

Equity-First Vaccination Initiative

Covid-19 Vaccination Pulse Survey Insights

Report on data from September
& October 2021





Insights and interpretation

- 1** Overview and data interpretation
- 2** Survey insights: cross-site
- 3** Survey insights by demonstration city
- 4** Supplemental data slides

Overview

As part of The Rockefeller Foundation's Equity-First Vaccination Initiative, the Foundation's partners in five focal jurisdictions (Baltimore, Maryland; Chicago, Illinois; Houston, Texas; Newark, New Jersey; and Oakland, California) are collecting and analyzing survey data about COVID-19 vaccination with support from Mathematica. The black, indigenous, and people of color (BIPOC) communities' monthly vaccination pulse survey serves to support the Equity First Vaccination Initiative by providing up-to-date evidence about community members' knowledge, attitudes, and behaviors related to COVID-19 vaccination, as well as potential motivators for vaccination and barriers to access. This evidence can then be used to inform the Foundation and its partners' strategies on how to encourage vaccine uptake and will allow community-based organizations (CBOs) in these jurisdictions to adapt their work to the specific and changing needs of their communities.

Important notes on methodology and limitations in using this data

- Given how survey respondents are identified and recruited, the following survey results speak to the people who took the survey. ***The survey results are not necessarily generalizable to the population of each city as a whole.***
- In many instances, the number of respondents is quite small, meaning the ***trends might exist only among those we surveyed and not the larger population.*** Be especially careful when interpreting data from survey questions with a sample size of less than 50 respondents. For example, think of the values as indicating whether something was reported more commonly or not, rather than focusing on the specific percentages.
- ***The respondents who agreed to participate in the survey might have demographic characteristics, experiences, attitudes, and beliefs that are different from those who declined to participate.***
- For cross-site results, each city has different methods for fielding the survey and a different demographic makeup. Thus, ***although it is interesting to compare results across different cities, it is a bit like comparing apples and oranges.***
- Results are based on ***descriptive analysis of raw data*** without additional statistical considerations.

So, what do these data tell us? How can we talk about them?

*“These are the people we talked to in our community,
and this is what they said about the Covid-19 vaccine.”*

Survey insights: Cross-site

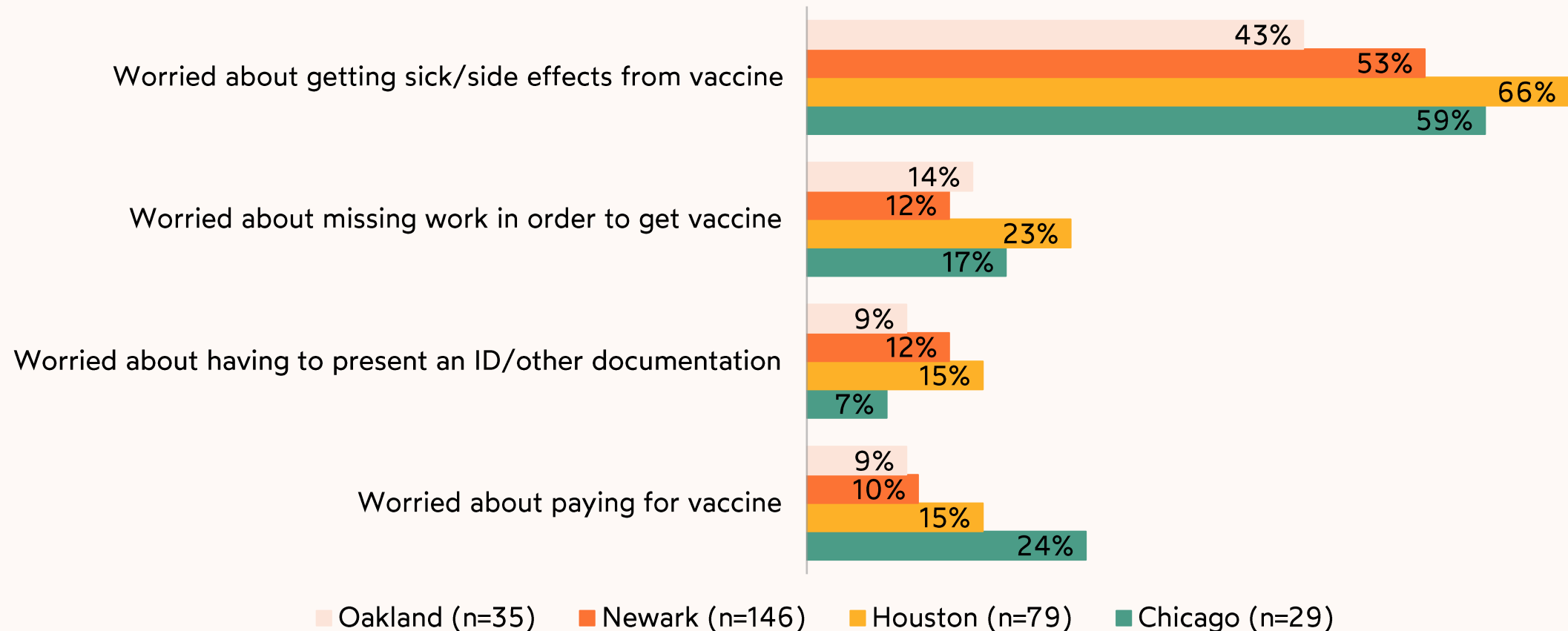
September and October data for all cities

