

# **COVID-19 Focus Groups: Final Report**

## **Maricopa County Community Health Needs Assessment Services**

**Provided to  
Maricopa County Department of Public Health**

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Report prepared by:

Kathryn D. Hamm, MPA

Ann Carver, MSW

Wendy Wolfersteig, PhD

Craig Talmage, PhD

Phoenix, Arizona



**ASU** Southwest Interdisciplinary  
Research Center  
Arizona State University

 **Maricopa County  
Public Health**  
[WeArePublicHealth.org](https://www.maricopa.gov/WeArePublicHealth.org)

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Southwest Interdisciplinary Research Center  
Office of Evaluation and Partner Contracts  
Arizona State University  
400 E. Van Buren St., 8<sup>th</sup> Floor  
Phoenix, AZ 85004

## TABLE OF CONTENTS

Executive Summary .....	1
Introduction .....	3
Methodology .....	4
Focus Group Methodology.....	4
Data Collection.....	7
Research Analysis .....	8
Participant Demographic Findings .....	9
Quality of Life Impacts from COVID-19 .....	11
Focus Group Responses for Quality of Life Impacts.....	11
Survey Responses for Quality of Life Impacts.....	14
Quality of Physical and Mental Health Impacts from COVID-19.....	17
Focus Group Responses to Quality of Physical and Mental Health Impacts from COVID-19.....	17
Survey Responses to Quality of Physical and Mental Health Impacts from COVID-19.....	19
Access and Barriers to Health Care during COVID-19 .....	21
Focus Group Responses to Access and Barriers to Health Care during COVID-19 .....	21
Survey Responses to Access and Barriers to Health Care during COVID-19 .....	23
Prevention Measures for COVID-19 Safety .....	24
Focus Group Responses on Attitude and Behaviors about COVID-19 Prevention .....	24
Survey Responses on Prevention Measures for COVID-19 Safety .....	28
Plans and Rationale to Get Vaccinated or Not against COVID-19.....	29
Focus Group Responses on Plans and Rationale to Get Vaccinated or Not against COVID-19.....	29
Survey Responses on Plans and Rationale to Get Tested or Vaccinated or Not against COVID-19.....	34

Information, Messages, and Dissemination around COVID-19.....	37
Focus Group Responses to Information, Messages, and Dissemination around COVID-19 .....	37
Community Recommendations for COVID-19 Messaging and Information Dissemination .....	42
Trust and Concerns of Underserved Populations .....	45
Survey Responses to Information, Messages, and Dissemination around COVID-19 .....	48
Conclusion .....	49
Appendix A – COVID-19 Survey Respondent Demographics .....	52
Appendix B – COVID-19 Focus Group Guide.....	54
Appendix C – COVID-19 Survey.....	56
Appendix D – COVID-19 Focus Group Supplemental Quotes .....	63

## Executive Summary

### Overview

The Maricopa County Department of Public Health partnered with the ASU Southwest Interdisciplinary Research Center (SIRC) to conduct focus groups to better understand the impact of COVID-19 on Maricopa County residents. **In 2021, 33 focus groups were conducted with 186 participants.** This COVID-19 focus group study aimed to capture the impact of COVID-19 on the individuals, families and diverse geographical, ethnic and cultural communities within Maricopa County, Arizona. This study highlighted the **impacts, barriers, trust, and needs related to COVID-19** and is consistent with recent national research on community impacts of COVID-19. In focus groups and surveys, participants shared their unique stories and perspectives as they related to COVID-19.

### Participants & Process

Focus groups  
via Zoom

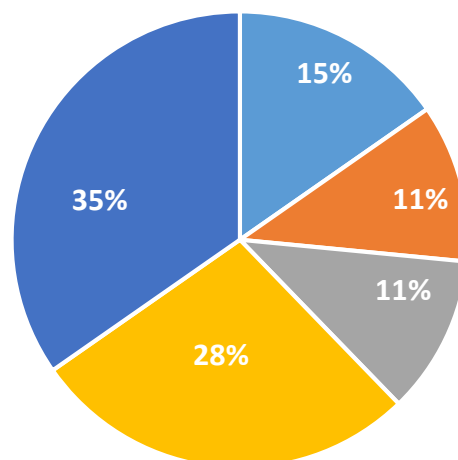
Online Survey

Incentives

Participants were recruited through purposeful sampling using community partners and a recruitment flyer.

#### 186 Total Participants

- 72% male, 27% female
- Included Residents from**
  - 5 geographic Maricopa County locations
  - Older adults
  - African Americans
  - Hispanics/Latinos
  - Native Americans
  - Asian Americans
  - Ethnic minority young adults
  - LGBTQIA persons
  - Veterans
  - New Parents
  - Parents of young children
  - Refugees



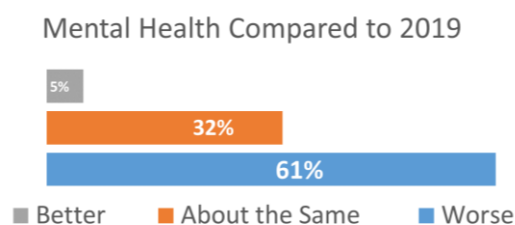
- American Indian/ Alaska Native
- Black/ African American
- Asian
- Hispanic/ Latino
- White

## Results

The results tell a story of **resilience** and **connection** amidst a pandemic. In light of individuals who reported declines in mental health due to isolation, depression and anxiety, it also serves as evidence that the **community stands ready to collaborate**, with innovative and specific ideas on how to share health related information to the betterment of their lives, their families and communities.

Participants discussed declines in mental health and physical health and barriers to the vaccine as well as vaccine hesitancy and confusion. Suggestions were offered for messages and for who would influence their vaccine decisions, noting that one size does not fit all.

When asked how their mental health was compared to pre-COVID-19, **61% stated it was worse.**



Although participants discussed misinformation and rumors regarding the COVID-19 vaccine, **67% had been vaccinated** or **had plans to get vaccinated**, and only **16.1%** of overall respondents were **not at all likely to get vaccinated**.

## In the Words of the Participants

### Dissemination, Resilience and Silver Linings

*They can build trust with young adults 18- to 24-year-olds by making the language more teen friendly so that we can understand what they're saying. Young Adults*

*One of the biggest barriers in the Black community is trust, so to overcome it, having someone come to church where we feel protected that could help. Parents of Minors*

*I think that in order to make such an approach to the Latino population, it could start on how to handle information or this type of advertisements or in the places where we go as a Latino population. Paiute Spanish*

*I'm in better physical shape. I remember starting hiking- I'm like I couldn't even make it up the mountain & now I'm like let's like let's do this. African American*

## Introduction

The Southwest Interdisciplinary Research Center (SIRC), Office of Evaluation and Partner Contracts partnered with the Maricopa County Department of Public Health (MCDPH) to conduct focus groups to better understand the impact of COVID-19 on Maricopa County residents. Between February and June 2021, **33 focus groups** were conducted that included **186 participants** from various Maricopa County community regions, as well as service providers, and individual residents. The findings will also help to determine priority health areas and barriers in Maricopa County with regard to local hospitals and Federally Qualified Health Centers (FQHCs) target service areas. The information gathered will assist the MCDPH and hospital partners to address health needs, resource allocation and long-term services needed for COVID-19 response efforts.



The focus groups explored the topics of COVID-19 impact, barriers, concerns, messaging, trust in public health, vaccine intent, vaccine choices, and vaccine hesitancy. Participants also spent a great deal of time discussing health care, obstacles to care, access to food, financial well-being, and quality of life. To complement the focus groups, 158 respondents (most but not all of whom participated in the focus groups) completed an online anonymous questionnaire that asked about COVID-19 concerns, social determinants of health, medical trust, and mental and physical health.

When taking into account the data derived from the mixed method approach of survey data and community-based focus groups, COVID-19 had considerable impacts on the daily living of community members across Maricopa County, particularly those who had limited access to transportation and technology. Additionally, parents with childcare responsibilities were especially challenged during the pandemic. Notably, most participants (83%) identified having health care insurance and had access to their provider. Those who needed mental health care were able gain access during the pandemic provided they could manage the requisite technology.

Despite the influx of messaging related to COVID-19 from CDC, state and county websites, social media and others, deciphering who to trust and where to access reliable information differed among participants. While 63% of participants reported trusting their doctor or medical provider to give correct information about COVID-19, many relied on personal connections. This varied by age and by race and ethnicity.

Included in this report are both innovative and specific suggestions from the individual communities on how to best disseminate health information to the various and diverse communities within Maricopa County. The findings offer opportunities for increased community engagement, information dissemination, education, and resource allocation.

## Methodology

### Focus Group Methodology

#### Focus Group Populations

Thirty-three community focus groups were coordinated from February through June 2021 by geographic regions and through community affiliation. Initially MCDPH identified five designated regions: Northwest, Northeast, Central Phoenix, Southwest and Southeast to collect data in alignment with the Community Health Improvement Plan. SIRC had completed 15 geographic focus groups when MCDPH expanded the scope to include specific populations identified in collaboration with MCDPH staff and the Synapse and HIPMC partnership coalitions. Specific groups to be sampled were older adults, specific ethnic groups (African American, Hispanic/Latino, Native American, and Asian American, ethnic minority young adults), Lesbian, Gay, Bisexual, Transgender, and Questioning (LGBTQIA) persons, veterans, new parents, parents of young children, and refugees. The research team and MCDPH staff worked closely with community-based organizations to facilitate participant recruitment. Focus groups were conducted in adherence to Arizona State University Institutional Review Board (IRB) to protect the rights of and welfare of those involved in this project.

#### Recruitment

Typically, the researchers recruited participants through community partners using a recruitment flyer which described the purpose of the group, the \$45 incentive and included a generic ASU email and phone number. Once persons contacted ASU, a team member responded to screen/ register the participants to ensure they were over 18, had access to the Internet, and could use Zoom. Each group had one trained SIRC facilitator and one co-facilitator.

#### Process

All focus groups were conducted via Zoom in accordance with social distancing guidelines. The original intention was to recruit 10-12 participants for each focus group. However, in the initial focus groups, it was determined that fewer people per group would provide a better experience and richer data. Because the groups were to be held via Zoom, the researchers decided to have 4-8 participants per group for several reasons. First, because COVID-19 experiences are sensitive and affects the participants in a variety of ways, the team found that people needed time and space to share personal experiences. Second, with fewer participants, each person can respond to the questions and probes resulting in more elaboration and in-depth descriptions regarding the information being shared. In accordance with best practices, reducing the focus group size for virtual focus groups was highly recommended in a workshop on *"Best Practices for Virtual Data Collection,"* Department of Health and Human Services, Administration



of Children Youth and Families, July 17, 2021. To ensure access for all participants, they could call into the focus group if they could not access a computer, which was not often the case. Four of the groups were conducted in Spanish and the others in English.

Below are sample flyers used to recruit participants, available in both English and Spanish. Participants had several options to register.



### Focus Group Participation

Table 1 depicts the date, group and number of participants for the 33 focus groups held between February and June 2021. These are listed in chronological order with the first half from targeted regions throughout Maricopa County. The second half represents specific populations with participation from around the county, not just a specific region. Recruitment efforts did involve attraction of individuals who were diverse in age, gender, race/ ethnicity, and other background factors.

Table 1. Focus Group Schedule

FG#	Date	Region	Group (Location/provider)	Number
1	2/16/2021	SE	I-HELP Chandler	8
2	2/17/2021	Central	Native Health- Phoenix	8
3	2/18/2021	NE	Paiute - South Scottsdale	4
4	2/18/2021	SE	Native Health - Mesa	5
5	2/25/2021	NW	Sun Health - NW Valley	5
6	3/02/2021	NW	Sun Health - NW Valley	5
7	3/10/2021	South Central	South Mountain	6
8	3/12/2021	NW	Family Resource Center –English	6
9	3/19/2021	NW	Family Resource Center-Spanish	5
10	3/24/2021	SW	Gila Bend - English	8
11	3/26/2021	SW	Gila Bend - Spanish	6
12	3/29/2021	NE	Paiute, S. Scottsdale – Spanish - 9am	8
13	3/29/2021	NE	Paiute, S. Scottsdale – Spanish -11:30	6
14	3/30/2021	South Central	South Phoenix (AA/Black)	6
15	4/07/2021	SE	Gilbert - AZCEND Moms Club Gilbert	6
16	4/26/2021	South Central	S Phoenix Young Parents	5
17	5/10/2021	SE	African American/Black Women 85048	5
18	5/12/2021	South Central	Parents w/minors living home 85041	4
19	5/14/2021	*	Asian Americans 65+	8
20	5/16/2021	NW	Parents of Young Children 85086	4
21	5/17/2021	*	Hispanic/Latino Men	6
22	5/17/2021	*	Asian Americans	7
23	5/20/2021	*	Racial/Ethnic Minority Young Adults	7
24	5/27/2021	*	Guadalupe	6
25	6/01/2021	*	LGBTQIA+ Community Members	3
26	6/02/2021	*	Veterans	5
27	6/04/2021	*	Parents with Young Children	8
28	6/07/2021	*	Expectant Mothers & Parents of Young Children	5
29	6/08/2021	*	Young Adults	5
30	6/09/2021	*	Seniors & Veterans	2
31	6/11/2021	*	Central Phoenix residents	10
32	6/14/2021	*	Immigrants - Spanish	4
33	6/14/2021	*	Refugees - Advocates	4
Total Participants				186

\* Community members participated from various regions of Maricopa County

## Data Collection

The researchers utilized a mixed methods approach combining qualitative data (focus groups) and quantitative data (surveys).

### Consent

Per IRB requirements, participants were fully informed of any risks, benefits and expectations associated with their participation. They were asked to verbally agree to an IRB approved consent letter prior to completing the focus group. SIRC kept this information separate from data provided by the focus group participants.

### Survey

Focus group participants were asked to complete a survey that assessed a variety of factors regarding COVID-19, individual and community health and quality of life. Before each focus group, participants were emailed a link to an online survey (in English or Spanish) via Qualtrics. Surveys were optional and not required for focus group participation, and not all focus group participants completed surveys. They were asked to complete the survey before the focus group. The survey focused on closed-ended questions while the focus groups centered on open-ended responses. Descriptive statistics based on survey responses were analyzed in SPSS version 26 and Excel. See Appendix B for focus group questions guide and Appendix C for survey questions.

### Facilitation

Focus groups were moderated by trained facilitators including SIRC staff and community partners. Each focus group had at least one facilitator and one note-taker. Groups were predominantly conducted in English, with four in Spanish. All received training prior to data collection regarding the discussion guides, anonymity of members, using Zoom, and running focus groups to ensure consistency in the facilitation process across groups.

### Record & Transcribe

Focus groups were recorded using Zoom software. Note-takers also took notes during the session. Spanish audio recordings were professionally translated and transcribed by subcontractors and returned to SIRC for summaries and analysis. Zoom transcripts were used for the English groups. The transcriptions were coded and analyzed by multiple SIRC researchers in order to reduce the bias in interpretation.



