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**Reluctancy in Monterey County to get COVID-19 Vaccine**

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**Abstract**

The agency is Central Coast Visiting Nurses Association & Hospice. The Clinic department of the agency would be implementing the project. The communities served are Monterey, San Benito, and Santa Cruz counties. The problem related to my project is the vaccine hesitancy within Monterey County. The project's purpose is to address the issue of vaccine hesitancy in Monterey County. The implementation method would be to do outreach within the county about upcoming vaccine clinics. The expected outcomes would be that more people would attend said vaccine clinics. The most important finding is that more people participated when there was outreach done and when the disease was more relevant during the time. The project had not met the expected outcome as more people began to not believe the vaccine was as necessary as it was before. The recommendation is to do more outreach for the vaccine clinics when the disease is more relevant and people are willing to get vaccinated.

- Keywords: *Vaccine Clinic, Vaccine Hesitancy, Outreach*

## Agency and Communities Served

The Central Coast Visiting Nurses Association (VNA) and Hospice has been providing a wide range of home health care since 1951. Its mission statement is: “VNA is dedicated to providing the highest quality health care to residents of the Central Coast by meeting their individual needs in a caring, effective, honorable, and accessible manner” (VNA & Hospice, 2023, para. 7). Some services provided include Home Health, Hospice Care, Community services like COVID-19 Vaccine and Booster Immunizations and Flu Clinics, and Travel Health. They serve the central coast which includes Monterey, Salinas, Seaside, and Marina. They are part of the VNA and give vaccines to residents in the county. My project will be in the vaccine clinic.

The total population of this tri-county, as of July 1, 2022, is 432,858 people. The demographics of population within this tri-county includes: White alone 28.4%, Hispanic or Latino 60.4%, Native Hawaiian or other Pacific Islander 0.6%, Asian alone 6.7%, American Indian and Alaska Native alone 2.7%, and Black or African American alone 3.4% (U.S. Census Bureau, 2023).

In Figure 1: Problem Model, it showcases the contributing factors, problem, and consequences towards my specific problem.

### Problem Model Background and Literature Review

**Figure 1: Problem Model**

Contributing Factors	Problem	Consequences
Religious Beliefs	Low vaccination rates in Monterey County	Long term health problems
Social Cognition		Repeated sickness
People not trusting the vaccine		Death

## **Problem Statement**

According to the vaccine data for Monterey County there are still 17% of the population who have not received a vaccine. Furthermore, there are still 33% of the population who have only received one dose of the COVID-19 vaccine. Lastly, there are 31% of the population who are not fully vaccinated with the COVID-19 vaccine (County of Monterey, 2022). This means that there is still a huge percentage of the population who are not fully vaccinated within Monterey County. Without being fully vaccinated, these individuals are putting themselves at huge risk of contracting and spreading COVID-19.

There are low numbers for African Americans in Monterey County when it comes to the COVID-19 vaccine (Rubin, 2022). CSUMB's chair of the CHHS department, Dr. Lopez-Littleton plays a huge role in trying to get to the bottom of this hesitancy in the black community. She launched an online survey and hopes to figure out the reason why this is happening (Rubin 2022). Other outreach efforts include listening sessions where the community can voice their concerns about the vaccine and why they are hesitant on getting it.

Vaccine hesitancy can be defined as people(s) refusing to get a specific vaccine due to their beliefs.

## **Contributing Factors**

### ***Religious Beliefs***

Vaccine hesitancy is sometimes caused by religious beliefs. Perception of medical evidence is influenced by religious beliefs when it comes to vaccines. People are affected by their religion so much so that even some medical students refused to get the COVID-19 vaccine (Garcia et al, 2021). There is a huge impact that religion has on the reasoning of the hesitancy of people getting the vaccine. The fact that people who are aspiring to be in the

medical field and refuse to get the vaccine due to their religion raises concern.

There are some religious groups that tend to not get the vaccine compared to others. To be specific, Muslim (72.3%), Buddhist (78.1%), Sikh (87%), and Hindu (87.1%) compared to Christians who had a (91.1%) vaccination rate in the UK (Razai et al., 2021). Also, UK's national average of Covid-19 vaccines “Among people aged 18 years and over, 75.8% had received at least three COVID-19 vaccinations as of 2 March 2023” (Office of National Statistics 2023). Although most of these religious groups are around or better than the Nation’s average, the fact that people are not getting the vaccine due to their religion is alarming. This further illustrates that people are heavily influenced by their religion when it comes to COVID-19 vaccines. This is also quite alarming as from the data there are specific religious groups who are severely impacted by the hesitancy caused by their religion. These groups of people from these religious groups are not vaccinated due to their beliefs which is concerning because their health is at risk.

