COVID-19 COMMUNICATION PROJECT

Perceptions of COVID-19 Prevention Among African American Residents of North St. Louis: A Qualitative Assessment

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Saint Louis COUNTY PUBLIC HEALTH

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SAINT LOUIS ACADEMIC HEALTH DEPARTMENT

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June 2021

On behalf of:
The St. Louis Academic Health Department, comprised of
the City of St. Louis Department of Health,
the Saint Louis County Department of Public Health, and
the College for Public Health and Social Justice at Saint Louis University

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Dedication:
This report is dedicated to those who lost their lives, became sick or had their lives disrupted by COVID-19, their loved ones, and all who experience everyday racism and discrimination and the unequal health burdens they cause.

Table of Contents

Introduction

By May 2021, deaths caused by COVID-19 surpassed 3.2 million individuals worldwide with more than 158 million cases confirmed. In the U.S., fatalities approached 600,000 and cases exceeded 32 million. Nearly 600,000 cases and more than 9,000 deaths have been recorded in Missouri. Since the start of the pandemic, the African American community has been disproportionately affected (JHUM, 2021). Although the growing availability of vaccines offers great promise, COVID-19 remains a threat, and the need for public health messaging in support of preventive actions will continue to be a priority in St. Louis and across the country (CDC, 2021a).

In 2020, a study team from the St. Louis Academic Health Department (composed of the City of St. Louis Department of Health, the Saint Louis County Department of Public Health, and the Saint Louis University College for Public Health and Social Justice) formed to strengthen public communications related to COVID-19 prevention with African American residents in St. Louis.

Effective health communication is a critical element of public health response because it keeps the public informed about threats and protective actions and reduces social and economic upheaval (CDC, 2021b). Evidence-based public health best practices, a participatory process, community perspectives, and relevant evidence and theory were used in designing and implementing the project (Issel and Wells 2018; Brownson et al. 2017).

This applied qualitative research project sought to address the following broad question: What are the perceptions among African American residents in North St. Louis about COVID-19 and protective actions; about social, community and organizational factors hindering or helping COVID-19 prevention; and about effective messages, sources and channels of information?

Our report presents findings of our research and recommendations to our agency colleagues and community partners to inform the design and dissemination of communication materials to support COVID-19 prevention among African American residents in North St. Louis.

Methods

The study team conducted focus groups with residents of African American neighborhoods in North St. Louis City and County. The development of the discussion guides was shaped by considerations of social-ecological factors (McElroy et al. 1988), social determinants (Solar and Irwin 2010) and behavioral approaches (Quinn and Kumar 2014; Van Bavel et al. 2020), and centered around eight topics: knowledge about COVID-19; individual, social and contextual factors influencing prevention behaviors; vaccine beliefs and intentions; community resources; health care access; role of government; communication preferences; and the dual pandemics of systemic racism and COVID-19. A conceptual model guiding the study and a discussion guide are located in the appendix.

The study team and community partners distributed recruitment materials via email, social media, and printed flyers. Interested individuals were invited to respond by telephone or link to a Google form to provide contact information. Focus groups were conducted between October and December 2020 among three groups of participants divided by age: 18-30 years, 31-59 years, and 60 years and above. Focus groups were conducted via Zoom virtual video and audio conferencing, and led by two experienced African American community health advocacy professionals. Zoom transcripts were double-checked against recordings for accuracy. Analysts coded focus group transcripts using Dedoose qualitative data analysis software to extract coded excerpts for analysis. Summaries of topics and themes were created and used to derive key findings and recommendations for each code reported here (Miles and Huberman 2002). The SLU Institutional Review Board approved this project.

Sample Characteristics

The partnership conducted six focus groups with 25 community members in total. Participants across groups were about evenly divided between North City and North County. About three in ten participants were in the 18 – 30-year-old group, four in ten in the 31 – 59-year-old group, and one in four in the 60+ group. All participants were African American. Two thirds of participants were women and one third were men. Due to occasional technical difficulties with online systems, demographic characteristics for the 25 participants are incomplete.

Findings

Our findings are organized around the eight topics discussed in the focus groups. Each topic had several themes, the most prominent of which are summarized below. The extended analysis summaries for all topics are attached as appendices.

COVID-19 Knowledge

Theme: Across all groups, participants were knowledgeable about COVID-19 severity and risk factors, and many had direct personal experience with fatalities and survivors among their family and friends.

Participants across age groups agreed that COVID-19 was serious. They reported that it was contagious and spread through the air. Participants reported familiarity with risk factors and symptoms. Those in middle and older age groups and those with pre-existing conditions reported taking COVID-19 very seriously.

> *"I'm 66 years old, my wife is a little bit older and we're in a high-risk age group. So right now we're laying low; no one has been in our house for weeks, months." (Older participant)*

> *"It has changed the entire way we live life – [it] probably will never be the same ever again." (Younger participant)*

Across all age groups, participants expressed concern about the long-term impact of COVID-19. Personal experience with illness and deaths among family and friends heightened perceptions about the seriousness of COVID-19. Participants shared harrowing stories and showed how families had been affected.

Factors Influencing Prevention Behaviors

Theme: Participants across groups were adherent to preventive measures.

Across all focus groups, participants were aware of the spread of the disease and had been following recommended preventive measures such as wearing a mask and social distancing. Participants were also doing their best to follow public health guidelines.

> *"I'm trying to take all the cautions and precautions that I can not to get that disease. This thing is so volatile, so unpredictable, so uncertain." (Older participant)*

Personal experience with COVID-19 increased adherence to public health guidelines such as foregoing family gatherings (especially for older adults). Middle and older age groups and those with pre-existing conditions reported taking COVID-19 very seriously and taking care to protect themselves.

> *"I don't do any socializing with friends." (Younger participant)*

Participants reported getting tired of wearing masks and felt that different masks had different levels of effectiveness and comfort. They reported seeing some people in their communities either wearing them incorrectly or not wearing them at all. However, participants reported shifting norms over time, leading to more consistent mask wearing in communities. Participants encouraged and reminded those around them to wear masks more regularly.

> *"…But a lot of people are not wearing the mask correctly. Some people don't cover up their nose. And so I try to remind people, 'Hey, cover your nose.'" (Younger participant)*

Theme: Adherence to preventive measures depended on a range of factors.

Participants across groups described deeply personal reasons for choosing to take protective actions against COVID-19. Participants mentioned the idea of personal responsibility in regards to choosing not to wear masks and that they and others needed to be educated about the importance of doing so. Most participants reported that they did not feel like there were any barriers to taking protective actions such as mask wearing or social distancing.

Theme: Participants commented on how other people affected their ability to follow to preventive measures.

Participants commented that their family members are working to protect themselves against COVID-19, and noted that this made them more likely to adhere to protective actions. But many participants also reported that they didn't see their fellow community members following the recommended quarantine control measures. This caused them to feel unsafe, particularly in public places where they had no control over others' behaviors.

> *"I think for me the harder part is other people. Some people may not wear masks and I think for me, that's difficult for me to handle." (Middle-aged participant)*

> *"A lot of the young people are not taking it as serious, like we say, as serious as cancer." (Older participant)*

In general, both the older and the middle-aged participants expressed frustration with their perceptions that the younger generation was not taking safety measures as seriously as it should be. Among younger participants, COVID-19 prevention behaviors were perceived to be in conflict with basic human needs for social interaction.

Theme: Workplaces were taking steps to reduce COVID-19 exposure.

COVID-19 has impacted how people do their jobs and how they think about risk at work. Participants felt that their workplaces have done a good job protecting employees from COVID-19. Participants gave the example of workplaces supplying masks to their employees, which they found helpful. Several participants in the younger group reported being "privileged" or "lucky" because they had flexible work schedules, were given free masks in the workplace, and were encouraged to wear masks and maintain social distance. Participants described different levels of safety being practiced in their various workplaces.

> *"They're kind of staggering us as far as coming in the office. You know, three days a week. And then, you know, having a schedule, who comes in which days, so that the office is not so crowded." (Middle-aged participant)*

Theme: Public settings affected how easy it was to take protective measures.

Public spaces like schools, stores, restaurants, and churches are taking protective measures. Participants said retail spaces in particular were doing a good job taking safety measures to protect employees as well as customers.

A few participants noted barriers that prevented those around them from taking protective measures, including lack of enforcement, different mandates for mask-wearing in different counties, and a lack of resources (like masks) in communities.

> *"Yeah, I go to Schnucks, where everybody's wearing a mask, you know, Walmart and Sam's Club." (Older participant)*

> *"St. Louis City has mandated that we do wear the mask but in [St. Charles County], they don't have to. That kind of makes it hard, just going someplace like that to enjoy a meal and nobody has a mask on, because they're not mandated to wear one." (Middle-aged participant)*

Vaccination Beliefs and Intentions

Theme: Participants expressed nearly unanimous skepticism and hesitation toward getting the vaccine for a range of reasons.

Participants across all groups reported that the history of unfair and unethical treatment of Brown and Black communities in medical settings contributed to their skepticism about getting the vaccine. Additionally, participants were concerned about the rapid development of the vaccines and felt they did not have a clear understanding of the development and trial processes.

> *"Well, just again knowing their biological warfare exists, knowing that the Tuskegee experiments, Henrietta Lacks, all of these things that happened to us. Historically, they were all a direct result of systemic racism." (Middle-aged participant).*

Theme: Despite concerns, participants were open to vaccinations when trials were completed and once the efficacy and safety of the vaccine was established for a while.

Participants commented that they were not anti-vaccination in general (e.g. they get the flu vaccine), but they preferred to wait until the COVID-19 vaccine had gone through further scientific trials and others had received it.

> *"I agree. I'm a little leery as well. I would get first dibs at it because I'm a health care worker. I think I'm going to wait a couple rounds as well. If I eventually get it. I'm pro vaccines or vaccinations, but I don't know." (Younger participant)*

Theme: Participants recommended a range of strategies to reduce vaccine hesitancy and mistrust.

Many participants wanted to see reputable information about the vaccine before receiving it. They expressed the desire to do more of their own research from trusted sources before deciding if the vaccine was right for them.

> *"Right now, I'm just, I need to get more information… I need to know more about it." (Middle-aged participant)*

> *"Honest and open communication that is representative of the community, you know, that will that will go a long way." (Older participant)*

Participants mentioned wanting more information before they received the vaccine. They agreed that in order to increase vaccine acceptance and trust in health departments, they needed honest health communication about the vaccine from someone who represented their community.

Community Resources

Theme: There were initial challenges acquiring resources, but by mid-fall 2020, community-based organizations were helpful in distributing resources.

Across all groups, participants reported that the African American community was slow to receive adequate resources in comparison to other communities when the pandemic hit hard in spring 2020. However, participants observed that around mid-fall several community-based organizations were distributing resources (protective gear, testing sites, food, etc.) more rigorously. Participants named a variety of organizations, including churches, fraternities and sororities, PrepareSTL, Affinia, Urban League, United Way, The Empowerment Network, Zero, AARP, AHA, WUSTL, SLU, Alive and Well, Better Family Life, the Demetrius Johnson Foundation, local health departments, public libraries, and the VA as organizations that were distributing resources. Community organizations helped connect people with the resources they needed to protect themselves.

> *"United Way has been giving away free food for a while, which has been really great, especially for people that have been laid off or people who no longer can afford to buy food." (Younger participant)*

> *"A lot of churches and a lot of nonprofits have been giving out like food, hand sanitizer, and PPE – stuff like that." (Middle-aged participant)*

Middle-aged group participants reported that although Missouri was slow in establishing testing sites, local government officials and health departments were doing their best to speed up the process. They generally praised their local elected officials.

> *"We had a really good alderman to get more testing spots." (Middle-aged participant)*

Health care Access

Theme: Experience with transitioning to virtual care

Participants reported grappling with the transition to virtual care as health care facilities were providing in-person care only for emergency conditions. People were asked to care for themselves at home to reduce COVID-19 risk. Participants seemed to adjust to virtual care rather quickly.

> *"It was kind of harder to see your doctor or he wanted to do it virtually, when it initially happened in March and April… I think it's gotten a lot better now, but at first I feel like it had to be an emergency in order for them to see you." (Middle-aged participant)*

Older participants were concerned when they had to go for in-person visits. However, they felt safer if protective measures were taken.

> *"I just have a fear of going into the hospitals at this time. Or clinics. I just don't trust that I'll be safe." (Older participant)*

Role of Government

Theme: Participants are looking to local health departments for open and honest communication.

In part due to a history of racial injustices in medicine, participants recommended that local health departments have open and honest communication using spokespeople who represent the community in order to increase vaccine acceptance.

> *"I think their honest and open communication is good and that is representative of the community, you know, that will go a long way. When you see someone who represents you and looks like you, you can identify with what they're saying, it will ring clearer to you. So you're more apt to participate." (Older participant)*

Theme: Older and younger participants wanted the federal government to be more involved in COVID-19 response efforts.