## Research Analysis

### Focus Group Analysis Overview

Data were analyzed based on transcriptions of the focus groups and notes taken during the focus groups for additional clarity. The focus group data were analyzed and organized thematically to highlight prevalent ideas across the groups as well as surprising/unique responses from particular focus groups. Exemplary quotes are provided after summaries from the qualitative data analyzed; supplemental quotes can be found in Appendix D.

### Focus Group Themes

These themes were derived in the context of the COVID-19 pandemic and its effects.

Focus Group Theme	Description
<b>Quality of Life Impacts from COVID-19</b>	Reflections on one's current situation, health, family, environment, community; social determinants of health needs or desires met or not met because of COVID-19, what people want for themselves and their families; changes in financial wellbeing
<b>Quality of Physical and Mental Health Impacts from COVID-19</b>	Any effects of COVID-19 on participants' physical health and mental health; increases or decreases in health, feeling anxious, apprehensive, helpless; effects of isolation, home schooling; ways to mitigate impacts of COVID-19
<b>Access and Barriers to Health Care during COVID-19</b>	Anything that people perceive or actually experience as inhibiting their access to or ability to receive or benefit from healthcare services associated with pandemic regulations/ guidelines
<b>Prevention Measures for COVID-19 Safety</b>	Anything people are doing to be healthy, prevent contracting COVID-19 such as PPE, masks, distancing, virtual work, online school
<b>Plans and Rationale to Get Vaccinated or Not against COVID-19</b>	Ideas, reasons and plans to get vaccinated; also reasons, concerns to not receive the vaccination
<b>Information, Messages, and Dissemination around COVID-19</b>	Any information about COVID-19, how people handle and understand (true) information, misinformation and disinformation; how people articulate their experiences and attitudes toward COVID-19; trustworthy sources; suggestions on receiving messaging

## Participant Demographic Findings

### Survey Respondents

There were 158 useable responses from the completed surveys; 132 respondents answered an English-language questionnaire (83.5%), and 26 responded to a Spanish-language questionnaire (16.5%). Specific demographic data from the survey respondents follow, but it is important to note that although participants were asked to complete the survey before the focus group, not all participants took the survey (and people may have taken the survey and not attended the focus group). Therefore, these demographic data do not 100% completely match the 186 focus group participants. Survey responses are interspersed throughout the focus group qualitative analysis where the focus group item aligned with the survey questions.

### Demographic Data of Respondents

The age of respondents was intentionally distributed throughout the data collection process; however, individuals between 25 and 44 comprised over half (55%) of respondents to the focus group questionnaire. Of the respondents, 72% identified as cisgender women, and 27% of the respondents identified as cisgender men.

Respondents reported their level of education with 18% who were high school graduates, 19% who had an associate's degree, 25% with a bachelor's degree and 27% who held a graduate degree. Of respondents, 75% indicated their income was less than \$100,000 per year, with 54% of respondents making less than \$50,000 per year.

While the selection of the focus groups was partly geographic, there was also an effort to assure that all racial/ethnic groups were represented. The impact of COVID-19 has had disparate outcomes on communities of color nationally and regionally in the southwest with the greatest disparities in COVID-19 hospitalizations and mortality affecting African American, Hispanic/Latino and Native communities when compared to their white counterparts.<sup>1,2</sup> Given this, extra efforts were made to recruit diverse focus group and survey respondents.

Data for the survey respondents showed the following racial/ethnicity identifications: White, 34%; Hispanic, Latino, or Spanish origin, such as Mexican, Puerto Rican or Cuban,

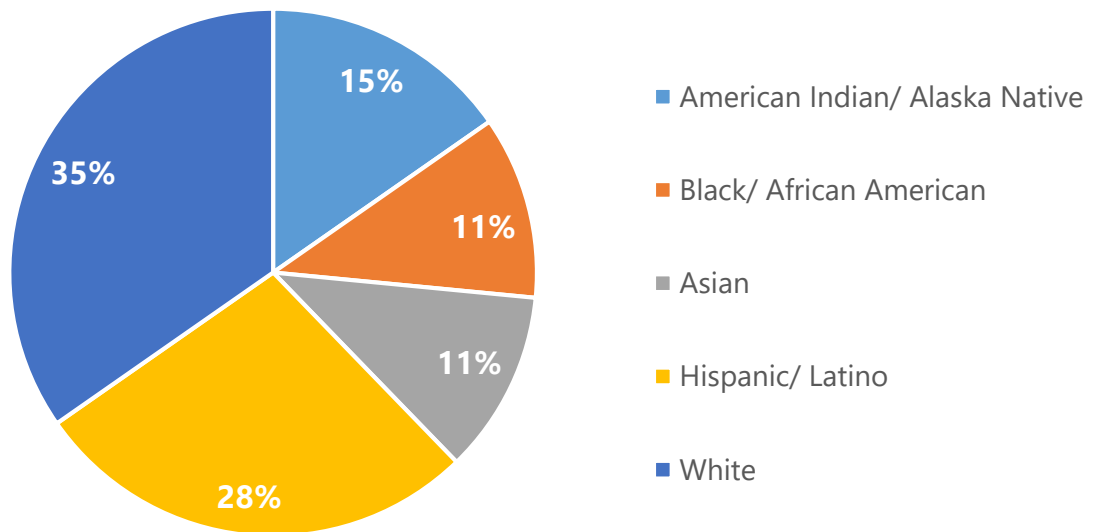
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<sup>1</sup> Randall Akee and Sara Reber American Indians and Alaska Natives are dying of COVID-19 at shocking rates Feb. 18 2021 <https://www.brookings.edu/research/american-indians-and-alaska-natives-are-dying-of-covid-19-at-shocking-rates/>

<sup>2</sup> Romano SD, Blackstock AJ, Taylor EV, et al. Trends in Racial and Ethnic Disparities in COVID-19 Hospitalizations, by Region — United States, March–December 2020. MMWR Morb Mortal Wkly Rep 2021;70:560–565. DOI: <http://dx.doi.org/10.15585/mmwr.mm7015e2external.icon>.

27%; American Indian or Alaska Native, 15%; Asian and Black or African-American each at 11%. See Figure 1 below for race/ ethnicity breakdown. Full demographic data on survey respondents is in Appendix A.

Figure 1. Racial/ Ethnicity of Survey Respondents





## Quality of Life Impacts from COVID-19

This section discusses COVID-19's impact on the quality of life of individuals and families in Maricopa County. Represented in this section are reflections on one's current and overall pandemic-related situation, the environment and community factors of what are referred to as social determinants of health namely income/employment, financial burden, transportation, childcare, and food and housing. People are concerned with the fulfillment of their and their family's met needs, desires, or expectations in these areas. Quality of life impacts related to physical and mental health are described separately in the section following.

### Focus Group Responses for Quality of Life Impacts

Participants in just over half the focus groups indicated substantial changes in financial well-being, impacting individuals' abilities to afford food, childcare, rent or mortgage payments, and utilities. Contracting COVID-19 created financial burdens for many, including those who were self-employed or working temporary assignments.

Accessing financial services also posed a challenge to participants in a number of focus groups who indicated notable issues with accessing financial assistance services, such as unemployment, SNAP, and other benefits. This affected not only the participants but their families and communities as well.

Even when participants were not directly troubled with financial instability, it was noted that accessing goods and services was difficult. Several participants in various focus group shared *the stores were out of stock with a lot of things* illustrating that even for those with financial resources, supplies were scarce at high points of the pandemic.

Following are quotes on several social determinants of health factors that focus group participants discussed. Survey results relating to these specific questions follow.

#### Employment

Based on the survey responses, most of the respondents are either working full or part-time, students, retired, or unemployed not looking for a job. However, in the focus groups, several participants did note employment issues.

*They didn't get unemployment because of the process likely be calling and applying but, unfortunately, for some reason, their process is kind of like complicated. I understand the big number of people applying at the same time, so it was crazy, but right now people start getting back to work, and things getting better.*

Refugee/Advocates

*I've been on this temp job for forever, but um I was out for three weeks so that meant no pay, no income—nothing. So, I can't file unemployment because technically, I have a job but yet I'm wondering how we're going to come up with this and that in the meantime, because I'm literally, I literally cannot work.*

South Mountain

*And they really just affected me in the way of like my job got not completely shut down but everyone's hours were dramatically cut.*

Expectant Moms

*For us missing so much work, and once we were tested we had to wait 14 days, missed our 2 months and on December got another 2 months, so it was kind of bad.*

Central Phoenix



### Financial Burden

The focus group participants somewhat mentioned financial burden, yet about two-thirds of survey respondents (67%) stated that they *always* had sufficient money to pay for food, rent/ mortgage and utilities. However, a few did note financial burdens.

*It really affected my family, financially and mentally - mom works as a caregiver and she started losing a lot of patients.*

Central Phoenix



### Transportation Issues

Participants in just over a third of the focus groups indicated notable transportation issues. Transportation was specifically noted as an issue for those with disabilities and seniors. Survey respondents also disclosed issues with *transportation* or *getting where they need to go with* 18% and 28% respectively stating these were challenges. The quotes below highlight particular situations focus group members shared.

*One of the barriers that one of my parents talked about was transportation. She talked about wanting the vaccine and getting an appointment to like State Farm, but then she talked about what it would be like, for her because she doesn't have anyone to watch her children and they were out of vehicle - not easy to rent [when] there is nine children.*

Family Resource Center English



*...with a lot of elderly people who may not driving on their own, how do we get a vaccine to them?*

South Mountain

*For me, and what I worry about other people [in low-income housing] is you know, of course, we don't have like transportation and we don't have money to sit and waste an hour of gas waiting for a vaccine shot, you know to stay in line in your car that might overheat or break down or to even travel.*

Sun Health

## Child Care

Families with children experienced challenges in maintaining childcare because of illness of a caretaker or job related responsibilities. Additionally, 43% of those surveyed reported sometimes or never having sufficient money for childcare (see Table 4).

*I would say in the beginning, it affected us because my daughter, my daughter was in daycare and the daycare had to cut their hours and so with cutting the hours, I had to cut my hours at work but now I've changed jobs and I work from home.*

South Mountain

*....it [is] going to take two weeks for me to give all this information and prove that like yeah, really, I couldn't work because I had to watch my children.*

Parents of Young Children



## Food and Housing

Participants who also completed the survey responded that having a place to live was a challenge (13%) while 29% stated that they *never* or *sometimes* had sufficient money for rent or mortgage. Further, 31% *never* or *sometimes* had sufficient funds for food.

*And that was around the time that I moved out to my first apartment so in February and then everything hit in March so for a few months, I was a little stressed about you know, being able to pay rent and other bills.*

Expectant Moms

*What phone numbers to call where they would have food banks going through the streets with trucks go to this intersection and they'll be handing out food.*

Sun Health

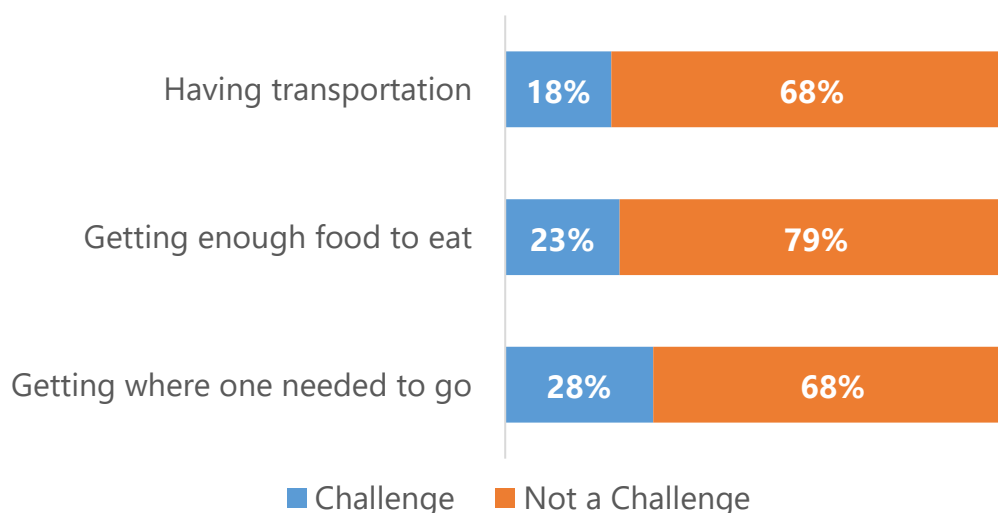
## Survey Responses for Quality of Life Impacts

Respondents were asked to rate whether particular situations were minor or major challenges to them during the COVID-19 pandemic. The largest quality of life challenges respondents experienced were *getting where one needed to* (28%), *getting enough food to eat* (23%) and *having transportation* (18%). Shelter and clean water were among the lowest challenges experienced by respondents. Table 2 shows the saliency of those challenges for individuals from highest to lowest while Figure 2 depicts the top three challenges experienced.

Table 2. Challenges Experienced by Respondents during COVID-19

Challenge	Major Challenge	Minor Challenge	Not a Challenge	No Answer
Getting where one needed to go	10%	18%	68%	4%
Having transportation	6%	12%	79%	4%
Getting enough food to eat	2%	21%	74%	3%
Having a place to live	2%	11%	84%	4%
Having clean water to drink	1%	8%	87%	4%

Figure 2. Top Three Challenges



Many of the participants indicated they were working, homemakers/ caretakers, retired, or students. Table 3 shows their responses.

Table 3. Reported Working Situations

<b>Working Situation</b>	<b>Percent</b>
Working for pay—full time (40 hours a week or more)	36%
Staying at home, homemaker, or caretaker (pre/post COVID)	18%
Working for pay—part time (less than 40 hours a week)	16%
Retired	14%
Going to school, college, or university	12%
Unemployed and looking for a job	5%
Unemployed and NOT looking for a job	4%
On leave from work -schools closing & having to care for children at home	3%
Disabled	2%
Laid off or lost job	1%
On leave/furlough due to COVID restrictions on employer	1%
Working without pay (for example, at an internship)	1%

Respondents were asked if they had enough money to pay for essential items and services. The distribution of responses is shown in Table 4 and Figure 3. A total of 68 individuals sought out financial assistance during COVID-19 (43%). Sources of assistance are listed in Table 5. Only 40% of respondents stated they *always* had enough money to pay for medical expenses since March 2020 and 28% reported *most of the time* they had sufficient money to pay for medical expenses, see Table 6 and Figure 4.

