WISCONSIN DEPARTMENT OF HEALTH SERVICES

In their Own Voices

The Impact of Covid-19 on African-American and Hispanic/Latino City of Racine Residents

A Community Conversation Series
WHITE PAPER

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Mobilizing Communities for a Just Response Grant and Program
Prepared for the Wisconsin Department of Health Services on behalf of Payne & Frazier Consultants by Santiago Global Consulting

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Executive Summary

The COVID-19 pandemic has had a profound impact on communities worldwide, revealing stark disparities in health outcomes among different racial and ethnic groups. Within the United States, the pandemic has laid bare the deeply entrenched racial inequities that persist in our society, disproportionately affecting African-Americans and Hispanic/Latinos. These communities have borne the brunt of the virus's devastating consequences, experiencing higher infection rates, severe illness, and mortality rates compared to other groups.

While acknowledging the broader national context, this report focuses on understanding the racial disparities of COVID-19, particularly on the African-American and Hispanics/Latino populations in Racine, Wisconsin. Between September and October 2022, data was collected from 110 City of Racine residents during a series of Community Conversations. Participant demographic information can be found on page 24 of this report.

Participants answered questions about the impact of the COVID-19 pandemic, specifically regarding their ability to access healthcare and other critical services. While focusing on the local context, this report also provides comparisons to national data to offer a broader understanding of the issue.

Racine Wisconsin serves as a microcosm that reflects broader trends observed across the nation. By analyzing the specific challenges faced by African-Americans and Hispanics/Latinos in Racine, we aim to provide a deeper understanding of the factors contributing to COVID-19 disparities and their implications for the local community of Racine.

The COVID-19 pandemic has highlighted pre-existing health disparities rooted in socioeconomic factors, systemic racism, and unequal access to healthcare. African-Americans and Hispanics/Latinos are disproportionately represented in essential frontline jobs that require in-person work, increasing their exposure to the

virus. Moreover, systemic barriers to quality healthcare, such as limited access to insurance, medical facilities, and trusted healthcare providers, further exacerbate the disparities in this community.

Beyond healthcare access, cultural factors and historical mistrust of healthcare institutions also played a role in the disparities observed in Racine. Deep-rooted experiences of discrimination and marginalization have engendered mistrust within these communities, leading to vaccine hesitancy and lower uptake rates. This hesitancy, coupled with language barriers and limited culturally appropriate health information, exacerbated the disparities in vaccination rates and perpetuated the disproportionate impact of the virus.

On May 11, 2023 the U.S. Department of Health and Human Services declared an end of the federal Public Health Emergency for COVID-19. In this same month, the World Health Organization determined that COVID-19 is now an "established and ongoing health issue which no longer constitutes a public health emergency of international concern" (2023). In light of these pronouncements, it is our hope that this report will serve as a valuable resource for policymakers, healthcare providers, community leaders, and stakeholders in Racine and beyond, working towards a more just and equitable response, especially during future crises. By collectively addressing the systemic issues underlying these disparities, we can build a healthier and more resilient future for all.

Survey Major Themes

Impacts and Life Changes

When asked how COVID-19 had impacted their lives, participants noted significant disruption to their lives related to work and children's schooling, personal illness, and sickness and death of family members. Respondents reported higher levels of mental health concerns including depression, fear, anxiety, and isolation. The move to virtual communication was a theme. Some noted racial disparities in services.

Additionally, positive impacts from the pandemic included steady work for those who were already working from home, and employees of medical manufacturing/supply companies described a steady workflow. Others spoke positively about the increased flexibility to work at home and the motivation toward entrepreneurial activities.

Healthcare Services

Health care services and programs that participants used the most prior to the pandemic included their primary care doctor, the hospital/ER, and other providers such as Racine Vocational Ministries and Veteran Affairs. New services utilized after the start of the pandemic focused on virtual appointments which received mixed reviews by respondents. Others mentioned the use of phone apps and medications through the mail. Some described challenges accessing care, being turned away by their doctors, or delayed appointments leading to medical emergencies.

Barriers, Solutions, and Positive Outcomes

Receiving and providing adequate maternal healthcare was cited as a major barrier. Other barriers included transportation, increased wait times, technological challenges, and lack of mental health resources. Respondents also noted feelings of discrimination based on positive COVID results or social status. In terms of solutions, participants desired more reliable information, increased community investment, mobile clinics, virtual support, and hospital renovations.

Positive outcomes within the pandemic included increased family time, flexible work, improved finances due to stimulus checks and hazard pay. Some described improved healthcare and employment through virtual platforms.

Vaccination Decisions

While many people cited complex reasons for receiving the vaccine, the major drivers for getting vaccinated included personal health concerns, research, trust in their doctor, family urging, travel, and incentives. For those who did not get vaccinated, their reasons included: lack of trust in the government, fear of personal harm, limited research, disbelief in effectiveness and parental refusal.

Information Sources

Almost half of all participants mentioned getting their information about the pandemic from social media, television, and online searches. Medical professionals was the second most cited source. Information through word of mouth, school, and church were also mentioned.