Top barriers, motivators, and beliefs reported
by unvaccinated respondents in each city

Top concerns serving as barriers for unvaccinated respondents

From September & October data

Across all four cities, the top barrier for unvaccinated respondents was being **worried about getting sick or experiencing side effects** from the vaccine. Sites might want to collaborate on messaging and strategies related to this barrier.

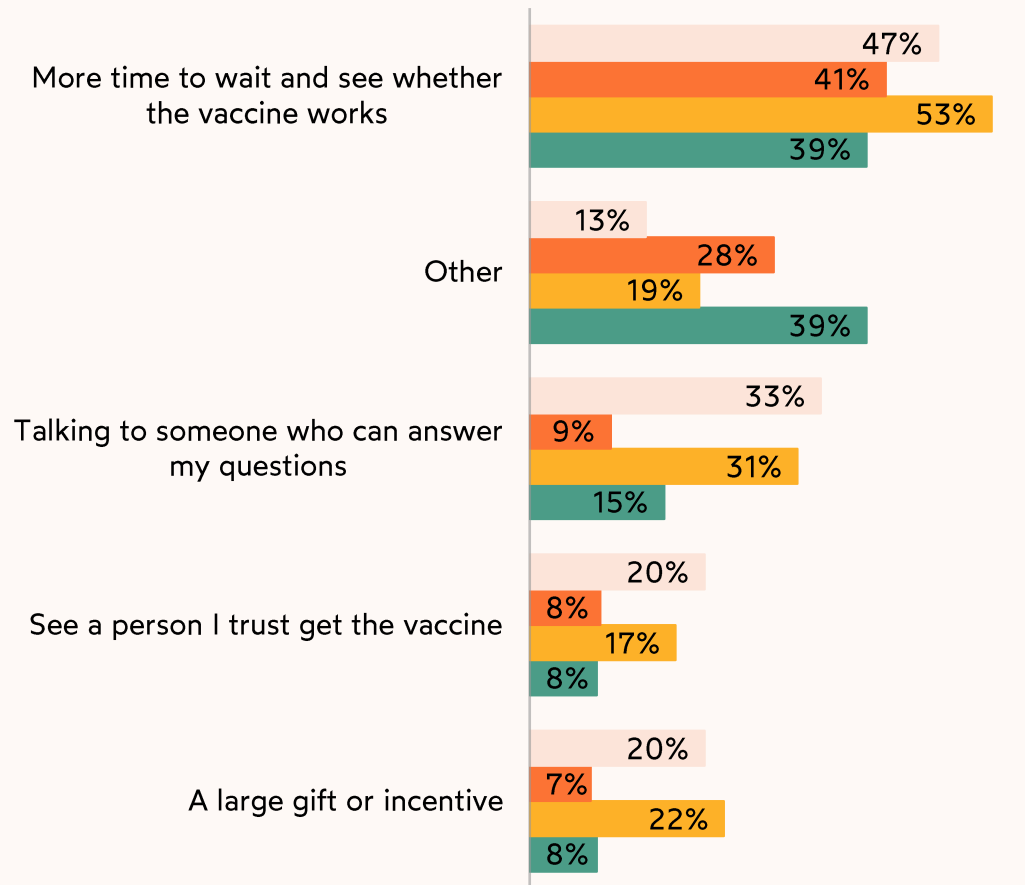


*Survey question 6b

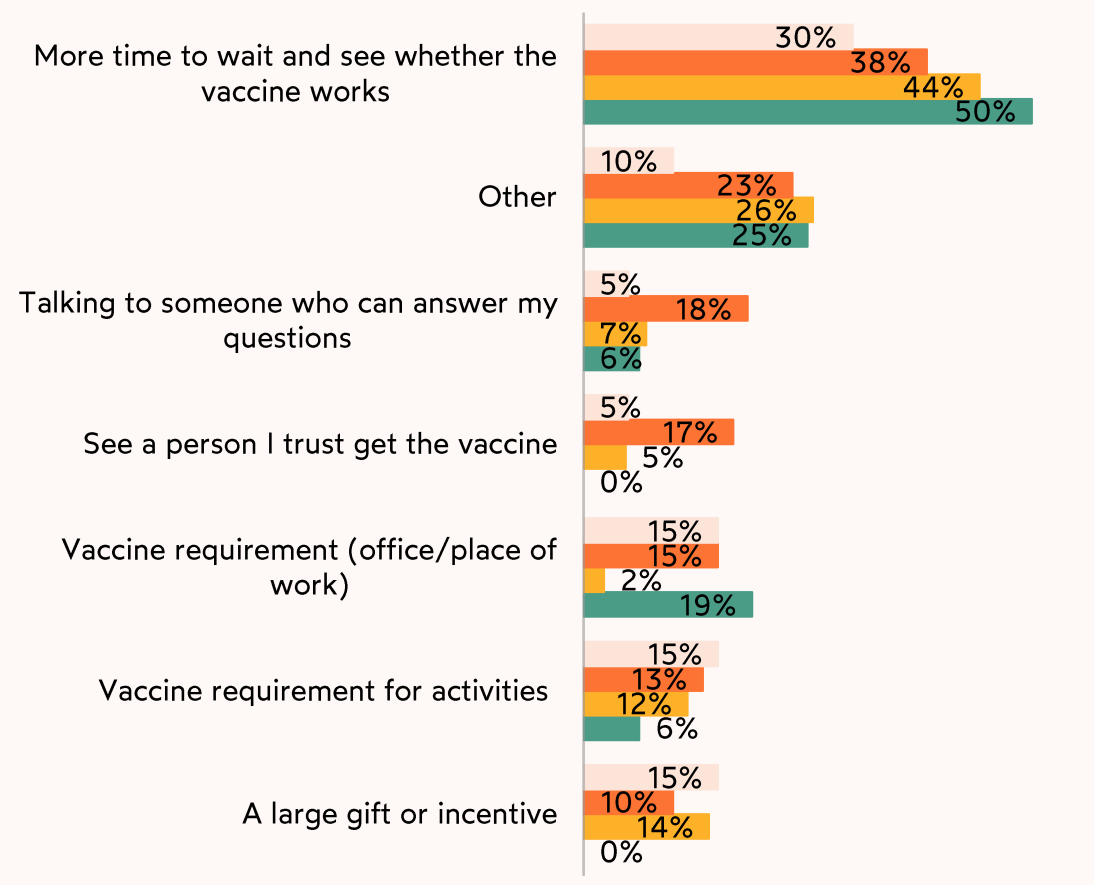