Older and younger participants generally agreed that the federal government needed to provide more leadership, coordination, and enforcement of COVID-19 regulations in order to ensure individuals were taking protective actions. Participants also expressed wanting more resources to come from the government.

> *"I think the states and locally have been doing the best they can… Here in Missouri, I think they've been doing a lot. I think it's a federal government need to tie everything together; make a national response." (Older participant)*

Communication Preferences

Theme: Participants relied on a range of sources about COVID-19 information.

Across all groups, participants reported that the media did a good job disseminating pandemic-related information. Participants named their preferred sources for pandemic-related information: news channels such as CNN, MSNBC, NPR; scientific agency websites and journals from the Centers for Disease Control and Prevention (CDC), the World Health Organization (WHO), Nature, Lancet; and messages from scientists. Participants also named trusted community sources: Urban League, AARP, clinics, doctors' offices, churches, Better Family Life, the Demetrius Johnson Foundation, and local health departments. Other preferred sources included celebrities, radio news and talk shows and survivors.

> *"The media has done a very good job, I think, getting the information out." (Older participant)*

> *"I know I do get a lot of my information from organizations via social media. So I'll look at, you know, the CDC on Twitter or whatever. But my grandpa, he watches a lot of TV." (Younger participant)*

Although lots of information was available on social media, many participants reported doubting the accuracy of the information conveyed this way. Young people were more likely to trust social media for health information, while older adults preferred TV, news outlets, and scientific websites.

Theme: Participants observed that information was not always reliable.

Participants raised concerns about the reliability of social media and comfort in fact-checking information.

Younger and middle-aged participants were comfortable checking COVID-19 information for credibility.

> *"The media, social media, Facebook, I didn't even listen to that. I went to the sciences… general Science or Nature, The Lancet, like I went to that." (Middle-aged participant)*

Older and middle-aged groups agreed that politicization of the pandemic response harmed many efforts by scientists and doctors to curb the virus, eventually leading to loss of lives and a higher prevalence rate. Politicization of COVID-19 information from both sides of the political spectrum undermined trust in the media.

Theme: COVID-19 news induced anxiety and stress among participants.

Participants reported that statistics about death were anxiety-inducing and preferred to receive more positive information to balance it. The anxiety was amplified among Black communities because of the trauma that many experienced on a regular basis due to systemic racism, police brutality and inequitable access to health care.

> *"I feel like there's a threshold that you reach when you are using fear mongering, like people are dying. This is serious. After a while Black people are so traumatized that you cannot just keep forcing death on them in order to make them do something. There should be a way to inform people without having to necessarily frighten them or scare them into a point of just being completely apathetic, like, Oh, well, I gotta die one day anyway." (Middle-aged participant)*

Theme: COVID-19 survivors and local government were noted as trusted sources

Participants mentioned COVID-19 survivors as credible sources of information. They wished to hear more about the experience from those who had tested positive for COVID-19 it to avoid some of the conflicting information that they were hearing.

> *"People who have tested positive and heard about how it's impacted their life is what kind of motivates me to keep myself healthy." (Younger participant)*

Although there were concerns at the national and state level, participants expressed satisfaction with the pandemic task force at the local level. Local government officials and entities had been giving a lot of information on a regular basis.

> *"And on a local level, a lot of doctors, the pandemic task force in the metro area [give] regular briefings, from the Mayor of St. Louis, County Executive, the Governor, you know, on a regular basis." (Older participant)*

Theme: Participants offered suggestions for crafting effective messages to promote COVID-19 prevention.

Participants recommended highlighting preventive actions and their benefits. Suggestions for message approaches included learning from those with experience.

There was a suggestion about the importance of taking action to get a sense of control.

> *"We can control wearing a mask and washing our hands. But we can't control what other people do. So if that's the one thing that I can have control over, that's what I'm going to continue to do regardless of any information that's given because as people we still want to feel like we're in control of our lives… In so many ways this has taken away that power for some people. So, for a lot of people wearing a mask is the one thing that I know I can do to stay in control, if that makes sense." (Younger participant)*

Dual Pandemics of Systemic Racism and COVID-19

Theme: Historical trauma and systemic racism impact everything.

Past traumas, including the Tuskegee syphilis study and cell experiments using tissue taken from Henrietta Lacks without her consent, were cited to express why African American communities are less likely to trust health care and governmental organizations. This mistrust of the medical community was noted as a reason for vaccine hesitancy among African American communities.

> *"To us, historically, they were all a direct result of systemic racism. That definitely weighs heavily on my mind as we navigate this pandemic…" (Middle-aged participant)*

Constant racialized trauma was observed to be an impediment to hearing messages and taking preventive measures to protect against COVID-19.

One participant expressed that being African American was a health risk by itself. The same was implied by several other participants.

Compared to other communities, participants reported that African American communities have received the least support in terms of information and resources (testing sites, masks, etc.). Many also felt that health disparities among African American communities worsened after the pandemic.

> *"So you telling me I can go to work and get shot on my way to work. I can get shot. You know, on the corner by somebody who looked like me. It's too many things all at once. It's too much trauma. So now you telling me there's an invisible thing that's out to give me that's not racism. And I gotta wear a mask and do all of this, and after a while you like: forget it. Everybody's telling me I'm going to die, so I might as well live my life, or I'm not going to be scared anymore. So I think that to leave out the trauma part is to do a great disservice and to be quite frank, offensive...." (Middle-aged participant)*

> *"That's almost like a condition, you know, being African American." (Middle-aged participant)*

> *"Because in North St. Louis, I mean we just kind of always felt like we've been the forgotten people… To me, I just think that there's never enough resources that they can give us to match the level in which other communities are in fact impacted." (Younger participant)*

Discussion

The focus groups provided insights into perceptions about COVID-19 and precautions African American residents in North St. Louis can take to keep themselves safe. Participants were knowledgeable and reported support for complying with preventive behaviors. Despite individual adherence, obstacles to preventive actions were mentioned as arising in public places, in which others may not consistently follow recommendations. Participants generally commended workplaces and stores for helping people minimize exposure to the virus. Near unanimous skepticism about as-yet untested vaccines was tempered by reasonable demands for results of clinical trials and the test of time.

Participants observed a largely successful response by community organizations and agencies to the pandemic, but some observed that there was politicization of the pandemic and felt that the federal government should provide more leadership. Participants also provided guidance regarding effective approaches to messaging, preferred information channels, and trusted individual and institutional sources of information.

Study design and implementation introduced some limitations and threats to validity. Community recruitment led to likely selection bias in our convenience sample. Individuals who responded to our advertisement and flyers were generally knowledgeable, conscientious and supportive of COVID-19 prevention. Most participants were themselves community health advocates and involved in community service. In this regard, our results report on the comments of a slice of the population that is likely more adherent and enthusiastic about COVID-19 prevention than a representative sample might be.

Recommendations and Creative Brief

The study team has synthesized the findings from the focus groups to inform communication, promotion, and policy recommendations that support COVID-19 prevention behaviors among African American residents of North St. Louis.

What motivating factors can we highlight, reinforce, and supplement?

- Testimonials with personal experience about severity of the illness: "Take it seriously."
- Highlight characteristics of individuals at higher risk (older individuals, those with pre-existing conditions, etc.).
- Highlight strategies for protecting oneself.
- Provide information about correct action, such as how to wear a mask for best protection.

What obstacles can we help overcome?

- As citizens experience pandemic fatigue and lose motivation, reinforce perseverance: "Stay the course."
- Provide education about simple actions one can take to maintain a sense of agency and control.
- Provide more information about how to wear and maintain a mask properly so that both the wearer and others in public spaces can feel safer.

What social processes can we reinforce and highlight?

- Emphasize personal responsibility for taking protective factors for oneself and family.
- Tie protective actions to greater societal impact.

What sources of information are trusted?

- Match trusted sources, channels and organizations to audiences.
- Reference credible and reliable information sources (e.g. CDC, WHO).
- Work with local trusted community messengers, organizations and leaders (e.g. service agencies, churches).
- Engage COVID-19 survivors as spokespersons.
- Acknowledge past historical and current trauma as barriers to trust and effective care.

What information channels are preferred?

- Disseminate information through a range of broadcast media and community-based approaches to reach a mass audience.
- Use preferred media for different audiences (e.g. social media for youth; TV news for middle and older ages).

What message strategies show promise?

- Provide the "Why?" explanation, reinforcing and promoting benefits of preventive behavior.
- Emphasize what one can do, rather than what one cannot do.
- Use positive and encouraging messaging. Participants often reported feelings of anxiety upon seeing death statistics or other negative messaging.
- Offer the voice of experience from survivors and older adults: "Walk in wisdom."
- Provide complete and accurate information about the vaccine, how it was made, and its side effects, while recognizing why some individuals might be hesitant to receive it.

- Provide open and honest communication about the pandemic.
- Deliver messages through a person representative of the receiving community when possible.
- Reinforce correct public health prevention practices (e.g. wearing masks correctly).

How can we account for the dual pandemics of systemic racism and COVID-19?

- Listen to the community and design messages specifically for Black/African American audiences.
- Pre-test messages and make sure they are culturally appropriate.
- Acknowledge the history of racism and trauma.
- Avoid fear appeals, and don't rely on disparity statistics that may aggravate prior stressors.
- Use positive stories of survival and recommendations by peers, with personal testimonials of those who survived COVID-19.

How can we best address structural and social factors?

- Celebrate and patronize public places, stores, and workplaces that are effectively protecting their employees and customers.
- Celebrate and recognize local civil servants and elected officials who are effectively promoting COVID-19 prevention.
- Celebrate and recognize local community organizations and individuals who are effectively promoting COVID-19 prevention.
- As much as possible, standardize the enforcement of mask-wearing, social distancing, and how businesses can operate under the quarantine.
- Advocate for strategic cooperation in policymaking between neighboring municipalities and counties.

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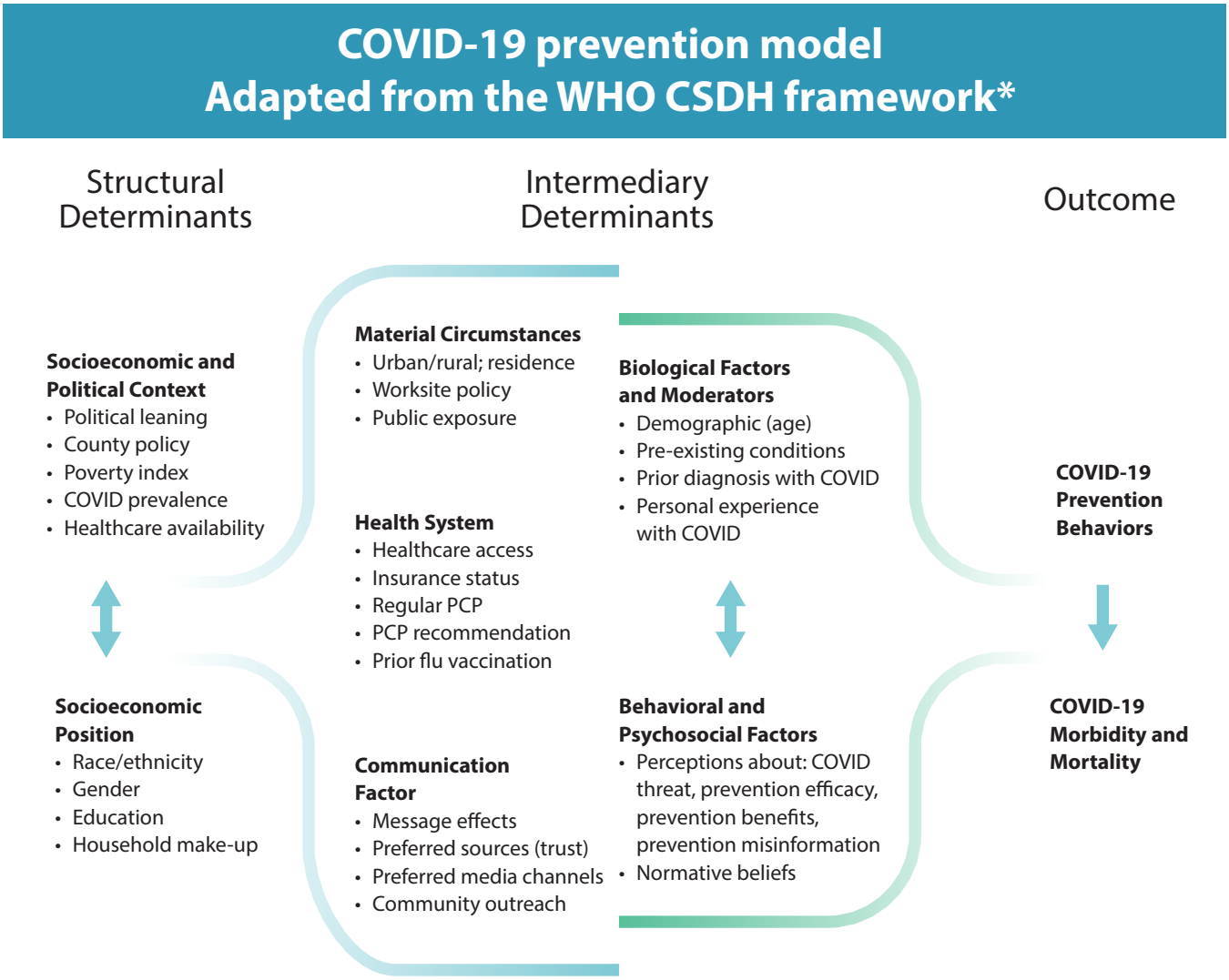
Appendices

Appendix A
Conceptual Model



* World Health Organization. (2010). A conceptual framework for action on the social determinants of health.