Additional Solutions

To remove barriers, respondents talked about the need for more transportation options and better access to healthcare. They also discussed the desire for more compassion and listening to patients' needs. Greater support for medical professionals was also a theme. Finally, participants suggested using the Black Nurses Association and other trusted minority professionals to affirm vaccines in the community.

Stakeholders

In terms of what other stakeholders should be consulted, participants mentioned, reaching out to more Hispanic/Latino community members, neighbors, and people outside of the Black and Hispanic communities. Youth and students, faith-based groups and professionals were also stakeholder groups mentioned in the comments.

Impacts

Key Question: How has COVID-19 impacted you, directly, indirectly or otherwise?

The COVID-19 pandemic had a disproportionate impact on African-Americans and Hispanics/Latinos, highlighting and intensifying existing disparities within society. Structural barriers including residential segregation, limited access to quality healthcare, and income inequality amplified the physical and economic burdens of the pandemic.

As Allen (2022) eloquently stated, "Segregation and other stratifications of our society often take 30 or 40 years to be reflected in the bodies of those who are being exploited. COVID did that in weeks."

As evidenced in participant responses below, these communities suffered significant life disruptions and illness, compounded by racial and ethnic disparities. Participants also noted feelings ranging from sadness to disbelief.

Life Disruptions

Participants noted a significant disruption to their lives due to COVID-19 and the pandemic, especially related to work and children's schooling. As one person put it, "I stopped working. Everybody got COVID and my wife stopped working too, the kids were at home. I was basically homeschooling them." Respondents described evictions, and job changes in search of more security.

Furthermore, the change to online schooling negatively affected learning, resulting in what some linked to a lack of motivation for education and drive to complete schoolwork. As one participant said, "Now that school is back on [my children] still are not motivated to go or do work because they were out for so long due to the pandemic."

High schoolers and college students who responded said that COVID-19 delayed their lives, exacerbating feelings of being "lazy and unmotivated." One student stated, "I was a high school senior when the pandemic began, and I did not have a graduation. I also started college and having to do college online was difficult for me and I did not like it. I dropped out and I am not sure if I will be going back."

Positive Impacts

A number of people described the impact of the pandemic in positive or neutral terms. Some continued to work non-stop and did not feel directly affected. Those already working from home, and employees of medical manufacturing/supply companies described a steady workflow.

Others spoke positively about the increased flexibility to work at home and the motivation toward entrepreneurial activities: "COVID-19 also challenged the hustler in me. I had to find alternate ways to make money since I was out of work."

Negative Emotions

Some participants pointed out the incredible sadness of the pandemic, especially due to unexpected deaths of loved ones. For instance, "I lost people I didn't even get to say good-bye to. I was very caught off guard and I feel like there is a chapter left unread in my life."

Respondents also noted the emotional impact of the pandemic, describing feelings of paranoia, fear, and anxiety. One participant described feeling anger due to passing COVID to his wife, and not being ready to die.

A number of people noted increased social isolation: "I stopped going out, period. I literally just stayed in the house," "I pretty much stayed with the same people and now I consider myself a homebody," and "I stay away from people now."

Illness

A number of participants described the devastating impact of illness for themselves and their family members. Respondents described loss of employment due to getting COVID, and long-term side effects they continue to deal with today. Several stated that they or a family member almost died from COVID.

Disparities

Due to the pandemic, participants noted disparities they saw, specifically in the black community: "We were not getting what we need, and we were treated as an afterthought." Another mentioned the George Floyd murder, saying, "We watched his murder over and over on television and saw the truth of where we are in society."

On the other hand, one respondent described the pandemic as a neutralizing force: "As an educator, I witnessed how COVID-19 leveled the playing field. No matter if you were rich or poor or black or white, it impacted how you got your necessities and impacted your kids and your family." One described people as "selfish" after seeing the hoarding of basic necessities of toilet paper.

