

**COVID-19/FLU HESITANCY QUANTITATIVE AND QUALITATIVE (RAPID
COMMUNITY ASSESSMENT) DATA RESULTS/ANALYSES FOR LIVE HEALTHY
MIAMI GARDENS**

I. QUANTITATIVE (SURVEY) REPORT FOR MG RAPID COMMUNITY ASSESSMENT

Miami Gardens (MG) residents 18 years of age and older were eligible to participate in the online quantitative survey assessing predictors of vaccine hesitancy. Recruitment took place from the 2 local universities in MG: St. Thomas University and Florida Memorial University, through Live Healthy Miami Gardens (LHMG) partnerships, and the MG city listserv. Participants completed an informed consent at the start of the survey, could select “I prefer not to say” to any items they did not want to answer, and received an educational debriefing that addressed common concerns of the COVID-19 vaccine after completion of the survey. Participants who completed the survey also received a \$5.00 Walmart gift card to compensate them for their time.

Sample Demographics

- Our sample size included 134 MG residents from a variety of zipcodes.
 - 33054 represented 44.4% of the sample (This zipcode is also the zipcode for both universities where we heavily recruited).
 - 33169 represented 19.3% of the sample.
 - 33055 represented 11.1% of the sample.
 - 33056 represented 9.6% of the sample.
 - 33179 represented 5.7% of the sample.
 - 33014 represented 4.4% of the sample.
 - 5.9% of the sample did not report their zipcode.

- Although participants ranged in age from 18 to 81 years of age, the average age of our sample was young, at approximately 30 years old ($M = 29.80$, $SD = 15.36$).
- 45.5% (61 participants) of our sample were women and 52.2% (70 participants) of our sample were men with .7% reporting as non-binary/non-conforming (1 participant), .7% marked more than one category (woman & non-binary/non-conforming) (1 participant), and .7% (1 participant) did not report gender identity.
- 37% of the sample self-identified as Black/African-American, 25.2% self-identified as White/Caucasian, 14.8% self-identified as Hispanic/Latinx, 9.6% of participants self-identified as more than one category (typically reporting as Black/African-American and Caribbean/West Indian), 8.1% of participants self-identified as Caribbean/West Indian, and 1.5% of participants self-identified as Native American/Indigenous, 1.5% reported that their ethnicity was not represented in the item, .7% self-identified as Arab/Middle Eastern, and 1.5% did not report ethnicity.

- 82.8% of our sample identified as Straight, 3.7% identified as Gay, 3.7% identified as Lesbian, 5.2% identified as Bisexual, 1.5% reported that their sexual orientation was not represented in the item, and 3% did not report their sexual orientation.
- Participants reported their highest level of educational attainment in the survey. 35.8% reported that they had graduated from high school or had an equivalent (GED), 29.1% of our sample had a Bachelor's degree, 17.9% of our sample had an Associates degree, 9.7% of our sample had a Masters degree, 2.2% of our sample had a Vocational certificate, 2.2% of our sample had a PhD, and .7% had less than a high school diploma.
- 32.7% of our sample were employed full-time, and 23.1% were employed part-time. 18.7% of our sample were unemployed, but seeking employment, 14.2% of our sample were unemployed, but not seeking employment, and 8.2% of our sample were retired. 3% did not report employment.
 - Out of our sample of unemployed participants, 7 participants reported that they had lost their job because of the pandemic.
- Participants reported that they had 1 to 8 people living in their household (including them). The average number of people in a household was 3.47 ($SD = 1.59$).
- Politically, 41.8% of our sample identified as Democrats, 19.4% reported that they were not interested in any political parties, 17.2% identified as Independents, and 8.2% identified as Republicans. 13.4% did not report political affiliation.
- 69.4% of participants reported that they were a member of the St. Thomas University or Florida Memorial University community, and 27.6% of participants reported that they were not a member of the STU or FMU community. 3% did not report.

Sample Demographics on Health:

- 87.3% of participants reported that they had health insurance, and 10.4% of participants reported that they did not have health insurance. 2.2% of participants did not report whether or not they had health insurance.
- 70.9% of participants reported that they had a primary care physician, and 23.9% reported that they did not have a primary care physician. 5.2% of participants did not report.
- 80.6% of participants reported that they had visited a doctor in the past year for a medical check-up, and 17.2% of participants reported that they had not visited a doctor in the past year for a medical check-up. 2.2% did not report.
- 29.1% of participants reported at least one pre-existing health condition (e.g., heart condition), and 61.9% of participants reported that they had no pre-existing health conditions. 9% did not report on this item.
- 6% of our sample reported that they were a medical professional (doctor or nurse), and 49.3% reported that a family member or close friend was a medical professional.
- 91% of our sample reported that they preferred reading or listening to health information in English. 5.2% of our sample preferred reading or listening to health information in Spanish, and .7% preferred Arabic, .7% preferred Creole, and .7% preferred French. 1.5% did not report.

Vaccinated & Non-Vaccinated Residents

How do MG residents who got the COVID-19 vaccine differ from MG residents who have NOT received the COVID-19 vaccine on demographics and self-reported health?

All reported effects are statistically significant ($p < .05$). Trends are also reported and noted as trends ($p < .10$). Note that the significant effects are predictive effects; we cannot determine causality from correlational research.

- In our sample, MG residents who got the COVID-19 vaccine were **older** and reported **better mental health** compared to those MG residents who have NOT been vaccinated.
- **Women** (44%) were more likely to be vaccinated against COVID-19 compared to **men** (31%). Those participants who identified as **Democrats** were also more likely to be vaccinated compared to those participants who identified as Independents, Republicans, or those who reported they were not interested in any political parties.
- MG residents who got the COVID-19 vaccine also reported **that they had visited their doctor in the past year for a medical check-up** and were **more likely to regularly visit their doctor** than MG residents who did not get the COVID-19 vaccine.
- Those vaccinated were more likely to have a **primary care physician** than those not vaccinated. Also, participants who had been vaccinated believed they would **experience greater health complications if they got COVID-19** than those who had not been vaccinated. Likewise, participants who reported that they had **at least one pre-existing health condition** were more likely to be vaccinated than those who had not been vaccinated.
- There was a trend for people who had received the COVID-19 vaccine to **have higher levels of education** than those who had NOT received the COVID-19 vaccine. ($p > .10$).
- There was no significant difference between people who got the COVID-19 vaccine or those who did not on self-reported physical health or having health insurance.

Inferential Analyses on Psychological Predictors of Vaccine Hesitancy

We explored two different ways of looking at the predictive data. First, utilizing independent samples t-tests, we explored how COVID-19 vaccinated participants differed from those participants who have NOT been vaccinated on a variety of psychological variables.