Appendix B
Focus Group Discussion Guide

Introduction (3 min.)

- Hi, my name is _____and I work for _____. We are part of a collaborative effort between Saint Louis University, Saint Louis County Department of Public Health, and St. Louis City Health Department.
- The purpose of this focus group is to understand various perceptions of the African American community in North St. Louis (City and County) around protective actions against COVID-19. Our goal is to provide information to help public agencies and community organizations design and share information and support that protects African Americans from COVID-19 exposure and infection.
- Thank you for helping us today.
- Before we begin, I'd like to introduce our project team. (Introduce team members by name). They are going to take notes during our discussion today.

Informed consent (5 min.)

- Before we begin our discussion, I'd like to review some details of the recruitment statement sent with the emailed invitation.
- This document explains the purpose of this focus group and what you can expect during the questions and answers.
- Let's go over the key points.
- First, I want you to know that your participation today is voluntary and you don't have to answer any questions that make you feel uncomfortable. You may leave at any time without penalty.
- Second, our discussion today will be audio taped. This will allow us to pay close attention to your comments and make our notes more accurate. Your name will not be identified in any of our transcripts and only our project team will have access to those transcripts.
- Third, you will receive a $25 gift card regardless if you remain for the entire focus group, which is expected to last between 60 to 90 minutes. The gift card will be provided to you either through email or regular mail.
- Participation in this study will not benefit you directly.
- Your participation may benefit the community by allowing the health departments to develop and implement evidence-based health communication strategies against COVID-19.
- Possible risks of participating in our discussion include:
  - Feeling stress or anxiety talking about COVID-19.
  - Feeling tired or fatigued from participating in a lengthy discussion.
  - Potential risk of loss of confidentiality
- We will take the following steps to make sure that the information shared in this discussion remains confidential.
  - First, we ask that you only use your first names in the conversation. (For this reason we will also change your name displayed on this call to your first name only.)
  - Second, all names will removed from the notes and transcript of the discussion.

  - Third, reports will include only aggregated or compiled information; no names or personal information will be included in the reports.

- Does anyone have questions? We're going to start recording now. *(Nonverbal note taker will **start the audiotape recording**.)*

Guidelines (5 min.)

- At this time please turn off cell phones and other devices, or keep them in silent mode if you are able to do so.
- Please try to talk one at a time.
- There are lots of things we could talk about today, but we are focusing on COVID-19, coronavirus only.
- We're very interested in your opinions. There are no right or wrong answers, only different ideas. So please be honest and share what you think.
- We want to try to hear from everyone, so please be respectful of all opinions and make sure everyone gets a chance to share their opinions, regardless of whether you personally agree with them or not.
- During our discussion, you may think of a lot of questions that you have about COVID-19. We'd like you to write them down, or put them in the chat link, so we can provide educational materials about COVID-19 later.
- Are there any questions before we begin?

Soliciting participant characteristics

- One more thing before we begin our discussion. As part of the reporting for these focus groups, we include information about characteristics of the groups in the aggregate. For this we need to ask you a few more questions about your background characteristics, like your level of education and income.
- In a moment we will send you an invitation to complete a short poll. Please be assured that your responses are recorded anonymously, and will only be reported in aggregate form.
- There are eight questions—it will only take a minute or two to complete.
- Do you have any questions about this poll?
- Let's begin the poll.

(NOTE TO MODERATOR: If participants ask questions during the discussion, say: "We can't answer your question now as it may influence the results of the discussion. Please write down your questions and we will discuss them at the end of the discussion.")

Introductions

- Let's go around the room and please introduce yourself by saying your first name only and sharing one of your favorite restaurants in St. Louis.

Transition—We will begin by talking about COVID-19 in general.

Part 1: COVID-19

1. What have you heard about COVID 19 or Coronavirus?
2. Where did you hear about it?
3. How likely do you think you are to get COVID-19?
   - What makes you think this?
4. **How serious of an illness do you think COVID-19 is?** How sick do people become when they get COVID-19?

Part 2: Ways to protect yourself from COVID-19

5. What steps have you taken to protect yourself from COVID-19?
6. Which steps do you think are most effective?
   - **Wearing masks**
   - **Maintaining physical distance**
   - Regular hand washing
   - **COVID vaccination (when available)**
   - Why?
7. What would encourage you to take steps to protect yourself from COVID-19?
   - **Wearing masks**
   - **Maintaining physical distance**
   - Regular hand washing
   - **COVID vaccination (when available)**
8. What are some concerns you have about taking these steps? What are some reasons you would not want to take these steps?
   - **Wearing masks**
   - **Maintaining physical distance**
   - Regular hand washing
   - **COVID vaccination (when available)**
9. What are some reasons you choose to protect yourself from COVID-19?
10. What are some things that **make it hard** to protect yourself from COVID-19?
11. **Why might community members not follow those safety measures like wearing masks or keeping a distance from other people? What about vaccination?**

[Track individual level variables (e.g. beliefs), vs. social processes (e.g. norms), vs. structural factors (e.g. work site policies, access to PPE)].

[SOCIAL FACTORS]

12. How well or frequently do people close to you take steps to protect themselves from COVID 19 like wearing a mask or maintaining physical distance? These people could include family, friends, or coworkers.
13. **How do you think people close to you feel about wearing a mask? What about a vaccine for COVID-19?**
14. Why do you think they feel this way?
15. How does this affect your decision to wear a mask? What about vaccination?

Part 3: Community factors and response

16. What resources are available in your community to help people deal with COVID-19?
    - Examples could include supplies, educational messaging, etc.
17. Have you had difficulty finding masks or paying for them?
    - How so?
18. What are some ways that masks could be easier to get?
19. **When you are out in public what do you see other people doing that helps or doesn't help protect you from COVID-19?**
20. **Focusing now on work experience, what have you heard, or what have you experienced, about how policies at workplaces help protect workers or the public from COVID-19?**
21. **How has COVID-19 affected your ability to access health care services?**
22. **Within your community, what efforts have you seen from local organizations to respond to COVID19?**

Pause/break: okay we know it's been a while and we have a few more things left to cover. We can take a few minutes (5 minutes) for a break and come back and we will finish up. Do you want to take a break now?

Part 4: Communication strategies

[MESSAGES AND CONTENT]

23. **What information encouraged you to take steps to protect yourself from COVID-19?**
24. What additional information would be needed for you to take additional actions to protect yourself and your family from getting COVID-19?
25. What information might discourage you from wearing a mask or social distancing? Vaccination?
26. **How do you know if information you hear is accurate or correct?**

[TRUSTED SOURCES AND CHANNELS]

27. Who in your community do your friends and family members listen to for COVID-19 information?
28. What organizations do you trust in your community to provide information about COVID-19?
29. What media sources do you prefer to get information from about COVID-19?
    - (E.g. what about TV, radio, newspapers, websites, social media, billboards)
30. Why do you think that they are the best sources?
31. What do you think are the best ways to deliver information to encourage people in your community to protect themselves from COVID-19?
    - (E.g. what about TV, radio, newspapers, websites, social media, billboards)

[DUAL PANDEMIC]

32. Have your perceptions about systemic racism (the protests related to Black Lives Matter) changed your thinking about COVID-19 and what you need to do to protect yourself?

CONCLUSION (2 min.)

- Thank you for joining us today.
- We really appreciate you taking the time to meet with us.
- Brief discussion on questions from participants, if any.

Appendix C

Extended Analysis Summary: Knowledge About COVID-19

Participants knew a lot about COVID-19 and had a lot of perceptions about personal risk factors, long-term impact of the virus, how certain other groups viewed COVID-19, and some either had personal experience with it or had a close family member or friend who had it.

The topics participants mentioned were: 1. Knowledge; 2. Personal Experience; 3. Personal Risk Factors; 4. Attitudes/Beliefs/Feelings about COVID; 5. Perceptions about how other groups were dealing with COVID-19; and 6. Long term Impacts of COVID-19.

1. **Knowledge**

   a. **All focus groups knew that COVID-19 is air-borne, contagious and serious with a range of symptoms, or no symptoms at all. All groups seemed to agree that it was serious and most participants who opined about it, indicated that it was spread through the air.**

   "That is making a whole bunch of people sick and a lot of people are dying from it. And this is the worst plague, we have ever had. I guess in so many decades. It depends. Um, there is definitely a spectrum. I've known a lot of people who have contracted it and nobody has died luckily, but I've known people within St. Louis, as well as outside of St. Louis. But I also know people who know people who have died like multiple relatives. It's a virus, you know, you can't really 100% know exactly how likely you are to get it, all you can do is take the precautions that they tell you to take."

   — Participant in middle-aged group

   b. **Participants in the two middle-aged groups also indicated that people are getting really sick and dying from it.**

   "That is making a whole bunch of people sick and a lot of people are dying from it. And this is the worst plague, we have ever had. I guess in so many decades. Don't take it lightly. New York. Oh, exactly, New York. You know. I've never in my life heard that no funeral homes have places for dead bodies, you know… I never thought we will see the day where all the funeral homes will be packed with dead bodies. They have, you know, and then they have to make these mass graves, you know, for people so…"

   — Participant in middle-aged group

   c. **One participant in a group at the upper end of the age scale was quite graphic in describing that they had been told it's very painful.**

   "This is Participant 3. From the people that I've heard talk that have it or that have had it. They say it's so painful in it's like an elephant is on your chest or something. They have such difficulty breathing. They say you experience pain that you've never experienced before. They said, 'I can't describe the level of pain.'"

   d. **One middle-aged participant indicated that initially they were told African Americans couldn't get it/were immune, but that turned out not to be the case.**

   "So, to the point about people initially thinking Black people don't, didn't get it. That's because we were working with the information that we had… And originally it was, you know, that's what the data was pointed toward that we had some type of immunity. Clearly that's not the case. But that's what we thought, that's what we were told, information travels down. And as you know, being, if you live in poor areas you usually get the stuff last and you don't fully get, you don't get all the information."

2. Personal Experience

a. Everyone's experience with the virus is different. Sometimes the health decline is very quick.

"Very sick, but it all depends on the person's immune system because my girlfriend ended up catching it and she works at a rehab center. My girlfriend was, she had the chills, she was throwing up, but my son, my son was walking around scot-free. He couldn't go outside, but he was up playing a video game, all of it, eating snacks. But you know my girlfriend, yeah it messed her up all the way around."

— Lower end of the age scale participant

"I know when my mother left her apartment going to the hospital, my mother was talking, she was, um, I mean, she was herself. About five hours of being there we was called and told that she tested positive. They needed to put her on a ventilator because she was having a problem breathing. And you know I—I don't know—we wasn't expecting to see my mother 24 hours later. On a ventilator. I mean, I didn't know who my mother was. And they—the breathing. She was having problems breathing she couldn't breathe. She was in a lot of pain."

b. Experiencing COVID-19 personally or through others tended to make one more diligent.

All age groups tended to express more diligence if they or people the personally knew had contracted COVID-19.

"For me, I know people personally who have had the COVID-19 virus that have either had it, or dealing currently dealing with it. So the fact that is hitting so much closer to home really makes me, you know, a lot more diligent about doing the things that I need to in order to try to keep myself and my family safe."

— Participant in middle-aged group

c. Death of a loved one during the pandemic means that you cannot see them at the time of their death or grieve as you normally would.

This was an experience expressed by participants in both the middle-aged and upper end of the age scale participants.

"I had an aunt who's in a nursing home and she been gone now for two months. But she lived to be 102 years old and some careless person that works there brought it back into the nursing home. So when my aunt died at the nursing home, and they just picked her up with what she had on, double bag her, put her in the freezer. We were not allowed to see her. We had to have a grave-side funeral. And she had paid ahead of time for this extravagant funeral and we couldn't do none of it. So, and then, like I say they don't even give you the option of seeing your loved ones."

d. Sometimes it's unclear how one contracts the virus when doing everything to be protective. The focus group 4 had a number participants with personal experiences of loved ones.

