

Addressing Vaccine Hesitancy in Cincinnati

Insights Report - 2021

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Executive Summary

As vaccine supply [outpaces demand](#) across Ohio and the pace of COVID-19 vaccination [slows](#), it is critical that we develop targeted strategies to reach people who would be willing to get vaccinated under the right set of conditions. This is especially urgent as [new variants of COVID-19 develop and increase the risk of case count surges](#). To develop an updated set of strategies to reach people who are hesitant about the vaccines, we have conducted three focus groups in Cincinnati and additional focus groups elsewhere in Ohio. The “everyday experts” who we engaged in focus groups were all deeply skeptical of the vaccine, but some had recently decided to get the shot.

KEY THEMES:

- Approach the issue of vaccine hesitancy with patience and respect
- Promote vaccination as about protecting the vulnerable
- Address key questions around safety and efficacy with confidence
- Focus on personal messaging from relatable messengers

The discussions also confirmed what surveys have shown: [healthcare professionals](#) and other local influencers from the community are [trusted](#) and [compelling](#) messengers, along with friends and family who had been skeptical but ultimately decided to get vaccinated despite their concerns.

When it comes to the messages themselves, we learned that consistency, humility, community, and concern for others were the most salient themes.

In order to meaningfully engage populations that are wary of the vaccine, it is important to approach them without judgment. Health officials should acknowledge that it is okay to be hesitant about the vaccine, and that everyone has a right to make the choice that feels right for them. The sources of mistrust in the healthcare system are not just historical, they [reflect lived experiences](#) of bias, discrimination, and feeling ignored. Listening to the questions and concerns of people who are vaccine-hesitant can be a more convincing use of time than just trying to get people educated or informed.

In practice, this means that mobile vaccination clinics

should start with a Q&A session, not with “myth debunking.” Instead of asking the community influencers and Black, Latino, or rural healthcare professionals to direct people to “get the shot,” have them explain why they themselves got the shot. Additionally, given the high level of respect and concern for elders in these communities, healthcare professionals should stress the need for younger people to get vaccinated in order to protect seniors and the immunocompromised who cannot be vaccinated. Communicating this is especially important given the dangerous new variants.



“Consistency, humility, community, and concern for others were the most salient themes.”

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Smaller, honest conversations where people who have questions or concerns can express them openly, and have them answered with respect, are critical to increasing vaccination over the next few months. Those can happen by having health professionals show up to existing meetings, by proactively doing community organizing to invite people into those spaces, or by going out and engaging people on their doorsteps and in their neighborhoods. Direct financial incentives to get vaccinated increased skepticism among the people we engaged, so efforts to tie incentives to engage in discussions about the vaccine, rather than receive the vaccine, should be explored.

Getting vaccinated has become personal and political for many, and genuine fear and skepticism are contributing to lagging vaccination rates. For the next phase of public health efforts, focusing on humility, consistency, smart messaging, and deeper engagement could help drive increased vaccination rates.

This project was commissioned by bi3, Interact for Health, and has been conducted in partnership with the City of Cincinnati Health Department in Cincinnati. Black health care professionals and leaders from the Health Department participated in each of the focus groups that we conducted. Our efforts focused on Black communities because the Health Department identified them as the populations with the lowest vaccination rates within the city of Cincinnati, but it is worth noting that there are other demographic groups with similar or lower vaccination rates outside of city limits that we did not focus on. The six focus groups included a total of 50 participants.

Common Sources of Vaccine Hesitancy

1

Mistrust of the healthcare system for both historical and experiential reasons

"These are the same people who did the Tuskegee experiments and don't believe Black people when they describe their symptoms at the doctor's office. Why should we believe them about this vaccine?"

2

The speed at which vaccines were developed and approved

"This vaccine was developed in record time, but we still don't have cures for cancer or AIDS and it's been decades. There is no way they could have done it this fast and know that it's safe. It doesn't even have real FDA approval."

3

The fact that people are being incentivized to take it

"Now they are paying me a million dollars to get the shot? Now I know something is fishy. They don't ever pay us a million dollars to do anything!"

4

The perceived lack of transparency around the vaccine ingredients and effects

"We don't even know what's in these vaccines, and no one can answer my question when I ask. What are they made of? What do those ingredients do to us?"