A second way is to look only at those individuals who have NOT been vaccinated and investigate what factors predict intentions to get the COVID-19 vaccine and also what factors predict COVID-19 vaccine hesitancy, and/or COVID-19 vaccine avoidance, and/or overall vaccine avoidance.

There were 6 items assessing these constructs in the online quantitative survey. All items were assessed on 7-point Likert response scales (1 = *strongly disagree*, 7 = *strongly agree*).

COVID-19 vaccine intentions: I intend to get the COVID-19 vaccine.

COVID-19 vaccine uncertainty: I am not sure whether or not I want to get the COVID-19 vaccine.

COVID-19 vaccine hesitancy: At the moment, I am hesitant to get the COVID-19 vaccine.

COVID-19 vaccine delay: I want to wait a while before getting the COVID-19 vaccine.

COVID-19 vaccine avoidance: I will never get the COVID-19 vaccine.

Overall vaccine avoidance: I avoid vaccines of all kinds whenever possible.

All reported effects are statistically significant ($p < .05$). Trends are also reported and noted as trends ($p < .10$). Note that the significant effects are predictive effects; we cannot determine causality from correlational research.

Effectiveness of the COVID-19 Vaccine

- How do COVID-19 vaccinated MG residents *differ* from those who have not been vaccinated in terms of their perceptions of the effectiveness of the COVID-19 vaccine?
 - As predicted, MG residents who got the COVID-19 vaccine were more likely to report that the COVID-19 vaccine was **the best way to protect themselves and their families from COVID** than MG residents who did NOT get the COVID-19 vaccine.
 - As predicted, MG residents who got the COVID-19 vaccine were more likely to report that the **vaccine protects people from serious health complications from COVID-19** than MG residents who did NOT get the COVID-19 vaccine.
 - Of participants who have not received the COVID-19 vaccine, we explored how perceptions of the effectiveness of the COVID-19 vaccine predicted COVID-19 vaccine intentions, hesitancy, avoidance, and overall vaccine avoidance.
 - As beliefs that the **COVID-19 vaccine was the best way to protect themselves and their families increased**, intentions to get the COVID-19 vaccine increased.
 - As beliefs that the **COVID-19 vaccine was the best way to protect themselves and their family increased**, COVID-19 vaccine avoidance and overall vaccine avoidance decreased.
 - Likewise, as beliefs that the **vaccine protects people from serious health complications from COVID-19 increase**, intentions to get the COVID-19 vaccine increased.
 - As beliefs that the **vaccine protects people from serious health complications from COVID-19 increase**, COVID-19 vaccine avoidance and overall vaccine avoidance decreased.

Recommendation:

These results suggest that communication campaigns and outreach efforts should emphasize the effectiveness of the COVID-19 vaccine.

Subjective Norms (What Those Close to Me Believe I Should Do)

- How do COVID-19 vaccinated residents *differ* from those who have not been vaccinated in terms of their **perceptions of what close others (family and friends) believe they should do regarding the COVID-19 vaccine?**
 - As predicted, MG residents who got the COVID-19 vaccine were **more likely to report that their friends and family believe it is important for them to get the COVID-19 vaccine** than MG residents who did NOT get the COVID-19 vaccine.
 - Of participants who have not received the COVID-19 vaccine, we explored how subjective norms predicted COVID-19 vaccine intentions, hesitancy, avoidance, and overall vaccine avoidance.
 - As participants' reports that **family and friends believed it was important for them to get the COVID-19 vaccine increased**, intentions to get the COVID-19 vaccine increased.
 - As participants' reports that **family and friends believed it was important for them to get the COVID-19 vaccine increased**, COVID-19 vaccine avoidance and overall vaccine avoidance decreased.

Recommendation:

These results suggest that communication campaigns and outreach efforts should emphasize the role of loved ones, asking individuals in the MG community to reach out to friends and family members to encourage them to get vaccinated. In previous research in a partnership between LHMG and STU, funded by the Health Foundation of South Florida, subjective norms predicted regularly visiting a doctor and thus launched the *Take Your Loved One to the Doctor* campaign. Thus, combining a Take Your Loved One to Get Vaccinated with the *Take Your Loved One to the Doctor* campaign might represent an effective approach, that builds upon an existing campaign in the community.

Medical Mistrust

Seven items in the quantitative survey assessed **medical mistrust**. These items were selected and adapted from the Medical Mistrust Index (LaVeist et al., 2000). All items were assessed on 7-point Likert response scales (1 = *strongly disagree*, 7 = *strongly agree*).

- Discrimination in a doctor's office is common.
- I believe doctors care more about money than they do their patients.
- Patients have sometimes been deceived or misled by their doctors.

- Scientists have sometimes done harmful experiments on patients without their knowledge.
 - Doctors treat patients differently depending on how much money they have.
 - Doctors treat patients differently depending on the color of their skin.
 - Doctors treat patients with dignity and respect. *(This last item is reverse scored so lower numbers indicate higher medical mistrust.)*
- How do COVID-19 vaccinated residents *differ* from those who have not been vaccinated in terms of **medical mistrust**?
 - As predicted, **MG residents who got the COVID-19 vaccine reported less medical mistrust than MG residents who did NOT get the COVID-19 vaccine.**
 - Specifically, MG residents who did NOT get the COVID-19 vaccine were more likely to agree that discrimination in a doctor's office is common and that doctors care more about money than they do their patients compared to MG residents who got the COVID-19 vaccine.
 - Likewise, MG residents who did NOT get the COVID-19 vaccine were more likely to agree that patients have sometimes been deceived or misled by their doctors and that scientists have sometimes done harmful experiments on patients without their knowledge compared to MG residents who got the COVID-19 vaccine.
 - MG residents who did NOT get the COVID-19 vaccine were less likely to agree that doctors treat patients with dignity and respect compared to MG residents who got the COVID-19 vaccine.
 - There was no significant difference between vaccinated and non-vaccinated MG residents on items assessing whether doctors treated patients differently depending on money and the color of their skin ($p > .05$).
 - Of participants who have NOT received the COVID-19 vaccine, we explored whether medical mistrust predicted COVID-19 vaccine intentions, hesitancy, avoidance, and overall vaccine avoidance.
 - As **beliefs that discrimination in a doctor's office is common increased**, overall vaccine avoidance increased.
 - Also, as beliefs that discrimination in a doctor's office is common increased, there was a trend for COVID-19 vaccine hesitancy and COVID-19 vaccine avoidance to increase. (Trend: $p < .10$).
 - As **beliefs that doctors care more about money than they do their patients increased**, intentions to get the COVID-19 vaccine decreased and overall vaccine avoidance increased.

