

“It's not about me. It's about what's best for my community”: Factors impacting COVID-19 vaccine uptake among Native Americans and Latinos from two agricultural communities

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Abstract

Purpose. While SARS-CoV-2 significantly impacts rural Native American and Latino communities, COVID-19 vaccines offer an effective and safe mitigation strategy. Vaccine uptake is disproportionately lower in rural communities than in urban communities across the nation. This study examined barriers and motivators of COVID-19 vaccine uptake in two Native American and Latino rural agricultural communities in eastern Washington and Montana.

Methods. We conducted 28 key informant interviews with trusted community members and six community focus groups with thirty-nine participants from May 2021 to June 2021. Participants were from the Yakima Valley (WA) and Flathead Reservation (MT). The Social Cognitive Theory and Social Context Framework informed development of the interview and focus group moderator guides. We used deductive and inductive approach to code transcripts and thematic analysis to generate themes.

Findings. Barriers to COVID-19 vaccine uptake were misconceptions about COVID-19 vaccines shaped by misinformation, politicization of vaccines, historical trauma and mistrust in government, and structural barriers in rural agricultural communities. Having access to accurate and understandable COVID-19 vaccine information and receiving information from trusted sources were motivators of COVID-19 vaccine uptake. Protecting families, children, elders, and the community, and striving to return to normal life were also noted as motivators.

Conclusions. Understanding the community's perceptions and experiences around the COVID-19 vaccine is critical for successful implementation of strategies to increase vaccine uptake during future public health emergencies. Strategies for vaccine uptake among communities in the Flathead Reservation and Yakima Valley need to address barriers and highlight motivators of COVID-19 vaccine uptake.

INTRODUCTION

The COVID-19 pandemic disproportionately impacted Native Americans and Latinos. The 2022 surveillance data from the Centers for Disease Control and Prevention show that Native Americans and Latinos report 1.6 and 1.5 times higher COVID-19 infection rates, respectively, compared to non-Hispanic Whites.¹ Hospitalization and death rates were also higher in Native Americans (2.5 and 2.0 times higher, respectively) and Latinos (1.8 and 1.7 times higher, respectively) compared to non-Hispanic Whites.¹

Rural agricultural communities experienced severe COVID-19 health outcomes, especially residents employed in farming, food packing industries, and confined work conditions.² Seasonal workers within and outside of the United States move through

various geographical sites during farming seasons, placing themselves and residents at risk of infection.^{2,3} Prior to the pandemic, rural agricultural communities experienced substantial health disparities in chronic diseases (e.g., diabetes, cardiovascular disease) and social determinants of health (e.g., food and housing insecurity, limited healthcare access, and lack of community infrastructure and resources).^{4,5} These health disparities have compounded COVID-19 risks and worsened health outcomes.^{4,6}

In 2020, concerted efforts resulted in several safe and effective COVID-19 vaccines for emergency use; booster doses were introduced in 2021.⁷⁻⁹ Since April 2021, researchers found that only 58.5% of residents in rural counties received the first dose of the primary series versus 75.4% of residents in urban counties.¹⁰ Even fewer individuals received a booster dose, with the lowest booster vaccination rates in rural counties.¹⁰ As of March 2022, nationwide booster uptake was lowest among Latinos at 55.5% and American Indians/Alaska Natives at 56.6%, compared to non-Hispanic White adults at 67.7%.¹¹ While factors that impact vaccine uptake have been explored among Latinos in agricultural communities in Central Florida and along the United States–Mexico border, there is inadequate research on perceptions of vaccines among Native Americans and Latinos from northern agricultural communities in the mountain west.^{12,13} There is some evidence that specific tribes in Montana experience success with vaccine uptake, based on high vaccine rates reported by the Indian Health Service. Understanding the experiences of one of these tribal communities may provide insights and important lessons on motivators of vaccine uptake in similar tribal communities.¹⁴ The objective of this study was to examine barriers to and motivators of COVID-19 vaccine uptake among Native Americans and Latinos from two western agricultural communities. These two communities are connected by migrant farmworkers during the summer harvesting season.

