



**YOUNG ADULT PERSPECTIVES
ON THE COVID-19 VACCINE:**

LISTENING TOUR FINDINGS

Written By

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About Young Invincibles

Young Invincibles' mission is to amplify the voices of young adults in the political process and expand economic opportunity for our generation.

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Introduction

The effort to vaccinate Americans against COVID-19 has slowed to a worrying pace. Hopes raised by the initial enthusiastic uptake of COVID vaccines have been tempered by increasing difficulties in reaching the roughly one-quarter of American adults that have not yet received a vaccine¹. As case rates remain high and increasingly worrying variants circulate, continued low confidence and enduring barriers to vaccination represent major obstacles to ending the public health crisis.

Increasing vaccination rates among young adults has been a particular challenge. The latest data from the Kaiser Family Foundation's COVID-19 Vaccine Monitor shows that respondents ages 18-29 have the lowest vaccination rates of any age group. They are also most likely to express hesitancy or outright refusal to get the vaccine.² The most recent polling data from the Census suggests that more than half of 18-34-year-olds who are not currently vaccinated say they will probably or definitely not get the vaccine.³ Furthermore, disparities in vaccination rates and hesitancy across racial and socioeconomic lines are as acute among young adults as they are among the population at large.

In order to better understand the core attitudinal determinants of vaccine hesitancy among this crucial population, Young Invincibles convened a series of listening sessions between April and June of 2021. Respondents were asked to take a short pre-survey, and then to participate in an hour-long structured discussion around their personal experiences with and attitudes towards the contemporaneously-available COVID vaccines.



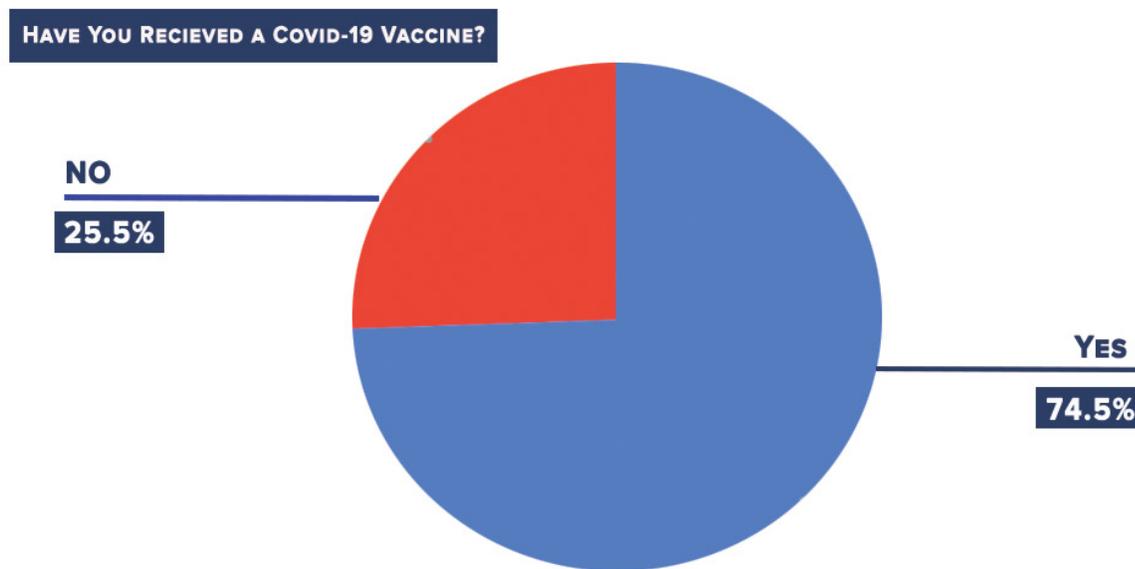
1 CDC COVID Data Tracker. "COVID-19 Vaccinations in the United States." Accessed September 7, 2021. https://covid.cdc.gov/covid-data-tracker/#vaccinations_vacc-total-admin-rate-total

2 <https://www.kff.org/coronavirus-COVID-19/dashboard/kff-COVID-19-vaccine-monitor-dashboard/>. Accessed Aug 20, 2021.

3 Census Household Pulse Survey (COVID-19), Week 33 public use file. Young Invincibles calculations, accessed August 20, 2021. <https://www.census.gov/programs-surveys/household-pulse-survey/datasets.html>

Recruitment and demographics of young adult participants

Recruitment for YI’s listening session participants was conducted through a variety of channels. Young Invincibles offers a wide range of civic efficacy programming aimed at young adults across the country, and could thus recruit current and former program participants from its own networks while reaching out to a wider array of young adult organizations to bring additional voices into the discussion. Eligible participants were compensated for their time. This recruitment strategy by its nature explicitly sought young adults of color, as well as participants from diverse socioeconomic backgrounds.