Top potential motivators for unvaccinated respondents

Both in September and October, the top motivator for all four cities for unvaccinated respondents was **to wait more time to see whether the vaccine works**. A **vaccine requirement would also only motivate a small share of respondents (under 15%)**.

From September data



From October data



Legend: Oakland (n=15) Newark (n=86) Houston (n=36) Chicago (n=13)

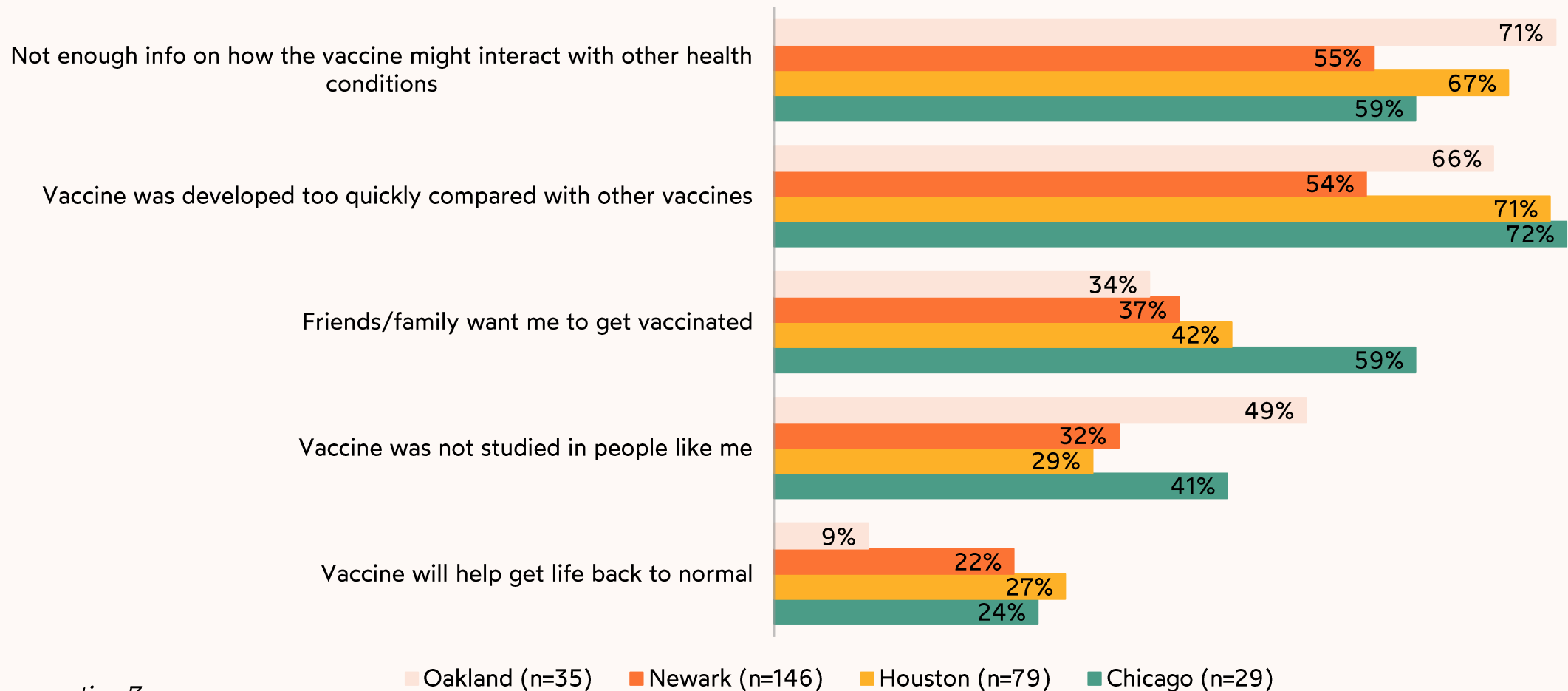
Legend: Oakland (n=20) Newark (n=60) Houston (n=43) Chicago (n=16)

