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TRANSLATING RESEARCH TO PRACTICE

# Understanding and Addressing COVID-19 Vaccine Decision-Making Among College Students and Younger Adults

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# Kristin Lunz Trujillo, PhD



Kristin Lunz Trujillo, PhD, is a joint postdoctoral researcher at Harvard University and Northeastern University, where she works on the COVID States Project and with the Lazer Lab. She uses a political psychology framework to investigate misinformation, vaccine hesitancy, and identity/intergroup dynamics. Kristin has published in academic journals such as *Social Science & Medicine*, the *International Journal of Public Opinion Research*, *Political Research Quarterly*, and the *Journal of Rural Health*. Her work has appeared in other outlets, including *Time* and *US News and World Report*.

# Disclosures/Conflicts of Interest

- I have no conflicts of interest to disclose

# Learning Objectives

1. Discuss how younger adults and college students differ from the general population on vaccine decision-making, particularly regarding the COVID-19 vaccine.
2. Identify how younger adults and college students view the COVID-19 vaccine, and related policies, compared to other vaccines.
3. Explain key issues and factors to encourage COVID-19 vaccine uptake and to reduce concerns or barriers for younger adults.

# COVID-19 and Young Adults (YAs)

Why this  
demographic group?



# COVID-19 and YAs

- Tend to get less serious sicknesses/effects from COVID-19
  - 18-29 year olds account for 0.7% of all recorded COVID-related deaths ([CDC](#)).
  - Higher than share of country (16.4% of population)
  - As of Nov 27, 2021: 21.6% of all recorded COVID-19 cases in US were in the 18-29 age group ([CDC](#))
- Key demographic in controlling spread
  - Vaccinations important in doing so: need 80%+ immunity

# COVID-19 Vaccines and YAs

- March 2021: 76% of YAs (18-25) intended to get the vaccine
  - 56% expressed concerns over safety, 53% over side effects
  - 44% thought others were in greater need of vaccine ([Adams et al. 2021](#))
  - Similar safety concerns with other vaccines, such as HPV ([Gerend et al. 2013](#))



# COVID-19 Vaccines and YAs

- Those vaccine hesitant YAs (18-39) in Spring 2021 tend to be:
  - Low income
  - Without health insurance
  - Non-white
  - Rural
  - Lower educational achievement ([Baack et al. 2021](#))

# COVID-19 Vaccines and YAs

- Late November 2021:
  - [KFF dashboard](#): 69% of Americans 18-29 vaccinated (at least one dose); 13% will definitely not get vaccinated (lower than any other age group)
  - 8% of this age group will get the vaccine only if it's required (higher than any other age group)