Participant Characteristics

Eighty-four young adults participated across nine listening sessions. Participants were asked to take a pre-survey immediately before the discussion began. Survey results show that young adults of color were substantially over-represented relative to the population as a whole, with roughly 11 percent of participants identifying as non-Hispanic or non-Latinx white. Among survey-takers, 38 percent identified as Black, 22 percent as Hispanic and/or Latinx, 15 percent as Asian, 10 percent with multiple identifications, and one percent each as Indigenous and Middle Eastern.

Participants also skewed substantially female (68 percent, with another 8 percent identifying as non-binary or genderqueer) 31 percent of respondents identified as LGBTQ. The average age of focus group participants was 24. The age distribution was diverse within the 18-34 group, though it was skewed toward the younger end of this range.

Vaccination Rates

At the time of their participation, roughly 75 percent of respondents had received a vaccine. Focus groups were conducted exclusively after the vaccine had been made generally available to the adult population. This percentage was higher than the national percentage of young adults vaccinated over the same period, but nevertheless indicates substantial diversity of experiences, viewpoints, and attitudes among participants. Notably, among those not yet vaccinated, there was a diversity of intentions to be subsequently vaccinated.

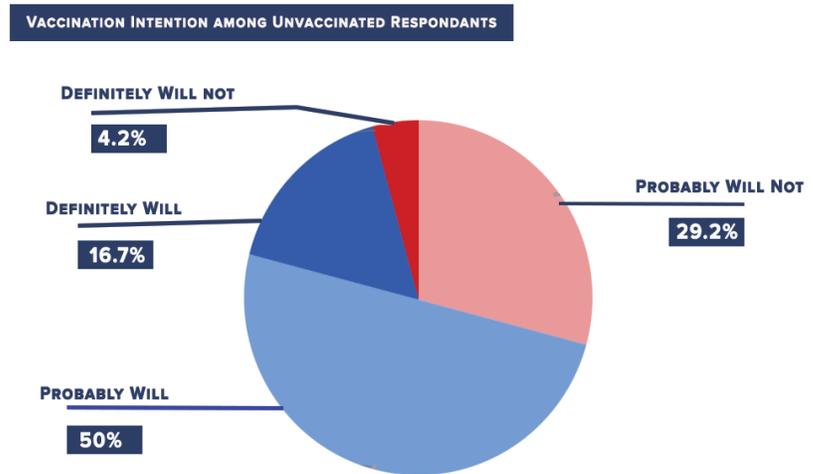


Figure 1: Vaccination Intention

Those who were sure of their choice one way or another were a distinct minority (17 percent said they would definitely be vaccinated; 4 percent said they would definitely not be), with the majority saying that they either probably will (50 percent) or probably will not (30 percent) get a COVID vaccine.

Vaccination Attitudes

Among those who responded “probably” (one way or another), the most common reasons given were concerns about side effects, intentions to wait and see with respect to vaccine safety, and doubts about vaccine efficacy.



WHICH OF THE FOLLOWING, IF ANY, ARE REASONS THAT YOU ONLY PROBABLY WILL GET A COVID-19 VACCINE?