Skepticism, Disbelief

Several respondents discussed either personally not believing COVID was real, or having to deal with deniers as part of their daily work. One medical worker who chose not to get vaccinated quit their job and stayed home during the pandemic.
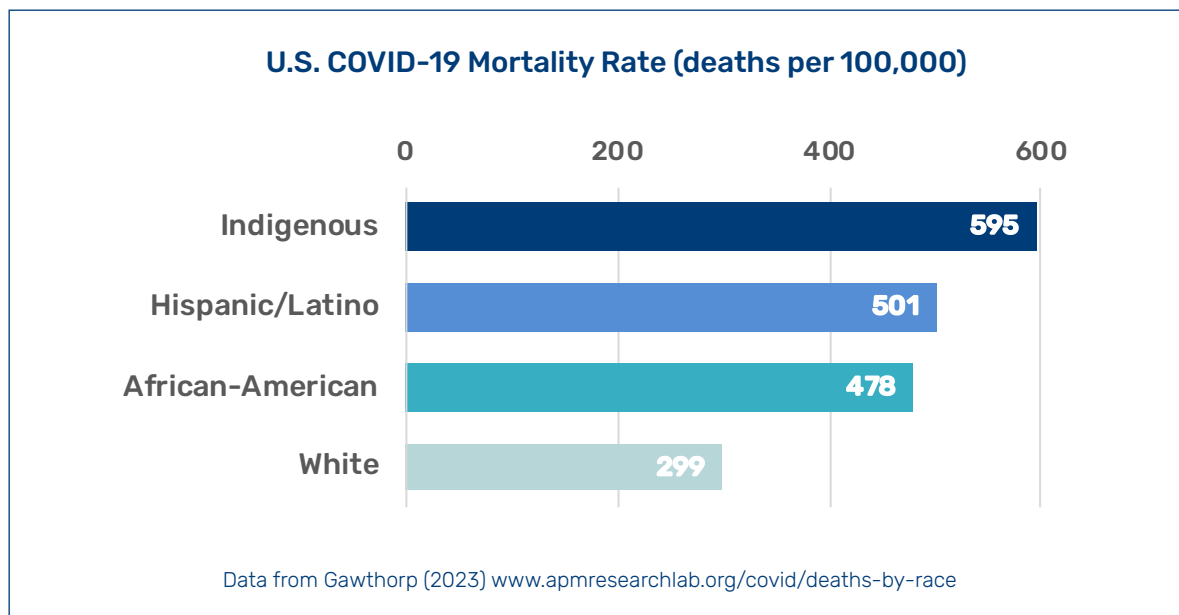
Life Changes

Key Question: Has your life changed due to the pandemic? If so, how?

During the pandemic, data from federal, state, and local sources reveals that people of color experienced a disproportionate burden of COVID infections and deaths, as indicated by the chart below.

According to the Kaiser Family Foundation, age-standardized data show that Hispanic/Latino people were at "about one and a half times greater risk of COVID-19 infection than White people," and Hispanics/Latinos and African-Americans were "about twice as likely to die from COVID-19 as their White counterparts" (Hill 2022).

U.S. COVID-19 Mortality Rate (deaths per 100,000)

Group	Rate
Indigenous	595
Hispanic/Latino	501
African-American	478
White	299

Data from Gawthorp (2023) www.apmresearchlab.org/covid/deaths-by-race

Illness, Death

Reflective of the national data, many Racine participants detailed life changes due to the deaths of family members and friends.

Additionally, a number of respondents said they were experiencing long-term symptoms after having COVID including headaches and respiratory issues. Such extended illnesses also precipitated other life changes.

For instance, one participant cited long-term COVID effects as the reason for relocation:

"My wife had COVID-19 and she is still dealing with respiratory issues. Her doctor stated her lung capacity is equivalent to an 80-year-old woman's lungs. We live in a condominium on the 2nd floor and my wife gets out of breath going up and down the stairs. It's a surprise because I always thought it would be me since I have diabetes but it's her. We now must move because of her health concerns."

Family Relationships

A number of people cited challenges to maintaining close family relationships with mandatory separations. Death of family members also altered the family dynamics.

Employment

Participants described business closures and loss of employment due to the pandemic. Other essential workers reported that their employer threatened to fire them if they took time off. Another reported having to continue working while positive with COVID because "my family could not survive without the income."

A retail worker shared that customer behavior had negatively shifted post-pandemic: "At first it slowed down because people were in their homes but now 2 years later it's been busier than ever. We are short staffed. People want their medications and are cussing out my cashiers. It is super stressful now."

Virtual Communication

Some participants noticed that their life had changed to being more virtual including the use of calls and texts: "The pandemic required me to be more creative with communication methods as I worked to share resources."

Positive Effects

Several participants described that the pandemic made them want to take care of themselves more: "My sister and I are reading more and learning new skills and just finding out more about ourselves. Being isolated made me seek more and want to learn more."

Fear, Anxiety, Mental Health Concerns

Participants also described debilitating fear and anxiety, specifically regarding getting sick being around other people: "I live in constant fear. I have anxiety when going around people, and now there is Monkeypox," and "I am super anxious when anyone coughs or sneezes."

Related to mental health concerns, there were repeated references to the pandemic "driving people crazy," especially regarding dangerous driving habits and feeling "stir crazy" staying home for long periods of time.

Isolation & Socialization

Feelings of isolation and altered social behavior emerged as a theme for community members: "I think the pandemic has made us less sociable. People I have not seen in years will walk past me like they don't know me. In the past they probably would have hugged me and stopped to talk and catch up."

For some, working from home has meant feeling like "I am on an island." Others who reported being social before the pandemic stated that their behavior had changed: "I was pretty social before the pandemic and now I am like a hermit crab, I just stay in the house with my husband and daughter," and "I used to love to go to rummage sales on the weekends. Now I basically just go to church and back home. I don't like to go anywhere else."

Increased Social Tension

Several people described increased social tensions due to difference in public responses to COVID directives such as wearing masks and social distancing: "My manager said that I needed to work regardless of the fact that I had COVID, and that she didn't care that I had it," and "you don't know how many fights I have encountered in line when I ask for my 6 feet of space. People don't have their masks on, they aren't concerned about COVID but want to fight me?"