5

The focus on the Black and minority communities

"Why is every ad all of a sudden about making sure Black people get the vaccine? No one seemed to care about the disparate health outcomes for Black people before, why are they so eager to get Black people vaccinated now?"

6

A reaction to feeling condescended to/not taken seriously

"Every time I go to the doctor or the hospital my symptoms and pain get ignored or dismissed. Doctors won't answer my questions. So now they want us to 'trust the science' and just listen to what they say? No thanks."

7

Fear of getting sick from the vaccine's side effects and missing work

"I can't afford to be in bed for two days. Who is going to feed my kids when I'm sick?"



Key Insights and Themes to Encourage Vaccination

Acknowledge vaccine hesitancy without judgment

It is critical that any discussions with people who are skeptical of the vaccine begin with health officials or others acknowledging the legitimacy of skepticism, questions, and hesitancy. Many African-Americans have developed a deep distrust of the healthcare system because they have been treated poorly and had their health concerns dismissed by medical professionals in the past. Defensive walls go up quickly if people feel that they are being lectured, spoken down to, or not taken seriously.

Listen first, educate second

Begin vaccination efforts by listening first, seeking to understand, and then creating space for questions and conversations. People are more receptive to information about the vaccines once they feel heard concerning their skepticism and questions.

Emphasize the quantity and duration of the data on vaccine safety and efficacy

Many vaccine hesitant individuals are in a “wait-and-see” mode. That position is often based on a belief that we only have data from people who have been vaccinated in the last few months. Proactively sharing data about the sustained health of people who were vaccinated at the beginning of the clinical trials over a year ago is compelling for these individuals, as are the big studies of healthcare workers who were vaccinated early on, and the other population-level data.

Center the stories of Black and minority health professionals and community influencers who have been vaccinated

These influencers should be encouraged to speak about their own path to deciding to get vaccinated, their experience, and what specifically gives them the confidence to recommend the vaccine to their families and the public. “Why I got the shot” is a more compelling message than “go get vaccinated.”

Vaccinate people where they are, but give them a chance to talk

Showing up to where people live and work with mobile vaccine efforts can be effective as long as these efforts begin with Q&A and discussion. For many, the sheer convenience of having the vaccine at their workplace or on their street will be enough to overcome hesitancy. For others, legitimate questions and concerns persist, but might be allayed through open dialogue.

Highlight that while vaccination is an individual choice, it has serious consequences for others' safety and health

It is helpful to be clear about the public health benefits of more people getting vaccinated; for example, being vaccinated helps keep those who can't get vaccinated safe. Many people who are currently unvaccinated may not be willing to get the shot for themselves, but they are open to doing it for others. Messaging about seniors and immunocompromised people for whom the vaccine might not be available is especially compelling. Consider frames such as: "getting vaccinated is your choice. But it is a choice that can keep our elders and kids safe."

Tie incentives to participation in vaccination discussions, rather than to vaccination itself

Incentives to get vaccinated have heightened skepticism among people already wary of the vaccines, so incentives should be linked to other forms of engagement if they are going to be utilized. "Don't act like I'm a dog and try and convince me with treats. Take me seriously."

Seek out opportunities for health professionals of color to attend existing social meetings and events to lead Q&A sessions

In the same way that vaccination efforts should go to where people are, so should influencers and health care professionals. Meetings could be for Greek organizations, college alumni networks, social and athletic clubs, professional associations, etc.

Stress the efficacy of vaccines to prevent COVID-19 infections as well as serious illness

Many people asked, "what's the point, if you can just get COVID-19 even with the vaccine?" Effective responses to that question note that the vaccine protects against both COVID-19 infection and severe illness for the people who get it.

Family and loved ones are a primary driver of vaccination

Even for people who are or were skeptical of the vaccine, the most powerful reason to get vaccinated was the idea of keeping their family safe or getting to spend time with loved ones.

National celebrities are not the best messengers because they are seen as too removed

There was a deep sense that celebrities are not effective messengers, because their lives are so different from most people's experiences. "Everyday common people that are next to me at the grocery store, that's who I find convincing."

Emphasize what we know about the risks of COVID-19 (very harmful) vs. what we are pretty sure about the vaccines (safe & effective) for people who are worried about short-term health effects

Many people have health concerns about the vaccine because of other pre-existing conditions. For these individuals, it is compelling to share that contracting COVID-19 may be a major risk for them, given that so many people have fallen ill or died. On the other hand, we have very good evidence that the vaccine is safe and effective with 172 million shots in the US and zero deaths, but it is up to them to balance the risks. Finally, it is worth noting that people with preexisting conditions like heart disease, diabetes, cancer, HIV, liver disease, and lung disease were included in the vaccine trials.

