INTRODUCTION

The County of Santa Cruz Public Health Division, Immunization Program (SCPH) partnered with the Community Action Board of Santa Cruz County, Inc. (CAB), both in California, to facilitate the Center for Disease Control's (CDC) Rapid Community Assessment (RCA) to address COVID-19 Vaccine Hesitancy within the Santa Cruz County, CA community.

The RCA focused on addressing hesitancy towards COVID-19 primary series vaccine in parents and/or guardians (parents) of children, 0–14-year-olds, in the following zip codes: 95076, 95077, 95019, 95063, or “South County”. As of 3/1/23, parents (ages 25–44) in this region have some of the highest primary series rates (81%) within the county, while only 36% of children 0–14 in this region have completed their primary series, and only 5% have received a bivalent booster.

The objective of the assessment was to explore the disparity between adult and child COVID-19 vaccination rates by examining influence, trust, accessibility, and motivating factors to getting children vaccinated with their COVID-19 primary series.

DATA COLLECTION & ANALYSIS

Surveys: 502 surveys completed, provided in written form in English and Spanish, or verbally in Mixteco (a spoken indigenous language).
- CAB conducted surveys via phone and text banking, social media posts, and in-person at popular community locations (i.e. laundromats, retail stores, and community spaces) to parents of children 0–14-‐years-old.
- Survey participants received $5 gift cards.
- Survey responses were disaggregated to examine trends in trust, accessibility, motivating factors, and influence.

Focus Groups: 3 focus groups, each with 6–11 total participants.
- The focus groups were conducted in person via CAB facilitation and organization, with outreach via phone and text banking.
- Two focus groups were conducted in Mixteco and one focus group in Spanish.
- Focus group participants received $30 gift cards.
- A cut-and-‐paste method was used to analyze the focus group findings. Quotes cited in this report are translated from focus groups.
Parents said they speak Mixteco as their primary household language.

26% of parents say their child/children have received at least one dose of the COVID-19 vaccine.

71% of parents said that their household income was less than $60,000 per year.

43% identified their children as Hispanic: White, 16% identified their children as Hispanic: non-White.

Family Size: 71% of parents said they had one or two children.

Race: 63% of parents said their children identify as White, 8% as Alaskan Native or American Indian, 6% as Black or African American, and 23% as mixed race or other.

Ethnicity: 83% identified their children are Hispanic or Latinx; with 17% as non-Hispanic or Latinx.

Language: Of the parents who completed the survey:
- 32% completed the survey in English.
- 68% completed the survey in Spanish.

Of the parents who participated in focus groups:
- 74% participated in Mixteco.
- 26% participated in Spanish.

PARTICIPANT DEMOGRAPHICS

All participants of the surveys and focus groups identified that they have at least one child between 0–14, and lived within South County: 95076, 95077, 95019, 95063.

When survey participants were asked about their family:

Family Size: 71% of parents said they had one or two children.

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Social Listening: 3 months of social media monitoring and community listening.
- SCPH conducted social listening on social media platforms (i.e. Nextdoor, Facebook, and Twitter), local news, and across the online platforms of trusted voices (schools, community-based organizations, churches).
- Community listening via recent recordings of Board of Supervisor public meetings, and Public Health Call Center disaggregated data focused on COVID-19 vaccine.
- A cut-and-paste method was used to analyze the social listening findings.

OF PARENTS WHO REPORTED BEING UP TO DATE WITH COVID-19 VACCINE,

91% OF PARENTS REPORTED BEING UP TO DATE ON COVID-19 VACCINES

24% HAVE NOT VACCINATED THEIR CHILDREN WITH THE COVID-19 VACCINE

76% Parents said that their household income was less than $60,000 per year.

71% Parents say their child/children have received at least one dose of the COVID-19 vaccine.

26% Parents said they speak Mixteco as their primary household language.
Parents hear from a variety of sources attempting to influence their decision to vaccinate their children, this section reviews those influences. Parents were asked if any of the following influences positively or negatively impacted their decision for vaccinating their children:

**INFLUENCE**

\[
\text{Do/did you feel any of the following tried to influence you to get your children a COVID-19 vaccine?}
\]

<table>
<thead>
<tr>
<th>INFLUENCE</th>
<th>% of respondents</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family</td>
<td>44%</td>
</tr>
<tr>
<td>Schools</td>
<td>33%</td>
</tr>
<tr>
<td>Doctors</td>
<td>29%</td>
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</tbody>
</table>

**English Responses:**

- Influence to vaccinate:
  - Family - 44%
  - Schools - 33%
  - Doctors - 29%

- Influence to NOT vaccinate:
  - Family - 20%

**Spanish Responses:**

- Influence to vaccinate:
  - Family - 44%
  - Schools - 33%
  - Doctors - 29%

- Influence to NOT vaccinate:
  - Family - 20%

Parents expressed that general disapproval from the community also influenced their decision to vaccinate their children:

- “Another thing I felt, was a little rejection from people who were already vaccinated and who did not want to be approached by people who had not yet been vaccinated.” – Focus Group Parent

"The school reported that vaccines protected students against COVID-19."
- Focus Group Parent

"Many of our families questioned why we vaccinated our children."
- Focus Group Parent
**TRUST**

Trust plays an important role in vaccine decision making--this section examines trusted messengers. Parents were asked to rate how much they trusted Healthcare Providers, Friends and Family, Public Health Agencies, Community Based Organizations (CBOs), and Faith-Based Leaders using the following: “no” or “little-to-no” trust, or “lots-of-trust” or “complete trust”.