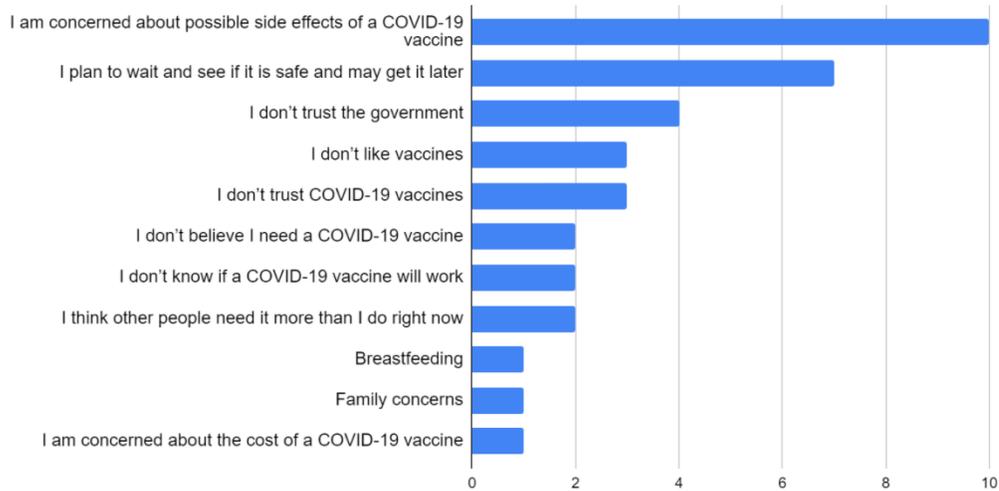


Figure 2: Reasoning for Only Probable Vaccination

Though not included as an option, some open-ended responses suggest elements of family and/or community pressure that emerged more clearly in subsequent discussions (eg. one respondent wrote that (“My mom won’t allow it even if I wanted it”).

WHICH OF THE FOLLOWING, IF ANY, ARE REASONS THAT YOU PROBABLY WON'T GET A COVID-19 VACCINE?

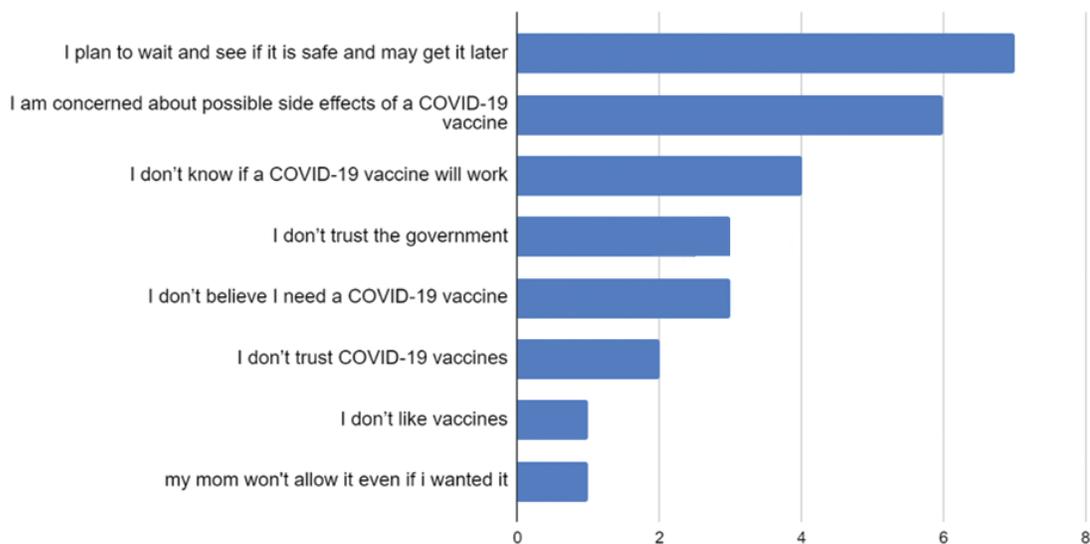


Figure 3: Reasoning for Probable Non-Vaccination

Key Findings:

Several common themes emerged among the 84 young adult participants during the listening sessions themselves. Even among those who were vaccinated as soon as they were eligible, nearly all participants expressed some hesitancy and skepticism about the COVID vaccine. Concerns about side effects from the vaccine, followed by a belief that the vaccine may have worse effects than COVID itself, and a belief that young adults do not need to be vaccinated topped the list among those who had not yet been vaccinated.

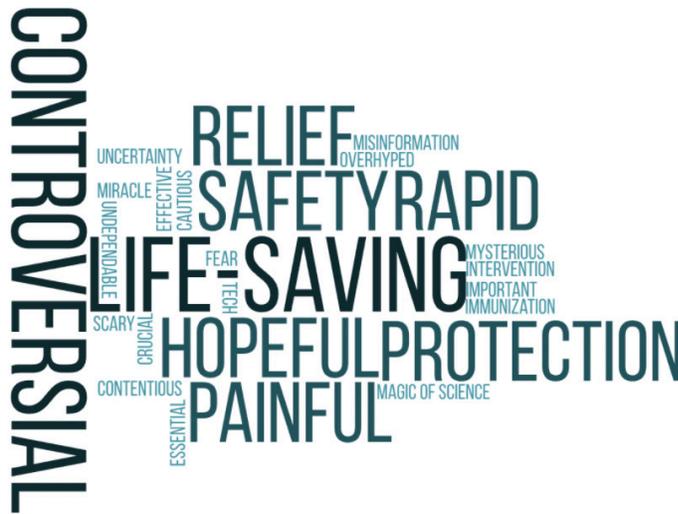


Figure 4: Participant responses when asked for a one-word description of the COVID vaccine.