Mental Health Disparities

Reflected in the lived experiences reported by Racine community members, the COVID-19 pandemic exacerbated nation-wide mental health disparities among African-Americans and Hispanics/Latinos, compared to their White counterparts in the United States. The increased stress and anxiety triggered by the crisis, paired with the disproportionate burden of COVID-19 illnesses and deaths in these communities, intensified the prevalence of mental health issues.

Furthermore, these groups faced compounded trauma from racial and ethnic disparities in healthcare, economic instability, and a heightened awareness of systemic racism and social injustice. The limited access to mental health services, coupled with cultural stigma associated with seeking mental health care, also contributed to these disparities. In contrast, while White populations were not immune to the mental health impacts of the pandemic, they generally had better access to mental health resources and were less likely to experience the cumulative stress associated with racial and ethnic disparities in health, economic, and social conditions. These factors underscore the need for culturally appropriate, accessible mental health interventions and reforms to address systemic inequities.

According to a 2021 study involving 691,473 participants in the U.S. and U.K., which considered the mental health toll of the pandemic on various racial and ethnic groups, researchers found a greater risk for symptoms of depression and anxiety amongst racial and ethnic minorities, compared to White people, even after accounting for personal factors such as prior history of a mental health disorder, COVID-19 infection status, and surrounding lockdown stringency (Nguyen, 2022).

Pandemic Depression Rates

Hispanic/Latino	23x
African-American	16x
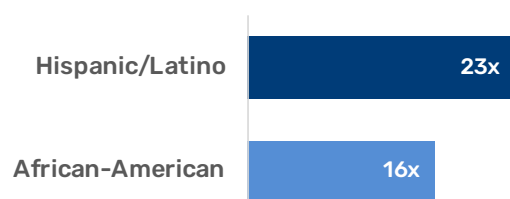
Data Source: Nguyen 2022,

Compared with their White counterparts, African-Americans were 16% more likely, and Hispanics/Latinos were 23% more likely, to screen positive for depression.

Pre-Pandemic Services

Key Question: What health care services/programs did you use the most prior to the pandemic? (primary doctor, urgent care, etc.)?

Primary Doctor

The majority of respondents indicated that they continued to use their primary doctor during the pandemic. This included one participant who stated his doctor made house calls: "My physician actually came to my house to make a special pair of shoes for me. They usually make house calls for the seniors in the community and since we were not allowed to go into the office during the pandemic he came to my house."

Hospital/ER

Hospitals like Wheaton Franciscan, Children's Hospital, Aurora, and Ascension were referenced by participants. These locations were described as "comfortable" and "consistent," however, one participant noted long wait times for the emergency room. Another positively described virtual visits with Aurora: "I could easily communicate with my doctor. I had to take a picture of my elbow and send it to them for a treatment plan. I have never experienced that type of appointment before but the nurses were super nice and they talked me through how to use the tech systems."

Insurance

Some respondents focused on insurance-related matters such as coverage and rising costs. For instance, "I believe that unvaccinated individuals were not covered by healthcare," and "I had and still have health coverage through the Marketplace (healthcare.gov); and the cost of my insurance and co-pays have sky rocketed since the pandemic. I went from having the higher plan to the basic plan and the cost is still high. I used to fill a prescription and my co-pay was $2 and after the pandemic my co-pay can be as high as $60."

Other Providers

Other providers included Racine Vocational Ministries and Veteran Affairs.

New Services

Key Question: Are you using new health services/programs since the pandemic started? How are the access/delivery going?

Virtual Appointments

The majority of participants mentioned virtual appointments as a new health service they were regularly employing since the pandemic started. In general, virtual appointments received mixed reviews. Some stated that the appointment was so short "2 or 3 minutes long at the most" that it "didn't feel like a real doctor's appointment." Others felt uncomfortable that the "telemarketer" doctor they spoke with did not understand their previous medical history.

On the other hand, some stated they love virtual appointments: "I started receiving text messages and more emails for access and delivery. I feel this has improved my health care experience," and "having access to virtual appointments has improved the communication between myself and doctors. I am on time for my appointments and can balance life and work better."

Problems with Access

Challenges accessing healthcare since the pandemic started was a theme. For some, they could not come in to see their doctor or dentist. One participant's sister died from COVID after being turned away from the hospital and urgent care centers. Another respondent referenced an elderly friend who could not get his prescription filled so he went without and had to ultimately be rushed to the emergency room. Some suggested there was discrimination against people living in the inner city regarding who was allowed to get tested and receive the vaccine.

Phone Apps and Mail

Several apps including Aurora's LIVEWELL and Ascension's MYCHART were mentioned positively. Another stated that the pandemic allowed previously controlled medications to be ordered through the mail, making his life easier.

Are you still using those same services/programs that you were pre-pandemic?

The majority of participants indicated no change to their pre-pandemic services, particularly those whose insurance and/or employer did not change after the pandemic. A number agreed that "virtual visits work." Several noted COVID related challenges such required travel to find a dentist. One stated, "As a new mom, there was a policy that said my newborn daughter could not attend my doctor appointments. That caused difficulty for me."