![Graph showing trust levels](image)

**Spanish Responses:**
- **Most Trusted:** Healthcare Providers (81%) and Public Health Agencies (78%)
- **Least Trusted:** Faith-Based Leaders (39%)

**English Responses:**
- **Most Trusted:** Public Health Agencies (65%) and Community Based Organizations (65%)
- **Least Trusted:** Healthcare Providers (64%) and Family and Friends (54%)

“What has worried me was the fact that money was offered to get the vaccine, why was it pushed so hard, and why was the vax created so fast. These two things caused confusion and fear about why you are paying me to get it. It felt like they were forcing the people to get it.”
- Focus Group Parent

**INCENTIVES?** 65% of parents reported that being offered gift cards or other rewards has no influence on their trust of the COVID-19 vaccine.
- Only 17% of parents indicated that being offered incentives for vaccination increased their trust in the COVID-19 vaccine while 18% reported that incentives in fact decreased their trust in the COVID-19 vaccine.
Many factors are at play when parents decide to vaccinate their children or not. This section reviews these motivating factors both in favor of and against vaccination. Parents were asked to choose 1–3 reasons they may have postponed or hesitated to give their child the vaccine:

**Hesitancy:** The top response included concern around the "Potential Side Effects of Vaccination" for their child (49%), and information they learned about the vaccine has "Scared Them into Hesitation or Postponing" vaccination (34%)

"They told us that it is safe to vaccinate children at the clinics, but the truth is that we do not know if it is very good for them and if we vaccinate them, [...] what if something happens to them?" – Focus Group Parent

**Safety:** Nearly half of parents think the COVID-19 vaccine is safe for their child/children (47%), while a third of parents think the COVID-19 vaccine is somewhat safe, and only 10% think it’s completely unsafe.
COVID-19 Illness: When parents were asked about their concern about their child getting COVID-19:

- Of the 64% of parents who were "Very Concerned" or "Somewhat Concerned" about their child getting COVID-19, 66% reported giving their children at least 1 dose of the COVID-19 vaccine, and 48% reported giving their child the booster vaccine.
- Of the 33% of parents who were a "Little Concerned" or "Not Concerned at All" about their child getting COVID-19, 83% had given at least one dose of the COVID-19 vaccine to their children and 65% had given their child the booster vaccine.

PERCEIVED BENEFITS AND CONCERNS OVER COVID-19 VACCINE

Focus group questions primarily centered around reasons for vaccine hesitancy, and as a result benefits of the primary series COVID-19 vaccine for children were cited less frequently. However, benefits of children receiving the COVID-19 vaccine fell into three categories:

- **Able to Be Close to Loved Ones**
- **Fear of COVID-19**
- **Strengthening Immune System**

Concerns over children receiving the vaccine fell into the following categories:

- **Impact on Fertility**
- **Social Pressure to Not Vaccinate**
- **General Fear**
- **Vaccine Efficacy**
- **Fear of Other Side Effects**
- **Distrust of Government**
ACCESSIBILITY

Access to information, appointments, and other resources can influence people’s willingness to get vaccinated—this section reviews barriers to access. Parents were asked to select 1–3 responses on what has made/makes getting their child vaccinated with the COVID-19 vaccine difficult:

For parents who completed the survey in English "Getting to Vaccination Sites" was the most often cited challenge in getting their child vaccinated, while for those who completed the survey in Spanish "Language Barrier" was the most frequently cited difficulty.

SOCIAL LISTENING

Over the course of the three weeks during the RCA, social activity related to COVID-19 vaccines and children was limited. The lack of information (both in favor of and opposed to vaccines) demonstrates an opportunity to share positive information directed at parents.

In order to better contextualize the findings from this report, social listening was conducted retroactively for the months of January–March 2023.
Future Recommendations

Partnering with CAB to conduct the RCA resulted in valuable and culturally-relevant information regarding vaccine hesitancy amongst parents/guardians of 0–14-year-olds in South Santa Cruz County, California. Throughout the RCA, data were collected on trust, influence, motivating factors, and accessibility regarding the COVID-19 vaccine for children.

The information suggests education around COVID-19 vaccine safety and side effects of the vaccine would be helpful in addressing parental concerns:

- **Trust**: The most trusted sources for information vary depending on language spoken, but Community Based Organizations and Public Health Agencies stand out as trusted sources for all parents surveyed (Figure 2).

- **Accessibility**: The RCA data suggests that reducing barriers such as creating accessible vaccination opportunities, technology, and ensuring resources are available in indigenous languages continue to be areas to improve (Figure 6).

- **Motivating Factors - Safety**: Given that relatively few parents believe the vaccine is not safe at all, communication strategies to the general public based on the RCA can be designed to address the concerns of parents who believe the vaccine is “somewhat safe” to strengthen their decision (Figure 4).

- **Motivation Factor - Concern**: According to survey results, parents of vaccinated children are less likely to be concerned about their children getting COVID-19, than those who have not gotten their child vaccinated. Communication strategies can leverage this trend to help reduce fear for parents about their child getting COVID-19 (Figure 5).

After nearly 2 years of supporting the community through COVID-19 vaccines, the RCA provides insight into the assets and barriers that this population faces in feeling confident about vaccinating their children with the COVID-19 primary series. Future efforts to better understand vaccine hesitancy amongst this population will be valuable in continuing to explore how best to support vaccine confidence and uptake.