Motivations

Among those that reported being vaccinated at the time of the discussion, the top reason for choosing to get vaccinated was to protect others, mentioned 26 times among the 9 discussions. While there was still plenty of skepticism among most participants, it is important to recognize that the majority of participants we spoke with reported getting vaccinated as soon as they were able, with many stating they believed it was important to do so not for their own health, but because they felt a responsibility to protect others. This underlying altruism is often lost in the national narrative about lower vaccination rates among young adults, though of course, it may be a double-edged sword, both reflecting and reinforcing the mistaken belief that young people are not at risk from COVID, and do not need to get vaccinated for their own health.

Following the desire to protect others, the other top motivations among those vaccinated were to protect their own health, and a desire to get back to a sense of normalcy. Several participants mentioned wanting to attend classes in person, wanting to travel, and

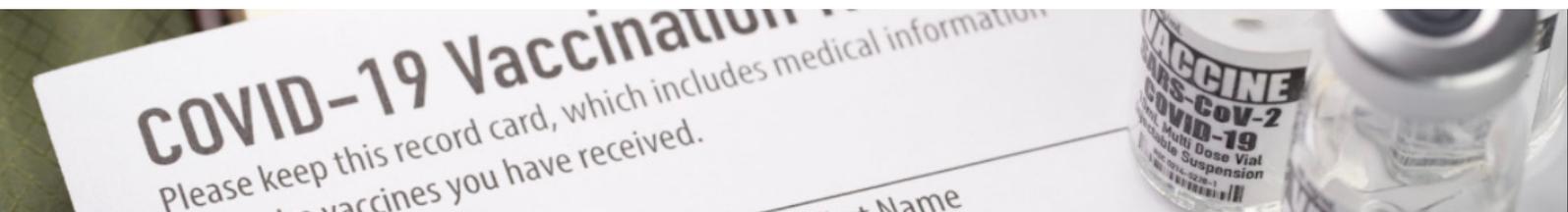
wanting to return to regular socializing with friends and family. Young adults experienced massive disruptions at the onset of the pandemic, college students had to abruptly leave campus housing, many young workers experienced the worst of initial layoffs, and many young adults had to miss major life milestones like graduation. As one young adult participant said, **“This last year has been my first year in college, and I haven’t had the chance to meet anybody. I’m really looking forward to the fall when we’re all going to be together and hopefully I’ll be able to make some new friends.”** - Alexandra, 19 years old

Top Concerns

Even among those vaccinated, nearly every participant mentioned some kind of confusion, skepticism, or concern about the COVID vaccine. The vast majority pointed to misinformation that has led to confusion, or not feeling informed enough about the vaccine before making the decision to get vaccinated.

“Personally [I] feel like I don’t need it; if everyone else gets it, I don’t need it; we don’t know what the long term years side effects of the vaccine might be, I’m a healthy 21-year-old, I don’t think I need it.” - Leilanie, 21 years old

Several participants mentioned fears of the vaccine that have been widely debunked, including concerns about infertility (6 times) concerns that the vaccine contained a tracking device or microchip (mentioned 8 times), magnetization (mentioned 2 times) as well as conspiracy theories that COVID is not real, and the vaccine is a scheme created by Big Pharma (mentioned 2 times). Most of these myths were discussed not as sincerely held beliefs among participants, but as stories they have heard from friends, family and their social media feeds, which has influenced their opinions about the vaccine, and in some cases convinced them to wait longer before being vaccinated.



Additional skepticism about the US health care system, and government in general, was mentioned several times. Some participants pointed to racism in the health care system, bringing up both historical incidents such as the Syphilis Study at Tuskegee, and even more so, current structural racism and bias that underpin experiences of discrimination

when accessing every-day care. Black and brown participants were more likely to report wanting to wait and see before being vaccinated, compared to white participants. As one participant said, **“I have friends who are smart and progressive who are waiting and hesitant. The history of using or not using vaccines and medication when Black people need it or don’t creates hesitancy.”** - Kalkidan, 19 years old

Other participants mentioned preferring natural remedies to both treat and prevent COVID, before being willing to get vaccinated. **“I am also someone who comes from a household that is very spiritual, and very much anchored by indigenous teachings, so getting the vaccine for me was a little difficult because I was debating which route to take - the science route or the indigenous belief part. For me, I ended up choosing to take the vaccine because I wanted to protect other people, specifically people who are older. That was just me taking a leap of faith to science.”** - Vanessa, young adult