- Also, as beliefs that doctors care more about money than their patients increased, there was a trend for COVID-19 vaccine hesitancy to increase. (Trend: $p < .10$).
- As **beliefs that patients have been deceived or misled by their doctors increased**, overall vaccine avoidance also increased.
- Of note, specifically, as **beliefs that scientists have done harmful experiments on patients without their knowledge increased**, intentions to get the COVID-19 vaccine decreased.
- As beliefs that **doctors treat patients differently depending on how much money they have increased**, COVID-19 vaccine intentions decreased.
 - As beliefs that doctors treat patients differently depending on the color of their skin increased, there was a trend for COVID-19 vaccine intentions to decrease and COVID-19 vaccine avoidance to increase.
- As beliefs that **doctors treat patients with dignity and respect increase**, COVID-19 vaccine intentions increase and overall vaccine avoidance decreases.

Recommendation:

These results suggest that **communication campaigns and outreach efforts should seek to increase trust in the medical and scientific communities. These efforts may be especially important with our local partners (FQHCs and community clinics) as they seek to vaccinate those in the community. Communicating these results about the importance of building trust to all clinic leadership, medical practitioners, and staff is recommended so that there can be focused efforts to continue to build trust between the medical/scientific communities and the MG community.**

Home Remedies & Faith Over Science

- How do COVID-19 vaccinated residents *differ* from those who have not been vaccinated in terms of **their use of home remedies and faith instead of science**?
 - As predicted, MG residents who got the COVID-19 vaccine **were less likely to report that they relied on home remedies when they were sick** than MG residents who did NOT get the COVID-19 vaccine.
 - As predicted, MG residents who got the COVID-19 vaccine **were less likely to report that they believed they could be healed through prayer without seeing a doctor** compared to MG residents who did NOT get the COVID-19 vaccine.
 - Of note, MG residents who got the COVID-19 vaccine were more likely to report that **getting the vaccine was the right thing to do** compared to MG residents who did NOT get the COVID-19 vaccine.

Recommendation:

These results suggest that communication campaigns and outreach efforts should emphasize that although the use of home remedies can be helpful (e.g. hot tea to ease a sore throat), home remedies are NOT an effective replacement for a vaccine against COVID-19.

Likewise, communication campaigns and outreach efforts can share these results with pastors and faith leaders in the community to encourage their faith communities to emphasize prayer in combination with seeking medical help (i.e., vaccinations) rather than prayer only (or instead of) vaccinations. Faith leaders can also encourage their communities that getting the vaccine is the “right” and “moral” thing to do to protect their community overall.

Healthy Lifestyle Instead of Vaccine

- How do COVID-19 vaccinated residents *differ* from those who have not been vaccinated in terms of **their beliefs that they can avoid COVID-19 by eating healthy and staying active rather than getting the vaccine?**
 - As predicted, MG residents who got the COVID-19 vaccine **were less likely to report that they could stay healthy by eating well and exercising without getting the vaccine** than MG residents who did NOT get the COVID-19 vaccine.

Recommendation:

- **These results suggest that communication campaigns and outreach efforts should emphasize that although eating healthy and exercising is an excellent way to maintain a healthy immune system, getting vaccinated is best way to protect yourself from COVID-19.**

Misconceptions about the COVID-19 Vaccine

- How do COVID-19 vaccinated residents *differ* from those who have not been vaccinated in terms of **their agreement with misconceptions about the COVID-19 vaccine?**
 - As predicted, MG residents who got the COVID-19 vaccine **were less likely to report that the COVID-19 vaccine changes people’s DNA** than MG residents who did NOT get the COVID-19 vaccine.
 - As predicted, MG residents who got the COVID-19 vaccine **were less likely to report that the COVID-19 vaccine was developed too quickly to be safe** than MG residents who did NOT get the COVID-19 vaccine.
 - As predicted, MG residents who got the COVID-19 vaccine **were less likely to report that the COVID-19 vaccine will cause long-term harm to their body** than MG residents who did NOT get the COVID-19 vaccine.
 - As predicted, MG residents who got the COVID-19 vaccine **were less likely to report that the COVID-19 vaccine is a way for the government to control us** than MG residents who did NOT get the COVID-19 vaccine.

- As predicted, MG residents who got the COVID-19 vaccine were less likely to report that the COVID-19 vaccine will affect people's ability to have children in the future than MG residents who did NOT get the COVID-19 vaccine.

Recommendation:

- **These striking (and strong) results suggest that communication campaigns and outreach efforts should focus on myth-busting some of the popular misconceptions that have found their way through the community. (Of note, our educational debriefing addressed many of these popular misconceptions.)**

Trusted Sources of Information

For information about vaccines, participants were most likely to trust scientists and doctors, followed by family and friends, followed by the US government and local officials and then religious leaders. They were least likely to trust news media and social media sources. **However, MG residents who were vaccinated were more likely to trust their doctors and scientists, the US government and local officials, and news media than MG residents who have not been vaccinated.**

Recommendation:

- **Individuals who are not vaccinated appear to have less trust in systems (e.g., doctors, scientists, government, and news media). Building trust with these individuals in our communication campaigns and outreach efforts is essential to get people vaccinated and reach herd immunity.**

Although I anticipated that we might have some non-significant effects because we did not reach our goal of 200 MG residents taking the quantitative survey, the effects in this study were so strong that we found many significant differences between vaccinated and non-vaccinated MG residents. This is particularly good news as it allows us to tailor communication campaigns and outreach efforts specifically based on the data to encourage the MG community to get vaccinated. As more individuals within MG get vaccinated, we have can reach our goal of herd immunity with at least 70% of the MG vaccinated. Of note, we must work to build trust in individuals who have lost trust in systems of science, health professions, government, and media. We must also seek to dispel misconceptions about the COVID-19 vaccine. Finally, we must encourage young adults (a less vaccinated group) and faith communities to reflect on how vaccinations can protect the community at large and is the “right” thing to do to protect others.

II. QUALITATIVE (FOCUS GROUPS) REPORT FOR MG RAPID COMMUNITY ASSESSMENT

To demonstrate an understanding of the barriers to vaccine uptake; identify and address drivers of vaccine hesitancy; and, identify influential community partners and message channels, a Rapid Community Assessment (RCA) was conducted between April 1st, 2021 and May 14th, 2021 in the City of Miami Gardens (CMG), FL. The assessment data was collected through mixed (qualitative and quantitative) methods for formative and summative evaluation. The activities were guided by a comprehensive program logic model shared with key Live Healthy Miami Gardens (LHMG) stakeholders and community leaders, were influential community-messengers and message channels were identified. Moreover, the design was flexible to accommodate situational factor changes that occurred while conducting the RCA.