"And that's what happened with my mother. My mother was 85 and we bought everything she needed and she didn't have to come outside her apartment for anything. Everything was brought to her. We made sure we have a can of spray at the door, that she was spraying everything. I, you know, when you think you're doing everything the right way it's always that little problem that sneaks in on you. Because I'm telling you, we did everything possible. We did not go in my mother's apartment, whatever we brought we sprayed it, put it in a bag, and hung it on her door. We wore gloves. We had her make sure whatever she touched, you put on gloves. If she had to come outside, masks and gloves. What happened in between that I have no idea. So I don't think, no matter how safe we think we are—we're not. We're not."

"I cared for my 94 year old mother until last Wednesday when she passed, and she had been doing great. I did not go out much other than to get essentials. And being in the health profession I was being very cautious and making sure I did not interact with others. However, she had to go out for the hospital and that stay required rehab, and it was really a struggle for me to allow her to go to the long-term care facility because I knew—of all the things that were going on, she would have to be quarantined.

So the stay in the rehab was short and she came back to the hospital, and it—her health declined after that. So I won't say it was COVID. However, I know that had an effect on her health. And following that, and returning home, she was not the same. So, it is what it is now. But there's so many factors, to my point that you just have to be conscious and cautious and be aware of your surroundings. So I'll leave it at that for now."

"I lost a good friend that was a retired nurse that went back to work. And she took every precaution. She was in health care, back into the health care world, but she also succumbed to COVID."

"Been in quarantine for three weeks. Left Monday. He said Marine boot camp. Himself, it was 20 young men—all in quarantine—you know, two to a room when they went in quarantine. It was all negative. When they got to boot camp Monday, he said Monday night they was tested again. This morning, all 20 of them tested positive. Three weeks in quarantine. Everybody tested negative. But once they get to the boot camp, a day later, all 20 of them tested positive."

— Participants in middle-aged group

3. Personal Risk Factors

a. Younger and middle-aged group participants recognized immune-compromised status as a risk factor for COVID-19.

"And I personally don't want it because I already have an autoimmune disorder that I deal with. So I'm in a high-risk category. So if I don't take the precautions, then I'll become a statistic."

— Middle-aged group participant

b. A number of participants in the upper end of the age scale group recognized their age and underlying conditions, like high blood pressure and diabetes, as risk factors.

"I didn't feel like I was going to get it until I heard in the news that I was in the age group. You know, I was over 70 years old and the likelihood of me getting COVID… It was more prominent because of my age, and the other diagnoses that I have. I'm a diabetic, hypertension. So when you heard about what I heard about it, then I thought I'll fall into that category. Especially when they start saying that people that were in nursing homes were dying. I felt like I would probably more than likely contract it."

"You know I'm 66 years old, my wife is a little bit older and we're in a high-risk age group. So right now we're laying low, no one has been in our house for weeks, months, you know."

"I just would like to say—this is Participant 3 again—I take it very seriously because, number one, I'm in the older category. Now I'm past 65."

"Yeah, I'm way past 65 and also have, you know, the precondition, I have had prostate cancer."

"They're not sure if, you know, finding out that you can't catch it again. So I'm trying to be extra careful. Talking about the mask."

"And I'm 78 years old. So I got a whole lot, you know, I got to watch where I go and what I do."

"And, you know, taking every precaution. And, you know, following CDC guidelines and everything else in the information that's, you know, imperative that can help me. Because like I said, I'm in the age group where I'm more susceptible than the others. And, after having experiences, I don't want to have to go through this anymore. Right? And mine was on a mild level. So I don't, you know, I don't even want to experience… I never was on a respirator, you know, so I don't even, I don't even want to know what that's about. So I'm doing the best I can to follow all the rules."

— Group 2 participants at upper end of age scale

"And plus, you know my age. I was just diagnosed with high blood pressure. I know what's required of me to do, you know, in terms of wearing a mask, social distancing, not going out as much, you know, because I have an—I have underlying factors as well."

— Group 4 participants at upper end of age scale

4. Attitudes/Beliefs/Feelings about COVID

a. In general all focus group participants seemed to take COVID-19 seriously.

"I just don't think you take a rocket scientist to see this thing that is real, you know. That is making a whole bunch of people sick and a lot of people are dying from it. And this is the worst plague, we have ever had. I guess in so many decades."

"I think it's kind of based on your immune system. So, like she said, 'Oh, some people probably had it and didn't know they had it.' And I think if, you know, if your immune system is low, you can catch it and die if you don't catch it in time. It's a horrible way to die."

— Participant in middle-aged group

b. Both the upper end of the age scale and lower end of the age scale have participants who believe they are likely to contract COVID-19.

"I didn't feel like I was going to get it until I heard in the news that I was in the age group. You know, I was over 70 years old and the likelihood of me getting COVID… It was more prominent because of my age, and the other diagnoses that I have. I'm a diabetic, hypertension. So when you heard about what I heard about it, then I thought I'll fall into that category. Especially when they start saying that people that were in nursing homes were dying. I felt like I would probably more than likely contract it."

— Participant at the upper end of the age scale

Except one participant at the upper end of the age scale didn't believe they would necessarily get the virus, because they were protecting themselves.

"Not likely for me because I'll practice social distancing, I work at home. I barely go anywhere except for when I go to drop off to my clients. I mean, I know you. I mean, you can have something. But I tried my best. Not saying it won't happen. But I'm trying my best to stay healthy and well."

5. Perceptions about how other groups were dealing with COVID-19

There were opinions expressed by participants in the upper end of the age scale group that younger people, and even sometimes health care workers, are not taking COVID-19 seriously.

"You know, it just keeps coming to mind about a young… younger people who are our teenagers, our college age… a lot of the young people are not taking it as serious. Like we say 'as serious as cancer.' They're not taking it that serious. Um, and then they bring this back home. Because most of them are still living at home in some way. Whether they're on campus one moment, and then back at home."

— Participant in upper end of the age scale group.

And Participant 2 adds to that: "My mom was in the hospital and some people just, you know… maybe you're tired, overworked, but people get lax, you know, and let down their guard sometimes. So I had to let one of the health professionals know, 'hey you know your mask is down your nose, you know, do you need a second one or a shield or something?' I think people sometimes just like, 'Okay, I know what to do.' But it's like, okay I have this work or whatever, you know, then I'm preoccupied and they're distracted or whatever the case might be. And they just kind of little lax. So we still need to be accountable for our actions to make sure we're safe, as well as protecting the safety of the public. And so that's important for me, and like, yourself. Yeah, the doctors and everybody, 'we know what to do.'"

6. Long-term Impacts of COVID-19

a. All age groups had participants who indicate COVID-19 has changed the entire way we live our lives.

"It has change the entire way we live life. Life, things are probably, will never be the same ever again."
— Participant in lower end of the age scale group

Appendix D

Extended Analysis Summary: Individual, Social and Contextual Factors Influencing Prevention Behaviors

The participants of the Focus Groups (FGs) were asked about five topics relevant to protecting themselves from COVID-19. The topics are as follows: 1. Personal protective behaviors against COVID 19; 2. COVID-19 safety protocols in workplaces and public spaces; 3. Observations about protective behaviors among subgroups of people; 4. Barriers or facilitators to adherence; 5. Motivation for taking protective factors; 6. Individual perceptions of how other subgroups handle the pandemic; 7. Public Spaces; and 8. Social Influences of Family and Friends.

1. Personal protective behaviors against COVID-19

a. Participants across all FGs stated that they have been following recommended control measures such as wearing a mask and social distancing.

Participants across FGs described practicing a range of protective behaviors to protect themselves from contracting COVID-19. Social distancing and mask-wearing were the most popular behaviors that participants reported across all FGs. Participants also widely discussed intentionally staying home. In discussing this topic, participants described the impact practicing these behaviors has had on their personal lives and relationships with family and friends, including turning down invitations and seeing family less.

"I'm very cautious of where I go." — *An older participant*

"We just don't go out. I'm the one and goes out to the store and I wear my mask and, you know, keep wipes and hand sanitizer in the car. And I'm very careful, you know, so, I just hope and pray that I don't get it. I'm trying to take all the cautions and precautions that I can not to get that disease. This thing is so volatile, so unpredictable, so uncertain."

— *An older participant*

"Yeah, washing my hands a lot more, like she said. You know, wearing a mask, all the time. Limiting the people that I'm around, and that come around me. And you know, just try to do, try to practice social distancing as much as possible."

— *An older participant*

"I don't do any socializing with friends. No parties. No. Not even a visit with just one friend. I want to stay home, no unnecessary leaving the house."

— *A younger participant*

"I do the same thing. Even with close friends I wear my mask. I bring my hand sanitizer. Every, everything. I try to do the social distancing."

— *A younger participant*

b. Different masks have different levels of effectiveness and comfort.

This was a topic of interest among one of the older age FGs. Participants described a range of experiences and preferences with face masks. Participants expressed considerable knowledge about where to source preferred masks, different styles of masks, and tips for staying comfortable while wearing a mask.

"The different kinds of masks, and I found some of the most durable… I found that those Chinese hair city shops, you know, where they sell all the hair for the women, they sell masks too. They're very lightweight and, you know, easy to maintain. They're hand-washable, really. And, you know, and they dry quickly. And also I found—if you can see this—this little… I don't know what you call it, this point.

It goes before you put the mask on… And once you put this across your face, you put the mask on, it makes your breathing easier. You know, you don't get as hot."

— An older participant

"… and I've found that wearing different types of masks helps you alleviate some of the discomfort. So if you just get different types of masks, made in the design of them, it kind of eases up that discomfort and the smell that comes from your breathing or coughing in it."

— An older participant

c. Participants see many community members not following recommended or mandatory safety measures.

Younger participants discussed seeing people around them not practicing protective behaviors. Participants noted that they see many people not wearing masks correctly or removing masks as soon as they exit a store. When describing what they were seeing, participants did not identify a particular age group or race.

"I would see people, like, not wear masks. They would, like, not be social distancing sometimes. They will not be, like, six feet away from you. I see people, like, wearing masks. It's kind of like 50/50. Some people are, like, wearing masks and, like, doing proper social distancing. And then I see another half, they're, like, not doing what they're supposed to be doing and it's like, you know, 'you're acting like we're not in a pandemic right now.'"

— A younger participant

"Yeah, I have to agree. It's the enforcement, man. It's like they will wear it to get in and I feel like certain stores do better than other stores as far as, like, enforcing them to actually wear properly. Because like she said, they have it on their chin and, you know, they put it on and walk in and then they take it right back off. Or they put it right back down and, like, 'you just definitely defeated the whole purpose,' like, 'just take it off. There's no point you wearing it.'"

— A younger participant

"I think they feel like it's doing… they think it's helping, but a lot of people are not wearing the mask correctly. Some people don't cover up their nose. And so I try to remind people when I see them, 'hey, cover your nose.' Otherwise, you know, wearing it is pointless. And then I also feel like some people do it just because they know that they have to. Some people will put a mask on to go in the store, but then take it right off once they leave. Well, you still have to keep the mask on."

— A younger participant

d. Participants follow changing safety protocols as best they can.

Older and middle-aged participants reported that they are trying to follow the safety protocols, however, the safety protocols keep changing. Participants described not being personally deterred by evolving or conflicting protocols.

"So that's, that would just be my piece. But everything else is really not… washing my hands and staying six feet apart—or 13 feet, or 12 feet, whatever it is when they change it. That's not a problem."

— A middle-aged participant

"You know, so right now I feel pretty confident that I'm doing the right thing. You know, following the guidelines and standards to stay as safe as I can."

— An older participant

e. Community organizations help connect people with the resources they need to protect themselves.

Participants in one middle-aged group and one older-aged group discussed the role churches and local non-profits have played during the pandemic. They shared that churches and local non-profits have stepped up to offer free personal protective equipment (PPE), food, and other resources. One participant also noted that some businesses offer free masks to incoming customers.

"A lot of churches and a lot of non-profits have been giving out food, food boxes and stuff like that. And, uh, and some have even given out, like, hand sanitizer, and PPE, stuff like that."

— A middle-aged participant

"And I think in some instances food pantries are giving those out. You know, I think, like with Participant 1 said in terms of the grocery stores: the customer service aspect of that—because you still a customer if you coming in to buy some food. So that's a great place to start with, to provide those who come in without mask an opportunity to get to get a mask."

— An older participant

2. COVID-19 safety protocols in workplaces and public spaces

a. Participants feel that their workplaces have done a good job protecting employees from COVID-19.

There was general consensus across groups about workplaces doing a good job supporting employees. Participants named steps their workplaces have taken to protect them, including flexible schedules, giving masks, encouraging to stay at home especially if running a temp, etc.

"My workplace, if you running a fever, you stay home. If you have a cough, a cold, you stay home. We don't want you to come here and infect everybody. That has to work, we have a family to provide for and, like I say, we do temperatures. Sometimes, you know, we do temperatures every day. You can't come in if you running a fever. We send you home. Even, can't let that go with a client. We don't; you can't. That's one of the ways I see my job protecting myself and my co-workers. If you can, work from home—which here, no one can work from home. We have to come in."