Barriers to Healthcare

Key Question: Have you experienced any barriers? How did you navigate? Were you able to receive services?

On a national scale, barriers for racial and ethnic minorities persisted throughout the pandemic across a range of factors including levels of insurance, language, access to transportation, and discrimination in outpatient COVID-19 treatment.

For instance, one study found that, during April–July 2022, the percentage of COVID-19 patients aged ≥20 years treated with Paxlovid was 36% and 30% lower among African-American and Hispanic/Latino patients than among White patients. According to Boehmer 2022, these disparities existed among all age groups and patients with immunocompromise.

Percentage of People Uninsured in the U.S. (2020)

Regarding access to healthcare, members of racial and ethnic minority groups are more likely to face barriers to getting care. As the chart below shows, levels of health insurance vary widely across race/ethnicity. Further barriers include those who do not recieve permission or compensation to miss work in order to get care.

Hispanic/Latino	18%
African-American	10%
White	5%
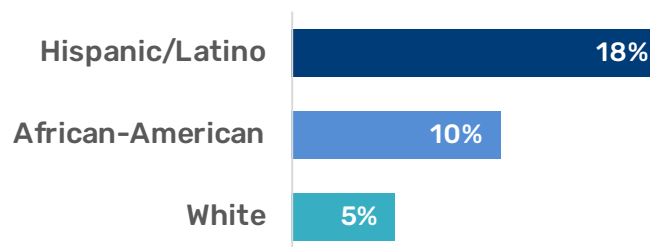
Data Source: U.S. Census Bureau

Maternal/Family Support

Receiving and providing adequate maternal health was a barrier for many Racine survey participants. As one provider noted, "We have to make phone calls which is difficult because we cannot see the babies now to assess them and their health. There were clients that were expecting and they had not seen the doctor. We had to track them down to follow up with them, and sometimes we couldn't even find them." Another mother stated, "Having a baby during COVID while no family can come visit or provide emotional support was taxing." Barriers also extended to other family support including mental health resources for those who had lost loved ones, and parents who were out of work and schooling their children at home.

Increased Wait Time

Increased wait times to see doctors, especially specialists, was described as a barrier to quality health care. Shortages and wait times were reported with pharmacists, specialists, the emergency room, and therapists.

Mental Health

References to depression and mental health issues were seen as outcomes of the pandemic where there was a "lack of resources as mental health crises soared during the pandemic" causing people to "not want to work anymore."

Discrimination

Feelings of discrimination based on perceived or actual positive COVID results was commonly referenced by respondents. Participants testing positive had to travel to other clinics and wait in their cars. Others cited discrimination based on social status: "Vaccines were poorly handled with the rich & prestigious getting them first," and "In the beginning of the pandemic America was not allowing poor people the opportunity to get tested and this created a lot of anxiety on us."

Transportation

Barriers related to lack of transportation and required travel to reach services was a common theme. One community leader reported driving people to Milwaukee when patients were turned away in Racine: "I would try calling the doctors on their behalf and I'd also get the run around so I would just take them to Ascension and they would be turned away. I ended up taking them to Milwaukee and thank God they took in anybody." Another described having to drive to a Kenosha dentist because Racine facilities were closed, only to feel endangered by the riots.

Technology

Technological barriers cited by participants included the difficulty receiving care virtually such as physical therapy.

Solutions

Key Question: What is one thing that could be done to remove barriers?

Communication campaigns focusing on communication, particularly when leveraging trusted community figures, have shown success in engaging racial and ethnic minorities, potentially promoting greater understanding and uptake of COVID-19 treatments. Multiple measures at both federal and state levels have been launched to enhance fair distribution of COVID-19 medicines. The federal Test-to-Treat program, which offers a one-stop solution for COVID-19 testing, medical assessment, and treatment, is a prime example. This initiative was broadened in May 2022 to more effectively cater to underserved communities (Boehmer 2022).

More Reliable Information

Removing barriers through more accurate and reliable information was a theme for respondents. The three day wait before getting tested for COVID was confusing, as was the "mixed information from the president at the time."

Even medical workers were "voicing their concerns about how they can't prepare for all aspects of COVID. It is hard to prepare or even be proactive for something that they didn't know about or understand. They had no control, and no knowledge." Receiving limited information for the reasoning behind certain protocols seemed to exacerbate public angst. As one participant reported the Health Department were "receiving death threats over not allowing people to go out on Halloween."

Community Investment

Making investments in the community was cited as an avenue to remove barriers to healthcare. This will "not only bring better health services to the community but will also bring more job opportunities for people of color."

Several described feelings of despondency in pushing for improvements in community healthcare and not seeing change: "I agree that politicians need to be more open and honest to their constituents and care about improving health care in the disadvantaged communities. I proposed a 100-million-dollar project to help improve health care and it was turned down and ignored. I gave up," and "We get frustrated and give up instead of pushing on for the greater good of our community and those in need."