Fear of adverse side effects from the vaccine was frequently cited as a reason to hold off on vaccination. While misinformation was the leading cause of wanting to wait and see (mentioned 21 times), concern over side effects was close behind, mentioned 16 times across all discussions. Misinformation mentions contained a multitude of myths, conspiracy theories, and outright confusion, but concerns over side effects often came from participants who felt well-informed but had very practical concerns over taking time off work to get vaccinated, and potentially needing to take additional unpaid time off work if they experienced severe side effects. **“When everyone around me at my job was getting the vaccine while it was still new, a lot of people had to take off work from side effects from it and that kind of had an impact on me.”** - Diane*, 24 years old ⁴

Some participants spoke of receiving paid time off to get vaccinated, but others, especially gig workers, didn’t feel they had the option to miss work. One participant working part-time as a nanny shared that, **“That \$80 of working that shift on Friday can make the difference between paying your rent and not making rent that month.”**- Sarah, 27 years old



4 ^{*}Some respondents have requested their names be changed to preserve anonymity.

Access Barriers

Type of Barrier	Number of Times Mentioned
Confusion/Misinformation/fear of cost	17
Transportation	10
Internet access/issues scheduling online	9
Time Off Work	8
Concerns about documentation requirements (insurance and immigration status)	5
Language access	4

Concerns over side effects proved to be both a source of misinformation and an access barrier. Inaccurate reports about severe post-vaccination reactions seem to have fueled concerns among many in the wait-and-see camp, despite most people experiencing minimal side-effects.⁵ However, these concerns over experiencing 1-3 days of mild illness highlighted several issues of systemic access that many young adult participants highlighted as reasons they may or may not get vaccinated. Several participants mentioned transportation, issues finding or scheduling an appointment, and fears about providing documentation - whether for insurance coverage or immigration status - when seeking a vaccine appointment.

Several participants mentioned transportation as a barrier, and when asked about how to increase rates of vaccination, more than one mentioned making vaccines available in commonly accessed locations, such as grocery stores and pharmacies. In most locations where discussions were held, many grocery stores and local pharmacies did in fact have available vaccine appointments, possibly pointing to a lack of communication about the availability of vaccines in easy-to-access places within the community or among young adult populations.

5 Owens, Caitlin. "Vaccine-Hesitant Americans Cite Inaccurate Side Effects." Axios. May 17, 2021. Accessed August 20, 2021. <https://www.axios.com/coronavirus-vaccines-side-effects-misinformation-2b23643c-5c7d-444b-9872-8cf3f0d3803e.html>



The two-shot regimen -- needing to take off work twice, potentially experience side effects twice, and find transportation twice -- was also mentioned as a barrier for those who received either the Pfizer or Moderna vaccine. As one young woman said, **“I got the Pfizer [vaccine] so I got two shots. It was inconvenient for that very reason because I had to get a ride both days and it was way far out and I don’t have a car so I had to make sure I was free, I had to make sure somebody else was free, and that was kind of annoying.”** - Margot, 24 years old

Fear of cost was also mentioned several times. Many participants did not believe the vaccine was truly free and available to everyone over the age of 12. Others expressed concern that the vaccine would not remain free if they were later encouraged to get a booster shot, that they would eventually have to pay for the booster shot or be exposed to co-pays and unexpected medical bills from potential annual COVID shots.

Low Enthusiasm for Booster Shots

One of the most concerning trends across all discussion groups was a very strong aversion to needed future vaccinations. Even among those who enthusiastically got vaccinated as soon as the vaccine was made available, the idea of needing a future booster shot, or potential annual shots like the flu shot was unappealing, and many mentioned they would be unlikely to continue to get a COVID vaccine. Some participants mentioned that the need for future booster shots seemed to undermine the efficacy of

the vaccine in their minds. Others spoke of ongoing or annual vaccines creating a sense of normalizing the vaccine, reducing the sense of urgency, seemingly saying that as society returns to some sense of normal, many young people will become less concerned about COVID, and will be less likely to keep up with recommendations on future vaccinations. As one participant said, **“Something that’s concerning me is will I have to have [a COVID booster] and the flu vaccine at the same time? Have both every year? If that’s the case, I would say that’s too much.”** - Zaret, 20 years old

Moving the Needle: Motivations Among the Unvaccinated Participants

Among the quarter of participants who were not vaccinated at the time of the discussion, several factors emerged that would likely move them to get vaccinated. Many participants in the early discussions in April and May, as most states were beginning to offer vaccines to all adults over 18, wanted to wait until more people they knew became vaccinated. Some stated they believed younger and healthier people should wait, while older and immunocompromised people continued to be vaccinated first. Others wanted to wait until vaccination became common among their friend circles. In later discussions, however, many participants who had still not been vaccinated had by this point been exposed to many people in their life who had been vaccinated and were still holding out. Among these participants, a few approaches stood out in their own narratives as likely to move them to finally get vaccinated.