METHODS

Design Overview

We conducted key informant interviews with community leaders (e.g., clinic and public health officials, trusted community members and elders) and focus groups with community members to understand barriers to and motivators of COVID-19 vaccine uptake among Native Americans on the Flathead Reservation (FR) in Montana and Latinos in the Yakima Valley (YV) in Washington state. Detailed descriptions of the study, setting, and community advisory boards (CABs) have been published.¹⁵ Data were collected from May 2021 to June 2021. The Institutional Review Boards (IRBs) of Montana State University, University of Washington, and Salish Kootenai College (tribal IRB) approved this study. The Salish Kootenai College IRB also reviewed this paper and approved submission for publication. This community-based participatory research study was part of a larger

community–academic partnership and clinical trial, Protecting Our Communities, which aimed to support home-based COVID-19 testing in these rural communities.

Setting

The Confederated Salish and Kootenai Tribes (CSKT) of the FR in Montana state and the Latino community in the YV in Washington state are two rural agricultural communities. The FR includes 1,691 farms, and the Lower YV includes many small agricultural communities with over half the population (52.6%) Hispanic or Latino.^{16,17} During the farming seasons, migrant farmworkers from the YV travel to the FR and surrounding areas. Detailed descriptions of the population and setting have been published.¹⁸

Participants

Key Informant Interviews

We used purposive sampling to recruit key informants, including local community leaders (i.e., incident commanders, clinic and public health officials, local officials, trusted members of the community, and tribal elders). The contact list was augmented with suggestions from the study’s CAB members. Local Native American and Latino (bilingual) community health workers (CHWs) trained in research recruited community leaders and conducted interviews. Interviews took place virtually through a Health Insurance Portability and Accountability Act–approved Zoom platform. Twenty-eight key informants (13 from the FR and 15 from the YV) were interviewed. Interviews lasted 40–60 minutes and were audio-recorded and transcribed. Table 1 describes the demographic characteristics of the participants.

Focus Group Discussions

We convened a total of six focus groups (3 from the FR and 3 from the YV). We used purposive sampling to recruit focus group participants in the YV. We also contacted participants from the “Together We STRIDE” and “Healthy and Sustainable Diet for All” studies who had agreed to be contacted for future studies.^{19,20} When 10 participants were enrolled, the CHWs scheduled a date and time to convene the focus groups.

We contacted 55 community members in the YV via phone; 16 declined participation, 15 could not be reached, and five were no-shows. A total of 19 participants completed one of three focus groups (i.e., English-language=8, Spanish-language=5, Spanish-language=6). On the FR, 26 community members were contacted via phone. Of those, 21 participated in one of three focus group discussions; five were lost to follow up. Focus groups lasted 45–60 minutes and were audio-recorded and transcribed. Sessions were facilitated by bilingual/bicultural moderators trained by members of the study team. Written informed

consent was administered in the participant's preferred language (English or Spanish) prior to the discussion.

Key Informant Interview and Focus Group Moderator Guides

Interview and focus group moderator guides were designed to elucidate barriers to and motivators of COVID-19 vaccine uptake based on the interviewee's perception of the community response to the pandemic. Two theoretical frameworks (Social Cognitive Theory and Context Framework) informed the development of the interview and focus group moderator guides and analysis. Both frameworks were necessary to capture multifaceted constructs (psychological, behavioral, and social) that contributed to COVID-19 vaccine uptake. Social Cognitive Theory posits that individual experiences, actions of others, and environmental factors influence an individual's health behaviors.²¹ An example of an interview and focus group question based on this theory is: "What would motivate people to get vaccinated for COVID-19?" The Social Context Framework consists of the contextual forces (e.g., social, cultural) that shape day-to-day experiences that directly and indirectly affect health behavior.^{22,23} An example of an interview and focus group question related to this framework is: "Can you tell us how family/friends may be helpful/not helpful when deciding whether to get vaccinated?"

