

EXAMINING COVID-19 VACCINE ACCESS IN THE PEDIATRIC COMMUNITY



VACCINATE



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Executive Summary

This report summarizes the qualitative work conducted as part of VaccinateLA, a multimedia health campaign aimed at educating and empowering Los Angeles residents to receive their COVID-19 vaccine and booster.

Since the World Health Organization declared COVID-19 a global pandemic in March 2020, there have been 360 million cases and the death toll has reached nearly six million globally. Those in the Black and Latino communities were particularly impacted. Among the U.S. pediatric population, roughly 10.6 million children have tested positive for COVID-19 since the start of the pandemic. Although the cumulative mortality rate for children is much lower than adult counterparts, challenges remain with infection rates, pediatric hospital bed availability, disruptions to in-person learning, school closures, and the rampant spread of vaccine-related misinformation.

As of October 2021, COVID-19 vaccines became approved for pediatric populations. With this approval, we anticipated hearing concerns from parents. We wanted to learn more about how these issues affected communities of color (Black and Hispanic) in Los Angeles by engaging parents of vaccine-eligible children ages five to 16 in our focus groups.

Outlining Our Approach

Over the course of three weeks in January and February of 2022, we conducted a series of 14 virtual focus groups with 95 participants: parents of vaccinated and unvaccinated children. The focus groups ranged from 45 to 90 minutes in duration. Sessions were conducted in either English or Spanish, depending on the participant population and their primary language. Participants of the Spanish language focus groups were Latinos for whom Spanish was their preferred language. In the English language focus groups, there was one group with bilingual Latino participants and five groups conducted with Black participants. The Spanish language focus groups were facilitated by Research Ambassadors at the Southern California Clinical and Translational Science Institute (SC CTSI), and the English language focus groups were facilitated by a nurse researcher at Children's Hospital Los Angeles. Purposive sampling was used by SC CTSI Community Engagement staff to recruit our participants. Recruitment was done through both direct contact to individual community members and contact to community partners who then reached out to their constituents. Participants were compensated for their time. The focus groups were recorded and transcribed verbatim in English. Using a qualitative analysis methodology, the technique of open coding followed by axial coding was utilized to identify and link the major themes that emerged from the participants' voices. Results were shared with participants by sending out this community report to participants and community organizations, and sharing an accompanying policy brief with government officials and related stakeholders.



WHAT WE FOUND



Five major themes emerged in these focus groups that help to explain vaccine hesitancy among parents, and which have clear policy implications:

1. Safety
2. Effectiveness
3. Presentation of Information
4. Lack of Trust
5. Motivating Factors

Based on these results, we have recommendations for both policymakers and healthcare providers to address concerns about vaccination in the hope that this will result in increased rates of vaccination and improve public health.

MAJOR THEMES

Safety

Parents expressed concerns about safety—more specifically, about short and long term side effects, the perceived speed with which the vaccine was developed, and the potential impact on children’s developing bodies. These concerns about impact on development were more prominent for children in the younger age bracket (newborn to five years old), which were only discussed in the Spanish language focus groups.

In every focus group, parents discussed concerns about the possible side effects immediately following vaccination. The limited verbal communication skills of young children caused worry among parents that their young children may not be able to effectively communicate the symptoms they were experiencing, resulting in parents potentially unaware of and thus unable to address those symptoms. In light of this, parents expressed a desire to have their children physically examined prior to vaccination to rule out the possibility of an adverse event. The most common concerns about potential side effects that were expressed across focus groups were related to the impact on the heart and the impact on fertility.



"My kid is just starting to talk. At least grownups can say, 'I feel bad, I feel tired.' So, I am a little worried because the kids don't know how to express all that yet."

- Latina mother in Spanish-speaking focus group session for newborn to 5-year-olds

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Effectiveness

The majority of the participants in both the Spanish and English language focus groups questioned the effectiveness of the vaccine for two main reasons: rising rate of COVID infections around the country, and the number of shots needed to be fully vaccinated. The surge of cases related to the Omicron and new BA.2 variants increased their concerns about effectiveness. Parents were either aware of or experienced breakthrough infections among those who had been vaccinated, which caused them to question the effectiveness of the vaccine. These concerns about effectiveness made many parents question whether to vaccinate their children at all.