Qualitative RCA Processes/Activities

- Qualitative data was collected via 4 Focus Group sessions with specific eligibility requirements (FG), N =45
 - a. **FG #1 Influential Community Messengers (18 years or older and/or reside/work in the CMG, n=11**
 - b. **FG #2 (18-34 years old community members), n=10**
 - c. **FG #3 (65+ years old community members– Spanish speakers), n= 10**
 - d. **FG#4 (65+ years old community members- English speakers, n=14**
- The qualitative instruments (probing questions and demographic survey) used to assess COVID-19/Flu vaccine hesitancy in the community, and, the informed consent were given IRB approval by St. Thomas University. All data collection activities involving human subjects were implemented only after approval of the protocols from IRB were granted.
- Recruitment for the FGs occurred via face-to-face random selection from community organizations (i.e., faith-based, educational, healthcare, retirement centers); assistance from a senior advisory group (AARP), and several faith-based organizations; registration links sent out to the community via the (1) CMG listserv, (2) the LHMG partners, and (3) influential messengers networks; and, from the two local universities (Florida Memorial University and St. Thomas University)
- Three of the four FGs were conducted via Zoom. Once participants were identified and agreed to participate, a Zoom link with a date and time was sent out for their approval/confirmation. Additionally, the fourth FG (65+ Spanish speakers) was conducted face-to-face in a senior apartment complex, following CDC COVID-19 guidelines. This was done as an effort to reach out to community members who wanted to share their thoughts on COVID-19 hesitancy but did not have access to technology and/or did not have knowledge on how to use Zoom. Prior to the FG sessions, the participants completed the IRB informed consent form and oral consent administered when necessary.

- The sessions were recorded, translated for the Spanish FG, and transcription was done via the Zoom platform with further transcription/error checks done via the Otter.ai platform. The analyses/syntheses of the recordings were tagged and coded in order to identify emergent themes.
- Two facilitators (Professor from Florida Memorial University and a LHMG staff member) conducted the FG sessions, and five undergraduate students in their senior year at St. Thomas University assisted in the backend of the qualitative RCA.
- Once the participants finished the FG, they were emailed a link or given a physical card for the face-to-face group, where they received a \$10 gift card from Walmart.

The decision to create, recruit for, and conduct the aforementioned focus groups with these characteristics were based on current vaccine hesitancy literature, consultation with LHMG community partners, advisement from community influential messengers, and demographic data from the U.S. Census Bureau.

The 4 focus groups provided rich open-ended, qualitative COVID-19/Flu hesitancy data about the feelings, thoughts, and observations of the participants from a community perspective.

a. Emergent Themes from the Influential Community Messengers FG, n=11

1. Miami Gardens was not in the best position financially before the pandemic, therefore, the pandemic has caused an enormous strain on its economy and health care system

“I think that COVID-19 has affected big time, Miami Gardens, given the quite diverse community that we have in terms of ethnic origins. And, in terms of social and economic development. I think we were not ready as a community to support all these people that they were heavily affected, not just economically, but health wise, in Miami Gardens.”

“Agreed with finance, there were the loss of jobs, reduction of jobs and business, and lack of spending power.”

“Especially like health resources, because our health resources have been stretched so thin by the pandemic.”

“Big time in Miami Gardens in terms of ethnicity, region, social and economic development. Economically the city was not ready to support the economic and health disruption.”

“But there's also additional stressors that have some long-term effects. Because Miami Gardens being a relatively new city, and that includes the whole city's general, including the resources of police resources, things like that. Because I feel like as a city, that's majority minorities, they were already behind. Because they even if you look at the fences, and look at the income, the average income in Miami Gardens, we were already behind most of the cities in South Florida.”

So, it's just going to have a long-term effect, even though it was only a year, a year for us would be like 10 years for other cities. So that's my opinion."

2. Miami Gardens residents are also experiencing negative effects on their mental and spiritual health, and not enough is being done

"It affected mental health and spiritual health. Stress is caused when faith is shaken."

"There has to be a mental health aspect to this virus that has nothing to do with contracting it at all. It is simply dealing with it on a daily basis, and we need to address that as well as getting vaccinated or staying healthy from the virus."

"agreed, the picture of maintaining a well-balanced family was hard for some people. Churches were shut down and there was no access to pastors and other support groups within a church. There were also concern about vaccines, if the virus was real. From the mental aspect there is a mild form of depression. If it snowed every day, eventually it will get on your nerves. Mental health does need to be address along with stay healthy."

3. The residents of Miami Gardens need to receive credible information from people/sources they trust to gain faith in the COVID-19/Flu vaccines

"They need to start at, you know, pushing people having these small conversations at home. Because when they are coming out, you know, with this whole state of the union address and you know, a progress towards what we're doing or whatever, that's great, but a lot of people aren't watching that. So there needs to be, you know, just like how in zoom, you have breakout rooms, there need to be breakout rooms in the community where you're getting together with smaller groups of people and talking about the facts of what is going on with the vaccine."

"It did not help with Johnson and Johnson. This disrupts people getting vaccinated. The government not just Biden Miami Gardens government needs a stronger role in advertising and getting faith back in the community. It's kind of like flying there is a small risk you could get in a plane crash, but people still fly. They need to promote the number of people doing well because it outnumbers those who got sick. And there needs to be financial assistance to businesses because some won't be ready to come back."

4. Education is the key to help with vaccine hesitancy, especially coming from sources/people Miami Gardens residents trust

"I think we should be educating. Educate, is going to be key, and educate on different levels in different forms, whether it's social media, whether it's in cartoon, whether it is in webinars, whether it's in panels, you know, education is going to be key, because everyone have their own fears, their own thought process, their own culture."

"I would like to add to the education needs to come from people they trust. Education is key."

"I echo their sentiments about finding the key stakeholders in the community that they trust; their pastor, whether it's their teachers, so I think you have to meet people at their level."

“Relationship with everyone, you know, businesses, churches, organizations, whatever, schools, doctors.”

“One is we’ve got to use every venue possible, for truth tellers to be able to share this information with the public, whether that be churches, or schools or family gatherings or what have you. A second thing that I think that we’re, we’re not talking about is people are abdicating their personal responsibility to seek out the truth.”

5. Miami Gardens seems open to the vaccines, but younger residents (30 and under) seem more hesitant.

“The CDC was all over the place from the very beginning. You know?”