Data Analysis

Key Informant Interview and Focus Group Data

We used the analytic approach described by Miles, Huberman and Saldana (2019).²⁴ Two researchers created a preliminary codebook using the interview guide. Three data analysts used the codebook to conduct deductive coding to identify codes that captured the constructs. To capture discussions that emerged beyond *a priori* questions, we used an inductive approach in which concepts were identified and themes derived from interview data. Using an iterative process, the three analysts met weekly to refine the codebook, address inter-rater agreement, and compare new with existing data. Consensus was built around themes that were identified throughout the coding and analytic process. The analysts compared themes to determine possible linkages across participants and thematic categories. The data was coded using Dedoose, version 9.0.62. The CAB and community research teams validated themes. The research team used the interview codebook as a preliminary codebook for the focus group analysis. Two analysts used the focus group codebook, following the coding procedure described above.

RESULTS

We identified themes regarding barriers to and motivators of COVID-19 vaccine uptake. Barriers included 1) misconceptions about COVID-19 vaccines is shaped by

misinformation; 2) politicization of vaccines; 3) historical trauma and mistrust in government; and 4) structural barriers in rural agricultural communities. Motivators included 1) access to accurate and understandable COVID-19 vaccine information; 2) trusted sources of health information; 3) protecting families, children, elders, and the community; and 4) striving together to return to normal life.

Barriers to Vaccine Uptake

Misconceptions about COVID-19 vaccines is shaped by misinformation

Focus groups and key informant interview participants from the YV and FR noted the overwhelming amount of misinformation in their community, including 1) vaccines infecting individuals with COVID-19; 2) vaccines containing microchips for government control; 3) COVID-19 was created by the Chinese government and taking the vaccine gives legitimacy to a manufactured threat; and 4) severe or unintended side effects (e.g., infertility). This misinformation shaped misconceptions around COVID-19 vaccines and deterred people from getting vaccinated. An individual from the FR discussed common misinformation in the community:

“...I’ve heard...all kinds of things...the government controlling us more...fears like that microchip thing. I’ve heard people say..., ‘oh, now your chipped,’ and...criticizing people that have been vaccinated. About being ‘sheeple’...I think a lot of the fears come from...impeding on rights, human rights and not people not wanting to be controlled by big government type of stuff.” – Key Informant from the FR

Misconceptions also included concerns about whether the rapid development and rollout of vaccines rushed proper safety testing for the vaccines. Many individuals had “wait and see” attitudes toward vaccinations.

Many shared concerns that the vaccine can harm people in unintended ways. An individual from the YV shared how concerns affected people’s desire to get vaccinated:

“... there’s still a lot of fears on the safety of the vaccines...fears that they were developed too fast and that they’re not safe yet...to be used in people. [A] lot of concerns...about the side effects...people being worried about...getting too sick if they get the vaccine. ...[W]orries about what the long-term effects of the vaccines may be... around health...the vaccine causing...any harm to your body, causing infertility.” – Key Informant from YV

Often, these misconceptions originated from the rapid spread of misinformation on social media by family and friends. Several YV interview and focus group participants mentioned people in the community held serious religious and ethical concerns about receiving the COVID-19 vaccine, which affected their decisions to get vaccinated.

“[T]here was this person that share with us that she was not getting the vaccine because it had fetus...cells from kids...what do you call – abort – aborted. So that was her comment. ‘It has cells from kids that have been aborted.’ And that’s a sin...based on their faith...so for her, it was very, very strong[ly] founded in...her beliefs...her religion...she was really strong on why she wasn’t getting it...” – Key Informant from YV

Participants also mentioned that misinformation was spread by trusted religious leaders and that some families followed the religious leaders’ recommendations over public health recommendations. One participant observed:

“They lost a loved one, but they said they’re not getting vaccinated because their pastor told them that it’s not right, and so, that’s the reason they’re not getting it.” – Focus Group Participant from YV

Politicization of vaccines

Both focus groups and key informant interviews revealed that politicization of messaging fueled tension and misinformation around vaccine safety. One participant commented on how people’s perceptions around politics impacted their perceptions of the pandemic:

“... There’s been mistrust in the local community about...accurate reporting and...Governor...inflating numbers because he has it out for Yakima County...and because he’s a flaming Democrat...it’s very weird how politics have played a role in how people interpret...the data.” – Key Informant from YV

Another participant felt the politicization of vaccines led to divisive stances:

“...A political statement, whether you do or don’t get the vaccine... It’s not necessarily based upon, like, valid health advice. It’s more I’m going to defy this side of the political spectrum.” – Key Informant from the FR

Results from both FR key informant interviews and focus groups indicated that the politicization of vaccines distracted from evidence-based health recommendations. Participants felt this made it difficult to identify valid health information regarding vaccines.