### ***Social Cognition***

The theory of perceived moral reproach explains that the unvaccinated feel as if the vaccinated are judging them as immoral. Morality and social cognition work in tandem when it comes to the vaccine (Rosenfeld, 2022). This means that people tend to stay away from certain things when they feel judged for doing so. In this scenario, people stay away from vaccines as they do not want to be condemned for showing interest in getting the COVID-19 vaccine.

Vaccines are intended for promoting the health of people but there are still many people who are vaccine hesitant. Furthermore, vaccine hesitancy is associated with a weaker executive function and this could lead to a decline in COVID-19 vaccine acceptance and trust in health authorities (Acar-Burkay & Cristian, 2022). Executive functions could include the following:

working memory, strategic planning, and inhibition. This means that there is a link with social cognition and vaccine reluctance as social cognition is the way a person processes information in the context of social behavior.

### ***People not trusting the vaccine***

There are plenty of people who do not trust the vaccine because they feel as if it came out too quickly (Burnett, 2022). Their rationale is that the vaccines for other diseases took time, and this vaccine must not have been tested thoroughly because it came out so quickly. Interestingly enough, some of the people contracted COVID-19 or had family members die and still refuse to get the vaccine as they still think it will not be effective. There are numerous personal reasons why people will not get the vaccine. They usually stem from their own beliefs.

There is a problem of trust with the vaccine. Research out of the University of South Florida (USF) says that over 108 million people are vaccine hesitant (USF St. Petersburg, 2021). This means that about 32.5% of the country does not want to get the vaccine. Furthermore, the research says that social media played a huge role in misinformation and that it is a key player in why people do not trust the vaccine. People are either watching television or on their phones or devices and are getting influenced by the media they consume. Purposeful and factual information should be spread around social media so people are not misinformed.

### **Consequences**

#### ***Repeated sickness***

COVID-19 causes repeated sickness. The vaccine creates a memory immune response to the disease, so it creates a powerful defense (Scripps Health, 2021). The fact is that if people do not have the vaccine, they are more susceptible to contracting the disease. Without the vaccine, people are going to repeatedly get sick by this disease as they do not have the proper immune

response provided by the vaccine.

Vaccines work with the immune system to fight COVID-19, and the many variants that the disease has (Golden, 2022). By the immune system creating a defense and retaining the memory response, it helps prevent COVID-19 illness and even death. As mentioned before, without the vaccine people are going to repeatedly get sick by Covid-19. There is no immune system response as there was no vaccine in the first place. This will cause individuals to contract the disease frequently.

### ***Long term health conditions***

COVID-19 infection can cause lingering symptoms that will affect the heart, brain, lungs, and other parts of the body (Sauerwein, 2022). This means that once a person has recovered from the Virus, their body will still be post symptomatic. Post symptomatic can be defined as suffering from health conditions after recovering from the sickness. The best solution to this is vaccines because they prevent transmission. According to the University of San Francisco, “Vaccination and boosting, especially when recent, helped to limit the spread of COVID-19 in California prisons during the first Omicron wave” (Kurtzman, 2023, [ para. #1). An individual who is vaccinated has a better chance of fighting the virus compared to someone without the vaccine.

Vaccinated people have a 50% to 80% reduced chance of long-term health conditions compared to unvaccinated people (Van Beusekom, 2022). The vaccine prevents long-term health conditions as it creates an immune response and aids in fighting the disease. With the person having stronger immunity it would prevent the long term health condition caused by the disease. Also, if the individual were to contract the disease then the chances of not having the long term conditions are drastically lowered.



## ***Death***

The data tracker for California's COVID-19 data states that unvaccinated people were 3.3 times more likely to die from COVID-19 than their vaccinated counterparts (California State Government, 2022). This is scary as people who are vaccine hesitant are more likely to die in the state of California and most likely every other state. This is significant because there is no coming back after death. The fact that people who do not have the vaccine are more likely to die and there is still hesitancy after that is quite alarming.