**“How many boosters are you guys gonna give people?
Why keep jabbing people with this stuff that we don’t even
know what it is, and it's not even working?”**

- Black mother in 6 to 12-year-old focus group session



Presentation of Information

There was a consensus among our participants that there is too much information coming from too many sources, and presented by too many messengers. This makes it difficult for people to make sense of it all. Many of the questions about safety and effectiveness can be connected back to the presentation of information. There continues to be mixed messages, misinformation, rumors, and fear mongering, which cause confusion and makes it difficult for people to figure out what information is believable, reliable, and true.

There was consensus that news outlets are not reliable sources of information and largely stoke fear among their viewers. Social media was also recognized as a source of misinformation and was not considered trustworthy. The sheer volume of information that people are exposed to causes them to feel overwhelmed, which leads to them shutting down and not absorbing any information.

Doctors and pediatricians were widely recognized as being the most trustworthy source of information about COVID vaccines and that is who parents want to hear from and from whom they sought information.



Lack of Trust

Concerns around safety, efficacy, lack of easy-to-understand information contributed to an overall lack of trust. For example, parents did not trust the fact that people needed multiple doses of the vaccine for it to be effective. The lack of knowledge and clear guidance about the eventual number of boosters people will need or at what frequency people will need to be vaccinated also made people less trustworthy. The fact that other vaccines have clear schedules and this one does not, concerns about the “ingredients” in the vaccine and the dosages for adults versus dosages for children also increased the lack of trust in the vaccine and in the authorities responsible for setting the guidelines around vaccination.

Our participants were from Latino and Black communities, both of which have a history of medical experimentation and exploitation. The knowledge of that history coupled with the perception that the vaccine came out too fast and without enough testing made many of our participants feel as if this was another experiment. Finally, the lack of consistent messaging among sources and by the various messengers, changing messages around the number of shots, masking requirements, and quarantine guidelines also contributed to people’s lack of trust.



“The position is that the virus is handmade, and they're saying that the government wants to kill everybody off. The world is overpopulated, so that's how they get rid of people.”

- Black mother in 6 to 12-year-old focus group session

Motivating Factors

Mandates were shown to be the most effective motivating factor to getting vaccinated. Many parents vaccinated their children because of a school mandate even if they resented the fact that they had to. Others vaccinated their children because of mandates to participate in extracurricular activities, or to be able to go to public places that required proof of vaccination.

Fear was another motivating factor for parents. Seeing children get sick or having to be hospitalized scared many parents and motivated them to vaccinate their children. The role of older children also proved to be effective as many parents reported having their older children ask to be vaccinated. These older children have access to information and want to go back to school, be with friends, and engage in extracurricular activities. One parent reported having her child explain to her that there was more risk in not getting vaccinated.

“My boy doesn't want to miss school, and he already asked me for it. He says, ‘mommy, vaccinate me because I want to go to school.’”

- Latina mother in newborn to 5-year-old focus group session, referring to her older child



KEY TAKEAWAYS AND FUTURE DIRECTIONS

Through our focus groups, we were able to listen and learn about the concerns from parents of children eligible for the vaccine, whether or not they opted to have their child vaccinated or not. The ability to conduct sessions in English and Spanish allowed us to capture nuances and cultural elements that added richness to our findings. The similarities between the two groups was in regards to the pervasiveness of misinformation about the possible side effects of the vaccines as well as the belief that the news and social media are not reliable sources of information. An interesting difference between the two groups was in regards to who was most trustworthy. While trust in doctors was consistently expressed across focus groups, the English-speaking Black participants discussed the role that their church played in their lives and the trust they had in their Pastors. This was not something discussed in the Spanish language focus groups. Hearing concerns directly from parents allowed us to understand what issues are important to them, what things concern them, and what aspects would motivate them to vaccinate their children.