Historical trauma and mistrust in government

Participants from the FR noted historical trauma stemming from past or ongoing mistreatment by the government and injustices against Native American communities. While the community generally trusted the vaccine itself, the rapid response to create the vaccine brought back memories of historical trauma regarding the government legacy of inflicting harm on Native American communities. One participant from the FR shared community members’ distrust of the new vaccine:

“When this vaccine first came out...it’s because we live in...a Native community... So I know people were concerned because a lot of those first rounds went to Native communities... Of course, people were being skeptical and said, ‘well, why are they giving it to the Natives first?’... Basically, I think they felt like the guinea pigs.” – Key Informant from the FR

While several participants from the FR and YV shared that more research was needed to feel safe taking the vaccine, participants from the FR specifically touched on historical trauma and past medical research sponsored by the government on Native Americans. Thus, research was still associated with being ‘guinea pigs’ by many tribal members.

YV focus groups and key informants also indicated some mistrust of doctors and the government development of the vaccine. Participants noted this mistrust of the United States medical system and doctors stemmed from marginalization that prevented healthcare access and served as a barrier to accepting COVID-19 vaccine information from these sources, as indicated by one participant:

“...Because of history of how farmworkers have been treated... The farmworker community is always being treated as a second-class...they don’t have rights. Their workplaces are not – at the same standards of any other industry. There is a lot of barriers for them to have access to a lot of the benefits th[at] most of other employees in other industries have... Once the work is over, you have no more benefits... It’s years of history that when you try to do something good for them, the perception is ‘Oh, now you’re trying to...test that vaccine on me first because I’m just a second-class citizen.’” – Key Informant from YV

YV participants also noted identification requirements as potential barriers to vaccine uptake for some community members, fearing revelation of immigration status.

Structural barriers and solutions in rural agricultural communities

Participants from the FR noted structural barriers that are important and relevant to rural communities, such as transportation and internet access. Participants also mentioned some individuals might not watch the news, so they would not have access to vaccine information. Individuals who are homebound, live far from vaccination sites, or have transportation challenges experienced additional barriers accessing vaccination. One FR focus group participant mentioned traveling nurses as a potential solution:

“I haven’t heard of any specific financial reasons other than the lack of access to...transportation.... [T]hat’s one of the reasons why I love that bus idea where you can, you know, get out into the communities that are further away...” – Key Informant from the FR

YV participants specifically identified farmworkers as a vulnerable group who could benefit from mobile vaccination clinics and employers' granting time to get vaccinated.

"Offering transportation to the site, to...vaccination site. Um...possibly working with, uh, local growers and farmers...advising them to excuse...the workers...so that they would...have time...to get their vaccine, 'cause obviously they start at sunrise and many work till sun-sun, uh, sun comes down." – Key Informant from YV

Key informants from the YV noted the importance of vaccination sites considering the schedules of working people, such as having extended hours of operation and walk-up vaccine appointments. Additionally, some YV participants described the need for an alternative appointment signup option for those without internet access.

Some positive experiences were noted, such as convenient vaccination locations despite supply shortages. Most participants from the FR specifically praised the CSKT Tribal Health Department for ensuring the most needed received the vaccines as soon as they were available and felt they were effective in leading the vaccination effort on the Reservation. A few people noted they felt more could have been done for elderly members of the community that were homebound.

Motivators of vaccine uptake

Access to accurate and understandable COVID-19 vaccine information

Several participants from both sites shared the need for more trusted, accurate information on COVID-19 vaccines. Participants felt information on the COVID-19 vaccines needed to be simple and quick to read, cited with credible sources, and widely disseminated using a variety of platforms.