Table 4. Sufficient Money to Pay for Essential Items and Services by Respondents

<b>Essential Item/Service</b>	<b>Always</b>	<b>Sometimes</b>	<b>Never</b>	<b>No Answer</b>
Food	67%	30%	1%	3%
Rent/Mortgage	68%	26%	3%	5%
Utilities	67%	27%	3%	3%
Clothing/Living Essentials	56%	35%	6%	2%
Childcare	49%	20%	23%	8%

Figure 3. Sufficient Money to Pay for Essential Items and Services by Respondents



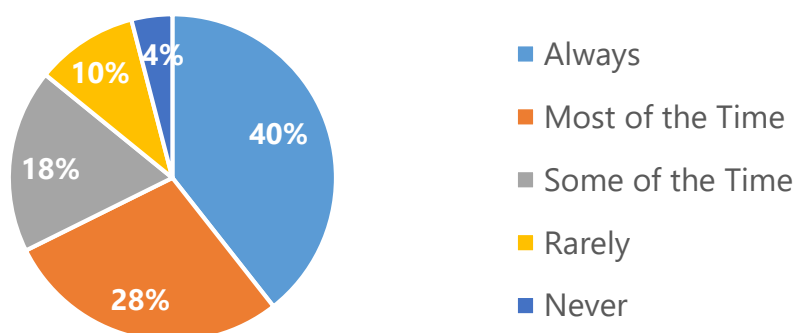
Table 5. Financial Assistance Sought by Respondents

	Unemployment	SNAP	CARES	WIC	SSI	AZCEND	AHCCCS	None
Respondents	16%	15%	9%	12%	4%	<1%	<1%	57%
Seekers	37%	34%	21%	28%	9%	1%	1%	

Table 6. Sufficient Money to Pay for Medical Expenses

	Always	Most of the Time	Some of the Time	Rarely	Never
Percent of Total	40%	28%	18%	10%	4%

Figure 4. Sufficient Money to Pay for Medical Expenses



## Quality of Physical and Mental Health Impacts from COVID-19

### Focus Group Responses to Quality of Physical and Mental Health Impacts from COVID-19

Each of the focus groups began with asking participants *how COVID-19 has affected you and your family*, and participants in over three-quarters of the focus groups discussed changes in physical health or mental health. This was reinforced in the accompanying survey in which many (61%) stated their mental health was *worse* than 2019 (before COVID-19). Individuals and families were also concerned about physical health and seeking care during the pandemic. Overwhelmingly, individuals reported declines in mental health due to isolation, depression and anxiety. For example, one participant emphasized the importance of getting together with her family and how the lack of gatherings took a toll on her. A variety of quotes regarding physical and mental health from the participants follow along with survey results on these physical and mental health impacts. Although separated by physical and mental health, participants were inclined to group the two in some cases.

#### Physical Health

*I was kind of worried about with my family and getting sick and just trying to be safe and trying to keep apart, but they ended up getting sick and being hospitalized.*

Guadalupe

*It is just had those long term effects it's not going to ever go away, you know, it takes a while to kind of recover from that mentally and physically obviously but mentally I think longer some for some.*

Parents of Young Children

*So, at home, should have been like you know you're safe space, but, for me, because I was sick, it was how can I stay in the bedroom and go in the kitchen to eat and go use the bathroom and then you sanitize to make sure you come out you lay in bed, and I did everything I could have done to make sure he [family member] doesn't get it, so it caused a lot of anxiety.*

Family Resource Center English

*How long are we going to have to do this, and what are going to be the long-term effects of having to do this on our mental health our physical health?*

Family Resource Center English

*Before (COVID-19) I was energetic, lots of friends, so I was kind lonely after the COVID-19, cause mental problems to being by myself, feel very lonely, pretty much like also my health, being sitting around, gaining weight....*

Central Phoenix



## **Mental Health**

*It's terrible to be lonely and where we are there's a lot of people living alone.*

Sun Health

*I'm prone to anxiety and depression and I feel like my biggest trigger is feeling isolated.*

AZCEND

*And so that's a little tricky and also like I mentioned my depression, it helps so much to get to like be around people and talk about it and so that's been a little tricky trying to deal with that on my own and trying to get therapy.*

AZCEND

*I think we're seeing a lot kind of you know you got to take care of yourself as best as you can and, but definitely in messaging about it's okay, if you need [mental health] help. And I just don't think that's something we're such a prideful people and we're like no, we can handle this but, at some point you got to realize that you need help.*

African American Black Women

*When you affect the social gatherings...mental health depression set in.*

Guadalupe

## **Determination**

In some cases participants discussed their inner strength that helped them get through being hospitalized and the effect of that.

*And I spent six days in a hospital bed a hospital and every day, people were dying around me. What an emotional experience for me I've been in the hospital before, but what got me out of that bed, and that determination that this is not going to pull me down or take my life, it was an emotional fight every single day the emotional toll is unreal.*

AZCEND

## Survey Responses to Quality of Physical and Mental Health Impacts from COVID-19

Respondents were asked several questions regarding physical and mental health as well as other factors that could contribute or affect health issues such as having health insurance or health care plans. They were also asked to rate whether particular situations were minor or major challenges to them during the COVID-19 pandemic.

The largest health challenges (major or minor) respondents experienced were getting needed healthcare including mental health (43%) and getting the medicine I need (19%). Table 7 lists the survey responses

Table 7. Health Challenges

Challenge	Major Challenge	Minor Challenge	Not a Challenge	No Answer
Getting needed health care (including mental health)	11%	32%	53%	4%
Getting the medicine I need	4%	15%	78%	3%

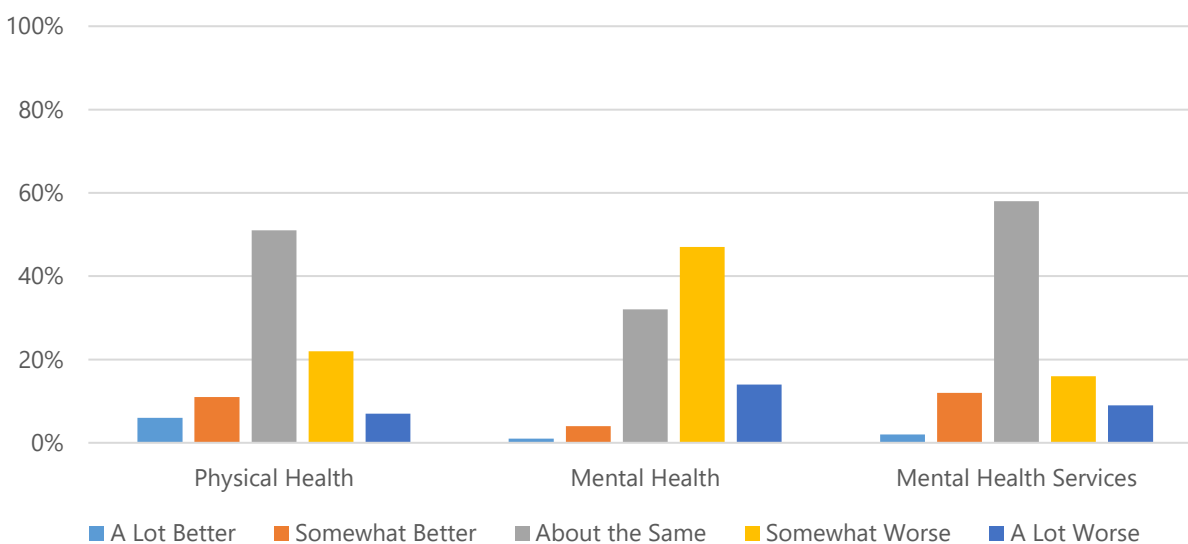
Respondents were asked to compare their physical and mental health during COVID-19 to the prior year (2019). They were also asked to compare their perceptions of mental health services. Specifically, 29% of respondents said their physical health and 61% said their mental health was *somewhat worse* or *a lot worse* during COVID-19 compared to their health in 2019. The distribution of responses is shown in Table 8 and Figure 5.

Comparisons of physical and mental health were positively correlated ( $r = .313, p < .001$ ), such that individuals who reported worse physical health conditions were likely to report worse mental health conditions and vice versa. Comparisons of mental health and mental health services were positively correlated as well ( $r = .278, p < .001$ ). Finally, a similar correlation was found between comparisons of physical health and mental health services ( $r = .179, p < .05$ ).

Table 8. Health during COVID-19 Compared to Health in 2019

<b>Comparisons to 2019</b>	<b>A lot Better</b>	<b>Somewhat Better</b>	<b>About the Same</b>	<b>Somewhat Worse</b>	<b>A lot Worse</b>	<b>No Answer</b>
Physical Health	6%	11%	51%	22%	7%	2%
Mental Health	1%	4%	32%	47%	14%	2%
Mental Health Services	2%	12%	58%	16%	9%	3%

Figure 5. Health during COVID-19 Compared to Health in 2019





## Access and Barriers to Health Care during COVID-19

### Focus Group Responses to Access and Barriers to Health Care during COVID-19

#### Discussion of Overall Access and Barriers to Health Care Access

In nearly two-thirds of focus groups there were conversations about experiences with doctors and primary care providers. In less than a third of focus groups there were discussions of hospitals and emergency services or self-care strategies during COVID-19. Experiences with urgent care and homeopathic services were discussed in only three focus groups.



Participants in over half of the focus groups indicated notable issues regarding accessing physical health, mental health, and pharmaceutical services with 43% stating *accessing* physical and mental health services was a challenge. Indeed, accessing mental health services posed new challenges but also opportunities for those with access to technology.

*A lot of older people, a lot of retirees who don't have the computer savvy... How have they been able to get medical care?*

Parents of Young Children

*If it wasn't for me being here and facilitating a lot of things for my mom and dad, I don't know how they would have accomplished. You know they both have their total second vaccine shots at this point that would have never happened for them if I hadn't been here to organize that and orchestrate it so.*

Sun Health

*One thing that wasn't really offered or advertised were services for preparing for parenthood. I know people would ask me anything- do you like the birthing classes with your wife and I would say no, I don't know what I'm supposed to know.*

Parents of Young Children

*"[I'm] trying to deal with that [depression] on my own and trying to get therapy, but the therapist offices are not open so they're all you know they're all on Zoom. I am thankful that we have the technology so we're still able to do therapy sessions..."*

AZCEND

While many of the participants had health coverage as discussed (see Table 9), experiences with accessing care varied by respondents. Accessing health care was identified as a factor by many, yet there were instances where access had become easier such as in the case of streamlined health care renewals and access to therapy using Telemedicine platforms.

*That's, even if I can get in as soon as I want to or need to or call my insurance company like that's the basic things I would know what to do and it's hard, I mean I've gone to the doctor recently and it's just hard to get appointments.*

Parents of Young Children

*Phoenix Indian Medical Center does provide free health care to Natives in the urban population.*

Family Resource Center English

*I really enjoy my private medical insurance - they're very responsive, they were calling and checking on me, probably weekly because I am diabetic and you know they were very instrumental in making sure that I got all my health appointments via telematics to keep me current on my meds that I get in the mail.*

Family Resource Center English

*They were asking us from time to time to renew the coverage, but they didn't ask for renewal, since we are in a pandemic time, so they just continued on the coverage, which is a good thing.*

Refugee/Advocates

### **Communities of Color and Healthcare Access**

Indeed, themes emerged regarding communities of color and healthcare access. Participants spoke about a variety of experiences with perceived medical discrimination. For example, one focus group person discussed the decision to find an African American primary care physician and affirmed the race of their primary care physician was a factor in their perception of their doctor's trustworthiness.

*There are already automatically health disparities there [for people of color], and...all COVID did was heighten those disparities. It's just neon light signs, whether you have access to health care, you might live in a healthcare desert, where you don't have any local areas to get you know vaccines or testing.*

South Mountain

## Survey Responses to Access and Barriers to Health Care during COVID-19

Respondents reported information about their primary health insurance providers and health care plans. Four in ten persons mentioned private health insurance as their plan with another 10% indicating they bought care through a plan; 24% reported Medicare/Medicaid/AHCCCS, and 11% reported having no health insurance. Table 9 contains the distribution of respondents' providers and plans.

Table 9 Respondents Primary Health Insurance Providers or Health Care Plans

Health Insurance or Health Care Plan	Percent
Private health insurance through job or school	41%
Medicare	13%
No Health Insurance or Care Plan	11%
Medicaid	10%
No Answer or Don't Know	6%
Insurance bought through health plan or company	5%
Insurance bought through government exchange	5%
Indian Health Service	4%
Tribal health system	1%
AHCCCS	1%
Health-share	1%
Military health care	1%
TRICARE for Life	1%
Emergency Room	1%

## Prevention Measures for COVID-19 Safety

### Focus Group Responses on Attitude and Behaviors about COVID-19 Prevention

#### Overall Prevention Measures

In both the focus groups and on the supplemental survey, participants discussed prevention efforts as well as responded to frequency and willingness to adhere to prevention suggestions. In nearly two-thirds of the focus groups, participants directly discussed using face coverings or masks to prevent the spread of COVID-19. Results from the supplemental survey also reinforced what the participants were stating in the focus groups with the majority of respondents enacting prevention measures *all of the time or very often*.

#### Wearing Face Coverings and/or Masks



*At first, the whole mask thing was something I didn't take seriously for the first couple months. But after that, I'm diabetic, and so with my doctor giving me more information on the actual virus – what it could do, what it does – I was in mask all the time.*

AZCEND

*[Mother] always told me like just to wear the mask because it's not just protecting me, but like just to protect other people around me.*

Young Adult

*I'm not going to take my mask off, even though the CDC says, like you can and it's all right and everything's good.*

LGBTQIA

*... prevent with the mask, well, if they told me that now we do not need, I will bring [wear] it for me, for my prevention, for me and my family, and if the others do not want to bring it, but we do, that is, thinking of taking it off for a long time yet.*

Paiute Spanish

*It'll take a long time before I'm going to get comfortable not wearing a mask. When I go outside just to go get the mail or whatever, and I don't have my mask I don't feel comfortable.*

Family Resource Center English

### Ambivalence toward Masks or Face Covering

In some cases, focus group participants were unsure about wearing masks or described information regarding masks or face coverings.

*I work two jobs and I've seen a lot of people shaming people for not wearing the mask and being really mean to people to just like complete strangers, and I think that that's really sad because whether somebody wants to wear it or not, you shouldn't be shamed for it.*

Young Adults

*I have a mixture of both. They [family and friends] are taking it seriously, wearing their masks appropriately, using hand sanitizer. Then there's a mixture of my family and friends who say, 'If you use too much you're weakening your immune system', and then I get anxiety because I don't know which one to believe.*

Native Health Phoenix

*I think that's been the most difficult part of my job, people will tell me things like this person said that they don't have the vaccine and they're not wearing a mask and can you kick them out and things like that. I think that our society needs to focus, if you want to accepting people, you need to focus on love and acceptance if that's really how you feel instead of let's just kick these people out because they're different.*

Young Adults

### Physical Distancing

In over half of the focus groups, participants directly discussed practicing physical distancing – staying six feet away from people not in their household – to prevent the spread of COVID-19. Again supplemental survey results supported what the participants were stating in the focus groups with nearly half practicing physical distancing *all the time*. These quotes highlight particular reasons for physical distancing that focus group members shared.