“I believe that the Miami Gardens government will have to take a more positive or stronger role into advertising and to getting the faith back into the people, the residents of the community.”

“It allows them to move, you know, more freely than they’ve been. I mean, you know, say for instance, with a lockdown with only two weeks, maybe you would get a lot more pushback, but because it was just so long and so intense. You have a lot of grandparents being separated from other family members. So, most people that I know and I don’t know, you know, that many really young people, they’re, you know, they’re probably the bulk of people I know are like 30 and up there for the vaccine. So, okay.”

RECOMMENDATIONS from the Influential Community Messengers Focus Group to overcome vaccine barriers

1. Need more encouragement from local government about safety of vaccine
2. Education on vaccine is necessary – too much misinformation in different media outlets
3. Media campaign dispelling COVID-19/Flu vaccines misinformation
4. Promote vaccine uptake because it encourages people to move freely in the community
5. Media campaign addressing mental and spiritual health issues brought on by COVID-19 pandemic
6. Media campaign to younger residents (18-34 years old) on their own terms and on their own media platforms (not Facebook) addressing vaccine hesitancy
7. Incentivize younger residents (18-34 years old) with money/products or services to take the vaccines
8. Encourage friends and family members who have gotten the vaccine to reach out to other friends and family members who are hesitant about the vaccine

b. Emergent Themes from (18-34-year-olds) FG, n=10

1. Trust issues with information sources /mixed feelings (Trust/ No trust)?

"I found that there's a lot of misinformation."

"Social media is so like, powerful, there are some things that people actually read on social media and don't get the opportunity to fact check."

"I think that is something that should raise concern, because the information, you don't really know what to trust, or where. It's very rare that people do their own research to check and double check where something comes from, because they're trusting the people within their circle to share something that's factual."

"Definitely the CDC website [...] They give the most up to date, scientific knowledge at the time."

"So, there hasn't been enough education in our society on how to distinguish between who's telling the news and who's giving opinion."

"I believe that COVID is politically driven from all angles, even the way that they have dispersed information as to which they have to us."

"It's kind of hard to even decide if the factual stuff from CDC, presidential, wherever you want to get it from, is actually factual because everyone has their own goal that they're trying to achieve in the process."

"And I will trust people in the community honestly, tell me rather if it's good or not, or if it's effective, because you can only know that way if somebody is actually vaccinated because there's not too much."

"I trust the CDC to an extent [...]"

"I would trust the people in my circle. So, if it is my pastor, or my health care professional, my professor, but I trust them more than just hearing any other doctor or any other professor in the community."

"I really don't see a voice within the community within my age group of 18 to 34 that I can really trust at this point or even seeing actually speak the factual truth about this pandemic COVID-19."

2. Encourage spiritual/religious leadership in the community to communicate with their younger parishioners on the benefits of COVID-19/Flu vaccines

"I would trust my pastor more because I was raised in the church. So, I would trust my pastor more when it comes to speaking on certain things like that."

“I would rather trust somebody in my religious background, rather than anything, that's what TV.”

“It shouldn't be where a person would be like you should get it [vaccine] which we do know of some pastors that actually have done that, where they would force their members to actually go and take it.”

“That's one thing my pastor always teaches not to listen to men, but follow the Holy Spirit. So that's what I say about the Holy Spirit. The Holy Spirit is nothing, but the truth. So as far as if anything, you have to follow the truth. So, it's not that I'm being forced by my pastor, I'm just listening to God.”

3. Younger community members feel that the vaccines are forced on them - no free choice

“I don't think it would be good for America, because it's gonna is right now is scaring a lot of people it's gonna turn to a dictatorship, because now they forced it.”

“You can't be on campus unless you had the vaccine.”

“So at least in the state of Florida, I don't think we should worry about at least the state forcing people to take vaccines.”

“I feel like eventually it's going to be forced [...] and just take something that we don't feel comfortable taking.”

“I mean, you know, it's hard to mandate anything [...]”

“But I don't think that they [people ages 18-34] will be happy about getting forced to take it. Nor do I think that's a good idea.”

“I want to say is that I don't feel pressured before. But I feel like it's going into that direction, because many of things are opening up, because of the numbers of people are going up with whoever is vaccinated.”

4. Not enough adequate information on COVID-19 & vaccines in Miami Gardens

“It kind of didn't give like a clear direction of like what to do if you get sick with COVID, at first in the city of Miami Gardens, which was very dangerous.”

“It wasn't clear directions of how to deal with COVID.”

on vaccine availability in Miami Gardens: “I do wish that for those that were interested that there could be more, I guess, more advertisement.”

“So, I guess it's just a little bit too early to even give a correct answer because we don't know how effective the vaccine is, especially in the city of Miami Gardens.”

“Which one of the three shots are more effective? Are they given us a mass media, the results of their trials? That information is not readily available to the average person to make a sound decision [...]”

“It's just, it wasn't enough information or accessible information. That was the difficulty, especially like, when I was doing my own personal research on it.”

5. Reasons why vaccine hesitation is higher in the 18-34 year old group

“Because to me, I feel like if there's nothing clearly wrong with you, you shouldn't go get the vaccine because it's already too many side effects on the vaccine that hasn't been not fully processed.”

“So, it's understandable why people feel are hesitant, and it's understandable why people feel like it was rushed.”

“You know, people still feel a lot of distrust.”

about being hesitant against the vaccine in the past: “I did. But now I'm at a point where it's like I just want to see back to normal.”

*“Yes, I have a hesitation of it [vaccine] [...] it's given, like real bad, you know, side effects”
“I'm scared about the vaccine.”*

“I feel they're [people ages 18-34] more likely to be hesitant. But I think they might still get it anyways, eventually.”

“I'm more hesitant to take it [vaccine] because I have a health condition [...] because I don't know how I'm going to be affected.”

6. The COVID-19 vaccine is good for community

“But I think the vaccine by and large has been a good thing for the community.”

“I'm more confident that the vaccine has been a good thing. Just following the research, how people who take the vaccine are, I think is somewhere upwards of 95 to 98% effective and not going to the hospital.”

on vaccine availability in Miami Gardens: “I think it's good in the sense of anybody who wants to get the vaccine will have it readily available.”

“I think that it will be very good to actually protect, taking the vaccine to protect not only yourself, but the seniors in the community.”

“We need more people to be vaccinated to prevent hospitalizations, and deaths, and also for people to feel comfortable going to work.”