Virtual Support

Improving technology was also suggested as a way to lift barriers. Setting up additional hotlines to get advice on symptoms and improvement to ways to "schedule and maintain appointments that would remove barriers to accessing and receiving health services."

Mobile Healthcare

Receiving care through pop-up clinics, additional testing sites, and mobile health care was a common answer provided for removing barriers to health care: "Pop-up clinics because Ascension and Aurora were so overwhelmed they had hours upon hours of a wait just to even get seen." Others reported being too sick to go anywhere so requested home visits.

Updates & Trainings

Updating hospitals and increasing and training quality staff was a theme that emerged with participants. Comments specifically referenced the need to update Wheaton Franciscan hospitals and giving medical workers incentives.

Positive Moments

Key Question: *Did you experience any unexpected positive health service/access delivery moments during the pandemic? What made it positive?*

Finance-Related

Many participants answered this question generally to discuss how improved finances through stimulus checks, paid sick days, business grants, paid family medical leave, pay increases, essential worker's pay, "COVID pay for workers who caught COVID while working," and hazard pay, were also cited as positive outcomes during the pandemic. Extra time to pay rent was also a benefit that helped relieve financial stress.

Increased Family Time

The increase in family time and connections was seen as a positive benefit of the pandemic. Participants valued some of the ease of meeting virtually for non-family events which gave them more time to spend with their families and "focus on ourselves": "I think being boxed in or confined to our homes brought a lot of families closer together; which was a positive thing."

Improved Services

Some improved services due to the pandemic included gaining assistance through the Racine County "Here to Help" program, Mobile Groceries Food Access, Doordash and Instacart.

Work Situations

Many cited improved work situations as a benefit of the pandemic, especially those who could work from home. Jobs were created with the popularity of delivery. A number of people said they started their own businesses during the pandemic.

Improved Healthcare

Participants reported that their doctors seemed more concerned with their health and visits were more detailed, and communication was improved. Access to healthcare was strengthened, particularly through virtual visits, with one noting that "Some people only got the opportunity to receive healthcare due to the fact there was a pandemic." One college student mentioned weekly testing at UW-Green Bay positively.
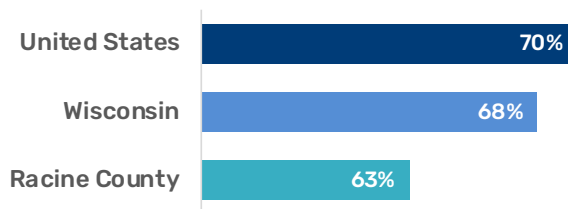
Improved Education

Improved educational experiences included that a participant's son was no longer bullied due to virtual learning, and a teacher reporting that virtual teaching was a "blessing" in that it allowed them to set their schedule "to have individual time with each of my students as well as the large group time. Being able to teach virtually allowed for easy access, something I was not expecting."
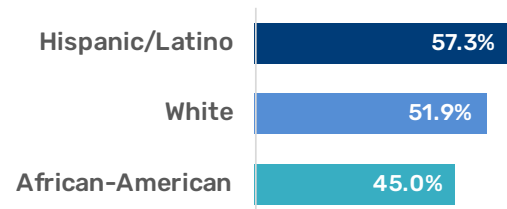
Vaccination Decisions

Vaccination Rates

According to data from the CDC, the percentage of Racine County residents who completed the primary series of COVID-19 vaccinations was lower than state and national averages. Disaggregating by race/ethnicity, national trends show that a greater percentage of Hispanics/Latinos completed the primary series, compared to their White and African-American counterparts.

By Location

United States	70%
Wisconsin	68%
Racine County	63%

By Race/Ethnicity

Hispanic/Latino	57.3%
White	51.9%
African-American	45.0%

Data Source: https://covid.cdc.gov/covid-data-tracker

Reasons to Get Vaccinated

Key Question: Regardless of your vaccination status, what went into your decision to get vaccinated or not?

For Racine residents who chose to get vaccinated, a number of reasons were provided for their decision. For many, numerous factors influenced their reason for getting vaccinated.

For example, one participant said, "I was planning on going to Africa to do mission work and it was mentioned that I must get vaccines to travel to Africa. I also visited my doctor (who is a black man and I trusted him) who convinced me to get the 'Shingles' vaccine and after looking over the side effects for both vaccines I saw they were similar. When my sister was sick in the hospital with COVID-19, I had conversations with her about the vaccine and that went into my decision. I also saw a beautiful, black doctor on the television and she broke down the COVID-19 and the vaccine to where I could understand it and that impacted my decision."

Reasons to Get Vaccinated

Family/Travel

The majority of respondents chose to get the vaccine because their family members were getting it and/or urging them to get vaccinated. The ability to travel with the vaccination, especially with family, was also a theme within the comments.

Personal Health

A number of participants described personal health concerns as their primary reason for getting vaccinated. Several people identified themselves as a member of a compromising group (asthma, advanced age, bronchitis) which made them want to be vaccinated. Not wanting to get COVID from others was also a common reason.

Research

Personal research and education from medical professionals was a important factor causing many to get the vaccine. Some transferred information they knew about SARS and the seasonal flu vaccine to inform themselves about COVID.