"...simple flowchart with very specific information, but very short and easy to read and then citations of where it's coming from...having that information in a quick, easy format and then using a lot of different platforms to get it out, whether it's social media, print papers or newspapers, school newsletters..." – Key Informant from FR

Participants also expressed the need for more information on vaccine ingredients and development, written in plain language, to ease many individuals' fears and dispel myths about the vaccines.

"...to be able to share that information...but in simple terms, explain what the vaccine has, not those complicated names that...are the chemicals in the vaccine." – Focus Group Participant from YV

Finally, YV participants emphasized that information should be conveyed in a culturally sensitive and respectful way to address vaccine concerns and improve vaccination rates.

When participants had access to information on disease prevention and potential side effects related to receiving the COVID-19 vaccine, they were able to consider the risk of severe complications from COVID-19 versus the risk of vaccine-related side effects. This led them to increasingly choose to get vaccinated. Several participants from the FR mentioned that receiving the vaccine had given them “peace of mind” knowing that their risk of experiencing severe complications from COVID-19 had decreased substantially.

Trusted sources of health information

Participants mentioned a need for more COVID-19 vaccine information, specifically from trusted sources. One focus group participant from the FR shared that trusted primary care providers can be effective in increasing acceptance of the vaccine:

“I think if people saw their doctors and nurses sharing some of that information...that would be a really good motivator, because a lot of us, if we have a good relationship with your doctor, you trust them.” – Focus Group Participant from the FR

Encouragement from community leaders and family members to get vaccinated as well as a medical professional’s recommendation are important motivators for YV participants. A participant from the YV mentioned that their decision around vaccine uptake is based on many factors, including their providers and their social network:

“My doctor would [not] have recommended that I get the vaccine if it wasn’t safe to do so. And I do know a lot of family members...that have had the vaccine. They haven’t had any detrimental side effect... I think definitely the experience of...friends and family members that have received it...this person got it and they’re fine. So...why shouldn’t I go to my doctor’s office and ask questions...based my decision off of that.” – Key Informant from YV

Many from both sites stated their vaccine decisions were influenced by peers’ decision to get vaccinated, alleviating some of their concerns about vaccine side effects and motivating them to bring up the vaccine with their healthcare providers. One focus group participant shared how seeing their peers get vaccinated motivated them:

“I felt really encouraged to get the vaccine. Everybody around me has their vaccine. Culturally a lot of people are doing it, but I definitely felt supported and encouraged. And so I know that there’s a lot of positivity around it.” – Focus Group Participant from the FR

Some participants from the YV focus groups noted the importance of hearing information from trusted sources to expand one's knowledge about vaccines and to counter misinformation from social media, further emphasizing the importance of being educated with knowledge from the "right source":

"The fear comes from not being educated on it, you know, from the right source...people need to get educated..." – Key Informant from YV

Protecting families, children, elders, and the community

Both participants from the YV and FR frequently noted a desire to protect families, children, elders, and the community as a motivator of vaccination. Several individuals from the YV community expressed that getting vaccinated was "do[ing] their part" to end the pandemic and return to a sense of normalcy. Similarly, participants from the FR mentioned the need to protect children and elders in the community who may be more vulnerable to severe COVID-19 outcomes. Some participants from the FR indicated that community members' concerns about the vaccine and government involvement in the development and rollout were overridden by motivation to protect children, elders, and the community.

"...It's not about me, it's about what's best for my community and protecting those that are more vulnerable than...myself." – Key Informant from the FR

Many participants recommended leveraging the value the community placed in protecting elders and children to create community-oriented messaging that is powerful and effective in a local vaccine rollout.

Striving together to return to normal life

Both communities expressed their desire to return to a pre-pandemic "normal." Many participants discussed the desire to return to cultural events and gatherings that were put on hold, as these gatherings are important sources of community support and cultural traditions. Some participants mentioned losing close family members during the pandemic as a low point, and that it gave them more reasons to get vaccinated with the hopes of staying safe and returning to a sense of normalcy, especially as strict preventive measures were being lifted for those who had been vaccinated.