*You might have heard the proverb that man is a social animal, so we are one of the animals [who] need socialization, this is kind of healing, the medicine [that is needed] and we've been missing that medicine for a long time with the awful pandemic and because of that [I feel like they have] taken away our joy and [I feel] like they [have] put me in jail, so that is suffering that one cannot tell or in the four walls in this thing just staying home.*

Asian American 65+

*Social distancing it's like it's a law like I mean I'm all about following the Rules um you know if anything I don't like breaking rules so just you can also make sure to distance yourself from other people to say.*

LGBTQIA

### Hand Washing and Using Hand Sanitizer

In over half of the focus groups, participants specifically discussed hand washing and using hand sanitizer to prevent the spread of COVID-19. Again supplemental survey results also corroborated what the participants were stating in the focus groups with 68% who practiced hand washing/using hand sanitizer *all the time*. These quotes highlight particular reasons for hand washing/used hand sanitizer that focus group members shared.

*And really just sanitizing things anytime I got on the metro or in an uber... like I sanitized and like I said I'm definitely going to in the future, carry some of these practices over like masks and sanitizing things.*

LGBTQIA

*What I feel I did was take care of myself, if I followed the recommendations that, if I believed, wash my hands, use the face mask, use the gel, sanitizer and all those things and not be in [congregate] places, I would not get COVID.*

Family Resource Center Spanish

### Getting Tested for COVID-19

Participants in around one in five focus groups discussed getting tested for COVID-19 in order to prevent the spread of the virus. These quotes highlight particular reasons for getting tested.



*The [COVID 19] test was not because I required medical service, but I had to do it to enter a part of the hospital. They did the test and after a week, I think a week and a half, I got a bill where they were charging me for the test, they were charging me \$250...I say I'd rather she tells me so that I can pay for it and that's it, but I'm never going back to that hospital.*

Paiute Spanish

*I was one of the fortunate ones I guess you could say. With work, we were testing once a month, but I decided to do it every two weeks, just because I have an elderly mother at home so trying to make sure I didn't affect [her] that way. I was very fortunate, because my employer shut us down, and we had to work from home and every two weeks, we have to get tested.*

Guadalupe

### Improving Overall Health

In addition to prevention measures advocated by the CDC and World Health Organization, participants also discussed the benefits of improving their overall health to aid in combatting the coronavirus.

*You know, instead of just relying on just the virus, the vaccine alone, let's start really making sure that we're healthy, so we can fight it if we do - if we do get it, we can fight it naturally.*

South Mountain

*My thought is, you know, just continue to be careful, wear your mask, social distance. Um, I have a natural approach to boosting my immune system naturally, and using what God has blessed us with....what you're putting in your body. You know, protecting yourself, naturally, to boost your immune system – juices, herbs, supplements, natural supplements.*

South Phoenix Young Parents

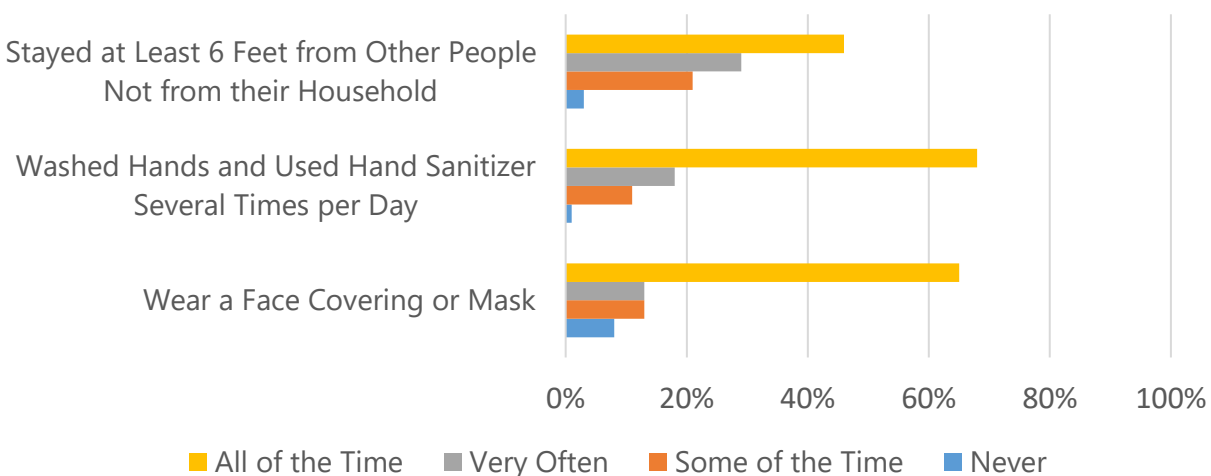
## Survey Responses on Prevention Measures for COVID-19 Safety

Respondents were asked whether they enacted known COVID-19 safety protocols in settings where such precautions are not mandated, such as in public spaces or around friends and family. Survey results reinforced what the participants were stating in the focus groups with 65% stating they wore a face mask *all the time* while 13% said they wore a face mask *often*. Further, 46% practiced physical distancing *all the time* while 29% who practiced physical distancing *often* and 21% who practiced physical distancing *some of the time*. It was indeed very positive that the majority of respondents said that *all the time* or *very often* they took prevention measures – mask wearing 78%, handwashing 86% and physical distancing 75%. Table 10 and Figure 6 contain the distribution of responses regarding enacting those behaviors.

Table 10. COVID-19 Precautions Voluntarily Enacted by Respondents in Past 7 Days

Precaution	All of the Time	Very Often	Some of the Time	Never	No Answer
Wear a Face Covering or Mask	65%	13%	13%	8%	3%
Washed Hands and Used Hand Sanitizer Several Times per Day	68%	18%	11%	1%	2%
Stayed at Least 6 Feet from Other People Not from their Household	46%	29%	21%	3%	2%

Figure 6. Comparison of Voluntarily Enacted COVID-19 Precautions





## Plans and Rationale to Get Vaccinated or Not against COVID-19

### Focus Group Responses on Plans and Rationale to Get Vaccinated or Not against COVID-19

In around three-fourths of the focus groups, there was discussion of participants' plans to get vaccinated or not get vaccinated and rationale for that decision. Supplemental survey results substantiated what the participants were expressing in the focus groups with just over half who were vaccinated and just under half stating they would not get vaccinated. It is important to note that some focus groups occurred in February and March before the vaccine was readily available.

When asked why they would get the vaccine, focus group participants as well as survey respondents consistently responded that they wanted to keep their family safe followed by keep myself safe as the top two reasons to receive the vaccine. Exemplar quotes follow that discuss reasons to receive the vaccine.

#### Pro-vaccine

*It felt like I won the lottery when I was able to get the vaccine.*

Immigrants

*I'm ready [for the] vaccine – I trust the science and I believe in the science and when two companies Pfizer, Moderna, both came up with this and had such excellent results that's just how I, I think, and I mean I was ready to (put) my arm out the minute they came with that.*

Sun Health 1

#### Desires to Get Back to Normal, Travel and for the Good of Everyone



*It's something that people should get, so we can see the world go back to normal- that's what I've been hearing a lot about it that's why people should get it just so the world can go back to normal.*

Young Adults

*Yes, um I'll go first so in my community that is reason number one - is to travel - people who want to travel outside the country.*

Refugees/Advocates

*So for me, I think I would encourage family members to get vaccinated now, get it while it's available because we don't know what the inventory is going to look like. I think just protecting others is the primary reason why you should get it.*

Native Health

*Serving our community that's why, like, I wanted to get it, and I wanted to be able to serve my community.*

Paiute English

In some focus groups, participants discussed a *what's best for us* rationale to receive or not receive the vaccine.

*Because of so much on news and social media, I mean I just think it's all unfortunately, political and just a lot of lies, so it just came down to what was best for us and, like I said we would have done anything to see her daughter graduate.*

Central Phoenix

*I don't plan and I'm just like you know I just read his stuff and I'm like okay, but I do what's best for my health and my safety, so if that that's like good bad or in the middle, you know so it's just kind of not on that chart there's just nowhere on that chart for me.*

LGBTQIA

### **Rationale *Not* to Get Vaccinated**

When asked why they would *not* get the vaccine, focus group participants as well as survey respondents consistently reiterated they were concerned about the side effects from the vaccine and don't trust the vaccine will be safe as the top two reasons not to receive the vaccine. Participants discussed these reasons why they did not want to get vaccinated, and for some, it was *too soon* and 'all the unknowns'. Exemplar quotes follow that discuss reasons to not receive the vaccine.

## **2**

### **Top Reasons *not* to get the Vaccine**

---

- Concerned about side effects
  - Don't trust the vaccine will be safe
-

*Normal vaccines, I heard, I'm not an expert, by far, but I know that exceeds normal vaccines' times to develop. Regular vaccines could take years; this one was just done in one year or less. Those are my concerns: what are the immediate and long term-effects we just don't know.*

Young Adults

*My daughter said, there is not enough information about the vaccines, and I can't logically argue with her, so I just left it up to her.*

Asian Americans 65+

*As far as vaccine, my family's gotten it, a few coworkers, a few friends have gotten it and kind of hearing their side effects it just kind of gives me sort of like resistance towards it, because I feel like I'm one of those people that think that there's not enough research on it yet, if it was too soon, and if there's not enough data to know whether it really is going to work or not.*

South Phoenix Young Parents

*I am actually on the other end of the spectrum and I'm not excited about getting the vaccine just because I feel like it was rushed and so I want to see the side effects and see how effective it is I'm not anti vax per se, or anything like my kids are vaccinated, but I would like to see how it's affecting people before I inject anything in me and my kid.*

Paiute English

## Misinformation

In nearly two-thirds of the focus groups, participants also discussed rumors and misinformation about vaccination.

*Some of the rumors that we encounter in our communities is have to do with faith or culture, you know, like in the Muslim community, they have different rumors [than] in Christian community. There is something about the microchip being in the vaccine. That Corona[virus] is a conspiracy was made to decrease that the population, you know by trying to killing all the people.*

Refugee Advocates



*So for me it's a very hard internal struggle - every part of me wants it, and then somewhere, I read or I heard I don't even know where about effects [vaccine] could cause, infertility and I don't have children, yet.*

Family Resource Center English

*That for elders I worry about a lot of the side effects they're already seeing like different blood clots and how it some of the studies that we've read it talks about how it makes dementia and Alzheimer's come on quicker. But if it is something that's in their genes that it does make it progress faster and then for the youth, I worry about you know, being able to not you know not being sterile not being able to have children.*

Seniors & Veterans

*People are talking about how COVID-19 is on the rise again, that eventually everybody will have to get the vaccine, um, it's mandated for everyone, or mandated to travel. They don't trust the vaccine for various reasons: um, something with the 5G technology, something with having baby human parts in it, or something like that, there's no long term research on the effects of it there's no specific research on, um, I think for people that are actively receiving cancer treatment and how the vaccine would affect them. So a lot of hesitancy....*

South Phoenix Young Parents

### **Mistrust of Government and Health Care**

Other participants discussed their mistrust in the government and information regarding the government as reasons to not receive the vaccine.

*That the governments, the main world powers wanted to start reducing the population. That they had created the virus, but that it had gotten out of hand. That everything was already out of control. Hey, there was another that said it was a direct attack on the United States by the Chinese government, but that it just got out of hand and started going elsewhere.*

Paiute Spanish

*One of her fears, though, is you're putting yourself in a database. And being illegal like you just you know you don't you don't put yourself in those situations so part of that is like, I have to put myself in a database and I'm giving them all my information and what if I don't have an ID. If you have a passport, will they use a passport, if you don't like I said, if you're illegal like what information do you have, and so that was another.*

Family Resource Center English

### Current Perceived Health Status Affecting Decision

*I don't do a lot of like medical intervention in the first place, and not because I'm against medicine or anything just because I'm like I think the approach has been to kind of try and heal it holistically first and then then like or you know take care of yourself and eat well and if you're sick like figure out little home remedies and stuff.*

Racial and Ethnic Minority Young Adults

*I don't really think (it) is necessary for me to get vaccinated because I feel like I'm pretty healthy and I know some healthy people have you know transition after they got COVID, but I just I don't think that I'm in a high-risk category.*

Expectant Moms and Parents of Young Children



## **Survey Responses on Plans and Rationale to Get Tested or Vaccinated or Not against COVID-19**

Respondents were asked whether they would get tested or get vaccinated for COVID-19. Respondents were also asked to share reasons they would *not* get tested or vaccinated for COVID-19.

As stated previously, in both the focus groups and in the supplemental surveys, participants consistently responded with various reasons for getting the vaccine, with *keep their family safe* and *keep themselves safe* being the top reasons in order of priority.

### **Top 6 Reasons to Get Vaccinated**

- 1. Keep their family safe**
- 2. Keep themselves safe**
- 3. Keep their community safe**
- 4. Want to feel safe around other people**
- 5. Believe life won't get back to normal**
- 6. Not want to get really sick from COVID-19**

Chronic health problems and doctors' advice were among the least priority reasons for getting the vaccine. Among a smaller number of other responses, some noted not getting vaccine, seeing family members get sick, having gotten COVID-19, desires to travel, and perceived employer requirements.

Respondents selected various reasons for NOT getting the vaccine, *with concerned about vaccine side effects* and *don't trust the vaccine will be safe* being the top two reasons.

### **Top 6 Reasons NOT to Get Vaccinated**

- 1. Concerned about vaccine side effects**
- 2. Don't trust the vaccine will be safe**
- 3. Don't know enough about how well a COVID-19 vaccine works**
- 4. Not concerned about getting really sick from COVID-19**
- 5. Not believe the pandemic is as bad as people say it is**
- 6. Not wanting to pay for the vaccine**

Among the small number of other responses, many already got the vaccine or planned to be vaccinated. Allergies, perceptions of vaccine efficacy, and fears of needles were among the least priority responses. One person felt the vaccine was developed too fast. Another noted they are waiting for full FDA approval not just emergency approval. Another individual was pregnant. Finally, one person did not like vaccines being pushed on other people.

### Vaccination Survey Results

Table 11 provides the status of the respondents upon participation in the focus groups. When the focus groups began, the vaccine was just beginning to roll out and respondents may have been *very likely* to receive the vaccine yet there was no availability for them at the time. As the spring progressed, more vaccines became available. Nonetheless, survey participants were still asked several questions: how likely are you to be vaccinated and later in the survey, have you received the vaccine? Intent to get vaccinated is also an indicator of vaccination, and respondents were also asked, are you scheduled to get the vaccine in the next 30 days?

