survey before the Zoom meeting:

<https://docs.google.com/forms/d/e/1FAIpQLSeM2tMGPC-IWtBdhaQubfiSw7EdHESf99HVjibSq613gEkRMQ/viewform>

2) Zoom Link for Wednesday, June 16 at 7:00 p.m.

Time: Jun 16, 2021 07:00 PM Eastern Time (US and Canada)

Join Zoom Meeting

<https://emich.zoom.us/j/83449630391?pwd=UFJiSkwzRXBYUVNPL1NRcWRjNi9uUT09>

Meeting ID: 834 4963 0391

Passcode: EMU

One tap mobile

+13126266799,,83449630391#,,, *232891# US (Chicago)

+16468769923,,83449630391#,,, *232891# US (New York)

Dial by your location

+1 312 626 6799 US (Chicago)

+1 646 876 9923 US (New York)

Thank you and please let me know if you have any questions.

Sincerely,

Alice Jo

Appendix D

Sample script and questions

Eastern Michigan University REACH Listening Session (via Zoom)

Welcome and Introductions

Hello, my name is _____, and I would like to thank you for joining us today for this listening session on COVID-19 vaccine attitudes and perceptions. Please take a moment to briefly tell us your name and the organization you represent. After introductions, I will turn things over to [FACILITATOR'S NAME] for a brief situational update.
(Introductions around the phone/computer.)

Thank you to everyone. We are so glad to have you here today.

Before we begin with this discussion, we would like to go over the informed consent. All of you should have filled out the informed consent form online prior to joining this session. If you have not, please complete and submit it before rejoining.

Informed Consent Script

Your participation in this listening session is voluntary, and there will be no individual benefit from your participation. There will not be any negative effects if you decide you do not want to participate.

Your responses will be written anonymously and reported as a whole with other people's responses. No one will know how you responded in the final report. We would like to hear your honest opinions about the topics we discuss. There are no right or wrong answers to any of our questions. We encourage you to speak openly and honestly about your opinions and experiences.

You can choose not to respond to a question at any time. You can also leave the listening session at any time. If one of my questions is unclear, please stop me and I'll ask it in a different way. All information collected from these sessions will be stored securely and kept confidential. None of the comments you make during today's discussion will be linked with your name in any way. The discussion should take about 60 minutes. For more information about this project, contact Olivia Ford, oford1@emich.edu.

Brief Situational Update

Thank you all for being here today. As you all are aware, the COVID-19 vaccine is being rolled out across the country. Frontline healthcare providers and residents of long-term care facilities have been the first ones to get the vaccine, followed by other priority groups such as essential workers, seniors, and those with underlying conditions. As of April 1st, the vaccine is available for the general public. You/your organization is an important part of this community, and you may offer insights on what your community is thinking about when it comes to getting the COVID-19 vaccine. It is important for us to understand the different issues that may affect whether people in the community get vaccinated or not, and what we can do to ensure everyone accepts and has access to the vaccine.

With that, I would like to give each of you a chance to share your thoughts and insights with us. We have prepared several questions in advance, so I would like to share a few of them and allow each of you to respond. However, we are also happy to “go off script”, as needed, if other questions emerge.

Main Discussion

A. General Introduction

1. To start, it would be helpful to understand how COVID-19 has affected your community through the course of this pandemic. How do you think the introduction of the COVID-19 vaccine will affect your community?
2. What do you think about the COVID-19 vaccine?

B. COVID-19 Vaccine Attitudes in the Community

1. What do people in your community think about the vaccine? What are some things you have heard from your community about the vaccine?
2. Do you think most people in your community would be willing get to the vaccine once it becomes available? Why or why not?

C. Barriers to and Enablers of COVID-19 Vaccination in the Community

1. What are the main reasons people in your community would want to get the vaccine? Do people want life to go back to normal?
2. What are the main reasons people in your community may not want the vaccine?
3. Probe on information, misinformation, attitudes toward vaccine, fear of side effects, trust in medical system/healthcare workers, fear of sharing personal data collected at vaccination distribution sites with public health and government officials.
4. There’s a lot of information about the vaccine right now. What have you heard about the COVID-19 vaccine from sources you trust? How about information from sources you don’t trust?
5. How easy do you think it would be for people in your community to get a COVID-19 vaccine if they wanted one?
6. Do you find there are issues to accessing the COVID-19 vaccine? Are there work conflicts or dynamics within households that cause conflict?
7. Are there any key barriers that people in your community are likely to face if they went out to get a COVID-19 vaccine?

D. Strategies to Improve Vaccine Confidence in the Community

1. How do you think your organization (non-government organization, faith-based organization, etc.) can contribute so more people can have confidence in and access to the vaccine?

2. How do you think our organization can play a role in creating demand for the vaccine in your community?
3. Probe on messaging content (making sure it is culturally and linguistically appropriate), information sources, managing misinformation, other communication materials, access to vaccination provider sites (including having medical interpretation services available), any virtual events, or campaigns.