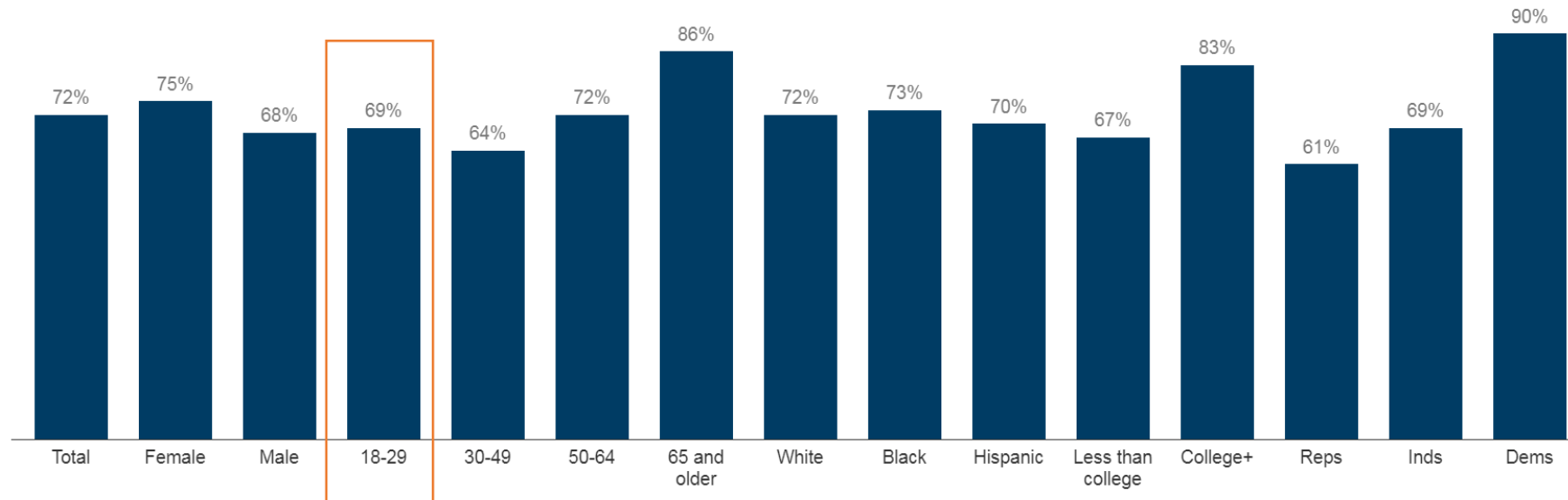
# COVID-19 Vaccines and YAs

## Does The Public Want To Get A COVID-19 Vaccine? When?

An ongoing research project tracking the public's attitudes and experiences with COVID-19 vaccinations.

Click on the buttons below to see the share of each demographic group by vaccination intentions:

**Already got vaccinated** ASAP Wait and see Only if required Definitely not



NOTE: See topline for full question wording. Click link below to see sample sizes and MOSE for each demographic group.

SOURCE: [KFF COVID-19 Vaccine Monitor](#) • [Download PNG](#)

[KFF COVID-19 Vaccine Monitor](#)

# COVID-19 Vaccines and YAs

- Young adults are actually *more vaccinated* than adults aged 30-49 (only 63%), but are *slightly* less vaccinated than the overall adult population (72%) ([KFF](#))
  - 86% vaccinated for 65+
- I.e., gap between young adults and older adults has very much narrowed since May 2021 (80% partially vaccinated for 65+ versus 38% partially vaccinated for 18-29) ([Anthes 2021](#))

# COVID-19 Vaccines and College Students

- Special population: College students
  - Slightly more vaccinated than age group and general population ([Lunz Trujillo et al. 2021](#))
  - Many (half) consciously or unknowingly aware of university vaccination policy
  - Demographic tendencies of COVID-19 vaccine uptake echo broader population

# Summary of Vaccination and YAs

Vaccination rates similar to larger population

Vaccination key in this group: more infections but relatively less personal risk

# Concerns and Strategies

# Concerns for YAs

- One big barrier: why bother?



# Why bother?

“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 ([Hemlin et al. 2021](#))

# Why Bother?

- Personal risks:
  - Long COVID ([Voices of Long COVID](#))
  - Ongoing disruption to regular life (example: “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’, [Hemlin et al. 2021](#))
  - Many expressed wanting to travel, go to in-person class, socialize w/ friends and family
- Interpersonal risks: sickness or loss of loved ones

# Why Bother?

- Other studies find that many YAs do understand the responsibility they have to get the vaccine ([Cheng et al. 2021](#))
  - Emphasizing this aspect may resonate; uptake intention among YAs increased for flu vaccine using similar messaging ([Lee et al. 2018](#))

# Information

“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.” - Mina, 20 years old ([Hemlin et al. 2021](#))

# Information

- Emphasizing that there is good reason to get vaccinated comes with providing information
- Understanding the concept of herd immunity, potential vaccine-resistant mutations, etc.