**52%**  
**vaccinated**  
**61%**  
**were *very likely* to**  
**get the vaccine**

Again, these data were not collected randomly so the data are biased on time and selection already. The survey and focus group findings represent a snapshot in time when vaccines were not readily available to being completely available throughout Maricopa County. Remembering that, 52% reported being vaccinated and 15% were scheduled to get vaccinated, while 67% had been tested for COVID-19.

Additionally, when looking at only those who answered *no* to the vaccine, 32.9% were *very unlikely* to get the vaccine while 28.6% were *very likely* to get the vaccine thus indicating the desire to receive the vaccination but they just had not yet at the time of the survey. As expected, of those who answered *yes* to receiving the vaccine, 95.1% of them were *very likely* to receive the vaccine.

Table 11. Testing Experience and Vaccination Status

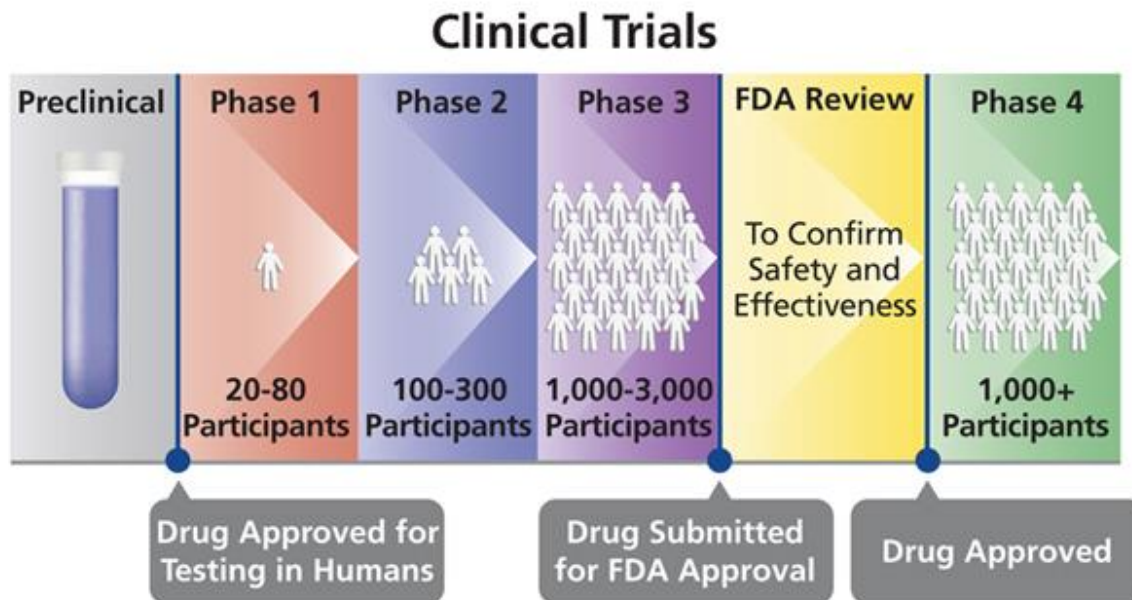
Respondent Answers	Tested	Scheduled for Vaccination (in next 30 days)	Vaccinated
Yes	67%	15%	<b>52%</b>
No	31%	77%	45%
No Answer	2%	8%	3%



Of respondents, 61% indicated they would *very likely* get a COVID-19 vaccine. Only five respondents indicated they signed up for a clinical COVID-19 treatment trial, and three respondents indicated they signed up for a clinical COVID-19 vaccine trial. Of respondents, 58% were *not at all likely* to sign up for a COVID-19 vaccine trial. The full distribution of responses is found in Table 12.

Table 12. Likelihood to Get a Vaccine *when Available* or Participate in a Vaccine Trial

	<b>Not at All Likely</b>						<b>Very Likely</b>	<b>No Answer</b>
	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	
Vaccine	16%	4%	8%	4%	3%	3%	<b>61%</b>	2%
Trial	58%	8%	9%	4%	6%	3%	11%	1%





## Information, Messages, and Dissemination around COVID-19

### Focus Group Responses to Information, Messages, and Dissemination around COVID-19

#### Information Sources, Preferences, Judgments, and Trustworthiness

Discussions in the focus groups highlighted a number of sources where individuals gained information about COVID-19. The top five sources in order and with similarly high frequency were these:

1. Social Media
2. News Sources
3. Doctors and Primary Care Providers
4. Arizona and U.S. Government, CDC, and Coronavirus Task Force
5. Close Friends and Family Members

Participants discussed the trustworthiness of these sources and preferences regarding where they believed they would find the best and most accurate information about COVID-19. Other, but less prevalent, sources are presented as well in this section.

#### Social Media and News Sources

Social media and news sources were very much discussed across focus groups. Participants in around three-quarters of focus groups directly mentioned the pitfalls, merits and utility of those information sources.



*In a social media group in Chandler about 17,000 members. Someone recently had a question. He wanted to know how long they lost their sense of taste and smell. My God, there were 140 people responding, who've have had this experience, and they were saying: I still cannot taste and smell, regarding after vaccination things like that. I don't think my doctor would know that much.*

Asian Americans 65+

*Even in the beginning of the pandemic because I was very aware of all the news, eh, but I realized that it was affecting me negatively, so I stopped a little bit because every day I looked and well, it is a lot of information that greatly promotes stress levels, this, how the cause of when one is not listening rises.*

Gila Bend Spanish

*You know that next door APP that I have it on the phone and you know it's constantly you know I got my vaccine; I didn't get my vaccine and the people just bicker and fight it's like. You just can't get away from it, you know it's just got to shut yourself in and I don't know it's overwhelming, to some extent, you know we have to deal with it every day and we've all been quarantined in our houses for a year now it's hard to believe it's been a year, you know that we've been sitting in our homes, mostly.*

Family Resource Center English

*So that's where I would get a lot of my information and then from there [social media] but Twitter is definitely one of my main sources of information on COVID but also like I did see a large influx of like people posting infographics about COVID. I know my family is on Twitter [so] I like drop it in the family group chat and they'll be like oh cool or you know, and then we can start a dialogue that way.*

LGBTQIA



### Doctors and Primary Health Care Providers

Doctors and primary health care providers were also much discussed across focus groups, only slightly less than social media and news sources. Again, in around three-quarters of focus groups the participants directly discussed the merits and utility of doctors and primary health care providers as sources of information about COVID-19 while some were skeptical. Around two-thirds of participants sought medical care and advice from doctors and primary care providers during the COVID-19 pandemic. In some cases, although participants trusted their doctors, they did not trust the effectiveness of the vaccine.

*I trust the experts, the doctors researchers, those that are saying this is something that's good for you, this is something that you know you need to get everybody else needs to get and I'm still praying that more people get.*

Hispanic Males

*[I would trust] pretty much just my doctor. I feel like a lot of other parties who are giving out information have hidden agendas with their messages, so I'm a little more wary about those ones.*

AZCEND

*Certainly, now that I had a talk with a doctor that [name] invited us [to listen to], he said something very important which is: It is better to live with the consequences of the vaccine, than with the consequences of the virus. So that's how it got to me.*

Gila Bend Spanish

*You gotta trust the scientist and the doctors because that's their job, not the politicians, I don't really trust the politicians.*

Family Resource Center English

*The one person I would trust, (is) my doctor, you know about any questions. My health care provider probably be the only person that I could trust and not be super skeptical.*

Expectant Mothers and Parents of Young Children

*We didn't have any information from our doctor. Yeah, I had an appointment with my doctor and she talked to me about it, but again I still don't have enough factual information to make me I trust her. I do trust her, but I don't trust the vaccine at this time.*

South Phoenix Young Parents



### Government Sources

Government sources were also highly discussed across focus groups, only slightly less than social media, news sources, and primary care providers. In around two-thirds of focus groups participants specifically discussed government sources as information providers regarding COVID-19 yet many were dubious about the reliability of some of these sources and mentioned mistrust as opposed to trust. Five focus groups discussed tribal governments as reliable information sources regarding COVID-19.

*I don't trust anyone just because of a lot that's happened, especially with the government in general and how what it gets really lacking. I think it's like equality and social justice. I think these vaccines - they're putting us at risk.*

Young Adults

*Like the CDC it's kind of hard to trust them when it when I feel like they've fumbled a lot of the steps and I'm kind of addressing COVID and even now, with the like wear masks; don't wear masks okay if you're vaccinated you don't have to wear masks that seems very rushed to me.*

LGBTQIA

*There's a healthy skeptic about the vaccine, you know people are for, people are against it but some are on the fence and at end of the day is having trust in the government and not having trust in our leaders and there has been a lot of mistrust among our leadership and administration.*

Hispanic Males

*The tribes and their messaging... I've been seeing a lot of like masking up or getting the vaccination, for your culture for your tradition and really focusing on you know the resiliency, of the next generation and doing it for just that, like the next generation.*

Native Health - Mesa

*I just thank God for the tribe, because they reacted. They didn't wait for government that was the biggest thing we don't have to wait for government, we do what we're going to do for our people.*

Guadalupe

### **Close Friends and Family Members**

In less than a third of the focus groups, participants discussed coworkers as sources of information regarding COVID-19. In four focus groups, classmates were mentioned as sources of information regarding COVID-19. Close friends and family members were highly discussed across focus groups as well, but slightly less than social media, news sources, primary care providers, and government sources including tribal governments. In over half of focus groups, people specifically discussed receiving information about COVID-19 from close family members and friends. Some discussed the importance of family in receiving accurate information about COVID-19 and even possibly getting the vaccine.

*For me, I know that this is might sound kind of silly but for me it's my oldest son. He is very good at maneuvering through media and... he can find that people who seem to always be really truthful.*

Seniors & Veterans

*Trusting like my sister, since she works at a doctor's office like I feel like she's obviously going to know a little bit more about COVID and she's more exposed to it in the sense of like working with doctors and stuff, so I would trust her.*

Central Phoenix

*Family values influencing our choices and so with the LGBTQ community a lot of times our families are chosen.*

LGBTQIA

### **Coworkers**

*So I have a friend/ coworker that eats sleeps breathes COVID information and she has kept me up to date from day one, you know she would to the point where it's too much. I don't watch the news I never have really watched the news much*

*because I don't want to hear all the bad things that are going on. I know they're out there, but I don't need to hear about it every day. And she would tell me, you know, the number of new cases and the number of deaths and the percentage of this and the percentage of that.*

Family Resource Center English

*Then another source that I have a lot of confidence in, as Speaker 2 says; here at work, every day they email us with the numbers and things like that. So, there I have a lot of confidence in that too.*

Paiute Spanish

### **Faith and Faith Leaders**

Participants across groups also discussed religious and faith leaders as trusted sources of information and in some cases, they mentioned not religious leaders specifically but attributing trust or information in a concept of a Higher Power or a God.. Example quotes follow.

*The black doctors have hosted informational sessions and then our church just did one, a few weeks back that was an informational session regarding the vaccine. Trusting more of my own community because of how it's affecting us and you know I think, I think at the end of the day, a lot of us in my Community kind of think similarly and have some of those same concerns when it comes to is the government really telling us the truth?*

South Mountain

*I have a wonderful church... tons of online communication, daily email, based on the scientific facts... also have video teach us how to get online to get a vaccine appointment and things like that.*

Sun Health

*We are Jehovah's Witnesses and because our organization also provides us measures, but it always tells us to listen to the authorities that are local, everything that the local authority says, we obey the local authority, eh, but a little more than nothing comes common sense, understanding what is happening and using our common sense.*

Gila Bend Spanish

*We just trusted the Lord and just to the science of what there was available and got vaccinated as soon as we could and were excited about it.*

Gila Bend English

*I just continue to pray about it, you know I talked to God and yeah people you know have negative feelings about what's got them to do about it, what's going to help you with it and stuff like that. So far, God's got me this far. You know I don't know if I had got it before I had got really sick. And all different things were happening to me. I started freaking out but that's all I was doing was praying to him, asking him to guide me. You know, whatever that was going on with my body, you know take it away from so I was like yeah for a whole maybe a whole four days or almost a week. I don't care to hear what what's going on and I'm just going to put my trust in God and keep following what he has planned for me, so I guess sick I get sick on Monday so pray if he takes me home well good I'm healed.*

Family Resource Center English

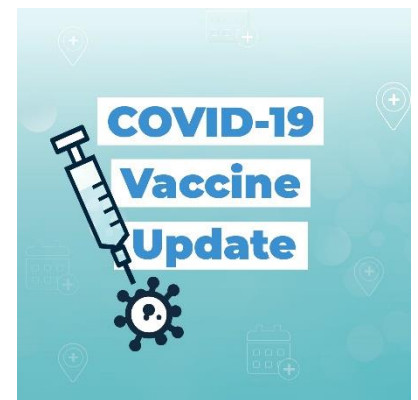
In addition, the refugee / refugee advocate focus group also mentioned the concept of fatality.

*In Muslim/Middle Eastern country there is the religious concept of fatality. Fatality you know this term, God is, and what's going to happen it's going to happen -- this idea is so big, a big number of people believe in this and they don't care if they are going to be vaccinated, if they need to be vaccinated or not; they don't care. If [concept] wants it happen, it's going to happen, what [God] He allows to happen is going to happen. This idea, but I don't know how to address this, because this is coming, with a culture of the immigrants [from Middle Eastern Muslim Country].*

Refugee/ Refugee Advocates

## Community Recommendations for COVID-19 Messaging and Information Dissemination

Throughout the focus groups, participants also consistently gave ideas and feedback on how to reach their communities and how to effectively disseminate accurate and timely information about COVID-19 and the vaccines. They offered suggestions for messages or named persons who would influence their vaccine decisions. Some of these individuals wanted to see longer-term research and more research on the vaccines. Others wanted influential political leaders to get vaccinated. Various participants focused on messaging while others on distribution channels.



Additionally, while themes existed among the individuals in these focus groups, one theme was consistent – one size does NOT fit all and that services and messages need to be culturally tailored to the community. Specific recommendations regarding who and how to distribute information follow.