Provide informational flyers, FAQs, and media campaigns in multiple languages

New Americans were clear that more of the messaging, both in terms of information about the vaccines and where to get them, as well as the persuasion messaging, needs to be in more languages in order to be effective for their communities.

More pull and less push: make vaccine info sessions fun, show up at community events, invite local performers to outdoor venues, etc.

So many of the insights we heard mirror insights from Get Out The Vote and voter registration efforts, including the need to make things feel more fun than obligatory. Concerts with local performers who either explain why they got vaccinated, or they encourage their supporters to come get vaccinated with them, along with barbecues and other events are all potential

Develop clear messaging about the ingredients in the vaccines and highlight that there is no live virus in the vaccine

Skepticism about the ingredients in the vaccines is a major barrier, so it is important to be transparent about what is in each vaccine and why. An ingredient list, along with a glossary of any technical medical terms, could be a helpful sign of transparency and trust-building.

Ensure that health workers providing the shots are well-trained to answer basic health questions about the risks of vaccinations and their side effects

When the people running mobile vaccination clinics are not fluent in the answers to common questions, it increases skepticism and can contribute to feelings of uncertainty about the vaccine.



Messaging

Tone



1

Avoid admonishment or directives that could be perceived as judgmental or condescending , e.g. “Do It Because Grandma Says So”

2

Use requests rather than demands, e.g. “Please get vaccinated to keep me safe”

3

Establish consistency of vaccination efforts with messages like “We’re Here When You’re Ready”

Potential Message Frames:

Sharing your “why”

- “I got the vaccine so that I can live to see my grandkid graduate. Please get vaccinated so that you can help end COVID-19 for good.”
- “I got the shot for my grandma. She already lost two brothers to the virus. I was on the fence for a while, but I needed to do it for her.”
- “I still don’t fully trust it, but I decided to take a chance on getting to be protected in hopes of keeping my parents and my kids safe.”

Relatability

- “I am a [insert identity], and I am skeptical about the medical industry for lots of reasons. But I decided to get the shot anyway, because I believe my doctor and want to keep my family safe.”
- “I get it, I know the history too, and trust me, I have my doubts. But eventually, I decided the risks of COVID-19--for me and my family--were too much higher than the risks of the vaccine.”
- “I was super unsure about the vaccine for a long time, so I waited. Now my mom and my friends have all gotten both shots, and they are all fine, so I’m ready. Waiting was the right thing for me, but then it was time for me to get my shot.”

Protecting the vulnerable

- “New, more dangerous variants of COVID-19 are coming. So I’m asking you: please get vaccinated to keep me safe.”
- “I’m going through chemotherapy and can’t receive the vaccine right now. Please get vaccinated to help keep me safe.”
- “Whether you get vaccinated is an individual choice. But it has consequences for everyone, especially the sick and the elderly, who are more at risk if you don’t get the shot. It’s your choice, but getting vaccinated can help protect our elders.”

Enjoying the vaccinated life

- “I got the vaccine, and two weeks later I was hugging my grandma, crying. It felt so good to finally get to be together and feel safe.”
- “I’m traveling again! Added so many places to my list, and now I’m knocking ‘em off.”
- “I’m a coach, so I’m around kids all the time. After getting the shot, I can coach my athletes and not worry about getting them sick, or vice versa.”

Potential Message Frames:

COVID-19 risk

- “Yes, we only have 1 year of data about the vaccine. But so far, over 300 million people have gotten the vaccine and been OK. And millions have died from COVID, especially these new, more deadly variants. I’m taking my chances on the vaccine over COVID-19 for sure.”
- “Here’s what we know for sure: COVID-19 is a killer, and its effects can stick with you for a long time if you get it. On the other side, we’re almost positive the vaccine is safe and effective. Don’t take your chances with getting or spreading COVID-19.”
- “These new variants aren’t messing around. They are more contagious and more deadly. I still have my doubts about the vaccine, but I’m SURE I don’t want COVID-19.”
- “I know too many people who have gotten sick or died from COVID-19. I’ve been waiting to see how the vaccine goes, but now I’m ready to get the shot and stay safe.”