"... I've lost seven family members to COVID, so me being able to get vaccinated was such a relief. And I still have small children at home that cannot be vaccinated, and we still are living in quarantine. We have for over a year. We'll stay that way until they can get vaccinated. But knowing that I can get vaccinated or got vaccinated and can safely go get the supplies for them, it meant a lot to me." – Focus Group Participant from the FR

“We can go back to normal. We can open more things... We can do our services better. Even our kids can go to school regular time. And I think...we can get together with family now. We can have birthdays... I think that’s a good enough incentive to get the vaccine”

– Key Informant from YV

DISCUSSION

This study examined barriers to and motivators of COVID-19 vaccine uptake among Native Americans and Latinos from two rural communities connected by a population of migrant farmworkers. Barriers to COVID-19 vaccine uptake in rural communities included distance to vaccination sites and transportation issues that inhibited access, and historical trauma resulting from a deeply rooted governmental legacy of inflicting harm to Native American and migrant farmworker communities. While misinformation about COVID-19 vaccines fueled misconceptions and politicization of vaccines, having accurate information from trusted sources led to increased vaccine uptake. Across both communities, protecting families, children, elders, and the community as well as a return to normal life were motivators of vaccine uptake.

Our findings show that rural agricultural communities experienced structural barriers that are unique to their setting. Lack of broadband internet, transportation, and longer working hours kept the community, especially elderly people and farmworkers, from receiving real-time health information, accessing vaccination sites, and being present during vaccine distribution hours. A recent study found that when healthcare providers were asked to rank the most common barriers to vaccination in rural communities, transportation and lack of vaccination sites were identified as prominent barriers and were more critical among elderly people, migrant farmworkers, and immigrant communities, corroborating the findings from our study.²⁵ Our study also found that mobile health clinics (“clinics on wheels”) are a model of healthcare delivery that addresses these challenges. Expanding investment in mobile health clinics to extend geographic reach and clinic hours, and providing language and culturally concordant health education are effective strategies to alleviate vaccine disparities in rural communities.

Participants from the FR and YV reported significant misinformation about the COVID-19 vaccine being harmful and the vaccine development practices being unethical. Contextual factors, such as politics and religion, contributed to vaccine misconceptions and decisions. The Social Context Framework literature corroborates our findings that contextual factors (e.g., political and religious factors) influence people’s decisions in conscious and unconscious ways.^{22,23} Our study shows that political and religious leaders exert significant influence among rural communities on individual decisions to receive vaccinations, and that these messages may be favored over evidence-based

recommendations. To dispel misconceptions, both the FR and YV communities noted the importance of having early and accurate information through trusted sources. In addition, participants noted that health communication around the vaccine needs to not only describe the benefits of the vaccine but also directly address misinformation. For example, trusted local healthcare providers and community leaders should provide information about vaccine ingredients and the development process and emphasize health complications of COVID-19 using simple, culturally appropriate language.

Outside of trusted local healthcare providers and clinics and local/tribal government, mistrust of the general medical community and federal government is pervasive in the FR and YV. FR participants noted skepticism around vaccine safety when the tribal community was the recipient of the first round of vaccines, stemming from past injustices inflicted on Native Americans. Similar distrust for the vaccine was noted by YV participants when offered early access to the vaccine. Public health agencies must address mistrust of the government during public health emergencies due to lasting historical trauma and the government's history of inflicting harm by partnering with Tribal Health and trusted local clinics to magnify public health messaging and prioritize the needs of vulnerable communities.²⁶

Native American and Latino participants from both sites showed a strong sense of community and commitment to protect families, children, elders, and the community. Among participants from the FR, motivation to protect their elders and children overruled vaccine concerns and government mistrust as children are viewed as the future of the Tribe who will preserve Tribal beliefs and traditions, and elders are seen as the wisdom keepers of Tribal culture.²⁷ Returning to "normal" with cultural events and gatherings was seen as protecting community unity, and wanting to resume these events to pass down cultural traditions significantly influenced the decision to get vaccinated by both communities.