RECOMMENDATIONS from the 18-34-year-old Focus Group to overcome vaccine barriers

1. Vaccine hesitation from this age group. Recruit 18-34 community leaders to talk with their peers
2. This age group seems to have trust issues with vaccine information and sources
Information for 18-34 should be on Instagram, Snapchat, TikTok & Twitter
Have accessible information to them on Instagram, Snapchat, TikTok & Twitter
3. Bring faith-based organizations into the vaccine uptake conversation so they can reach and provide correct education to their younger membership

c. Emergent Themes from (65+ years old – Spanish speakers, n=10 & English speakers, n=14) – total n=24

1. The elderly are very much accepting of the vaccines – little to no hesitation

“One thing, I found out a lot of people that just want to get the vaccine.”

“I strongly believe exactly what we just said about getting the vaccine because it's a preventive measurement for you not getting the COVID-19.”

“I have a friend who took the vaccine. And this is going to be a positive thing of taking the vaccine. After she took the second one, she found that she was having very slow heartbeats, she watches herself for about two weeks. And then she knows it was getting worse and she went to the doctor. Let's just say she ended up in the hospital. And now she has a pacemaker, but the doctor told her that having taken the vaccine, the problem that she had was existed but was not clear on this surface. And what happened is what save her life.”

2. Whole families (in different generations) are getting vaccinated

“I have mine since February, and my husband had his since January. And he got the Pfizer and I got Moderna. And all my kids got one.”

“I had Moderna, my daughter took a Pfizer and my son took the Moderna. And my daughter in law had a Pfizer there in New York.”

“I have 10 grandchildren. All my grandkids getting shot except two, my 12-year-old, and a 15-year-old but they can get it now.”

“I took my grandchildren today to get the shot, a 24-year-old and a 19-year-old it was a conversation. What I did, I made the appointment I said we'll be going Wednesday to get this shot at this time.”

3. Truth of telling about pre-existing conditions and vaccine side effects -more open to share with medical professionals and friends/families

“When we tell the truth what we are allergic to, if you have high blood pressure or diabetic, it helps you a lot better.”

“As the young lady said before, if you tell them exactly what your medical situation is, it will then determine the kind of vaccination you will get.”

“Before I went to get the vaccine, and make sure when they get all my tests to find the COVID. Because a lot of people who's getting the vaccine, and I think I'm not saying they have COVID, but they don't know.”

“You have to be true, to tell them what your side effects are. If you don't, because those vaccine have stuff in it also can affect your side effects.”

“Some people will have a reaction, and some people will not.”

“I had no side effects the first time. The second one is when I had a little numbness in my arm. And that Sunday, I was very sleepy.”

4. Compassion for those unvaccinated

“And I also thought about those 500,000 folks who were there. And I said they didn't get the vaccine. And I thought about the fact that they had had the opportunity, they probably would have gotten it themselves.”

“Think about your brother, your sister, your cousin, a friend, and someone out here is doing fine walking up and down and doing fine. And then you have the vaccine, you're gonna go give it to that person and hurt that person.”

5. Effective ways to inform about vaccines

“I believe that the government need to really put more energy in coming up with information system that can reach those that are very doubtful, or otherwise some people still will not take it.”

“I have been very active with Father Ward, in canvassing for people to take the vaccine, not just in our church. But in the community because we send it to different people I know.”

“I believe that the CDC actually needs to come out with some explanations about what is likely to happen so that people can make up their minds. If the CDC can come up with specific information about what is likely to happen if you have this condition.”

“We ourselves can do something by talking to family, friends, associates and acquaintances to gauge they're feeling on the vaccine, and from communicating, we can somewhat determine how

much hesitancy exists. And how many people have been vaccinated, and how best we can encourage them, or educate them on the upside of being vaccinated.”

“A pamphlet, to give them information. Topics are What's the problem, and what kind of side effects.”

“We need to teach the young by saying "Listen, you are young, it won't affect you as much as affect older folks.”

“Talking about pamphlets- why don't we just go and take it to some of the nightclubs, some of the concerts, let's be visible.”

“But let me tell you, we parents, we Grandparents, family member have to preach it to young kids.”

“When you ask someone if they been vaccinated. When they say no, you could ask in a nice way. What have you been hearing or who have you been listening to? Is it the social media, but it's the way you are going to present yourself to convince the non-believers.”

“Take these pamphlets to the public schools, to the colleges like Miami Dade College, so that those young people and then hold workshops in Miami Dade College, in the high school.”

“The parents are the responsible units for their children. And it's how you speak to young. And should take vaccine themselves, and also take their children along. Let him see me take it and have them see the needle going in, and you don't feel anything. And then they too, will want to take it.”

“The government has to come up with a program to connect to the social media in order to get to the young adults. Otherwise, it's a losing battle at the end.”

“I think the church can also make a difference with encouraging people to take the vaccine, they have influence and people will listen to them.”

6. Why some people don't take the vaccine

“People are afraid for many reasons. I have one young couple that I deal with and not even to go and take a test. Her belief is that why should I go? And nothing is wrong with me. I only take a test if I'm sick.”

“If they come up with one specific thing, like wear mask, stay apart in all cities, all counties and everywhere, people would have more confidence in going and taking the shot. It's a lot of confusion, because there is no cohesion in what's being said.”

“I do know this will be the first time I would have taken a shot since I've been taking high blood pressure medication. So, with the medication, and building my immune system up, I wanted to give that priority and my doctor agreed.”

“In fact, in this country today, there are some citizens who believe they almost look at it as an ideological war to take the vaccine.”

“When it comes to confronting someone about the vaccine, many of us are very dogmatic in our behavior. And the way we attack the person and let them feel that they are stupid or ignorant and so on, that they are not taking it.”

7. Misinformation

“Well, some people don't believe is real. And some people go to the hospital and they are told you have COVID and they say no, I don't know.”

“Some people believe that they have first amendment rights. To take it or not to take it, and therefore they cannot be compelled then another misinformation is that the government is trying to use it to control them.”

“Other misinformation is what happened in the past, you know, certain groups who are were used as guinea pigs.”

“I heard this on the news just a couple of days ago, that can you get the virus even though you have taken the vaccine. Some people did.”

“One of the problem is that young people don't listen to CNN, they don't listen to MSNBC and young people listen to social media. And that is where a lot of the misinformation comes from.”

8. Trusted Sources of information

“I trust certain media. And, you know, I have doctor that. And then I have a medical background. I'm a nurse, and I've been a nurse for over 40 years. So, I have a medical background that makes me a little bit more, you know, open to what is out there.”

“Well, I am a big MSMBC fan. And, you know, I do watch that programming. I watch webinars, but MSMBC is a station that I do watch a lot. And because of my medical background, I know that they are telling it like it really is. They try to get people who are telling it from a medical background, and not all of this political stuff. You know, like Fox News, I would never because a lot of this stuff is political. And this should not be a political solution.”