— An older participant

b. Participant described different levels of safety being taken at their various workplaces.

Multiple participants alluded to the fact that they received certain benefits from working their job such as receiving free masks. They also mentioned that their jobs are taking steps to make things COVID safe whether that's working from home or implementing safety measures such as taking temperatures before entering a building. However, one person did describe the differences in how jobs are handling COVID, since there are different policies and some are more supportive than others. Several participants in the younger group reported being 'privileged' or 'lucky' in that they had flexible work schedules, were encouraged to wear masks, maintain social distance, and didn't face mask shortages.

"I think at my job, we've got no, 'you have to have your temperature taken at the door.' We're close to the public. We, you know, they're kind of… staggering us as far as coming in the office, you know. Three days a week. And then, you know, having a schedule—who comes in which days so that the office is not so crowded."

— A participant from the middle age group

"I agree. I was, I'm pretty privileged as well, working in the health field. So I do have access to more medical type masks. And I purchased masks. I did purchase them as well."

— A participant from the younger age group

"However, I do know I'm privileged in my position. I can't… I have the option to work from home. However, some of my colleagues don't have the option. And so some of the nurses, they have contracted it in other places, and then given it to other nurses because they're in closer contact with each other. So that has been my experience."

— A participant from the younger age group

c. Public places are taking steps to reduce COVID exposure.

Participants described that public places were taking steps to reduce COVID exposure, such as barbers not doing beard treatments so masks could stay on. A few participants said retail spaces in particular were doing a good job taking safety measures to protect employees as well as customers.

"So then he takes the precautions. He works for Amazon. So they have precautions there too. But yeah, all the time. Thank you."

— A participant from the middle age group

"With a barbershop, they got for me, they got, you know, you gotta wear a mask and sometimes they don't do beard treatment because you got to put the mask on. So they won't, they won't do beard for you and stuff. But, uh, stuff like that.

— A participant from the middle age group

"Yeah, I'm retired too but I um… You know in the retail industry, you know, particularly, you know, like, the grocery stores and the, like, Home Depots and Walmarts… I know at one point they put up these Plexiglas barriers, for one. And I think, you know, employees, they were giving them some extra money—hazard pay, whatever they called it—you know, I mean, to help them out."

— A participant from the older age group

d. Feelings of fear in the work place were also readily discussed.

A few individuals mentioned feeling fearful about working in person no matter how many protective steps they took. This was especially prominent in the younger age group. One person also specifically mentioned not wanting to be around coworkers since they don't know what their family and friends have been doing.

"I work at a college and Monday to Friday the kids act like a normal key. But, sir, from Friday night, Saturday, and Sunday, they start outpouring in and they go the whole nine yards. So no matter how much I try to disinfect I'm still going to come in contact with a person with it, because I feel like, oh, she's I got it. 'Oh, I ain't got no symptoms, I ain't gotta stay at home.' Even though we take temperature checks, the nine yards."

— A participant from the younger age group

"And I don't know what my fam, my coworkers, I don't know what they do. You know, I don't know what their husband or their kids, where they work, who they around, you know. So I can do everything I need to do to try to keep myself safe, but just one mistake can cost me my life."

— A participant from the older age group

e. COVID-19 has impacted how people do their jobs and think about risk.

Participants across FGs also described how COVID-19 has disrupted how they go about their jobs, including less direct contact with patients, working from home, and changes to services provided. Several older- and younger-aged participants who do in-person work described concern that they are exposed to risk at work. Participants who had to continue working in-person mentioned having

to intentionally distance their family members and not visit them to keep everyone safe. Several participants working from home voiced concerns about returning to in-person work.

"It's like, I do home visits. Well not now. We work from home and do virtual. It's really kind of hard because, I mean, we do porch drop-off. Our clients need things in certain places… Which is kind of hard."

— A middle-aged participant

"We only have one doctor here a day. We don't have four or five doctors. We don't see 30 – 40 patients anymore. We might see five a day, no more than six a day. I, you know, I think we do everything possible that we can do to stay safe. But like I say, 'it's always something.'"

— An older participant

"I don't have a lot of family that I let in because I am trying to stay safe. It's bad enough I have to come to work."

— An older participant

"My husband's working from home. And my mom is also now working from home. And they keep pushing the return date out, but they did recently allow for people to go into the office on a essential or as-needed basis. But even then, only two people, I think. I don't know, maybe five or seven people work in the office, but only two people are allowed in the office at one time."

— A younger participant

f. Work and business-supplied masks have been helpful.

Participants in the middle- and younger-aged FGs shared that free masks from a workplace or business have helped them stay safe. Participants reported that they have been able to share free supplies with their families to help them stay safe.

"Even if you go, like, to a grocery store and you forget your mask… they give it to you for free."

— A middle-aged participant

"And my mother she works at a bank. So she brings home, like, masks all the time for us to use when we get low. So we have a pretty good supply of masks here. So I personally have never had to, like, struggle to find masks."

— A younger participant

3. Observations about lax protective behaviors among particular groups

a. Older and middle age groups shared observations that young people were not practicing strict protective behaviors and did not feel they were taking COVID-19 seriously.

When participants of the FGs were asked about COVID-related protective behaviors, some differential observations were made with certain subgroups of people. Both the older- and the middle-aged group seemed to show some level of disagreement and frustration with the younger generation not following the safety measures as seriously as they should be. The younger groups did not have any comments on any group-level behavior.

"You know, it just keeps coming to mind about a young… younger people who are our teenagers, our college age… a lot of the young people are not taking it as serious. Like we say 'as serious as cancer.' They're not taking it that serious."

— An older participant

"It's no hoax, it's no joke. They are not paying attention and they don't care."

— A middle-aged participant

"They're bringing it back home to their parents, to their aunties, to their grandparents. And then we're talking about young people in school, how this misinformation is that young children are spreading the virus. But you can't tell that to the mother that 13 year old child, who had COVID and died."

— A participant from the older age group

4. Barriers or facilitators to adherence

a. Most participants reported that they did not feel like there were any barriers to protecting themselves.

Participants noted the availability of free and for-purchase supplies, such as masks. Overall, the majority of the participants reported that they were able to find masks as they needed. One of the older age groups also mentioned that they were able to find many different types of masks that could fit the needs of various individuals. Some also stated that their workplace was a place that they could look to for more resources. Work was a place where safety measures were enforced and was not a barrier to adherence to protective factors.

"I think at my job, we've got no, 'you have to have your temperature taken at the door.' We're close to the public. We, you know, they're kind of… staggering us as far as coming in the office, you know. Three days a week. And then, you know, having a schedule—who comes in which days so that the office is not so crowded."

— A middle-aged participant

b. Participants report that they don't see most of their community members following the control measures.

Many participants state that they don't see their fellow community members following the recommended quarantine control measures. The reasons behind the lack of adherence seems to vary widely depending on the participants. Some of the stated reasons were lack of enforcement of the control measures, a lack of resources in communities, the politicization of the pandemic, lack of knowledge about the disease, and lack of trust in the government. One other reason that was brought up in one of the middle age groups was that there seems to be a lot of mixed messaging and conflicting policies in the various jurisdictions in St. Louis. Overall, young people were the most often seen as not following the quarantine control measures.

"I think for me the harder part is other people. You know, doing what they're supposed to do. Like if you at the store, people may not practice social distance or, you know, may not stand far back enough in the line. Or, you know, some people may not wear masks. And I think, for me, that's difficult for me to handle."

— A middle-aged participant

5. Motivation for taking protective factors

a. Participants across groups described deeply personal reasons for choosing to protect themselves.

Participants from various age groups had very different reasons and motivations for following recommended quarantine control measures. In the older age groups, faith was a strong motivator through the decision-making process. One of the middle age groups also reported that other sources of stress or trauma, such as gun violence, make it difficult for Black communities to prioritize COVID-19 response measures. Personal experience and milestones were also strong motivators for deciding to follow quarantine control measures.

"That's almost like a condition, you know: being African American. I've read some things about, you know, it's affecting different blood types…"

— A middle-aged participant

"Exactly. Then, not only that, it doesn't discriminate. You know the one family lost several family members. So you don't want to get it and bring it back to your family…"

— A middle-aged participant

6. Individual perceptions of how other subgroups handle the pandemic

a. Personal responsibility for not taking protective factors.

Participants also mentioned the idea of personal responsibility in regard to choosing not to wear masks, and that they needed to be educated about the importance of doing so.

"Because they want to get COVID. I mean, it's real. It's no hoax, it's no joke. They are not paying attention and they don't care. And I think, for all of the people that's out here saying, 'Oh, I'm not wearing a mask, it's not gonna get me,' they should sign a waiver. So when they catch it, and get sick, then hospitals shouldn't have to treat them. I know that's kind of cold, but it's the realization that we need to put down some guidelines, because the hospitals are already over inundated with all of these sick people."

— A participant from the middle age group

7. Public Spaces

a. Public spaces like schools, stores, restaurants, churches, and places of work are taking protective measures.

Overall, across all age groups, participants in five of the six groups commented that public spaces (like schools, stores, restaurants, churches, and places of work) had taken protective measures and that most people complied. These actions included requiring mask wearing, putting down floor markers for distancing, limiting numbers of occupants, closing drinking fountains, taking temperatures, and wiping down carts/disinfecting.

"Yeah, I go to Schnucks, where everybody's wearing a mask, you know. Walmart and Sam's Club. Yeah. Everybody's wearing a mask, and I can see that. And, you know, one of the other things. In addition to the wearing of the mask, most of the retailers have gotten to whereby they got distances on the floor, markers… I think the school system has taken a lot of action to try to protect the kids, you know. Lesser classes. And at Harris-Stowe where I used to work—I didn't go back, because of course I got sick—But, you know, they now have zoom classes. They downsize their class. Instead of having 30 students in the class, they now have maybe 10 or 15. And your restaurants, instead of having 50 people they have just maybe 25. I know, I went recently… Bread company, and they only allow so many people inside the restaurant, you know. Then you have to get whatever you going to buy, you have to get it to go. You know, a lot of business have taken a lot of steps in the different workplaces to try to get people to want to come to their places for business."

— A participant from the older age groups

b. One person in a middle age focus group noted the lack of a mask mandate in St. Charles County.

"I think for me, you know, like, even going over to St. Charles or something like that, going to a restaurant. And you know St. Louis County, St. Louis city has mandated that we do wear the mask, but over there they don't have to. So even something like that kind of makes it hard, you know. Just, you

know, going someplace like that to enjoy a meal and pretty much nobody has a mask on, because they're not mandated to wear one."

— A participant from the middle age groups

8. **Social Influences of Family and Friends.**

   a. **Two of the participants in one of the middle age groups noted that their family all are working to protect themselves against COVID-19. In the same focus group, a couple of the participants also indicated the people they are around also protect themselves from the virus. However, the younger generation is noted for not practicing protective measures.**

   "I think that, definitely, my family's, you know, for the most part is, you know, really working to protect themselves. But what I'm finding though is that it just seems like the younger—the younger generation, they are the ones who really seem to not be getting it. Or really seem to, you know, be making light of things as far as going out, social distancing, that sort of thing. And I'm seeing that that's happening a lot with, like, the younger, like the millennials."

   — A participant from the middle age group

Appendix E

Extended Analysis Summary: Vaccine Beliefs and Intentions

Participants were asked about 3 topics in regards to their thoughts on the COVID-19 vaccine. These topics included, 1. Their intention on accepting the vaccine or not; 2. Their beliefs and feelings around the vaccine; and 3. Strategies on how to reduce vaccine distrust and hesitancy.

1. Vaccine Intention

a. Participants are currently hesitant to receive the vaccine.

Across cohorts of different age groups, participants mentioned wanting to wait until others had received the vaccine or it had gone through more scientific trials until they themselves took it. Participants also mentioned wanting more information before they receive the vaccine. Even if participants were generally pro vaccination, they were still nervous about receiving this vaccination.

"You know they talking about, they have a vaccine… Pfizer's talking about something like that. But you know, I won't trust the vaccine if they go bring out first. I want to see if they've been through all the trials with people, you know. It takes a long time to get that vaccine and where it would work on humans, but you got to have the trials first. I mean, it's going out. The vaccine is, 'hey its ready.' I'm not going to trust it. I'm gonna wait till everybody else takes it before I would do it, if you can understand what I'm saying."

— A participant from the older age group

"I am scared as well. A lot of my friends on Facebook and I have agreed about the fact that, you know, they're getting ready to start sending them out. So we'll watch the first round of vaccines and see how they do. And if it seems like they're doing okay for some time, then we'll sign on to it. And just like Participant 2 said, I agree with the helpfulness of vaccines overall. But I'm just, this one has, it's gone so fast and you can't just fast-track a vaccine."