Unvaccinated people are more likely to die (Reese, 2022). This is alarming because there are a large number of people not vaccinated. According to California All, only 72.8% of 29,092,623 people have their primary series and only 61.4% of people have their primary series and are boosted (California State Government, 2023). COVID-19 was California's leading cause of deaths in July of 2022 (California State Government, 2022). This meant that unvaccinated people were the most likely to die during this time as they were more susceptible to severe health outcomes after contracting the disease. This is frightening as this was the leading cause of death for July. There are numerous consequences to being unvaccinated. Death is the ultimate consequence.

## **Project Description and Implementation Process**

### **Project Description**

My intervention project will be doing outreach within the community along with the Virus Integrated Distribution of Aid (VIDA) Project, a non profit organization that consists of health workers who are helping Monterey County with COVID-19 awareness and vaccines. I will be responsible for doing the outreach myself and talking to citizens of the county. I will approach citizens by going door-to-door and providing them with brochures and proper

information about the COVID-19 vaccine. I will be able to spread awareness of the benefits of getting the COVID-19 vaccine through the use of supplemental information via flyers or pamphlets.

### **Project Justification**

The primary purpose of this project is to spread awareness of the benefits of receiving a COVID-19 vaccination. The agency expects more people to come to COVID-19 vaccine clinics based on the outreach. Having more people vaccinated will keep our community safer. The problem the project will address is people not trusting the vaccination. This is due to the fact that by doing personal outreach and talking to citizens of the county directly, I will be able to supply them with factual evidence on why this vaccination will keep themselves and the community safer by reducing COVID-19 transmissions within the county. By talking to individuals within the community directly, I aim to spread awareness of the truth of the vaccine and hope to increase more COVID-19 vaccinations. The proposed project meets best practice standards as I would be safely engaging with citizens meanwhile delivering the information about the benefits of the vaccine. I will be safely engaging by wearing a mask, keeping a minimum of six feet distance between myself and the people of the community, and using hand sanitizer to clean my hands.

### **Project Benefits**

The benefits that will result from the project, including the positive impacts for the agency, would be that more people will be willing to get the COVID-19 vaccinations at VNA & Hospice vaccine clinics. This in turn would also be a benefit to the whole community that they serve and individuals within the county as more people would be vaccinated and reduce the

transmissions, hospitalizations, and long term health outcomes (Centers for Disease Control and Prevention, 2022).

### **Implementation Process**

The implementation process would involve outreach. I plan on collaborating with VIDA to spread awareness through brochures and conversations within the community. The education will be on the benefits of the COVID-19 vaccine and that VNA does vaccine clinics. Another type of outreach that would spread awareness would be to work in collaboration with Nicholas Zafiratos, a program coordinator for Monterey County Office of Education (MCOE). VNA hosts vaccine clinics at MCOE. On January 17th, 2023 they hosted a vaccine clinic there, and the turnout was lower than expected with a number of 36 total vaccinations. Prior to that vaccine clinic, no outreach was done. However, before the most recent vaccine clinic on February 21, 2023, Nicholas had done outreach. He has an email newsletter in which he sent out information about the vaccine clinic that was going to occur to educators, teachers, and school programs. The people who received his email then went ahead and let their students know about this clinic and also emailed parents. The turnout this time compared to last time was bigger with 57 vaccinations. I plan on doing outreach with VIDA for an upcoming vaccine clinic on March 31st, 2023 and spread information using VNA's various vaccine brochures. Also, I will be sending Nick's email to various people and organizations to help spread the word of this upcoming vaccine clinic.

### **Expected Outcome**

One expected outcome would be that more people would come into the vaccine clinics to get their COVID-19 vaccine. I believe that around thirty to forty more people would come when outreach is done. Doing prior outreach to a vaccine clinic, even if it is a simple email, makes a

huge difference, which is something that I witnessed first hand. Some people are just not aware there is a vaccine clinic to distribute vaccines for free. Also, there is an incentive if you get a vaccine with the VNA. It is usually a gift card and people did show up for that as well.

### **Assessment Plan**

I plan on using the attendance records for vaccine clinics to show the effects of outreach done. I have access to data on previous vaccine clinics in which little to no outreach was done. I plan on comparing those attendance numbers with the upcoming vaccine clinics in which outreach was done. This is effectively measuring the outcome of the project as I will be assessing the effectiveness of the outreach that was done for the vaccine clinics. I will be using a table to show the difference in attendance numbers.