Trust in Doctor

Participants also reported getting the vaccine because they were advised to by their doctors: "I took the vaccination because my doctor told me I should. I figured if I trusted my doctor thus far I can continue to trust them."

Required for Work

A number reported getting the vaccine because it was required for their jobs. However, some stated they did not like the requirements: "I did not like that many people were being forced to get vaccinated or they would lose their jobs. I know of several people that refused to get vaccinated when it was mandatory and lost employment; now the same company is allowing non-vaccinated employees to work."

Incentives

Receiving incentives such as gift cards was also listed as a reason for getting vaccinated.

Reasons to Not Get Vaccinated

Lack of Trust

Lack of trust, specifically in the government, was the predominant reason for not getting vaccinated. Participants cited the Tuskegee experiment, and the Johnson & Johnson recall as evidence: "I didn't get vaccines prior to the pandemic mainly due to the history of blacks being used as experiments by the government. This history has made me not trust the government and what they stated during the pandemic." Some participants used terms such as "conspiracy" and not wanting to be "turned into a guinea pig by the government."

Limited Research

A common theme with respondents who did not get vaccinated was concern with the research behind the vaccine and its quick release: "The speed in which they came out with the vaccine impacted my decision to get vaccinated, I did not trust it." Others were concerned about unknown side-effects: "I did not get vaccinated because I wanted to wait to see what the after effects would be like infertility or other side effects."

Fear of Harm

Pregnancy was cited as a major reason for not getting vaccinated, with fears about hurting the baby. Others cited ethic backgrounds and allergies to vaccines as medical reasons for refusing the vaccine. Others cited fears of negative effects from the vaccine: "I have heard different things about the after effects of the vaccine and one of them was after 6 years all the vaccinated people will turn into zombies, no thank you."

Disbelief in Effectiveness

Some refused to get vaccinated because they connected the vaccine with getting ill and limited effectiveness: "I heard you can get vaccinated and still get sick. I did not find the value if I would still be able to get sick."

Parents Refused

Younger respondents reported that they were unable to get vaccinated because their parents refused to grant permission: "Because I am a minor (16 years old) my mom made the decision for me and said none of her kids were getting the vaccine."

Information Sources

Key Question: Where do/did you get information about the vaccination and the COVID-19 pandemic?

Social Media/ TV/Web

Nearly half of all participants mentioned getting their information from social media, television, and online searches. Facebook and Tiktok were social media platforms specifically mentioned. A number of participants referenced "the internet" generally as their source of information.

For instance, "I used the internet and social media to try to differentiate what was real and fake about the pandemic and the vaccination. I heard so much from everywhere I had to just use the internet and social media to research and educate myself." Many mentioned independent research via Google to obtain information: "I found myself googling a lot of questions, 'Can I take Tylenol if I have COVID?'"

Doctors/CDC

The second most referenced source for information about the pandemic and vaccinations were doctors and medical professionals. For instance, "I have a friend who works as a respiratory therapist and she would share information with me about COVID-19 and the vaccine." A number of people cited Dr. Fauci by name and the Center for Disease Control (via their website or reports).

Word of Mouth

A number of participants mentioned receiving information via word of mouth, from family and friends. Specifically, people mentioned getting information "from people who actually experienced it" and family members who had COVID-19.

School/Church

School and church also emerged as a theme in terms of venues where participants received information. One person said, "My kids' school but not all of the information was reliable." Others mentioned church or their pastor as their main source of information. Only one participant mentioned a "community health event" as a source of information.

Additional Solutions

Key Question: What else can be done to improve health service access and delivery?

Transportation/Access

Participants mentioned the need to improve access to healthcare, specifically mentioning the following solutions: Improved transportation for people to get to and from their doctor appointments, more doctors and nurses available for home visits, more doctor appointments in the evening and the weekends, and more delivery options for medications for those without transportation.

Listening & Compassion

A number of participants mentioned feeling like they were the recipients of stress from healthcare workers. Participants expressed wanting to be listen to more, and have doctors be more patient with them. As one put it, "People that are working in healthcare need a reminder that this is your job and they need to leave whatever they are going through at home. Stop taking it out on the patients."

Relying on Trusted Advocates

Respondents also talked about the need to build community education through trusted individuals. As one participant put it, "Get trusted community members to educate community members." Another suggested having the Black Nurses Association and other trusted minority professionals affirm vaccines in the community.

Supporting Professionals

Supporting medical professionals was another theme that emerged in participant responses. Some suggested that people take care of themselves first to take weight off of healthcare providers. Others suggested that we need more independent workers in the medical field, and rely less on major hospitals.

Stakeholders

Key Question: Who else do we need to talk to?

Youth/Students

The majority of respondents mentioned talking to youth and young adults as important, especially as an avenue to influence their parents. For instance, one participant said, "I think you should talk to teenagers. Many of their lives changed during the pandemic referring to virtual learning, dropping out of school, not having a prom or graduation, and how they socialized." Additionally, participants mentioned schools and universities like Parkside and Gateway as locations to host sessions to educate students.