### **Elders/Known Local Celebrities**

*There's a couple that will shine automatically just because of who they are, you know, a business leader in my in my era that really shine down here was Jerry Colangelo. If Jerry told me to sell my house and go relocate up to Alaska because something was coming I would do it.*

Seniors & Veterans

*The most trusted, of course, definitely does include the educated people in the community. Every community has some of the people who are educated and trustworthy – trusted whenever they bring information.*

Refugees/ Advocates

*We respect our Elders, so if the Elders have trust in it, then of course we're going to believe them. The hardest thing to do is to persuade an Elder that something is good for them, because the mentality of the US government and the relationship with Indian people is negative, so when you put that focus on the Elders...you know, I respect my Elders.*

Native Health Phoenix

### **Broadcast and Print**

*If it is something that the community needs to know whether it is through a special program on radio, television or church pastors, community leaders, if they could have that information and be able to pass it on to their family, friends, gathered to run away because that is how the Hispanic community works.*

Family Resource Center Spanish

*So I don't know, maybe something in the mail because they do have they do look in their mailboxes.*

Seniors & Veterans

*What might be effective is going back to you know is to put up information like informative posters because I mean, even though social media and phones are like huge now people have like a lot of ways to get information, not just from a small device a phone that everyone can afford. I think social media could be a good place to share information.*

LGBTQIA

### **Town Hall/Research Dissemination**

*Whether it's ASU or some of these high-level universities, where they research this and have different cases, they will be able to educate us a little more on the effects [of the vaccine].*

Guadalupe



*One of the biggest barriers in the Black community is trust, so to overcome it, having someone come to church where we feel protected that could help. If there was some kind of program or segment put together from the government that would be helpful. A town hall or something like that. Televised to reach the masses. "Here's where we are now; this is how strains are developing." In-depth information will also help to break the barrier of mistrust. The short commercials by design foster mistrust.*

Parents of Minors 85041

### Text/Cell/800 Number

*I would like to receive the information through texts, because I feel like that's the easiest like a text message.*

Young Adults



*I think it would be good if we were able to get maybe some kind of like PSA through our cell phones, you know we all have a provider, maybe the provider networks can get together and develop some kind of flat, the text messaging platform where though they can give us, you know, information.*

Native Health

*Have a number like 800 number that they have updates or you know press five to hear information on this versus having it on TV, because people can always put commentary on that. But if they have like an 800 number where everyone's listening to the same message, I think that that will be a little bit more trustworthy for me.*

Expectant Moms and Parents of Young Children

### In Our Language

*They can build trust with young adults 18- to 24-year-olds by making the language more teen friendly so that we can understand what they're saying. Don't use big words, because I know my friends, they don't even know what it's saying, so just make it more teen friendly with the language and making connections that we can relate to.*

Young Adults



*I think that in order to make such an approach to the Latino population, it could start on how to handle information or this type of advertisements or in the places where we go as a Latino population. We have, there is a mall, or go to the supermarket where most of the people who do not speak more than Spanish, then more information could begin to be given within that same place, in that same environment and obviously that it is in our language and to give more security of the vaccine.*

Paiute Spanish

## Trust and Concerns of Underserved Populations

The impact of COVID-19 has disproportionately affected communities of color nationally, regionally and in Arizona with the greatest disparities in COVID-19 hospitalizations and mortality affecting African American, Hispanic/Latino and Native communities. In the focus groups, participants described accounts of suffering and the emotional toll the pandemic was taking on their communities. Indeed, other focus group participants noticed and commented on the disparities.

*The faith leader would announce by ringing church bells what happened - who died from COVID, whose family it was, and then the message is dispersed to the other family members in the community. It's a really amazing way for us to stay connected, but because of that we knew who was passing constantly and there was a time in the summer, where we had two to three people passing on a week.*

Guadalupe

*So that was extremely hard in our family, we lost our three patriarchs not due to COVID, but during COVID and just trying to do a funeral during those times and just supporting the family and grieving and that sort of thing and so it's difficult.*

African American Black Women

*I think that there's been certain races that have been affected differently, solely because...some of those races may have more jobs within that sector of restaurants or in the in the hospitality industry. You know, so I think that they may have been affected more not only monetarily but also by other things so yeah I think that there were some races that have been affected more --more than others.*

Seniors and Veterans

The concerns of underserved populations have been further exacerbated by historical mistreatment and lack of trust in healthcare and the government by these same communities disproportionately affected by COVID-19. Individuals who have experienced discrimination based on their racial/ethnic status from health care systems or governmental agencies may feel increased mistrust toward the same structures that have contributed to their experiences of marginalization and discrimination<sup>3 4</sup>.

Examples of this mistrust were shared in several of the focus groups.

*The hardest thing to do is to persuade an elder that something is good for them, you know, because the mentality of the US Government and the relationship with Indian people is negative, so when you put that focus on the elders.*

Native Health Phoenix

Nationally, trust has been a major factor in the vaccine hesitancy of African Americans due to historical maltreatment by the medical community.<sup>5</sup> One focus group member from an African American community in South Phoenix spoke about their fervent belief that the race of their primary care physician was a significant factor in their perception of the doctor's trustworthiness because of a recent encounter with perceived medical discrimination. Another participant recalled a recent YouTube video of a nurse sharing her *horror story* of racial discrimination when being treated for COVID-19. These examples illustrate how hesitancy may be attributed to both *historic* and *recent* experiences of perceived discrimination potentially leading to greater disparities.



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<sup>3</sup> Burgess, R. A., Osborne, R. H., Yongabi, K. A., Greenhalgh, T., Gurdasani, D., Kang, G., & McKee, M. (2021). The COVID-19 vaccines rush: participatory community engagement matters more than ever. *The Lancet*, 397(10268), 8-10.

<sup>4</sup> Khan, M. S., Ali, S. A. M., Adelaine, A., & Karan, A. (2021). Rethinking vaccine hesitancy among minority groups. *The Lancet*, 397(10288), 1863-1865. [https://doi.org/10.1016/S0140-6736\(21\)00938-7](https://doi.org/10.1016/S0140-6736(21)00938-7)

<sup>5</sup> Jimenez, M. E., Rivera-Núñez, Z., Crabtree, B. F., Hill, D., Pellerano, M. B., Devance, D., ... & Hudson, S. V. (2021). Black and Latinx Community Perspectives on COVID-19 Mitigation Behaviors, Testing, and Vaccines. *JAMA Network Open*, 4(7), e2117074-e2117074.

However, throughout the focus groups, the participants indicated their desire to help their communities, and the first and most important step was to build trust. Having a voice in the development of culturally relevant strategies is a crucial step toward building that trust. Importantly, participants representing communities of color offered invaluable ideas and suggestions on how to reach their communities.

This feedback is consistent with research with Black and Latinx communities elsewhere that suggest that communities of color are responsive to mitigation efforts and recommend that marketing campaigns be developed in partnership (i.e. involving community leaders) with the target communities with content comprised of transparent and plain language public health information. Trust is observed to be the essential ingredient in COVID-19 information dissemination.

The essential connection of trust and health information dissemination was also noted by in reference to the Native American community. In addition to African American, Hispanic/Latino and Native American communities, vulnerable populations such as seniors, those with disabilities and others without transportation and technology require unique approaches. In addition, a refugee advocate addressed the barrier that technology posed to refugee families.

*You know the indigenous members - because trust is a really big issue when you're coming off a reservation based community...I think when you look at reservation-based communities political leaders, there have more opportunity to reach their community members across many different modalities. Mainly radio and then the newspaper then yeah you know updates to Council meetings. We don't get that level of interaction here in Maricopa County and I kind of feel like almost invisible to the [non-Native] community.*

Native Health – Mesa

*I'm disabled, so I get meals on wheels, and they, they put little letters in, in the bags with the meal, they dropped off sanitizer masks, and spray for the kitchen.*

AZCEND

*Parents and you know even the school - they encounter many difficulties for a parent that is very illiterate, some kids are missing school, the whole -- pretty much all semester, because they don't know how to connect to Internet.*

Refugees

## Survey Responses to Information, Messages, and Dissemination around COVID-19

Respondents were asked to indicate their level of trust with various sources of COVID-19 information. Table 13 and Figure 7 show how much respondents trust the all sources presented to them. From a trusted information standpoint, doctor or health care provider was the highest rated source with 63% of respondents stating they trust them *a great deal*. Next was the US Coronavirus Task Force with 46% trusting them *a great deal*. Close friends and family were third with 31% trusting them a great deal. Although many mentioned social media contacts in the focus groups, just 6% stated they trust those *a great deal* and 46% *not at all*.

Among *other* sources trusted, the Centers for Disease Control and Prevention (CDC) was mentioned four times. *Other* single responses included the World Health Organization (WHO), Black doctors, accredited medical professionals, schools, school districts, scientific sources, community centers, and one person who trusted their own research.

Table 13. Level of Trust in COVID-19 Information Sources

Source	A Great Deal	A Little	Not at All	Don't Know
Doctor or Health Care Provider	63%	30%	3%	4%
U.S. Coronavirus Task Force	46%	25%	32%	7%
Close Friends and Family Members	31%	50%	14%	5%
U.S. Government	29%	41%	27%	4%
Arizona State Government	27%	47%	22%	5%
Faith Leader	22%	35%	23%	20%
News Sources	18%	49%	29%	4%
Co-Workers, Classmates, or Others	14%	57%	22%	7%
Local Tribal Government	10%	32%	25%	34%
Neighboring Tribal Government	9%	27%	29%	35%
Social Media Contacts	6%	42%	46%	6%
Other	6%	8%	13%	73%

Figure 7. COVID-19 Trustworthy Information Sources

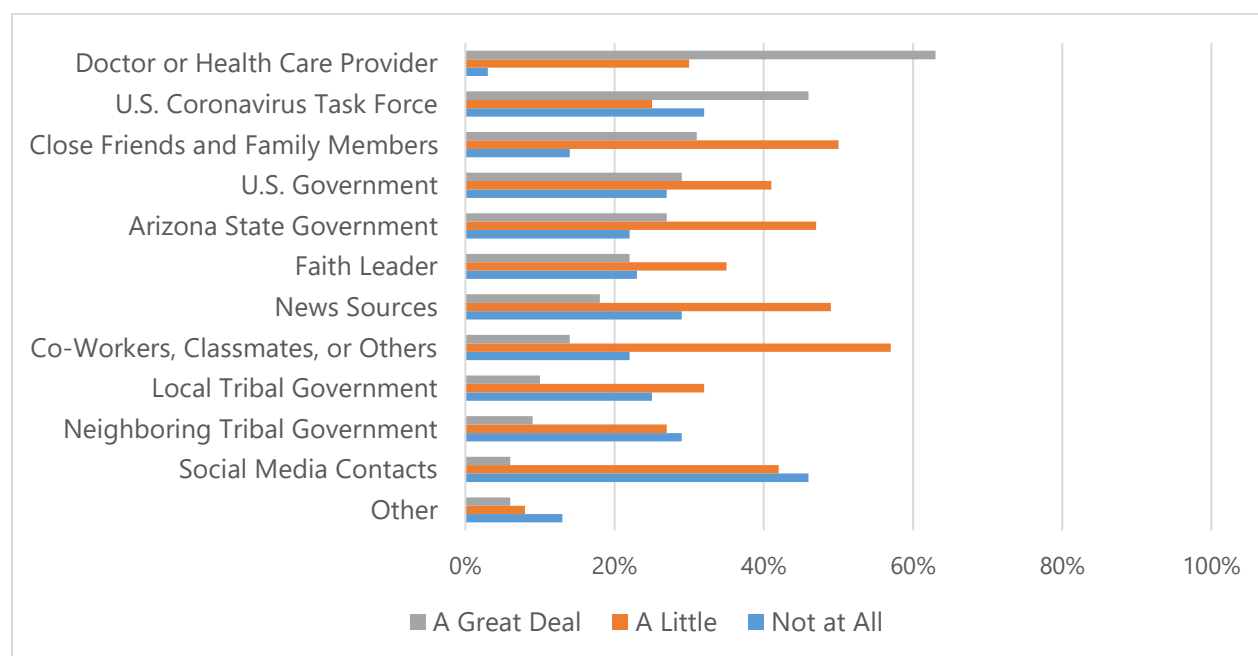
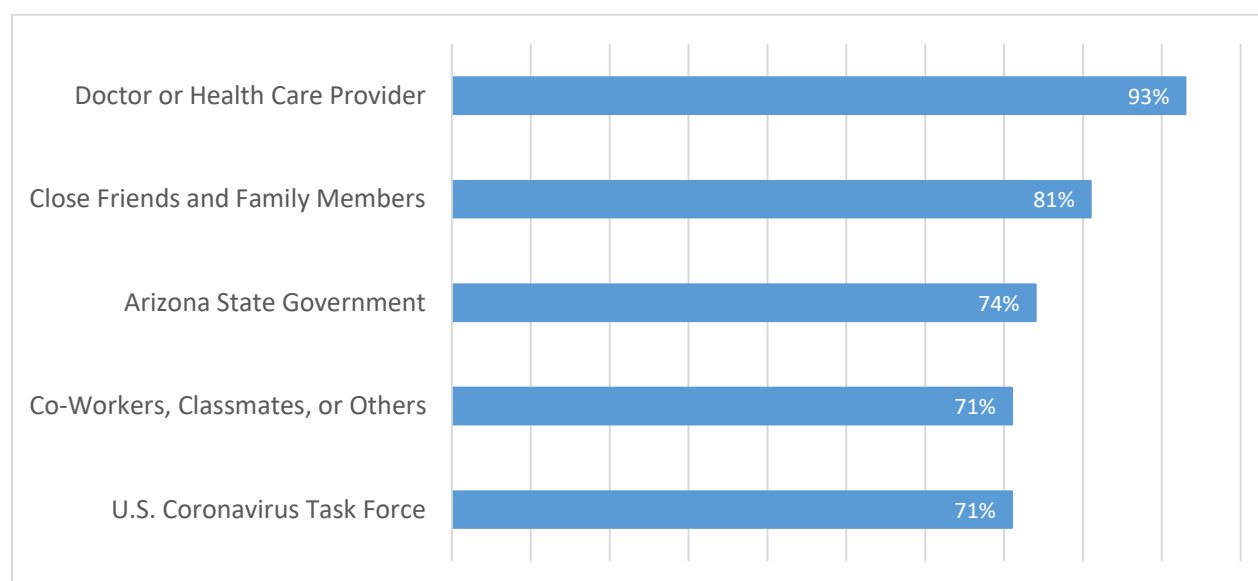


Figure 8. Trust Levels of Top Sources\*



\*combining a great deal and little bit

## Conclusion

This study aimed to capture the impact of COVID-19 on the individuals, families and diverse geographical, ethnic and cultural communities within Maricopa County, Arizona. Among the largest counties in the United States, Maricopa County is home to nearly 4.5 million people who represent a myriad of diverse and distinct communities. By participating in focus groups and surveys, participants shared their unique stories and perspectives as they related to COVID-19. The 33 focus groups comprised of 186 individuals represent, however, a mere fraction of the population. Intentional efforts were made to partner with community health organizations within all five geographical districts in the county, and existing relationships were leveraged allowing access to community members willing to share their stories and feelings in the form of community focus groups and surveys.

This report of the focus groups and corresponding survey results tells a story of resilience and connection amidst a pandemic. In light of individuals who reported declines in mental health due to isolation, depression and anxiety, it also serves as evidence that the community stands ready to collaborate, with innovative and specific ideas on how to share health related information to the betterment of their lives, their families and communities. Participants felt they were providing recommendations for information and dissemination from their personal and community perspectives.

