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Letters to the editor

Responding to Youth Opinions on Vaccination with Better Interventions

To the Editors:

We read with interest the study of Brandt et al. [1] concerning youth perspectives on COVID-19 vaccination. The authors' use of open-ended questions and qualitative analyses gleaned important information to guide health messaging to enhance vaccine uptake among youth 14–24 years of age. Further discussion of the following is needed:

1. Data collection: Despite limits in reaching youth without phones, a texting and social media strategy was a powerful tool to reach this population. Given the variety of social media used by youth, it would help to include details on which platforms were used, frequency of message distribution, and possible incentives in recruitment. Discussion is also needed on potential sample bias in strong opinions on health and policy issues unique to the MyVoice audience.
2. Findings: The authors' attention to demographic analysis is essential in understanding diverse youth perspectives across the country. It is unclear why race was framed as the sole predictor for vaccine unwillingness in black participants who comprised 8.8% of the sample, but there were no predictions for the 64% of white participants. The intersectionality of race, age, sex, gender, sexual orientation, education, and geography must be considered as influences on health decision-making. For illustration, geographic descriptors could include urban, rural, suburban, and so on to help indicate differences in health departments, COVID-19 regulations, and regional attitudes. In addition, Stroud et al [2] emphasized the need to distinguish differences in needs, influences, and intervention planning owing to distinctions between pediatric and young adult populations. Parental influence alone greatly varies between the ages of 14-24 years, so authors should note the impact of outside influences on both youth opinions and subsequent actions.
3. Further research: As the pandemic impacts the world and vaccine development, are there any efforts to track opinions in original respondents? What limitations do the authors note in the original study? As new COVID-19 strains develop and vaccination standards shift, what key programming is needed to get youths vaccinated? How can this programming overcome social determinants of health, limitations in health care access, and distrust in the vaccine?

It is imperative to tailor future campaigns with mindfulness of vaccination services, cultural influences, youth intersectionality, and developmental changes between ages 14 and 24 years. Studies indicate youth benefit from interventions focused on empowering respect and status [3]. Combining these efforts with motivational interviewing is a key strategy to help youth successfully internalize behavioral changes [4].

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