— A participant from the younger age group

b. African Americans expressed vaccine hesitancy due to historical trauma.

Many African American participants specifically mentioned being nervous due to the history of traumatic medical experiments that were done on African Americans and not wanting to be guinea pigs for this vaccine.

"I agree. I am, I'm a little leery as well. I would get first dibs at it because I'm a health care worker. I think I'm going to wait a couple rounds as well. If I eventually get it. I have gotten my flu shot. And I'm pro-vaccines or vaccinations, but I don't know. I don't know. I also think about, I am African American, and I think about, you know, the different experiments that they did on us and I think that scares me. So I don't, I don't know if I'm gonna get it."

— A participant from the younger age group

"Well, just again, knowing that biological warfare exists, knowing that the Tuskegee Experiments, Henrietta Lacks, all of these things that happen to us historically They were all a direct result of systemic racism. That definitely weighs heavily on my mind as we navigate this pandemic. As well as, I'm just being aware of the disparities that we already face in health care, and St. Louis, as Black people."

— A participant in the middle age group

2. **Beliefs and feelings around vaccine**

   a. **Individuals are hesitant to receive the vaccine, currently. Participants mentioned wanting to wait until others had received the vaccine or it had gone through more scientific trials. People specifically pointed out the speed at which the vaccine was created as a reason for hesitancy. Participants also mentioned wanting more information before they receive the vaccine.**

   "You know they talking about, they have a vaccine… Pfizer's talking about something like that. But you know, I won't trust the vaccine if they go bring out first. I want to see if they've been through all the trials with people, you know. It takes a long time to get that vaccine and where it would work on humans, but you got to have the trials first. I mean, it's going out. The vaccine is, 'hey its ready.' I'm not going to trust it. I'm gonna wait till everybody else takes it before I would do it, if you can understand what I'm saying."

   "Huh. Last vaccine that I can remember, when I was a kid, was a when Jonah Salk with the polio vaccine and he gave us these pills. When I was a small—must have been about seven years old, I guess—and we took those to prevent from getting polio, you know. And it worked. But it took him almost 20 years before he got it out, I mean with trials and everything. It took a period of over 20 years when he really developed it, and had people take it to find out… So that's what I'm saying. To me, even though that was back in the 50s, but you bring it on right now to 2020. They trying to do something within six months and something, or less than a year, and it's, I just don't trust it. It tells me, you know, test it over and over again."

   "Now I feel like a lot of people that I heard in our community will be willing to try and wait it out or find other options, you know, instead of have to take the vaccine."

   "I think vaccines overall are effective, but I am a little leery at the speed at which this one was developed, and the just the novelty of the virus."

   b. **People also mentioned not wanting to be experimented on in terms of receiving the vaccine first.**

   "Absolutely not. I just heard a lot of people. Oh, when you speak of the community that they're not… they feel like they'll be experimented on, you know, even with their first batch."

   "You know, but as far as the vaccine, I don't know. I don't know too many Black people that I know that's comfortable with that. They don't want to feel like guinea pigs, because people don't know. On one hand, they're saying they don't understand the virus. So if you don't understand the virus, how you make an vaccine for something that you don't understand? So I don't, I don't know if it's worth taking the vaccine."

   c. **African American participants also specifically highlighted past injustices as reasons for being fearful of accepting the vaccine.**

   "I agree. I am, I'm a little leery as well. I would get first dibs at it because I'm a health care worker. I think I'm going to wait a couple rounds as well. If I eventually get it. I have gotten my flu shot. And I'm pro-vaccines or vaccinations, but I don't know. I don't know. I also think about, I am African American, and I think about, you know, the different experiments that they did on us and I think that scares me. So I don't, I don't know if I'm gonna get it."

   "Um, from what I've been hearing about—I know in history, I think it was the Tuskegee trials or something like that. I can't remember all the details—but we do have a history of African Americans being given vaccines. They have harmed us in the past. So it's kind of hard for some populations to trust a new vaccine, because we don't know what it's going to do to our bodies. And then also, I

also recently found out that the government knew about coronavirus before the public did and they chose to wait to tell us. So there was a period of time where the virus was out there, and no one but the government knew. That in itself could cause someone to not trust the government and health department and what they're telling us. Because if you kept this from us for all these months, why wait now to tell us? Why risk… I mean, because I'm sure there are people that passed away from it before we knew what it was. So there's just so many factors that contributed to why someone would not want to trust a vaccine. And then they made it pretty quickly. Um, I don't have a medical degree at all, but it was made pretty quick. So what was it made of? Like that. There are so many things that we don't know, that the public doesn't know, and it's hard to trust. The media… because the media only tells us what they want us to know. The media chooses to highlight African Americans in a certain way. They don't tell the good stories about African Americans. They only tell the bad stories. So how do we know that what they're telling us about the coronavirus is actually true? We don't know. So it's kind of hard to trust. You know, it's kind of hard to have trust in the people that are supposed to be helping us, if that makes sense."

"Everyone that I know doesn't want it. I mean, like I said, just being Black in America, we don't really trust a lot of things. So everyone that I know, pretty much, I haven't heard one person say that they're excited about it. I mean, yes, it's great that there's the vaccine but there's just too much history of, like, people being mistreated and given vaccines that have killed them. So we're not really too excited. I guess we want to see it work on other people first before we're going to put our bodies through, you know, the vaccine."

"No, just because I don't necessarily trust new vaccines until I've seen them being done on other people first. And then, especially, like with everything going on with police brutality. It's just, there's just too many things being done to Black people right now. So there really isn't anything that can be done to persuade me to take the vaccine. Because even if I was to test positive for COVID… even when people test positive, they quarantine for 14 days and then test negative. So it's been shown that your body can fight it off. So for some people, there is no need for the vaccine. For some people who maybe don't have as strong of an immune system, they probably would need it."

3. Strategies on how to reduce vaccine hesitancy and mistrust

a. Participants expressed wanting to have reputable information on the vaccine before receiving one.

Participants expressed the need to do more research from reputable sources before deciding if the vaccine was right for them. Participants felt unsure about the vaccine, and that they had all the information they needed to make an informed decision.

"Well, I don't know about that vaccination. Like she said, I want to see how it goes. With, you know, with a few other people before I make that decision. And If I make a decision, it'll be based on something I really wanted to do, or something that I thought was necessary. Right now, I'm just, I don't know the… deal about it. I need to get more information about me. I need to know more about it. Okay?"

— A participant from the middle age group

b. Personal connection as a motivation to get vaccinated.

One participant also mentioned that they would be encouraged to receive a vaccination if they continued to see COVID deaths increase, especially among people of color. The personal connection was a big motivator for them.

"Um, I think constantly watching the numbers of people that are getting it and not recovering is definitely what I think would encourage me if I weren't doing those things. And then watching the

number of people of color and seeing some of the hot spots where it is, especially saying how close they are to where I live and my friends live, that would encourage me."

— A participant from the younger age group

c. Honest health communication needed about the vaccine.

Honest health communication from someone who represents the community was also seen as a method that would increase trust of health departments and vaccine receptibility.

"Right, and I think they're honest, and open communication is good, and that is representative of the community. You know, that will that will go a long way. You know when you see someone who represents you and looks like you and they can… you can identify with what they're saying. The message rings, you know. It will ring clearer to you. So that you're more apt to participate. So in pushing your local government as unless you—who was that? Was it Participant 5 who… I think. Yeah—The health department, city, and county, and it being representative of the community that it serves. That information we see, I think, will give people, let people take a different stance in terms of receiving the vaccination."

— A participant from the older age group

Appendix F

Extended Analysis Summary: Community Resources

When the participants of the FGs were asked about the support and resources that participants received to meet their unmet needs from the onset of COVID19, there were 2 sub-themes that emerged in the FG responses: 1. Organization-specific resources; 2. COVID-19 supplies, and other essential resources.

1. Organization-specific resources

a. General consensus about community-based organizations are doing a good job.

Across the three groups, there was general consensus among participants about the community-based organizations doing a good job with helping community members get the resources that they need. A participant even described the help during COVID as the 'highlight of the summer'. Participants listed organizations that were active in the community: Athena, Affinia, TEN, Zero, Empowerment Network, AARP, American, Heart Association, Washington University, Saint Louis University, Alive and Well, Veterans Associations, United Way, STL county libraries, Urban League, Better Family Foundation, Demetrius Johnson Foundation, churches, and fraternity and sorority organizations. Older participants reported being involved in community-driven work themselves. And they reported serving community members and vulnerable populations like homeless people in the community and other community members who were laid off from work due to the pandemic. A younger participant self-identifying as a member of the LGBTQ community mentioned that they had a very good network of community, directing people to the right places for different resources.

"I do outreach too… like I say, we do see homeless people and we tried help but sometime you know we can't save everybody and we can't help everybody."

— An older participant

"I have been responsible for setting up opportunities for people in the community and outside the community. Whoever you know chose to come and, you know, get tested for COVID, a lot of the stuff for paternal fraternal organizations. So the community has really been responding, you know, making help available."

— Another older participant

"United Way has been giving away free food for a while, which has been really great, especially for people that have been laid off or people who no longer can afford to buy food."

— A younger participant

"A lot of churches and a lot of non-profits have been giving out food, food boxes and stuff like that. And, uh, and some have even given out, like, hand sanitizer, and PPE, stuff like that. Yeah, you know, it was like the highlight of the summer. Everybody was giving out stuff. But now, no one's giving out anything."

— A middle-aged participant

b. Organizations providing so much is a "paradigm shift."

Some older participants reported that the organizations providing a lot was almost a 'paradigm shift', and wasn't traditionally the experience. However, participants doubt whether those who really need these resources will be able to use them and hope that people, in general, can be a little more trusting.

The organizations distributed and shared the following resources: masks, gloves, PPE, hand sanitizers, toiletries, detergent, tissue, food giveaways, AV equipment, information/education, testing services,

and food pantries for families. Some organizations also provided financial assistance to pay rent, mortgage, and utilities. Academic institutions provided informational resources.

"Looking, you know, at a paradigm shift. And other things that you can do, which aren't really traditional, do to COVID"

— An older participant

"I don't know about within the community, but I know they have had virtual sessions at Wash U. I know they've done some things with Saint Louis University. And there are other organizations. I just can't name them all right now. Alive and Well, I know they were very active out in the community sharing information and, um, and in collaboration with the COVID organizations or whatever. I can't remember the group that was working on that. So yeah, there have been a few out there, but we can use more and we can be advocates for our… as individuals, as well."

— An older participant

"See, a lot of agencies is helping people. To keep them from, you know, their system with their utility bills as well as their rent or mortgage. The try and keep from people, you know, getting put out their homes."

— A middle-aged participant

c. Need for grassroots approach in high-need areas.

Some older and middle-aged participants felt that some 'high-need' or ' high-risk' zip code areas were in dire need of more targeted grassroots approach.

"We need a more grassroots approach because, like, AARP and some of these other organizations, these are people who are really, um, they're aware and I think they probably have a positive response to the virus. But we need to, just like with the census, you go out and you knock on doors, or you go to areas where you know. We have zip codes that I'm sure the Health Department has, with a large number of people who have contracted the virus. So in those areas, I think there should be something, even if it's a portable stand out there with some information. And free mask distribution. I just really think that a lot of the grass roots areas, low-income areas, unfortunately, they need to, you know, you have to be in their face. Get this information out to them, and to give masks to them."

— An older participant

d. Mobile testing is going well.

A few participants reported that mobile testing is going well in the community. However this was also contradicted by participants while discussing COVID and racism, where they mentioned that the African American community is usually the last to receive adequate resources from government agencies. Younger participants mentioned that CVS and Walgreen's were helping with providing testing services to community members.

"There's been a lot of mobile testing sites… I think that is very good"

— An older participant

2. COVID-19 supplies and other essential resources

a. Challenges acquiring some resources.

The older and middle age groups reported challenges in acquiring some of the resources. Initially, there was no help from health departments so participants had to rely on families, especially when it came to acquiring masks. As the rate of mask usage went up, participants had to rely on their close circles to get masks. It was later on that free masks were given away by Home Depot and Walmart.

"Well, over here in my community, I don't know where to go get no additional mask, hand sanitizer, none of that. Because one, they don't have no places over here that's giving away free resources like that."

— A middle-aged participant

b. Missouri was slow in getting testing sites but local officials and organizations were instrumental.

Missouri was the last to get testing sites even though COVID was affecting the state much more adversely. However, a participant mentioned that their Alderman was helpful in getting more testing spots, especially when they were sparse in the beginning. Additionally, local organizations participated in increasing testing rates in the community.

"And in Missouri, I will say, you know, I just felt like we was the last to get them even though it's affecting us harder than it was any other, you know, culture, community. We would allow someone else to get those testing sites, you know. So, I mean, there it is again. I just feel like if it ain't one thing, it's another, you know. It's just like, kind of like our backs against the wall."