While this report has limitations, due to sample size and methodology, it serves to highlight the impacts, barriers, trust, and needs related to COVID-19 and is consistent with recent national research on community impacts of COVID-19. Findings from this study may provide insights to assist Maricopa County, local hospitals and Federally Qualified Health Centers (FQHCs) in prioritizing resources to address the collective and individualized information and health needs of targeted and diverse communities across its jurisdiction.

While themes existed among the 186 individuals in these focus groups, one theme was consistent – one size does NOT fit all, and that culturally tailored messages, community partnerships, personal connections and transparency are needed to help individuals and families make health-related decisions.

Although people listed many sources of information and offered a myriad of suggestions to target specific communities with COVID-19 messaging and outreach, it is apparent people will *"make up their own minds"* despite efforts to provide accurate and timely information. Based on the findings from these participants across Maricopa County, they strongly suggested that each person has to be reached individually in a

way that makes most sense for *that person*. Therefore, it is imperative and highly recommended to continue to search and utilize a multitude of dissemination strategies as one size does not fit all.

The major findings, inclusive of COVID-19 impacts, barriers, vaccine intent and hesitancy as well as community recommendations for information dissemination, offer opportunities for increased community engagement, information dissemination and education, and resource allocation. Ultimately, understanding the unique needs and disparate impacts of COVID-19 on communities may provide insights on how to equitably serve the physical and mental health needs of the respective communities of color and special populations throughout Maricopa County.

## Appendix A

### COVID-19 Survey Respondent Demographics

#### Demographics of Focus Group Questionnaire Respondents

Of the respondents, 72% of the questionnaire respondents identified as cisgender women, and 27% of the respondents identified as cisgender men. The age of respondents was intentionally distributed through the data collection process; however, individuals between 25 and 44 made up the larger proportion of respondents to the focus group survey questionnaire. Table A1 provides the age distribution of respondents.

Table A1. Age Distribution of Focus Group Survey Respondents

Age	Percent
18-24	10%
25-34	25%
35-44	30%
45-54	13%
55-64	9%
65-74	8%
75+	4%

Table A2 shows the proportion of respondents who identified their race/ethnicity, and Table A3 showcases their level of education reported by respondents. 75% of respondents who indicated their income made less than \$100,000 per year, and 54% of respondents made less than \$50,000 per year. Table A4 shows a full breakdown of individuals who reported their income levels. Table A5 outlines the reported working situations of the respondents.

Table A2. Race and Ethnicity of Respondents

Race/Ethnicity	Percent
White	34%
Hispanic, Latino, or Spanish origin, such as Mexican, Puerto Rican or Cuban, etc.	27%
American Indian or Alaska Native	15%
Asian	11%
Black or African-American	11%
Mestizo	1%
Middle Eastern and North African	1%
Native Hawaiian or Other Pacific Islander	1%
South Asian - Indian	1%



Table A3. Reported Education Levels of Respondents

Education	Percent
Graduate degree (for example MA, PhD)	27%
Bachelor's degree (for example BA, BS, or AB)	25%
Associate's or technical degree (for example, AA or AS)	19%
High school graduate or GED	18%
Some high school	8%
Less than high school	3%

Table A4. Reported Income Levels of Respondents

Income Level	Percent
Less than \$15,000	12%
\$15,000 – \$19,999	5%
\$20,000 – \$24,999	8%
\$25,000 – \$34,999	10%
\$35,000 – \$49,999	19%
\$50,000 – \$74,999	11%
\$75,000 – \$99,999	10%
\$100,000 and above	25%

Table A5. Reported Working Situations

Working Situation	Percent
Working for pay—full time (40 hours a week or more)	36%
Staying at home, homemaker, or caretaker (pre/post COVID)	18%
Working for pay—part time (less than 40 hours a week)	16%
Retired	14%
Going to school, college, or university	12%
Unemployed and looking for a job	5%
Unemployed and NOT looking for a job	4%
On leave from work due to schools closing and having to care for children at home	3%
Disabled	2%
Laid off or lost job	1%
On leave/furlough due to COVID restrictions on employer	1%
Working without pay (for example, at an internship)	1%

## Appendix B

### COVID-19 Focus Group Guide

#### A. Information about COVID-19

Let's start our conversation about how COVID-19 has affected you and your family.

1. How has COVID-19 affected you and your family?
2. What do people close to you (e.g., your family/friends) **say** about the COVID-19 vaccine?
  - a. What about your neighbors? Faith/religious leaders or faith community?
  - b. PROBE: And what about schools (if applicable)? Colleagues? Employers? Medical professionals? How has COVID-19 affected you differently because of your race or ethnicity?
3. **Where** have you seen information about the COVID-19 vaccine?
  - a. PROBE: Word of mouth? TV? Radio? Social media (e.g., Facebook, Twitter, text message sources)? Online sources?
  - b. Where are some places you've noticed health messages in general?
    - i. PROBE: Grocery store? Shopping stores (e.g., Walmart, Costco, Walgreens, CVS)? Doctor's office? Health clinic? Community/faith-based organization? Other?
  - c. What kind of messaging are you seeing? What do you think of these messages? Do you think they reach Arizona's communities?
4. **Who** do you trust and/or rely on information or updates about the COVID-19 vaccine?
  - a. PROBE: Why do you trust this person/s?
  - b. PROBE: Who **don't** you trust? Why?
5. Is there anything about COVID-19 or vaccine that you want to know more about?
  - a. PROBE: Why would you like to know this information?
  - b. PROBE: How would you like to receive this information?
  - c. PROBE: Language preference? Radio? TV? Pamphlets?
6. Where do you usually go to get health care or for your health needs?
  - a. PROBE: Urgent care? Hospital/ER? Clinic? Telehealth?
7. What thoughts do you have on preventing COVID-19?
  - a. Where did you get that information?
  - b.

#### B. Intent to get vaccinated against COVID-19

The following questions are about your intentions to get vaccinated against COVID-19 when a vaccine becomes available to the general public.

1. What do you think about a COVID-19 (Pfizer vaccine? Moderna? Johnson & Johnson)?
  - a. **PROBE:** What are some reasons you think that (about each)?
2. What are some reasons why you and/or your family did/ **would** get vaccinated for COVID-19?
  - a. **PROBE:** Where would you go?
3. What **concerns** do you have about getting vaccinated for COVID-19?
  - a. **\*\*NOTE:** List concerns and probe – ex. "I don't know what is in the vaccine?" **ASK:** What do you think is in it? What have you heard?
  - b. **PROBE:** What concerns do you have about elders getting vaccinated for COVID-19? Children?
4. In your opinion, what **barriers** do you think there may be to get vaccinated against COVID-19 (e.g., cost)?  
**PROBE:** perhaps you've already had the vaccine?
5. What challenges do you, your family, and/or your community have in getting the COVID-19 vaccine?

### C. Communication and Messaging

Now let's discuss communication about COVID-19 and messaging.

1. What information would your reluctant family/friends need before getting the vaccine?
2. What are some ways we can communicate updates on "COVID-19 vaccines and research information" specifically to [BLACK, INDIGENOUS, HISPANIC/LATINO] communities?
  - a. **PROBE:** What are some things that may work?
3. What ways could community leaders build and maintain trust with your community [or BLACK, INDIGENOUS, HISPANIC/LATINO] communities?
4. What kind of messaging would you or your community need to know the vaccine is safe?
5. Do you think COVID has affected different groups of people differently? (Why do you think this is and how do you think we could we improve this situation?)

### D. FINAL WRAP UP QUESTION

1. At this time, what do you and your family need to maintain or improve your health?
2. Is there anything else related to the topics we discussed today that you think I should know that I didn't ask or that you have not yet shared?

## Appendix C

### COVID-19 Survey

(Adapted from online version; spacing and layout are modified.)

The first set of questions about how COVID-19 has affected you compared to last year AND since March 2020.

1. During the COVID pandemic how is your physical health **compared to 2019** (last year):

A lot worse, somewhat worse, about the same, somewhat better or a lot better

2. During the COVID pandemic how would you rate your mental health, including your mood, stress level, and your ability to think **compared to 2019** (last year):

A lot worse, somewhat worse, about the same, somewhat better or a lot better

3. During the COVID pandemic have you been able to get the services you need to address your mental health, including your mood, stress level and ability to think **compared to 2019** (last year):

A lot worse, somewhat worse, about the same, somewhat better or a lot better

4. Since **March of 2020**, have you had enough money to pay for essentials such as:

Food (Always, Sometimes, Never)

Rent/Mortgage (Always, Sometimes, Never)

Utilities (Always, Sometimes, Never)

Clothing/living essentials (Always, Sometimes, Never)

Childcare (Always, Sometimes, Never)

5. Have you applied for new financial assistance since **March of 2020** due to the impact of the COVID pandemic to assist with living expenses?

Unemployment

CAREs

SSI

WIC

SNAP

Other: \_\_\_\_\_

6. Since **March of 2020** do you have enough money to pay for health care expenses (doctor visits, medications, outstanding bills)?

Always    Most of the time    Some of the time    Rarely    Never

## COVID-19 Prevention

Coronavirus Disease 2019 (COVID-19) is a disease caused by the new coronavirus. The set of questions asks what you think about COVID-19 and how to stay safe from COVID-19.

**COVID-19 Prevention Behaviors**

7. In the past 7 days, how often have you chosen to do each of the following when in public to keep yourself and others safe from COVID-19? (Do not include things you were required to do, such as wear a mask while visiting a store. Select one response for each row.)

	Never	Some of the time	Very often	All of the time
Wore a face covering or mask				
Washed my hands with soap or used hand sanitizer several times per day				
Stayed at least 6 feet away from other people who are not from my household				

**Intentions to Get a COVID-19 Vaccine**

The next question asks about a COVID-19 vaccine. A vaccine is a substance that helps protect against certain diseases.

8. How likely are you to get an approved COVID-19 vaccine when it becomes available?

Not at all likely						Very Likely
1	2	3	4	5	6	7

**Trusted Sources of Information about COVID-19**

9. How much do you trust each of these sources to provide correct information about COVID-19? (Select one response for each row.)

	Not at all	A little	A great deal	Don't Know
Your doctor or health care provider				
Your faith leader				
Your close friends and members of your family				
People you go to work or class with or others				
News on the radio, TV, online, or in newspapers				
Your contacts on social media				
The U.S. government				
The U.S. Coronavirus Task Force				
Arizona State Government				
Local Tribal Government				
Neighboring Tribal Government				
Other: _____				

**COVID-19 Clinical Trials**

Now we are going to ask you some questions about COVID-19 clinical trials.

A **clinical trial** is a kind of research study. Clinical trials study if treatments or vaccines are safe for people and if they work like they are supposed to.

Right now, clinical trials are being done across the U.S. to see if new treatments and vaccines for COVID-19 work to keep people healthy.

**COVID-19 Clinical Trial Registration or Enrollment Behaviors**

10. Have you ever signed up for a COVID-19 clinical trial?

- ☐ Yes, I signed up for a clinical trial for a COVID-19 vaccine.
- ☐ Yes, I signed up for a clinical trial for a COVID-19 treatment.
- ☐ No, I have never signed up for a COVID-19 clinical trial.

**11. How likely are you to sign up for a clinical trial for a COVID-19 vaccine?**

Not at all likely						Very likely
1	2	3	4	5	6	7

**Social Determinants of Health and Demographics**

The next set of questions asks about you and your household.

12. What is the primary kind of health insurance or health care plan that you have now?

- ☐ Private health insurance through a job or school
- ☐ Insurance bought through a government exchange such as healthcare.gov
- ☐ Insurance bought from a health plan or company
- ☐ Medicare
- ☐ Medi-Gap
- ☐ Medicaid
- ☐ CHIP or kid's state insurance
- ☐ Military health care
- ☐ Indian Health Service
- ☐ Tribal Health System
- ☐ I don't have health insurance
- ☐ Other \_\_\_\_\_
- ☐ Don't know

13. The COVID-19 pandemic may cause challenges for some people, whether they get COVID-19 or not. In the past month have you or your family experienced any of the below challenges?

(Select one response for each row.)

	<b>No, this is not a challenge</b>	<b>Yes, this is a minor challenge</b>	<b>Yes, this is a major challenge</b>
Getting the health care I need (including for mental health)			
Having a place to live			
Getting enough food to eat			
Having clean water to drink			
Getting the medicine I need			
Getting to where I need to go			
Having transportation			

#### **COVID-19 Testing Behaviors**

14. Have you been tested for the COVID-19?

☐ Yes (go to q16)

☐ No (go to q15)

15. Why have you not been tested for COVID-19? (Select all that apply.)

☐ I haven't felt sick.

☐ I felt sick, but I didn't feel sick enough to get tested.

☐ I felt sick, but my health care provider told me to just stay at home and away from other people.

☐ I was told that testing wasn't available.

☐ I didn't have a way to get to the testing location.

☐ I didn't have the money to pay for a test.

☐ I didn't know where to go to get tested.

☐ I didn't have someone to watch my children or other people in my care so I could go get tested.

☐ I couldn't take time off work to get tested.

☐ I'm afraid that a positive test result will mean that I have to miss work.

☐ I'm afraid to get a COVID-19 test.

☐ I don't trust researchers.

☐ I don't trust the government.

☐ Other reason: \_\_\_\_\_

#### **Reasons for Getting/Not Getting a COVID-19 Vaccine**

16. Why would you get a COVID-19 vaccine? (Select all that apply- OR RANK ORDER.)

☐ I want to keep my family safe.

☐ I want to keep my community safe.