# Information

- Concerns over vaccine effects, safety (misinformation, amplified rare events)
  - Affects all groups, often due to mixed messages in information environment/influences from social circles, family, friends
  - In focus groups: YAs mentioned common misinformation regarding the vaccine, including infertility, microchips, magnetization, COVID is fake, etc. (Hemlin et al. 2021) – create doubt

# Information

- Rare events amplified
  - Ex: myocarditis/pericarditis vaccine adverse events slightly higher among young adult males ([CDC](#))
  - But, very rare, and getting COVID also increases this risk ([Leigh 2021](#))
  - The majority recovered within weeks with medication

# Information

- Many also thought it would be expensive to get the vaccine! (Hemlin et al. 2021)
- Information correction – giving the facts – or trying to address underlying fears/concerns (Lunz Trujillo et al. 2021)
- Tailored messaging effective for YAs getting other vaccines ([Gerend et al. 2013](#))
- Understanding good versus questionable sources of information



# Accessibility

“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 ([Hemlin et al. 2021](#))

# Accessibility

- Ease of access important (Hemlin et al. 2021)
  - Taking time off of work, school, etc., can be difficult (low-paying jobs/financial insecurity)
  - Transportation
  - Online scheduling
  - Documentation/language barriers ([Resource](#))
- Requirements/mandates may be more effective for this group, if properly implemented

# Recommendations

Understand underlying issues/concerns, address fears

- Address young adult questions and concerns with respect, patience
- Clearly dispel myths or misinformation

Multiple sources / good sources of information

Emphasize importance and benefits to others, self

Help with logistics and provide information

- Know where vaccination sites are, transportation, online scheduling, etc.
- Grocery stores and pharmacies are vaccine sites
- Vaccines are free

([Adams et al. 2021](#), Hemlin et al. 2021)

# Other Possible Recommendations

- Fear-based messaging may be effective and resonate with some, but will also cause discomfort among other YAs (and probably just generally) ([Su et al. 2021](#))
- Emphasizing actionable messages ([Su et al. 2021](#))

# Q&A With Dr. Lunz Trujillo



- Dr. Sammons will read select questions that were submitted via the Q&A feature throughout the presentation.
- Due to time constraints, we will not be able to address every question asked.

# Peer-Reviewed References

- Adams, S. H., Schaub, J. P., Nagata, J. M., Park, M. J., Brindis, C. D., & Irwin Jr, C. E. (2021). Young adult perspectives on COVID-19 vaccinations. *Journal of Adolescent Health, 69*(3), 511-514.
- Baack, B. N., Abad, N., Yankey, D., Kahn, K. E., Razzaghi, H., Brookmeyer, K., ... & Singleton, J. A. (2021). COVID-19 vaccination coverage and intent among adults aged 18–39 years—United States, March–May 2021.
- Cheng, T., Horbay, B., Nocos, R., Lutes, L., & Lear, S. A. (2021). The Role of Tailored Public Health Messaging to Young Adults during COVID-19: “There’s a lot of ambiguity around what it means to be safe”. *PloS one, 16*(10), e0258121.
- Gerend, M. A., Shepherd, M. A., & Lustria, M. L. A. (2013). Increasing human papillomavirus vaccine acceptability by tailoring messages to young adult women’s perceived barriers. *Sexually transmitted diseases, 40*(5), 401-405.
- Lee, Y. I., Jin, Y., & Nowak, G. (2018). Motivating influenza vaccination among young adults: The effects of public service advertising message framing and text versus image support. *Social Marketing Quarterly, 24*(2), 89-103.
- Lunz Trujillo, K., Motta, M., Callaghan, T., & Sylvester, S. (2021). Correcting misperceptions about the MMR vaccine: using psychological risk factors to inform targeted communication strategies. *Political Research Quarterly, 74*(2), 464-478.
- Su, Z., McDonnell, D., Wen, J., Cheshmehzangi, A., Ahmad, J., Goh, E., ... & Wang, P. (2021). Young adults’ preferences for influenza vaccination campaign messages: Implications for COVID-19 vaccine intervention design and development. *Brain, Behavior, & Immunity-Health, 14*, 100261.