— A middle-aged participant

"We had a really good Alderman get testing to more testing spots. And I am, and that was because we didn't… they were slowly getting us, begin testing on the north side. So we had to push them a little bit so we can get testing. I think some of those rapid testings are no longer up."

— A middle-aged participant

Appendix G

Extended Analysis Summary: Health care Access

The participants of the focus groups were asked about the ability to access health care during the pandemic and what impact the pandemic had on their ability to access health care.

1. Access to Care

a. Waiting for care.

Waiting for care until it was necessary or an emergency was a common theme among participants. One participant specifically mentioned that they had difficulty getting appointments at VA unless it was an emergency or there was a threat to their life. Otherwise, they were asked to care for themselves at home.

"Oh yeah, the VA. You know, its hard to get an appointment there and they prefer if you're not, you know, dying that, you know, that you just try to help yourself at home."

— A participant from the older age group

"It was kind of harder to see your doctor, or he wanted to do it virtually or something like that, you know, when it initially kind of happened, like, in the March and April months. But, um, I think it's gotten a lot better now. But at first, I feel like it just kind of had to be an emergency in order for them to see you."

— A participant from the middle age group

b. Experience with virtual care.

Participants also described their experience adjusting to virtual health care. Some participants preferred it while others expressed surprise at the fees for virtual appointments.

"What, last week we had a virtual doctor's appointment, you know, she did. And I've had one a couple weeks ago, about a couple months ago… So even now I got an appointment next week with my doctor for my knee. And I got a text this morning, they want to do, do the pre-admission. Now, I'm like, they text it to me, you know. They want to, you know—that's something new, which never had happened before. Normally, I make an appointment, show up and then they get all the vitals from me, you know. Now they want to know in advance, you know, certain things, you know. I guess my insurance coverage and, you know, confirming the appointment. And yet the text came this morning. I really haven't looked at it yet, you know, but that, that's something new, you know. So, you know, even with the virtual calls, they still want their 35 dollars."

— A participant from the older group

c. Technology helping with care.

One participant described technology as helpful in monitoring health. Fitbit allowed a participant to track their heart rate, they had equipment to check oxygen levels, and do BP tests at home.

"You know, I've got all the stuff here. My blood pressure monitor. I can take my sugar level. My, uh, my Fitbit can check my heart, heart rate, you know. I mean, I got a little thing that can test my oxygen level. So that's what the doctors are going to, and face to face."

— An older participant

d. Safety for in person health care visits.

Safety in regards to COVID was a large concern for participants attending health care services in person. Participants mentioned feeling safer if protective measures were taken.

"I guess for me… not because the services aren't available by appointment. Um, it's just that I just have a fear of going into the hospitals at this time. Or clinics. And I just, I just don't trust that I'll be safe."

— An older participant

Appendix H

Extended Analysis Summary: Role of Government

The participants of the focus groups were asked about two topics regarding the impact the government had on COVID-19 response which included: 1. Federal response; 2. Local government response.

1. Role of the Federal Government

a. Older and younger participants want the federal government to be more involved in COVID-19 response efforts.

Older and younger FGs participants generally agreed that the federal government needed to provide more leadership, coordination, and enforcement on COVID regulations in order to ensure individuals were taking protective actions. Participants also expressed wanting more resources to come from the government.

"Federally, we need to do a better job." — *An older participant*

"And that democracy, to some people, means you can do whatever you want to do. And if you don't want to wear a mask, you don't have to wear a mask. If your governor tells you to wear a mask, you know, 'this is a democracy, you can't tell me to wear a mask,' which is not true. You can go to jail if that kind of information comes from that level, or from the federal level. And because it didn't come from the federal level, you got half of the population in this country not wearing masks."

— *An older participant*

"And I think our government needs to offer more resources. I think our government has in some ways failed recognizing the resources needed, especially in our school system. So I'm looking forward to the next administration coming up with health packages that would help alleviate some of the anxieties and lack of employment in this country due to the COVID-19. I think our government needs to offer more resources."

— *An older participant*

"I think the states and locally been doing the best they can. I really, I really believe that. Yeah, I really believe that here in Missouri, I think they'd been doing a lot. I think it's a federal government need to tie everything together. That, you know, make a national response."

— *An older participant*

"But that was concerning to me, that the federal government did not mandate that we should wear masks, or that we should do certain things."

— *An older participant*

b. Older and younger FGs participants expressed a lack of trust in the government, politicians, and COVID-19 vaccines.

Distrust in government was not explicitly voiced across all FGs. However, it was a salient topic in one older-aged FG and one younger-aged FG. Among those FGs, participants discussed distrust in government and politicians, especially those who are refuting scientists. In one younger-aged FG, a participate shared that they do not trust the government and the COVID vaccine because of historical trauma. This participant also voiced concerns that the government was withholding critical information at the beginning of the pandemic and that the media also portrays African Americans in a negative way, further eroding trust.

"But, you know, unfortunately, and you know, as I watched the TV right now and... The celebration for Biden's win, you know, the thing is very political. You know, it's so much this pandemic has so much misunderstanding, miscommunication, and you really don't know what to believe and what not to believe, you know. The medical professionals, I mean, these people have studied all their lives, you know, medicine and they have been shot down, you know, saying that they just don't know what they're talking about that. I mean, and it's very tragic and I think that has cost some lives, you know. So, um, even with the new president, I'm not sure what he can do to stop this thing, and I really don't. I think he can do something different than what the current administration is doing, you know, so hey let's give it a try."

— An older participant

"Um, from what I've been hearing about—I know in history, I think it was the Tuskegee trials or something like that. I can't remember all the details—but we do have a history of African Americans being given vaccines. They have harmed us in the past. So it's kind of hard for some populations to trust a new vaccine, because we don't know what it's going to do to our bodies. And then also, I also recently found out that the government knew about coronavirus before the public did and they chose to wait to tell us. So there was a period of time where the virus was out there, and no one but the government knew. That in itself could cause someone to not trust the government and health department and what they're telling us. Because if you kept this from us for all these months, why wait now to tell us? Why risk… I mean, because I'm sure there are people that passed away from it before we knew what it was. So there's just so many factors that contributed to why someone would not want to trust a vaccine. And then they made it pretty quickly. Um, I don't have a medical degree at all, but it was made pretty quick. So what was it made of? Like that. There are so many things that we don't know, that the public doesn't know, and it's hard to trust. The media… because the media only tells us what they want us to know. The media chooses to highlight African Americans in a certain way. They don't tell the good stories about African Americans. They only tell the bad stories. So how do we know that what they're telling us about the coronavirus is actually true? We don't know. So it's kind of hard to trust. You know, it's kind of hard to have trust in the people that are supposed to be helping us, if that makes sense."

— A younger participant

2. Local Response

a. Inconsistencies in mandates.

One participant commented on the inconsistencies in mandates across neighboring counties as being a problem for enforcing protective factors. It made them feel unsafe traveling between locations.

"I think for me, you know, like, even going over to St. Charles or something like that, going to a restaurant. And you know St. Louis County, St. Louis city has mandated that we do wear the mask, but over there they don't have to. So even something like that kind of makes it hard, you know. Just, you know, going someplace like that to enjoy a meal and pretty much nobody has a mask on, because they're not mandated to wear one."

— A participant from the middle age group

"But then a lot of mixed messaging, you know. Like you said some municipalities or counties have different, you know, different mandates, or no mandates at all. And so, you know, when you have that mixed messaging, you know, people seem to, you know, take it lightly."

— A participant from the middle age group

b. Difficulty accessing resources.

Participants also discussed the difficulties in getting COVID resources including testing and face masks.

"And I am, and that was because we didn't… they were slowly getting us, begin testing on the north side. So we had to push them a little bit so we can get testing. I think some of those rapid testings are no longer up. As far as with masks and stuff like that, I think you can buy masks like everybody said. Mask and hand sanitizer. But in the beginning, there was a shortage. So I think, I think for us the resources… the mask, and maybe a COVID test, and maybe a hand sanitizer."

— A participant from the middle age group

c. Mistrust of health departments and other governmental sources.

Mistrust was mentioned as a barrier to listening to health departments due to the history of medical injustices. Participants mentioned that honest and open communication that was representative of the community, and direct interaction with the community was necessary to ameliorate this. Participants also recommended that health departments go out directly to the community to provide resources like masks and testing.

"From what I've been hearing about- I know in history. I think it was the Tuskegee trials or something like that. I can't remember all the details, but we do have a history of African Americans being given vaccines. They have harmed us in the past. So it's kind of hard for some populations to trust a new vaccine, because we don't know what it's going to do to our bodies. And then also, I also recently found out that the government knew about coronavirus before the public did and they chose to wait to tell us so there was a period of time where the virus was out there, and no one but the government knew. That in itself could cause someone to not trust the government and health department and what they're telling us, because if you kept this from us for all these months."

— A participant from the younger age group

"Right, and I think they're honest, and open communication is good, and that is representative of the community. You know, that will that will go a long way. You know when you see someone who represents you and looks like you and they can… you can identify with what they're saying. The message rings, you know. It will ring clearer to you. So that you're more apt to participate. So in pushing your local government as unless you—who was that? Was it Participant 5 who… I think. Yeah—The health department, city, and county, and it being representative of the community that it serves. That information we see, I think, will give people, let people take a different stance in terms of receiving the vaccination."

— A participant in the older age group

Appendix I

Extended Analysis Summary: Communication Preferences

The participants of the FGs were asked about 4 topics relevant to communication regarding COVID-19 and the manner in which pandemic-related information was shared. The topics are as follows: 1. Source of communication, 2. Effective messaging around COVID-19, 3. Trust of the media, and 4. Politicization of COVID-19.

1. **Source of communication**

   a. **Participants in the FGs had a common set of sources that they relied on for information about COVID-19.**

   Across cohorts of different age groups, participants reported feeling like they have or know where to find information that they needed. News media was a common source of COVID-19 information. There was general agreement in that regard across cohorts. Participants named their preferred sources for pandemic-related information: a) news channels such as CNN, MSNBC, NPR; b) scientific journals and websites like Center for Disease Control and Prevention(CDC), World Health Organization (WHO), Nature, Lancet, and messages from scientists.

   "You know, the media has done a very good job, I think, you know, and getting the information out."

   — An older participant

   b. **Participants also relied on community organizations for COVID-related information.**

   Participants also named their trusted community sources: Urban League, AARP, clinics, doctor's office, church, Better Family Life, Demetrius Johnson Foundation, health department, celebrities, radio, and survivors.

   "I know organizations like AARP, they do a lot to educate their volunteers and ambassadors in the community, and family members who are caregivers like myself, and things that you can do too."

   — A participant from the older group

   c. **Young people were more likely to rely on social media.**

   Though social media had a lot of information, many participants reported doubting the accuracy of the information conveyed through social media avenues. However, young people were more likely to look to social media for information while older adults preferred TV/news/scientific websites.

   "I don't think there's really any one particular outlet that's better than the others. And I know I do get a lot of my information from organizations via social media. So I'll look at, you know, the CDC on Twitter or whatever. But my grandpa, he watches a lot of TV. But I also think that radio is also an important tool as well."

   — A younger participant

   "I didn't listen to the news when this first happened. The media, social media, Facebook, I didn't even listen to that. I went to the sciences, general Science or Nature. "

   — A middle-aged participant

   d. **Younger and middle-aged participants were comfortable checking COVID information for credibility.**

   A few participants from the middle age group and the younger group reported that they felt comfortable cross-referencing the news through "credible sources" such as the CDC website.

   "I cross reference all of them. I go global. And I go regional. Then I go, you know, I cross reference all the data that's coming in."

   — A participant from the middle age group

e. COVID information was anxiety-inducing.

Participants, in general, mentioned that consuming COVID-19 news caused anxiety, stress, and trauma, especially among the African-American community that already deals with stress and trauma stemming from their history of racism, for instance, or fear of being shot.

"You know, on the news—and it's 24 hour news cycle—so it's this constant fear to where it's overwhelming… To leave out the trauma part is to do a great disservice and to be, quite frankly, offensive to the poor, Black population in St. Louis."

— A participant from the middle-age group.

2. Effective messaging

a. Effective messaging depended on trusted sources of information, including local government officials.

With regards to effective messaging, participants mentioned that the media has done a good job overall. The trust factor was mentioned while discussing this theme in that, participants expressed that people needed to be "a little more trusting" of the news. On a local level, participants expressed being content with the way the pandemic task force, local government officials, and entities had been giving a lot of information on a regular basis.

"And on a local level, you know, a lot of doctors, the pandemic task force here in the St. Louis metro area, regular briefings, you know. From the Mayor of St. Louis, County Executive, the governor, you know, on a regular basis. You know, I think they give out a lot of information about hospitalizations, about testing, results about deaths, and information about, you know, following guidelines. And I think, you know, the media has done a very good job, I think, you know, at getting the information out."