“Once Someone Requires It”

Many of the participants we spoke with were college students, and while these discussions took place before many of the larger mandates, many colleges and universities had already begun to require students, faculty, and staff to be vaccinated in order to return to campus. Additionally, many participants worked as frontline workers, or other jobs that put them at higher risk of exposure, such as gig workers, grocery store workers, and retail workers. Some of their employers had already required employees to be vaccinated as well. While mandating vaccination can be controversial among the general public, the young adult participants in our discussion were less averse to required vaccination than polling might suggest. On the contrary, many participants offered that they were just waiting for someone to require vaccination in order to finally get vaccinated. One young adult participant who was initially unsure about being vaccinated said, **“I’m a student worker, so I actually had the ability to get the vaccine super, super early, and I remember setting up my appointment - I was so nervous! I didn’t feel comfortable, I didn’t do a lot of research, I didn’t hear a lot of stuff, so I canceled my appointment.”** Later on in the conversation, she added, **“One of the main reasons why I decided to get the vaccine was because it was required for school.”** - Mina, 20 years old

“I’m getting a feeling that society is going to start moving towards the idea that the COVID vaccine should be mandatory at some point to enter certain establishments. And so if that’s the case I don’t want to be cut off. I don’t want to be cut off from doing certain things that I enjoy just because I didn’t get vaccinated.”
- Briancy, young adult participant

Requiring, or at least highly encouraging vaccination, from a closer source such as school or an employer, rather than national recommendations, seemed to be one of the most effective ways to motivate those with low confidence to get vaccinated. In addition to requirements by schools and employers, participants mentioned not wanting to be “left out” from social engagements, travel, and other opportunities if they were not vaccinated. As one young man shared, **“I wanted to travel. And they said, if you get vaccinated, you can travel. So I got vaccinated. That’s literally what it was.”** -Greg, 23 years old



Recommendations

Taken together, the listening sessions point toward a few clear principles for further outreach and persuasion:

- **Dispelling misinformation with clear, accurate, plain language guidance.** While misinformation runs the gamut from conflicting information about young adult risk to COVID to conspiracy theories, its important to address young adult questions and concerns with respect, and to provide answers to these questions without dismissal. Messaging should include clear, accurate information, while addressing these concerns rather than ignoring them.
- **Meet them where they are.** Vaccine sites need to be readily available in as many locations as young adults frequent as possible. Many young adults cited transportation issues, and an inability to miss time from work. To combat that, employers should bring vaccine pop up sites to workplaces, college campuses should host pop up sites, mobile sites should be made available and widely advertised. Some young adult participants were unaware that grocery stores and pharmacies were vaccine sites, implying that advertising may need to better target young adults in their communities.
- **Seek out multiple messengers.** No one set of messengers or messages will reach the entire young adult population; messages need to be delivered from multiple trusted sources and avenues. This means peers, community figures, authority figures, religious leaders, celebrities, influencers, and medical professionals.
- **Institutional requirements have a positive impact on vaccine uptake.** Requiring the vaccine, especially at work and at school, may counterintuitively lower the degree of anxiety some young adults with low vaccine confidence feel around vaccination. They may be appropriate in some contexts.

Conclusion & Recommendations for Additional Follow Up

This initial set of listening sessions provides a series of insights into how young adults were thinking about the COVID vaccine in its earliest days of mass availability. In that context, a mix of substantial uncertainty and equally substantial altruism underpinned many of young adults' vaccine intentions and attitudes. A desire to reopen society and resume "normal" life also loomed large.

Recent months have brought additional challenges. Continued hesitancy, potentially-waning vaccine efficacy, and new, more contagious COVID variants make overcoming residual vaccine hesitancy more important than ever. The need for booster shots, which listening sessions suggested would be a hard sell, now seems clear. This newly challenging environment highlights the need for continued observation and continued listening, as understanding how young adults are interpreting these developments will be crucial to moving to a post-pandemic world.