This was the first study to examine factors influencing decisions around COVID-19 vaccine uptake among Native Americans and Latinos from two agricultural communities connected by seasonal migrant farmworkers. These findings may not be generalizable to all reservations or rural communities in other geographic areas across the United States.

CONCLUSION

Understanding community perceptions and experiences around the COVID-19 vaccine is critical for successful implementation of strategies to increase vaccine uptake among Native Americans and Latinos living in rural settings during future public health emergencies. Our study highlights barriers and motivators that shape COVID-19 vaccine uptake among two rural agricultural communities. Strategies for vaccine uptake among

communities in the FR and YV must address structural barriers, dispel vaccine misinformation directly through trusted local healthcare providers and community leaders, partner with Tribal Health and trusted local clinics, and promote community- and family-centric messages for vaccine promotion.

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Table 1. Demographics of the Interview and Focus Group Participants

	Yakima Interviews (N = 15)	Yakima Focus Groups (N = 19)	Flathead Reservation Interviews (N = 13)	Flathead Reservation ¹ Focus Groups (N = 20)
Gender (n,%)				
Male	1 (7)	3 (16)	4 (27)	9 (45)

Female	14 (93)	16 (84)	11 (73)	11 (55)
Race (n,%)				
Black/AA ²	0 (0)	0 (0)	0 (0)	1 (5)
AI/AN ³	0 (0)	0 (0)	13 (68)	16 (64)
Latino	11 (73)	17 (90)	2 (11)	1 (4)
White	4 (27)	0 (0)	4 (21)	7 (28)
More than One Race	0 (0)	1 (5)	0 (0)	0 (0)
Language (n,%)				
Bilingual (English dominant)	6 (40)	8 (42)	0 (0)	0 (0)
Bilingual (Native and English)	0 (0)	0 (0)	2 (14)	16 (80)
Bilingual (Spanish dominant)	5 (33)	3 (16)	0 (0)	0 (0)
English only	0 (0)	0 (0)	11 (73)	3 (15)
Spanish only	0 (0)	8 (42)	0 (0)	0 (0)
Prefer not to answer	4 (27)	0 (0)	0 (0)	0 (0)
Education (n,%)				
Elementary school	0 (0)	3 (16)	0 (0)	0 (0)
Some high school	1 (7)	4 (21)	0 (0)	0 (0)
High school graduate/GED	1 (7)	7 (37)	0 (0)	0 (0)
Technical school diploma	0 (0)	1 (5)	0 (0)	0 (0)
Some college	4 (27)	2 (10.5)	4 (27)	6 (30)
College graduate	6 (40)	2 (10.5)	6 (40)	13 (65)
Graduate school degree	3 (20)	0 (0)	5 (33)	1 (5)

Birth Country (n,%)

United States	8 (53)	6 (32)	15 (100)	20 (100)
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Outside of the United States	7 (47)	13 (68)	0 (0)	0 (0)
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Employment (n,%)

Full time	12 (80)	10 (53)	14 (93)	15 (75)
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Part time	2 (13)	1 (5)	1 (7)	0 (0)
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Unemployment	0 (0)	3 (16)	0 (0)	2 (10)
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Other	1 (7)	4 (21)	0 (0)	3 (15)
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Prefer not to answer	0 (0)	1 (5)	0 (0)	0 (0)
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Annual Household Income (n,%)

	0 (0)	2 (10.5)	0 (0)	0 (0)
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Less than \$15,000	2 (13)	4 (21)	5 (33)	2 (10)
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\$15,000 – less than \$35,000	5 (33)	8 (42)	0 (0)	10 (50)
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\$35,000 – less than \$50,000	3 (20)	3 (16)	3 (20)	3 (15)
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\$50,000 – less than \$75,000	4 (27)	2 (10.5)	5 (33)	3 (15)
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\$75,000 or More	1 (7)	0 (0)	2 (14)	2 (10)
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Don't know/

Prefer not to answer

Notes: 1) demographics survey missing from one focus group participant. 2) AA = African American 3) AI/AN = American Indian and Alaskan. Not all participants answered every question.