- ☐ I want to keep myself safe.
- ☐ I have a chronic health problem, like asthma or diabetes.
- ☐ My doctor told me to get a COVID-19 vaccine.
- ☐ I don't want to get really sick from COVID-19.
- ☐ I want to feel safe around other people.
- ☐ I believe life won't go back to normal until most people get a COVID-19 vaccine.
- ☐ Other: \_\_\_\_\_

**17. Have you received the COVID-19 vaccine?**

- ☐ Yes
- ☐ No

**18. Are you scheduled to receive the COVID-19 vaccine in the next 30 days?**

- ☐ Yes
- ☐ No

**19. Why would you NOT get a COVID-19 vaccine?** *(Select all that apply.)*

- ☐ I'm allergic to vaccines.
- ☐ I don't like needles.
- ☐ I'm not concerned about getting really sick from COVID-19.
- ☐ I'm concerned about side effects from the vaccine.
- ☐ I don't think vaccines work very well.
- ☐ I don't trust that the vaccine will be safe.
- ☐ I don't believe the COVID-19 pandemic is as bad as some people say it is.
- ☐ I don't want to pay for it.
- ☐ I don't know enough about how well a COVID-19 vaccine works.
- ☐ Other: \_\_\_\_\_

**20. Is there anything – message or person or advertisement – that would help with your decision to get a vaccine?**

- ☐ Yes: Who or What \_\_\_\_\_
- ☐ No

**21. Do you believe that your ethnicity or race has impacting your ability to obtain any of the following:**

- ☐ Housing
- ☐ Education
- ☐ Employment
- ☐ Healthcare



- ☐ Treatment
- ☐ Medications
- ☐ Utility assistance
- ☐ Food
- ☐ Transportation
- ☐ Other: \_\_\_\_\_

**22. How has COVID 19 affected your ability to access health care for you or your children?**

**23. In the last year have you obtained preventative services (annual physical, well-child visit, mammogram, etc.) for you or your children?**

#### Demographics

**24. What is your age?**

18-24	25-34	35-44	45-54
55-64	65-74	75+	

**25. What is your gender identity?**

- ☐ Man
- ☐ Woman
- ☐ Transgender female or trans woman
- ☐ Transgender male or trans man
- ☐ Nonbinary, genderqueer, or genderfluid
- ☐ I would describe my gender as: \_\_\_\_\_
- ☐ Prefer not to answer

**26. Which of the following best describes your race? Please select all that apply.**

- ☐ American Indian or Alaska Native
- ☐ Asian
- ☐ Black or African-American
- ☐ Hispanic, Latino, or Spanish origin, such as Mexican, Puerto Rican or Cuban, etc.?
- ☐ Mestizo (sites to include if applicable in their area)
- ☐ Middle Eastern and North African (sites to include if applicable in their area)
- ☐ Native Hawaiian or Other Pacific Islander
- ☐ White
- ☐ Other (specify): \_\_\_\_\_
- ☐ Prefer not to answer

**27. What is the highest degree or level of school you have completed?**

- ☐ Less than high school
- ☐ Some high school
- ☐ High school graduate or GED
- ☐ Associate's or technical degree (for example, AA or AS)
- ☐ Bachelor's degree (for example BA, BS, or AB)
- ☐ Graduate degree (for example MA, PhD)
- ☐ Prefer not to answer

**28. What is your home zip code?**

**29. In 2019, what was your total household income before taxes?**

- ☐ Less than \$15,000
- ☐ \$15,000 – \$19,999
- ☐ \$20,000 – \$24,999
- ☐ \$25,000 – \$34,999
- ☐ \$35,000 – \$49,999
- ☐ \$50,000 – \$74,999
- ☐ \$75,000 – \$99,999
- ☐ \$100,000 and above
- ☐ Prefer not to answer

**30. Which of the following describes your current situation? (Select all that apply.)**

- ☐ Working for pay—part time (less than 40 hours a week)
- ☐ Working for pay—full time (40 hours a week or more)
- ☐ Working without pay (for example, at an internship)
- ☐ On leave/furlough due to COVID restrictions on employer
- ☐ On leave from work due to schools closing and having to care for children at home
- ☐ Laid off or lost job
- ☐ Unemployed and looking for a job
- ☐ Unemployed and NOT looking for a job
- ☐ Retired
- ☐ Staying at home, homemaker, or caretaker (pre/post COVID)
- ☐ Disabled
- ☐ Going to school, college, or university
- ☐ Other: \_\_\_\_\_

## Appendix D

### COVID-19 Focus Group Supplemental Quotes

#### Focus Group Responses about COVID-19 Prevention

##### Masks

*I tried to call a get together for seniors. We used to meet regularly, so I call the get together have a smaller number of people. I thought they're all seniors, educated, and well-mannered, so they will follow the rules [CDC guidelines]. They came and some were wearing their mask below the nose and mouth. I had to police them, and I was very strict with some whether they are 85 or 95. I made them to put their mask correctly. Fortunately, everything went well, but otherwise I don't know what I would have done with those rebels.*

Asian Americans 65+

#### Plans and Rationale to Get Vaccinated or Not against COVID-19

##### Vaccine – Pro

*I'm in my office two to three times a week too, my son is going to go back to in-person learning soon. I agree it's an unknown, a gamble. But I've seen people close to me severely ill. It made me say I would rather get this vaccine than deal with that. Zero side effects with my first shot. Second is soon, hoping for the same outcome.*

Parents of Minors

*Yes, because in this pandemic we have had family losses and we are very hurt because the family that loved me the most left us with this pandemic, and that is why I too am scared. I am afraid of infecting people that is why I do not go out. I am at home, just here with the family. Therefore, I feel a little more confident since I was vaccinated and right now, we are protected a little more to be able to continue this pandemic.*

Gila Bend Spanish

*Yeah with the vaccine, I was against it, the only reason I took it was because of my mother, but if she was not living with me I wouldn't have taken it, I mean I'm just being as honest as possible I'm not a person that take vaccines, I don't do the flu shot.*

Guadalupe

*I like the effectiveness of the Moderna and the Pfizer. I would not take the Johnson and Johnson vaccine. I don't trust them as a company and it's not effective enough for me personally.*

Sun Health 2

*There's also people that [say] 'Oh, you know the two shots are just too inconvenient so I'm waiting for the Johnson and Johnson, because I only want to get one shot.'*

Sun Health 2

#### For the good of all

*You know when we were young, there was the polio vaccine and your mom took you and you got it. You know you didn't get to go to school without all your vaccines you, you know, things were a little different when we were younger and it's just what you did you did it for the good of everyone and yourself.*

Sun Health 2

*I don't want to die over the course of a month in understaffed ICU or end up with permanent organ damage. The scientists and doctors and many, many people have worked so hard to fight for this. A little thing I can do is get vaccinated and hopefully that will kind of slow down the spread of the disease and for the public health.*

Sun Health 1

*So I felt like it was kind of my responsibility, like, if I had the ability to get the vaccine so soon to like just do it in order to have my family see that.*

Central Phoenix

*Yeah with the vaccine, I was against it, the only reason I took it was because of my mother, but if she was not living with me I wouldn't have taken it, I mean I'm just being as honest as possible I'm not a person that take vaccines, I don't do the flu shot.*

Guadalupe

#### Vaccine – Hesitant, Against or Ambivalent

*People to do something, or not to do it like to get vaccinated or not to get vaccinated it's up to them like in the long run it's up to them unless someone was forced to.*

LGBTQIA

*I think the biggest observation that I made was that people didn't believe [COVID-19] existed; we're talking about March, April last year.*

Guadalupe

*To me, was just too quick it's still too quick, and there's a couple of different people that are just like oh no you get the one shot, and you get all these Johnson and Johnson or whatever, and then the other one you have to wait so many weeks, and you know. I'm just like no I'll just stay away from everybody I'll just try to be as far as possible, and you know be respectful and just cover my mouth or turn around or whatever I need to do if I don't have to get the vaccine.*

Guadalupe

### Too Soon – Unknowns

*The children, you know I mean there's just so many unknown factors and it's really hard as parents to make a decision with your little ones, do you give them the vaccine or not. To adults, take the vaccine or not very tough decisions it's not something even if they give you the research and the information.*

Guadalupe

*I understand why people would want to get it or have gotten it, but at the same time, I have my concerns that it's premature. It came about so quickly, and I understand that in an emergency... we think we react, and we put things in motion much quicker than we would under normal circumstances so again it's just all this going on, and so, those are my reservations.*

Young Adults

*I wasn't a fan of it just because of all the unknowns there were going along with it. You're hearing about somebody getting vaccinated and they pass or somebody getting it and they had Bell's Palsy. They were promoting more of what could happen, it kind of made me not want to get it, but the reason why I got it was to protect my family and just not having to deal with that.*

Native Health Phoenix

*But none of those things will convince the people who are reluctant since they have good questions, and you don't have the answers.*

Asian Americans 65+

*I'm not comfortable with it, one of the reasons is that I don't feel like the risk is super high that warrants a vaccination for myself or my family or the people that I'm regularly in contact with.*

Expectant Moms and Parents of Young Children

*I think it's just that choice has been removed from us, and now it's a cancel culture, if you don't have the vaccine you're somehow an evil person and you're you, you should just stay home and that's the part that I feel is not right now.*

Expectant Moms and Parents of Young Children

## Focus Group Responses to Information, Messages, and Dissemination around COVID-19

### Misinformation

*I've heard that Washington is doing a promotion for vaccinations, and it would allow adults to claim a free marijuana point when they receive a COVID19 vaccine. That to me is so ridiculous it's like if we're really trying to like find a solution to this and, get people to get vaccines, why are we doing this and, like promoting things such as like liquor or like marijuana that just completely, for me personally, takes away the seriousness.*

Young Adults

*There are also many people who say that it is not true, that the vaccine is to control us, to see what power they have over us. So, every time new information comes out, they always come up with a theory. In other words, something good and something bad about all the information that comes out.*

Paiute Spanish

*I think one major concern that I've had that also a lot of people have that I have is kind of kept hush hush is that people have already made a lot of money off of the vaccine, and if people stopped making money off of it, I want to see how quickly they continue to put out the message that everyone needs it.*

Young Adults

*I am still undecided in getting the vaccine, they already offered it to me, and I did not want to take it. I said, well I'll wait a little bit longer. Precisely because I have this idea widely planted, because everything is coinciding as they told us and then with fear, but I am also afraid of the virus, for my children, for my family.*

Paiute Spanish

*I wouldn't get it, because it can mess up fertility later.*

Young Adults

*But at home, my boyfriend actually chose not to because he was scared like some people had mentioned the vaccine came out too fast. He told me we're probably going to turn into zombies and, like all these stories so.*

Gila Bend English

*Just lots of different stories that I've you know not just heard, but that we've read about -different things about how you know yeah the miscarriages are up 400% and that can possibly make some sterile and also that and some of the stories that*

*talk about how a lot of this money comes from organizations who are into population control so that makes me a little nervous.*

Seniors & Veterans

## Social Media

*I wish there was an easier way to teach the masses, that would've helped. It's easier to teach someone who doesn't know something, versus if they know it incorrectly; to erase that, to redact that part, and then teach them the right thing- it's very hard. The lack of social media would've worked absolute brilliant wonders if it was there because there's so much misinformation that comes out. And secondly, if healthcare and politics were kept completely separate then it wouldn't have been a left versus right issue, it would've been a what's right versus what's wrong issue and that would've streamlined our education... Overload of information has caused a lot of ruckus.*

Asian American under 65

*I feel like most of my friends, at least on social media, think it's fake. And honestly it's hard for me to sift through all the information myself, so I can't say I know one way or the other. But I know I think a handful of my friends are also pretty frustrated with having to wear masks, but I think they don't think its necessary. And there's definitely a lot of conspiracy theories out there, so I feel like I've had to stay off of social media a little bit more because I just get really confused and don't know what to think.*

AZCEND

*But I started reading all this news, the global news, first with what they were doing and then having to rely on thunderbird school of global management and ASU.*

Guadalupe

*Because of so much on news and social media, I mean I just think it's all unfortunately, political and just a lot of lies, so it just came down to what was best for us and, like I said we would have done anything to see her daughter graduate.*

Central Phoenix

## Trusted Sources

### Doctors

*I also went to our doctor or family practitioner, and she had a lot of good information to and she was able to I think disseminated a lot but also recognizing that she's in the healthcare industry so she's going to be on my crusade biased but she's going to have her own medical opinions about that so I was able to glean from her as well.*

Seniors & Veterans

*We had a presentation from a doctor from UB Medical School, and he is Panamanian, and he spoke in Spanish. So, it was by video, this time by Zoom and ... during the chat they could also ask questions. He was highly informative, he knew everything and did not judge, he was not as they say, scolding or anything. He just gave information, data, gave his sources, very good presentation.*

Gila Bend Spanish

*You had asked earlier about who we trust, and about the physicians. I – part of me – I feel like they, you know, it's a money game with the physicians pushing these vaccines and you know these pharmaceutical companies working together, and you know that's, that's another thought that I have when it comes to vaccines*

South Phoenix Young Parents

*[I would trust] pretty much just my doctor. I feel like a lot of other parties who are giving out information have hidden agendas with their messages, so I'm a little more wary about those ones.*

AZCEND

*It's hard to know what sources are right and to know who to trust with all this, but I just have been relying on the doctors that I go to. I have had a lot of doctors' visits lately just because I have a heart condition, and so I had to get everything checked up., They recommended that I do get the vaccine just because I'm more at risk, and so I decided to make that decision.*

Young Adults

## Government

*Plus, I do follow the pages for the local tribes here the Salt River Pima Indian Community and the Gila River Indian Community and of course the Navajo Nation and I was getting my information from that and just being appalled with the numbers on the Navajo Nation. Also that information to their communities also brought awareness, to the urban Indians here the urban community living here in the valley, and that was extremely helpful because I felt that the tribal leadership was taking heed in trying to keep their Community safe, you know the Navajo Nation got hit hard by the numbers and we lost just hundreds there.*

Family Resource Center English

*The medical and the health organizations and how they get paid and so there's a lot of things in the background here that but, but, for me, following the CDC it's just been a rollercoaster ride, because one thing you hear this and then two weeks later it's a different story. You know and then two weeks later it's something completely different so it's so that's been hard to try to find and locate the truth right or at least figure out, who has the most truthful information.*

Seniors & Veterans



*If both political parties got together and the same message of being vaccinated I'm sure it will change a lot of people's minds, because there are those people that will listen to the politicians. So if we can get those groups that believe in other people other than the doctors.*

Hispanic Males

*I would like to suggest that it would be the county's responsibility to monitor all this, I mean. I suppose that the county is in charge of distributing vaccine, so they know who's getting it and when, and that they ought to be able to say that Walgreens is now available and here's and contact information about how to make that appointment.*

Sun Health

*There's unwillingness to take the responsibility by the people in the state government offices. What happens to my confidence in my government? It goes down, down, down.*

Asian American 65+

*But when we hear from an authority like Dr. Fauci, it's taken as a golden standard, and we are at ease and that's when I will stop worrying.*

Asian Americans 65+

## Family and Close Friends

*It can even infect our own family or ourselves and I would think it is very important to vaccinate children since if they feel any symptoms they can warn, but if they do not have any symptoms how can they know if they have the Coronavirus? And then to spread more and more. I can imagine that a child would feel very guilty if one of his relatives or his own parents dies from just having that symptom.*

Gila Bend Spanish

## Faith Leaders

*In the Church, however, we have had funerals but that's limited to family and maybe a couple of ushers but otherwise right now we're still not in church I'm only online and he does mention it every week (almost) just tells us to stay safe and stay masked up.*

Sun Health

*[The] direction the Church is going...I do trust those leaders.*

Seniors and Veterans

*(Middle Eastern/Muslim) We did a lot of education well in the communities, we went to churches and mosques, we will bring like a nurse or somebody from the county. We did a lot of video zoom chat with community leaders.*

Refugee/Advocates

## Messaging

*You know there's been some there's actually been some faculty at ASU that I have gotten to interact with and talk to about it and get their opinions and get their thoughts and that's been helpful as well.*

Seniors & Veterans

*I'm going to people's houses and like giving them information on COVID and COVID vaccinations sites.*

Central Phoenix

*Maybe giving out T-shirts, to the community.*

Guadalupe