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

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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 top line for full question wording. Click link below to see sample sizes and MOE for each demographic group.

SOURCE: KFF COVID-19 Vaccine Monitor • Download PNG
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)
“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