Messengers

Black and New American health care professionals

People who were skeptical and decided to get vaccinated anyway

People from the community who survived COVID-19

People from the community--especially kids and seniors--who are immunocompromised

Local influencers: business owners, rappers, comedians, singers

Unelected community leaders: matriarchs, religious leaders, coaches

Additional Recommended Action Steps

- **Healthcare professional call-time:** Encourage healthcare professionals to personally call their patient lists and follow this updated messaging guidance.
- **Go where people are:** Hold more in-person Q&A sessions with local influencers and healthcare professionals. People are motivated by in-person conversations and appreciate it when healthcare professionals make the effort to meet them where they are.
- **Adjust targeted social and earned media campaigns:** Avoid admonishing individuals or focusing on national celebrities; instead, follow these updated guidelines to make sure messaging is honest, nuanced, relatable, and focused on keeping others safe.
- **Host listening sessions where people can share their fears:** Get people together, let them express their skepticism and ask their questions, and answer them clearly without judgment or frustration.
- **Translate everything:** Videos, FAQs, ingredient lists, vaccination information, robocalls - the more things that are translated into the 10-20 most common languages, the better. This is just not just written materials, but radio, digital advertisement, and messaging as well.
- **Organize to proactively bring healthcare professionals and community members together:** Public health leaders and institutions, in addition to joining meetings and inviting others to public forums, should also look for opportunities to do proactive community organizing to invite and recruit people to join small discussions with healthcare professionals.



FAQs and Sample Answers*

- Does the vaccine cause infertility?
- How did they come up with the vaccine so quickly? How can we trust something that was so fast?
- How is it possible we have a COVID-19 vaccine so quickly, but we still don't have cures for cancer or AIDS?
- What is in the vaccines? What are the ingredients?
- Do we know the long-term effects of the vaccine?
- If I know a lot of people who have had COVID-19 and been OK, why would I get the vaccine?
- If getting the vaccine just keeps me from getting super sick, but doesn't keep me from being able to spread COVID-19 to others, why should I get it?
- Why is there such a focus on minority populations, especially Black communities, when it comes to the vaccine?
- If people believe in the vaccine so much, why are they paying people millions of dollars to get it?
- Does the vaccine alter DNA or genes?
- Black people have been the victims and targets of the medical establishment's untested efforts in the U.S. before, how can we trust them this time?
- Why does the vaccine make people sick? What is causing those side effects?
- Why do health officials and other leaders care whether individuals get vaccinated?

*These sample answers were compiled from government and academic sources as well as from interviews with primary care providers and public health officials.

Does the vaccine cause infertility?

- There is currently no evidence that COVID-19 vaccination causes any problems with pregnancy, including the development of the placenta. In addition, there is no evidence that fertility problems are a side effect of any vaccine, including COVID-19 vaccines.
- If you are trying to become pregnant now or want to get pregnant in the future, you may get a COVID-19 vaccine when one is available to you.
- Confusion arose when a false report surfaced on social media saying that the spike protein on this coronavirus was the same as another spike protein called syncytin-1 that is involved in the growth and attachment of the placenta during pregnancy. The false report said that getting the COVID-19 vaccine would cause a woman's body to fight this different spike protein and affect her fertility. The two spike proteins are completely different and distinct, and getting the COVID-19 vaccine will not affect the fertility of women who are seeking to become pregnant, including through in vitro fertilization methods. During the Pfizer vaccine trials, 23 women volunteers involved in the study became pregnant, and none of the people who received the vaccine suffered a pregnancy loss. (Source: [Johns Hopkins Health](#))

How did they come up with the vaccine so quickly? How can we trust something that was so fast?

This vaccine was developed quickly for a number of reasons: There have been people working on similar vaccines to different coronaviruses since the SARS and MERS outbreaks in 2003 and 2012. Additionally, because this was a global pandemic, the entire scientific world focused on this one disease and collaborated in unprecedented ways, which also unlocked large amounts of research money to help speed up progress. Finally, because so many people were infected with the virus, the sample size to test the vaccines was large enough to complete the process much faster than typical trials.

How is it possible we have a COVID vaccine so quickly, but we still don't have cures for cancer or AIDS?

- HIV, the virus that causes AIDS, is a unique kind of virus that mutates more easily than other viruses, making it very challenging to develop a vaccine for.
- Cancer can be caused by a number of triggers, but most of them are not viruses, meaning that a vaccine cannot be developed against them.