As more children become eligible for vaccines and boosters, providing clear information is more important than ever. We will take the findings from these sessions and use them to design content that dispels rumors and misinformation, and addresses confusing guidelines head-on. We have designed short films, Public Service Announcements and social media content that has been vetted by experts and is available in English and Spanish.

RECOMMENDATIONS

Meeting People Where They Are: Desired Vaccine Locations

Doctor's offices, hospitals, and clinics were the preferred location for vaccination due to the presence of medical personnel who could both perform an exam prior to vaccination to rule out the possibility of an adverse event, and also who could quickly respond to an adverse event if it occurred. Concern about vaccination at pharmacies, parks, schools, and other pop-up locations was due to the perceived absence of medical personnel at those locations.

"If he has a reaction, at least you're inside a facility where they can have the tools to help him. So, for me, it would be much better in a clinic, in this case my pediatrician would give the vaccines."

- Latina mother in Spanish-speaking focus group session for newborn to 5-year-olds



Policy Recommendations and Implications

Key takeaways for policymakers include:

- **Emphasizing the importance of seeking credible information to constituents and stakeholders.**
 - Unfortunately, misinformation is rampant, especially on social media platforms. Depending on the geographic location, schools may enforce mandates requiring children to receive their vaccine and booster before being permitted to attend school and school-related events. It is imperative that policymakers continue highlighting the efficacy of vaccines and how they can protect children against severe illness and hospitalization associated with the recurring circulation of new variants.

Key takeaways for pediatric clinicians include:

- **The importance of setting aside time to inquire about vaccination and booster status from their patients and/or their parents or legal guardians.**
 - If parents express hesitation or resistance, clinicians should have a plan of action for how to approach the topic in a way that is non-judgmental and sensitive to the concerns of the parents. Ultimately, the goal should be to steer parents in the direction of credible resources, lessen perceived or real barriers to vaccination, and emphasize the benefits of vaccination for children.



CONCLUSION

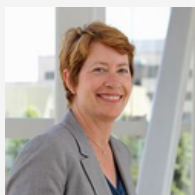
Through this qualitative work, we have found that concerns about the efficacy and safety of the vaccine still remain, and understanding is limited. Information about the vaccine, the pandemic and mandates are confusing and change frequently. In addition, school closures and fears around spreading the virus, outbreaks, challenges finding childcare, and potential return to online learning have added emotional, physical and financial hardship to parents' already-full plates.

Focus group participants did not understand the science behind vaccine development, and mentioned that information was presented in confusing and unclear ways. They also expressed worry about how quickly they felt the vaccine was developed, and how that might affect its efficacy. These themes played into an overall feeling of mistrust.

For those who did opt to get their children vaccinated, they cited mandates, fear of their child getting sick, and requests by their adolescent children to get vaccinated as motivating factors. Tapping into these motivations can help policymakers, government officials, school administrators and other stakeholders to encourage more people to vaccinate their children.

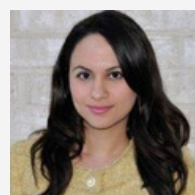
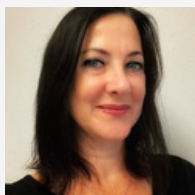
This community report was prepared by the SC Clinical and Translational Science Institute and VaccinateLA. The content is solely the responsibility of the authors and does not necessarily represent the official views of the university. This work is supported by the Sharon D. Lund Foundation.

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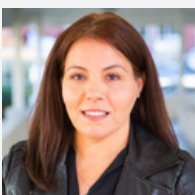
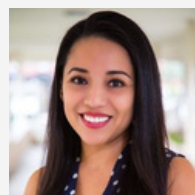
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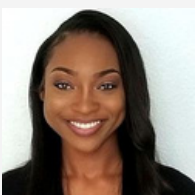
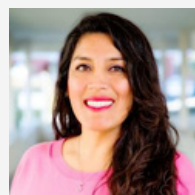
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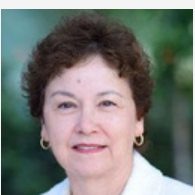
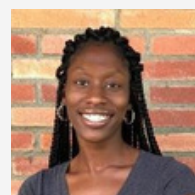
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