### **Project Results**

The project had not met the expected outcome of an increase of vaccine participants. Compared to the first vaccine clinic held on August 23rd, 2022 with one participant, there was an increase in uptake of vaccinations. This could be attributed to the increased amount of outreach efforts done by VNA and VIDa through incentives and media resource distributions to libraries and schools. However, one thing that can be noted is the fact that COVID-19 was deemed more dangerous during the fall and winter season due to the flu season arising simultaneously. As time went by, VNA recorded huge slowdowns of vaccines in which people did not seem to be scared of the disease. This is evident with the slowdown of vaccine clinics held by VNA. Also, the fact that the mask mandate was not required anymore and that people began to socialize more often. Outreach can only do so much when the disease is more relevant and people are scared of it. Also, during my vaccine clinic on March 21st, 2023, Monterey County was hit with a big storm which attributed to the small turnout of vaccinations during that time.

Date	Number of Vaccines
August 23rd, 2022	1 Vaccination
September 20th, 2022	45 Vaccinations
October 18th, 2022	22 Vaccinations
November 15th, 2022	200 Vaccinations
December 20th, 2022	215 Vaccinations
January 17th, 2022	36 Vaccinations
February 21st, 2023	57 Vaccinations
March 21st, 2023	28 Vaccinations

### **Conclusion & Recommendations**

My conclusion on the contributing factors in accordance with my project's issue still stands. There are personal beliefs that people have that prevent them from getting the vaccine. I personally have witnessed this firsthand. These personal beliefs include social cognition or what people saw on social media. There are still people who are unvaccinated because of this and even during the flu season where people were afraid of it the most. When doing outreach, there were people who were vaccine hesitant and when asked for their reasoning it was due to the misinformation they believed in. Some of their excuses were "The disease is not as bad as it used to be" or "I got my vaccine already, I do not need to get a booster anymore". People do not trust the vaccine enough to get the needed boosters as they deem it necessary. This is evident with the fact that people are not wearing masks anymore as they do not fear the disease as they used to. Outreach can only do so much when people are scared of the disease. The overall issue identified in my project was that people do not get the vaccine due to misinformation. Also, people are

vaccine hesitant due to the fact that they are not aware of the available clinics that provide the vaccine for them. If there was no outreach done, then there are people who are not aware of the vaccine opportunities and this is evident by the August 23rd, 2022 vaccine clinic.

My recommendations would be to do more outreach when the disease is more relevant. With the slowdown of vaccine clinics, it is evident that people are not getting their vaccines during this time period as the flu season is starting to wind down and people are starting to become more social and not fear the disease. Outreach can only do so much when people do not trust it, believe in it, or just do not want to get it due to social cognition. As mentioned before, being relentless when it matters is most effective as seen in November and December when the vaccine clinics recorded over 200 people at each clinic. People will get the vaccine for a disease that they believe is dangerous during that time period.

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## Appendix A

### Project Implementation Plan

Tasks	Timelines/ Deadlines	Supporting Staff	Materials/ Service Needed	Deliverables
Schedule meeting with VIDA about outreach efforts (door to door or tabling outside grocery store)	March 3, 2023	VIDA Staff: Andrea, Liz, Gabby	Zoom Link	Creation of brochures and detailed outreach plan
Schedule meeting Nicholas Zafiratos about outreach email efforts	March 3, 2023	Monterey County Office of Education	Zoom Link	Creation of email
Outreach with Nicholas Zafiratos (emails sent)	March 12, 2023	Monterey County Office of Education	Email Newsletter	Record of emails sent
Meeting with Nicholas Zafiratos about outreach email efforts	March 13, 2023	Monterey County Office of Education	Zoom Link	Emails are edited and ready to be sent out
Meeting with VIDA about outreach efforts (door to door or tabling outside grocery store)	March 13, 2023	VIDA Staff: Andrea, Liz, Gabby	Zoom Link	Brochures are edited and finalized
Outreach with VIDA (door to door or tabling outside grocery store)	March 21, 2023	VIDA Staff: Andrea, Liz, Gabby	Report outline	Report Results
Vaccine Clinic (note attendance of each participant)	March 31, 2023	Central Coast VNA and Hospice	Technology to input data	Data on participants who attended vaccine clinic
Data Follow up with Mentor and Staff	April 7, 2023	VNA and Hospice Nursing Staff	Data for Vaccine Clinics, Zoom Link	Data on participants who attended vaccine clinic