What is in the vaccines? What are the ingredients?

- Vaccine ingredients can vary by manufacturer.
 - [Information about the Pfizer-BioNTech COVID-19 Vaccine](#)
 - [Information about the Moderna COVID-19 Vaccine](#)
 - [Information about the Johnson & Johnson's Janssen COVID-19 Vaccine](#)

Do we know the long-term effects of the vaccine?

- [Long-term side effects](#) from modern vaccines are incredibly rare. Because vaccines are given to healthy people, the degree to which they need to be safe is incredibly high. This is in contrast to, for example, pharmaceutical drugs which are given to people with disease. In those cases, the risk-benefit calculation is disease vs. side effect from the drug, so the required degree of safety is lower.
- The vast majority of negative effects from most vaccines will appear within 6 weeks of administration. With other immunizations, severe reactions typically occur within days or weeks after administration.
- The COVID-19 vaccines were tested extensively before receiving FDA emergency authorization, and in fact, entered clinical trials [in humans as early as last summer](#). The participants in those studies, who are nearly a year out from their first shot, have not suffered any ill-effects to date. Between the Pfizer and Moderna vaccines alone, over 70,000 people participated in clinical trials.

If I know a lot of people who have had COVID-19 and been OK, why would I get the vaccine?

- [Based on research](#)--both from clinical trials and real-world population data--it is likely that COVID-19 vaccines will prevent people from getting and spreading the virus. Both the Pfizer-BioNtech and Moderna vaccines are showing about 95 percent efficacy in their preliminary reviews. This means people who received these vaccines in clinical trials had a 95 percent lower risk of getting COVID-19 than people in the trial's control group who did not receive a vaccine. The Johnson & Johnson vaccine showed 72 percent efficacy in U.S. clinical trials.
- The clinical trials showed that all three vaccines were 100 percent effective at preventing hospitalizations and deaths from COVID.

If getting the vaccine just keeps me from getting super sick, but doesn't keep me from being able to spread COVID-19 to others, why should I get it?

- [A large study showed](#) that the vaccine reduced the chances of getting and spreading COVID-19 by 90 percent. The likelihood of spreading COVID-19 to others decreases even further when there are more people vaccinated.
- All COVID-19 vaccines currently available in the United States have been shown to be safe and effective at preventing COVID-19. ([CDC](#))

Why is there such a focus on minority populations, especially Black communities, when it comes to the vaccine?

- [Black rates of death and serious illness as a result of COVID-19 are higher than those of some other demographics](#), in large part due to preexisting health inequities. Public health officials have placed a focus throughout the pandemic on protecting those who are at highest risk of serious illness--that would include [Black Americans, based on the statistics](#) we have seen so far. Additionally, the national focus on racial justice which has arisen over the past year has called attention to the ways in which Black communities have been mistreated by the healthcare system.
- [It is important that a large percentage of the population becomes vaccinated](#) against COVID-19 in order to protect those who are not vaccinated, either by choice or for medical reasons, from becoming sick and transmitting the virus. As more people get vaccinated, fewer people overall will become sick and the virus will mutate more slowly. Since the percentage of Black Americans who have been vaccinated against COVID-19 is lower than that of white Americans, public health experts have begun to focus on decreasing that disparity in order to boost overall immunity levels.

If people believe in the vaccine so much, why are they paying people millions of dollars to get it?

- Though public health authorities are confident in the safety and efficacy of the COVID-19 vaccines, rates of vaccination among eligible individuals have been [declining for a number of weeks](#), as it seems most people who were certain they wanted to receive the vaccine as soon as possible have already done so. Some states and localities have begun associating monetary incentives with vaccination drives in order to increase vaccination rates. There is some preliminary evidence that these incentives are an [effective use of funds](#) which otherwise would have been used for other vaccination drive efforts, such as marketing materials. However, vaccine lotteries do not address legitimate questions and health concerns held by many who have yet to receive the vaccine.

Does the vaccine alter DNA or genes?