“I listen, I google Dr. Fauci, that man is the guy he tells it just like it is and in a true way. You Google the CDC, and you can pick up his confirmation, all his words what he said about the virus. And I speak to my doctor. My doctor when it first came. he said to me listen to Dr. Fauci.”

“I have spoken to many college students. And you'll be surprised, many college students don't even get the current information about COVID-19 because they tend to communicate among themselves and their friends, social media that they go to.”

RECOMMENDATIONS from the 65+ years old (Spanish and English speakers) Focus Groups to overcome vaccine barriers

1. Outreach to colleges to promote uptake for college students
2. Have pamphlets for older adults promoting ways to encourage their children, grandchildren and friends to get vaccinated
3. Go to places where younger people (work, study, play, pray) and help them sign up or get vaccinated there... maybe a mobile unit.
4. Incentives for younger people
5. Hold more focus groups with Miami Gardens residents that are 65+
6. Start conversation between the 65+ & 18-34 for dialogue can be open about the vaccine

SYNTHESIS OF ALL FOCUS GROUP SESSIONS

Synthesizing the qualitative data from all the 4 FGs revealed some emergent patterns in the analysis. It was evident that the influential messengers and the 65+ FGs had more in common in relation to vaccine uptake (no hesitation from these groups). Moreover, both groups felt that younger community members (18-34) needed more information, motivation and help with COVID-19/Flu vaccination uptake. They saw the 18-34 group as having more barriers to vaccination. They also felt that it is important that younger community members be vaccinated sooner than later, so to reach herd immunity quicker.

Influential Messengers group- “It allows them to move, you know, more freely than they've been. I mean, you know, say for instance, with a lockdown with only two weeks, maybe you would get a lot more pushback, but because it was just so long and so intense. You have a lot of grandparents being separated from other family members. So, most people that I know and I don't know, you know, that many really young people, they're, you know, they're probably the bulk of people I know are like 30 and up there for the vaccine. So, okay.”

65+ group- “A pamphlet, to give them information. Topics are What's the problem, and what kind of side effects.”

Both groups also emphasized the importance of educating the public about the vaccines.

65+ group- “I believe that the government needs to really put more energy in coming up with information system that can reach those that are very doubtful, or otherwise some people still will not take it.”

65+ group- “I believe that the CDC actually needs to come out with some explanations about what is likely to happen so that people can make up their minds. If the CDC can come up with specific information about what is likely to happen if you have this condition.”

Influential Messengers group- “I think we should be educating. Educate, is going to be key, and educate on different levels in different forms, whether it's social media, whether it's in cartoon,

whether it is in webinars, whether it's in panels, you know, education is going to be key, because everyone have their own fears, their own thought process, their own culture.”

Influential Messengers group- “I would like to add to the education needs to come from people they trust. Education is key.”

Interestingly, the influential messengers seemed somewhat disconnected from what the younger members deemed important regarding why they were somewhat hesitant to take the COVID-19/Flu vaccines. The 65+ groups were more involved in finding solutions and creating opportunities for younger people to be vaccinated. They were more willing to reach out and talk with the younger community members. This group personally made consistent efforts to encourage, motivate, educate and make vaccine appointments for their younger family members (children and grandchildren).

65+ group- “I have 10 grandchildren. All my grandkids getting shot except two, my 12-year-old, and a 15-year-old but they can get it now.”

65+ group- “I took my grandchildren today to get the shot, a 24-year-old and a 19-year-old it was a conversation. What I did, I made the appointment I said we'll be going Wednesday to get this shot at this time.”

The influential messengers seemed more concerned with the state of the local economy, and the health care system- their view was more holistic in the recovery efforts for all residents, were, the 65+ were more focused on ameliorating vaccine hesitation in the community quickly and expeditiously (primarily focused on the 18-34 years old). Moreover, the influential messengers were also very much concerned about the mental and spiritual health of the community during and post COVID-19. Again, they seemed more involved with the larger community on many fronts, were the 65+ groups were more laser focused on vaccine uptake strategies. This could be because the 65+ group are/feel more vulnerable to COVID-19/Flu, and the influential messengers are concerned with the overall economic, spiritual, mental, and physical health of the community and may not have that personal vulnerability urgency.

Influential Messengers group- “Agreed with finance, there were the loss of jobs, reduction of jobs and business, and lack of spending power.”

Influential Messengers group- “Especially like health resources, because our health resources have been stretched so thin by the pandemic.”

Influential Messengers group- “Big time in Miami Gardens in terms of ethnicity, region, social and economic development. Economically the city was not ready to support the economic and health disruption.”

This disconnect could be due to influential messengers having a greater responsibility to their constituency in all aspects (i.e., health, financial, social. Additionally, the influential messengers group seemed to be very educated and had strong opinions on how and what needs to happen to increase vaccine uptake in the community, especially, among the 18-34 years old. The 65+ group

was more willing to meet the younger community members at their level, but with a strong, gentle push (maybe using guilt) to increase vaccination and decrease hesitation.

Again, both, the influential messengers and 65+ groups felt strongly that younger (18-34 years old) is the demographic group that needs more education, motivation, and encouragement for vaccination uptake:

Emergent themes shared by the influential messengers and 65+ groups regarding the younger community membership:

1. Encourage vaccine uptake because it encourages people to move freely in the community
2. Media campaign addressing mental and spiritual health issues brought on by COVID-19 pandemic
3. Media campaign to younger residents (18-34 years old) on their own terms and on their own media platforms (not Facebook) addressing vaccine hesitancy
4. Incentivize younger residents (18-34 years old) with money/products or services to take the vaccines
5. Encourage friends and family members who have gotten the vaccine to reach out to other friends and family members who are hesitant about the vaccine
6. Outreach to colleges to promote uptake for college students
7. Have pamphlets for older adults promoting ways to encourage their children, grandchildren and friends to get vaccinated
8. Go to places where younger people (work, study, play, pray) and help them sign up or get vaccinated there... maybe a mobile unit.
9. Start conversation between the 65+ & 18-34 for dialogue can be open about the vaccine

All FGs shared a strong sense of community responsibility, and an urgency to deal with the pandemic quickly to get back to normalcy. Additionally, they all felt that their community (majority-minority, approx. 70% black and 30% Hispanic) was at a greater risk due to its demographic make-up. They all agree that the COVID-19 vaccine is good for the community.