— An older FG participant

b. Hearing from COVID survivors worked as an effective health communication strategy.

Younger participants wished to hear more from those who had tested positive for COVID-19 and their experience with it to avoid some of the 'conflicting information' that was floating around. In addition, some participants suggested using mass communication tools such as radio, and public service announcements, to increase reach of effective messaging. There was more general agreement with recommendations of public service announcements and radio stations. In addition, participants from the middle age group and older age group specifically reported that being informed had helped them to adhere to protective actions. They also suggested that continuing to share new information more frequently would be helpful to transition to a life after the stay-at-home orders are lifted.

"I'm honestly, seeing people pass away. I'm seeing things, the effects of it. Not necessarily hearing because, like, I just feel like we've been given a lot of mixed information. But from what you can, from hearing people's stories, people who have tested positive, and heard about how its impacted their life is what kind of motivates me to keep myself healthy."

— A younger FG participant

c. Concerns about increased stress regarding COVID messaging among African-American participants.

Another very essential concern was to present/disseminate news without elevating fear among the African American community, who already deal with trauma and stress on a daily basis.

"I feel like there's a threshold that you reach when you are using fear mongering for people, like 'people are dying. This is serious.' I don't think, you know that's not up for debate. But after a while, Black people are so traumatized that after a while you cannot just keep forcing death on them in order to make them do something… You know what I'm saying? So I feel like there should be a way to inform people without having to necessarily frighten them or scare them to a point of just being completely apathetic, like, 'Oh, well, I gotta die one day anyway.'"

— An FG participant from the middle age group

3. Trust of the media

a. Politicized, Inconsistent and incomplete information has undermined trust.

Participants from various age groups believed that media, along with medical officials from the CDC, and Dr. Fauci had done a good job. However, the source of the news and the accuracy of the information (especially numbers and statistics) was questioned due to frequency of data updates and the involvement of politics. A participant from the middle age group reported that politicization of certain facts during the election season, "from both sides [of the political spectrum]" had led them to not trust some of the news. A younger participant commented on the inconsistency of COVID-19 news, leading to distrust.

"I have no concerns about taking the necessary actions to prevent the spread. And this has impacted on people, and all of several different industries across the board. So it's something new that we've really never had, to impact us like this. So the numbers previously were recorded. But I think we've, you know, not posted that information, or what we're doing, since they were so astronomical as of the past few months."

— An older participant

"So personally, I just don't feel like we're getting consistent information already. A lot of the information that we're giving is contradictory. So it's kind of hard to know what's real and what's fake because the media is going to always show us what's going to get the most views. They're not going to show us everything that we need to know and see. So, only thing that I can think of is, if this vaccine affects people's bodies differently, that's going to confuse me more, and just make me not want to do it at all."

— A younger participant

b. Concern about reliability of social media and comfort in fact-checking information.

Across FGs, there was a clear and marked distrust in the reliability among twitter news, text message forwards and other social media channels such as Facebook posts. When participants did not believe what they saw or heard, they described being comfortable checking the credibility of the information through cross-referencing of scientific journals or websites.

"The media, social media, Facebook, I didn't even listen to that. I went to the sciences, general Science or Nature. The Lancet, like I went to that."

— A middle-aged participant

"A lot of people in my circle, they get the information from news and social media and that's a big source of misinformation and it's very hard."

— A middle-aged participant

c. Feeling of distrust connected to historical trauma experienced by the Black/African American community.

Participants brought up race in the context of the current pandemic and mentioned that the lack of trust was due to historical trauma, (for instance, the Tuskegee trials) and how that residual trauma may have led to people not trusting the COVID-19 vaccine.

"Um, from what I've been hearing about—I know in history, I think it was the Tuskegee trials or something like that. I can't remember all the details—but we do have a history of African Americans being given vaccines. They have harmed us in the past. So it's kind of hard for some populations to trust a new vaccine, because we don't know what it's going to do to our bodies. And then also, I also recently found out that the government knew about coronavirus before the public did and they chose to wait to tell us. So there was a period of time where the virus was out there, and no one but the government knew. That in itself could cause someone to not trust the government and health department and what they're telling us. Because if you kept this from us for all these months, why wait now to tell us? Why risk… I mean, because I'm sure there are people that passed away from it before we knew what it was. So there's just so many factors that contributed to why someone would not want to trust a vaccine. And then they made it pretty quickly. Um, I don't have a medical degree at all, but it was made pretty quick. So what was it made of? Like that. There are so many things that we don't know, that the public doesn't know, and it's hard to trust. The media… because the media only tells us what they want us to know. The media chooses to highlight African Americans in a certain way. They don't tell the good stories about African Americans. They only tell the bad stories. So how do we know that what they're telling us about the coronavirus is actually true? We don't know. So it's kind of hard to trust. You know, it's kind of hard to have trust in the people that are supposed to be helping us, if that makes sense."

— A younger participant

4. Politicization of COVID-19

a. The politicization of COVID-19 has impacted the course of the pandemic.

In terms of opinions surrounding politicization of COVID-19 news, the younger FGs did not have any comments. However, both the older- and middle-aged groups were in agreement of how the politicizing COVID tarnished many efforts by scientists and doctors to curb the virus, eventually leading to loss of lives and a higher prevalence rate.

Comparisons were drawn to other countries where news isn't as politically influenced and a pattern of how those countries have been able to do a better job with curbing the virus.

The source of the information has become increasingly important as a result of how the politicians have used certain aspects of the pandemic whenever convenient to them for the sake of winning the past election season.

"Everything is politicized, especially right now. We have an election next week. So you really cannot trust what the news is telling you at any given moment, especially if you already know that has political spin."

— A middle-aged participant

"I think it's also the source too. Because the messaging is, you know, has been all over the place, you know, from high up the government chain, you know, all the way down to locally. We have politicians, you know, kind of discounting what the scientists are saying. It just kind of makes you wonder, you know, what was the factual and what it would… what aren't we being told, for me anyway."

— An older participant

b. Prefer listening to scientists instead of politicians.

Older- and middle-aged FGs expressed their preference to listen to scientists instead of politicians for COVID-19 information. Participants spoke highly of authorities like Dr. Fauci, who was seen as neutral and trustworthy. Due to the politicization of COVID-19, participants did not trust politicians to convey neutral, fact-based information.

"I'm not going to listen to the politics. I'm gonna listen to the scientists."

— A middle-aged participant

"I'm not listening to no politician."

— A middle-aged participant

c. Commentary on race and COVID-19, as observed by one middle-aged participant.

There was one participant who highlighted how White and Black/African Americans have treated COVID-19 differently. The participant said that there have been more attempts to politicize COVID-19 news among White Americans, citing organized anti-mask efforts. Other participants neither agreed nor commented further on this topic.

"Well, I'm trying my best to try to protect everybody. It really shows me how White America does not. They are anti-science there. They don't care. The one—and I'm not choosing sides with Black lives matter or the other side protests—but that the behavior, that it was display, that we saw. With these people running the state houses with guns and refusing to wear masks and refusing to do all the basic guidelines that were not forced on you. It really showed me who's patriotic, and it's not those people. Because the ones who want the country to move forward and get over this are following guidelines and trying to make this thing go away. But the ones who are not, are the ones who are skirting all the science and everything. And it does show me, like, we have issues as Blacks were it's shown me The other side of white people. It's like you guys are really suicidal like you really are entitled to think that you're gonna like This is your country."

— A middle-aged participant

Appendix J

Extended Analysis Summary: The Dual Pandemic of Systemic Racism and COVID-19

Near the end of each focus group session, participants were asked if the effects of systemic racism and the protests associated with the BLM movement had affected their lives in any way. The issues that participants brought up were differences in treatment or availability of resources based on geographic location, the effects on decision-making due to historical trauma, the direct effects of systemic racism on their everyday lives, and beliefs about the protests from the past summer. We have separated the quotes based on these themes below.

1. **Named community or place**
   a. **Poor, Black communities suffer from a lack of resources as compared to other communities.**

      This code was specific to disparities between communities that were named by the participants. Overall, age groups agreed that there was a dearth of resources in Black communities when compared to other communities. Several groups stated that Black communities are often overlooked.

      "Because in North St. Louis, I mean, we just kind of always felt like we've just been like the forgotten people… there's just, to me, I just think that there's never enough resources that they can give us to match the level in which other communities are in fact impacted."

      — *A participant from one of the younger age groups*

   b. **Poor, Black communities get resources last and don't get the information.**

      Participants also stated that when Black communities do get resources, they would often be the last ones to receive them. Another idea that was brought up by one of the younger age groups was that even when the resources and information are brought to these communities, there was not enough for everyone in the community.

      "And I think the poor neighborhoods are the last ones that get looked at. I think they overlook certain areas."

      — *A participant from one of the older age groups*

2. **Historical trauma**
   a. **Historical events have made African Americans less likely to trust in governmental and health care organizations.**

      Historical trauma and lack of transparency in the past have led to individuals in Black communities being less likely to trust in governmental and health care organizations. The Tuskegee Experiment and Henrietta Lacks were two instances that participants named as examples of reasons why they cannot trust health care organizations and the government.

      "… knowing that biological warfare exists, knowing that the Tuskegee Experiments, Henrietta Lacks, all of these things that happen to us historically They were all a direct result of systemic racism. That definitely weighs heavily on my mind as we navigate this pandemic…"

      — *A participant from one of the middle age groups*

   b. **Most African Americans don't want the vaccine.**

      Participants stated that they did not want to be guinea pigs for the vaccine and the complexity of COVID-19 vaccine experimentation makes them doubt the government. Multiple participants also reported that they were not against vaccines in general, but they were leery of the COVID-19 vaccine due to the spread of misinformation and the speed with which the vaccines were approved for distribution.

"Everyone that I know doesn't want it. I mean, like I said, just being Black in America, we don't really trust a lot of things. So everyone that I know, pretty much, I haven't heard one person say that they're excited about it. I mean, yes, it's great that there's the vaccine but there's just too much history of, like, people being mistreated and given vaccines that have killed them. So we're not really too excited. I guess we want to see it work on other people first before we're going to put our bodies through, you know, the vaccine."

— A participant from one of the younger age groups

c. Historical Trauma is repeated in today's actions such as testing sites.

One of the participants in the older age group noted that the trauma and stresses from the past are still present today. Many of the resources that are available to these communities are less, or worse than, the ones that other communities receive.

"I will say, you know, I just felt like we was the last to get them even though it's affecting us harder than it was… I just feel like if it ain't one thing, it's another, you know. It's just like, kind of like our backs against the wall."

— A participant from one of the older age groups

3. Named Race

a. Systemic Racism impacts everything.

Participants reported that they have noticed how systemic racism has caused problems for the Black community. There have been disparities in the health care services that participants have received. One participant clarified that COVID-19 itself is not racist, however the disparities in health care have contributed to the disproportionate effect on African American communities.

"I don't think COVID is racist either, you know. However, I think it has shown the disparities and delivery of health care to… the African American community and… we were at a higher rate of positivity, deaths than other ethnic and racial groups in America…"

— A participant from one of the middle age groups

b. Being African American is almost a risk condition.

One of the participants stated that being African American is similar to having a risk condition or a comorbidity. While this exact phrase was not repeated by other participants, the implication behind the statement appeared to be present in several of the other participants' statements.

"Um, one of the things that I've definitely heard was that it's definitely targeting African Americans, especially, but more so people of color, especially, for some reason, low income people of color."

— A participant from one of the younger age groups

c. Perceptions about systemic racism (the protests related to Black Lives Matter) haven't changed their thinking about COVID-19 and what they need to do to protect themselves.

Most of the participants reported that the effects of systemic racism and the BLM movement have not affected their decision-making related to COVID-19 quarantine control measures. Even during the protests, participants reported that they saw that protesters are still wearing masks and gloves as necessary. One participant stated that other ethnic groups may be racist and anti-science. However, another participant in the same focus group stated that no one race was being more strict about the control measures than any other.

"I don't think the Black Lives Matter movement changed my perception on it because those are two different areas is a concern. If you are out there protesting with them to still, you know, wear your mask wear your gloves… still be aware of the COVID. They call them super-spreader events."

— A participant in one of the middle age groups

4. Attitudes/Beliefs/Feelings about the BLM protests

a. Protests are a possible source of transmission of the virus.

Most of the participants stated that going to the protests was too risky since there was an ongoing pandemic. While participants believed that some sort of event or action was needed to address systemic racism and its effects, protests were seen as super-spreader events. One participant stated that it was okay if you were wearing a mask, gloves, and following social distancing. Other participants in other groups believed that the people at the protests were not following control measures appropriately.

"… For me personally, I didn't do a lot of protesting because those big groups just really made me nervous… But like, seeing all those people clustered together, a lot of them not wearing masks, and a lot of them wearing masks improperly, it just really made me nervous. So, I'm just going to be honest and say I was not involved in any sort of demonstration at all…"

— A participant from one of the younger age groups