- COVID-19 vaccines do not change or interact with your DNA in any way. There are currently two types of COVID-19 vaccines that have been authorized and recommended for use in the United States: messenger RNA (mRNA) vaccines and a viral vector vaccine. Both mRNA and viral vector COVID-19 vaccines deliver instructions (genetic material) to our cells to start building protection against the virus that causes COVID-19. With the mRNA vaccines, the material never enters the nucleus of the cell, which is where our DNA is kept. This means the genetic material in these vaccines cannot affect or interact with our DNA in any way. The viral vector vaccine delivers a small piece of DNA to the nucleus of the cell where it is quickly translated into mRNA and then destroyed--it does not interact with our DNA. All COVID-19 vaccines work with the body's natural defenses to safely develop immunity to disease. ([CDC](#))

Black people have been the victims and targets of the medical establishment's untested efforts in the U.S. before, how can we trust them this time?

- Getting the vaccine is an individual choice that everyone has to make for themselves. The United States has a well-documented history and present-day of discrimination and bias in its delivery of healthcare to the African-American community. It is also true that this virus has already taken a massive and disproportionate toll on that community, so there is a risk that allowing other elements of healthcare discrimination to lower vaccination rates in Black communities will only cause more harm.
- Black healthcare professionals and [associations--doctors](#), nurses, scientists--have come out strongly in favor of the vaccines, and have [encouraged others to get vaccinated](#). The National Medical Association, the largest national organization representing African-American physicians in the U.S., noted that [10% of the participants in the vaccine](#) clinical trials for both Moderna and Pfizer were Black.

Why does the vaccine make people sick? What is causing those side effects?

- Reactions to the vaccine are caused by the body's immune system noticing the vaccine and kicking into gear as a response. There is nothing particularly different or dangerous about the COVID-19 vaccine's immediate effects compared to other shots. Some vaccines cause more reactions than others, for example, the Shingles vaccine is notorious for making people feel sick, and the tetanus shot can make one's arm hurt for days. These reactions only happen to certain people and it is impossible to predict who will or will not be affected, but they are not a result of anything going wrong.

Why do health officials and other leaders care whether individuals get vaccinated?

- Public health officials care deeply about the health of our communities. Vaccines represent one of the best ways we can protect ourselves from devastating infectious diseases. This is true on the individual level, but it is also true at the community level. Public health officials hope to eventually reach "herd immunity", which is what it is called when members of a community are vaccinated to help protect members of the community who are not able to get vaccinated as a result of other health issues. Finally, the more people who are vaccinated, the less of a threat dangerous new variants pose for everyone.



Background and Methodology

Cohear's Cincinnati network is concentrated in the city, so we have focused our outreach and engagement efforts on the communities within the city with the lowest vaccination rates. The communities that the Health Department asked us to engage are majority African-American, so we were asked to focus our engagement on Black people who have not yet been vaccinated. We know that there are other demographics and communities with low levels of vaccination and would be eager to engage them in the future.

Our efforts are qualitative in nature, and are not scientific studies or randomized, representative samples.

We believe that living an issue every day makes someone an expert, and that policymakers will do their jobs better if they listen to and from that everyday expertise. We focus our facilitation efforts on eliciting creativity and insight that come from lived experience, and then translate those ideas into actionable strategies.

Cohear invites everyday experts to join these discussions using a community organizing model, and while we try to make it costless to participate--we send dinner for Zoom focus groups, and provide food, transportation, childcare, and interpreters as needed for in-person discussions--we do not otherwise incentivize participation. Individuals join these discussions because they care about the issue, are valued as everyday experts, and get access to decision makers. For these focus groups, leaders from the Health Department were present.

Who We Engaged

Six Focus Groups

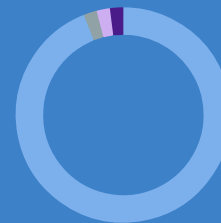
Three in Cincinnati

- Two with 17 total Black participants who are skeptical about the vaccine
- One with 10 Black and white participants who were skeptical, but decided to get the vaccine

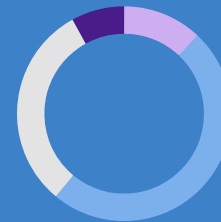
Three in Central Ohio

- Two with 17 total primarily Black participants who are or were skeptical about the vaccine
- One with 6 new Americans (immigrants and refugees) who are or were skeptical about the vaccine

50 total people engaged



- 94% Black Americans
- 2% White
- 2% Latino
- 2% Asian Americans



- 12% 51+ years old
- 49% 35-50 years old
- 31% 23-35 years old
- 8% 15-22 years old



- 64% Female
- 36% Male