Community Members

Participants mentioned, reaching out to community members, specifically, Hispanic/Latino Community members, neighbors, and people outside of the Black and Hispanic communities. As one participant, put it, "ALL people need to be better informed and self-motivated to be informed."
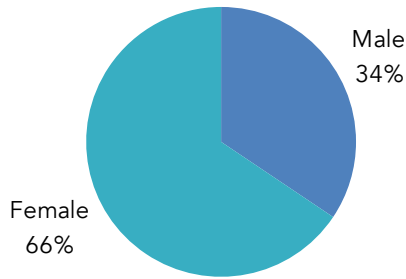
Faith-Based

Some respondents mentioned the need to talk to churches and church goers, specifically in the black and brown communities. One person mentioned the shortages of priests, preachers, and pastors due to the pandemic. Another person stressed the need to make sure that people of faith still followed the rules and acted safely.

Professionals

A number of community members wanted professionals to be communicated with, particularly in the medical, academic, government, corporate, and nonprofit worlds. In terms of medical professionals, participants said that they were the ones who "made the decisions," and were the ones who "own the businesses, and make the money." Another person mentioned talking to academics to see their perspective "in a systemic type of way, regarding how to administer care, and the consistency of care."
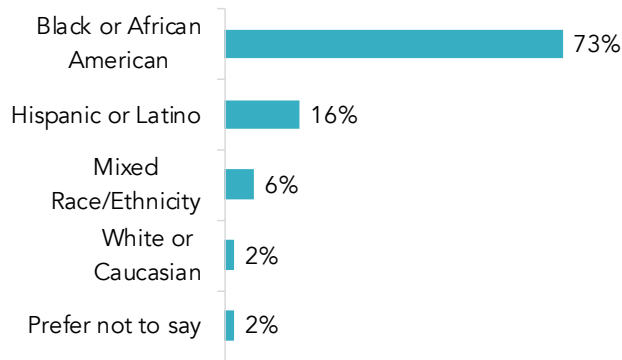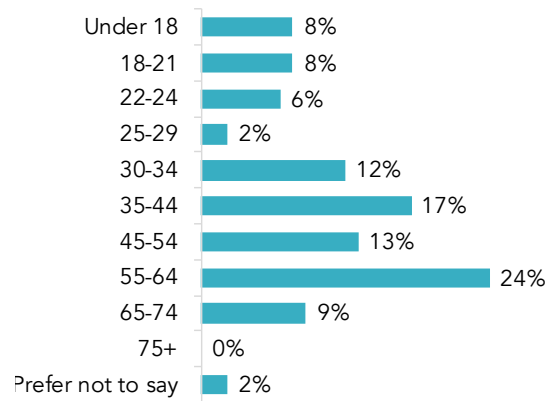
Survey Demographics

Gender

- Male 34%
- Female 66%

90%
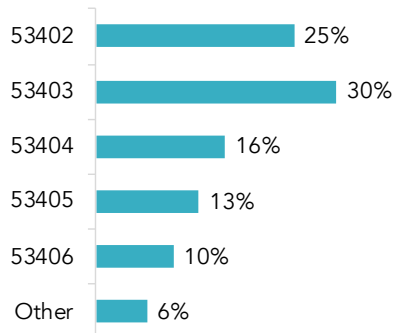**City of Racine Residents**

Race/Ethnicity

Black or African American	73%
Hispanic or Latino	16%
Mixed Race/Ethnicity	6%
White or Caucasian	2%
Prefer not to say	2%

Age

Under 18	8%
18-21	8%
22-24	6%
25-29	2%
30-34	12%
35-44	17%
45-54	13%
55-64	24%
65-74	9%
75+	0%
Prefer not to say	2%

Zip Code

53402	25%
53403	30%
53404	16%
53405	13%
53406	10%
Other	6%

How did you hear about this Community Conversation?

- Other 23%
- Word of Mouth 51%
- Text 11%
- Social Media 15%
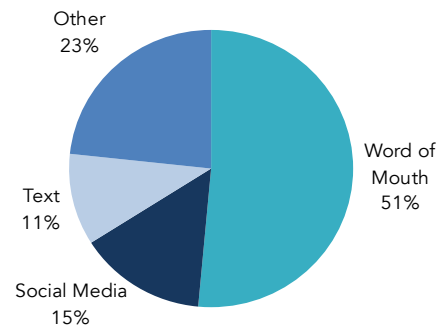
Post-Survey Insights

Positive Experiences

96% of participants rated their experience excellent or very good.

91% indicated the session length was about right.

100% of participants said their Community Conversation was extremely or very organized.

Likes and Changes

Participants positively described their experience using words like "respectful," "enlightening," "transparent," "informative," and "comfortable." Participants especially appreciated sharing personal stories, and the chance to give personal input. The only changes mentioned included getting the word out and inviting more youth and Hispanic community members to future conversations.

Additional Feedback

The majority of participants who provided additional feedback requested that more Community Conversations be held in the future. "I'm surprised about how many people actually care about the community," one participant noted.

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