Influential Messengers group- "I think that COVID-19 has affected big time, Miami Gardens, given the quite diverse community that we have in terms of ethnic origins. And, in terms of social and economic development. I think we were not ready as a community to support all these people that they were heavily affected, not just economically, but health wise, in Miami Gardens."

65+ group- "One thing, I found out a lot of people that just want to get the vaccine."

65+ group- "I strongly believe exactly what we just said about getting the vaccine because it's a preventive measurement for you not getting the COVID-19."

18-34 group- "But I think the vaccine by and large has been a good thing for the community."

18-34 group- "I'm more confident that the vaccine has been a good thing. Just following the research, how people who take the vaccine are, I think is somewhere upwards of 95 to 98% effective and not going to the hospital."

18-34 group- "I think that it will be very good to actually protect, taking the vaccine to protect not only yourself, but the seniors in the community."

18-34 group- "We need more people to be vaccinated to prevent hospitalizations, and deaths, and also for people to feel comfortable going to work."

The influential messengers seemed more concerned for the community in general, the 65+ group more for the younger population's hesitation to vaccination, and the 18-34 group, more about how vaccination can/will impact them. Overall, the groups praised the vaccines and logically understood the rationale for vaccine uptake in their community, but the 18-34 group voiced some hesitation concerns. The influential messengers and 65+ groups did not voice personal concerns about barriers or hesitation to the COVID-19/Flu vaccines. Their concerns were more directed to the larger community and the 18-34 age group. They felt barriers and hesitation were more prevalent in 18-34 age group.

According to the 18-34 years old FG, some of their hesitation and barriers come from trust issues about information and/or misinformation from politicians, government, and news feeds (they seem to have mixed feelings about it- what and who to trust). It seems that the influential messengers and 65+ groups are more trusting of government (local and federal) COVID-19/Flu information.

18-34 group- "I believe that COVID is politically driven from all angles, even the way that they have dispersed information as to which they have to us."

18-34 group- "I found that there's a lot of misinformation."

18-34 group- "Social media is so like, powerful, there are some things that people actually read on social media and don't get the opportunity to fact check."

18-34 group- "I think that is something that should raise concern, because the information, you don't really know what to trust, or where. It's very rare that people do their own research to check and double check where something comes from, because they're trusting the people within their circle to share something that's factual."

18-34 group- "I trust the CDC to an extent [...]"

Moreover, the 18-34 group also felt that the vaccines are being forced on them- no free choice. This is a stark contrast to the other two groups who welcome the vaccines.

18-34 group- "I don't think it would be good for America, because it's gonna is right now is scaring a lot of people it's gonna turn to a dictatorship, because now they forced it"

18-34 group- "You can't be on campus unless you had the vaccine"

18-34 group- "So at least in the state of Florida, I don't think we should worry about at least the state forcing people to take vaccines"

18-34 group- "I feel like eventually it's going to be forced [...] and just take something that we don't feel comfortable taking."

18-34 group- "I really don't see a voice within the community within my age group of 18 to 34 that I can really trust at this point or even seeing actually speak the factual truth about this pandemic COVID-19."

18-34 group- "But I don't think that they [people ages 18-34] will be happy about getting forced to take it. Nor do I think that's a good idea."

18-34 group- "I want to say is that I don't feel pressured before. But I feel like it's going into that direction, because many of things are opening up, because of the numbers of people are going up with whoever is vaccinated"

When specifically asked to expand on the reasons why 18-34-year-old community members have some reservations/hesitations about COVID-19/Flu vaccines uptake, many of the participants responded with:

18-34 group- "Because to me, I feel like if there's nothing clearly wrong with you, you shouldn't go get the vaccine because it's already too many side effects on the vaccine that hasn't been not fully processed."

18-34 group- "So, it's understandable why people feel are hesitant, and its understandable why people feel like it was rushed."

18-34 group- "You know, people still feel a lot of distrust."

about being hesitant against the vaccine in the past: "I did. But now I'm at a point where it's like I just want to see back to normal."

18-34 group- "Yes, I have a hesitation of it [vaccine] [...] it's given, like real bad, you know, side effects."

18-34 group- "I'm scared about the vaccine."

18-34 group- "I'm more hesitant to take it [vaccine] because I have a health condition [...] because I don't know how I'm going to be affected."

Lastly, several participants in all FGs expressed how important the role of faith-based organizations / leadership in the community is in the promotion of the COVID-19/Flu vaccines. These participants felt that they would be more trusting of the vaccines if their spiritual/religious leaders provided COVID-19/Flu vaccine information.

65+ group- "I have been very active with Father Ward, in canvassing for people to take the vaccine, not just in our church. But in the community because we send it to different people I know."

18-34 group- "I would trust my pastor more because I was raised in the church. So, I would trust my pastor more when it comes to speaking on certain things like that."

18-34 group- "I would rather trust somebody in my religious background, rather than anything, that's on TV."

18-34 group- "That's one thing my pastor always teaches not to listen to men, but follow the Holy Spirit. So that's what I say about the Holy Spirit. The Holy Spirit is nothing, but the truth. So as far as if anything, you have to follow the truth. So, it's not that I'm being forced by my pastor, I'm just listening to God."

OVERALL RECOMMENDATIONS:

1. Education on vaccine is necessary – too much misinformation in different media outlets. City-wide media campaign dispelling COVID-19/Flu vaccines misinformation
2. Campaign on vaccine uptake because it encourages people to move freely in the community
3. This age group seems to have trust issues with vaccine information and sources. Recruit 18-34-year-old community leaders to talk with their peers about the safety of the COVID-19/Flu vaccines
4. Media campaign to younger residents (18-34 years old) on their own terms and on their own media platforms (not Facebook) addressing vaccine hesitancy
 - Information for 18-34 should be on Instagram, Snapchat, TikTok & Twitter
 - Have accessible information to them on Instagram, Snapchat, TikTok & Twitter
5. Incentivize younger residents (18-34 years old) with money/products or services to take the vaccines
6. Bring faith-based organizations into the vaccine uptake conversation so they can reach and provide correct education to their membership
7. Media campaign addressing mental and spiritual health issues brought on by COVID-19 pandemic
8. Encourage friends and family members who have gotten the vaccine to reach out to other friends and family members who are hesitant about the vaccine
9. Have pamphlets for older adults promoting ways to encourage their children, grandchildren and friends to get vaccinated

10. Outreach to colleges to promote uptake for college students
11. Go to places where younger people (work, study, play, pray) and help them sign up or get vaccinated there... maybe a mobile unit
12. Promote conversations between the 65+ & 18-34-year-old groups for dialogue about the COVID-19/flu vaccines
13. More encouragement from local government about safety of the vaccines