*Survey question 6c

Top beliefs reported by unvaccinated respondents

From September & October data

Across all four cities, more than half of the unvaccinated respondents were concerned that there is **not enough information on how the vaccine might interact with other health conditions** and **that the vaccine was developed too quickly compared with other vaccines**. Sites might want to collaborate on messaging and strategies related to these topics.

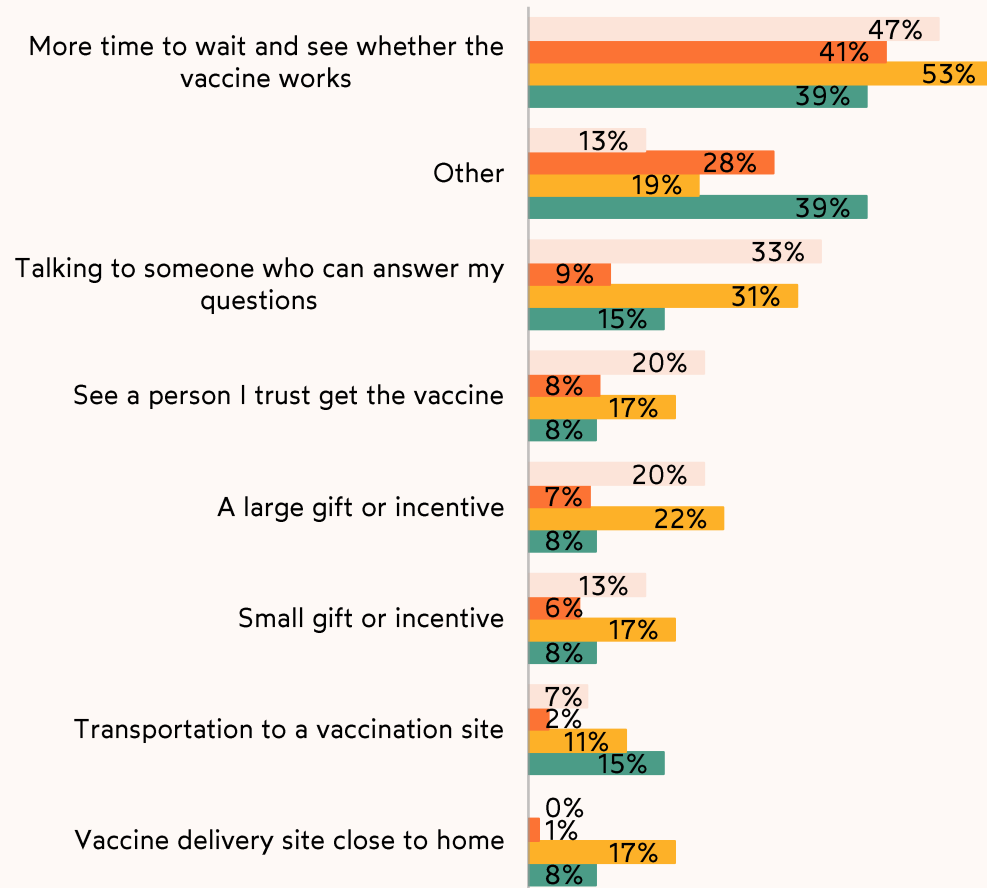


*Survey question 7

Cross-site supplemental slides

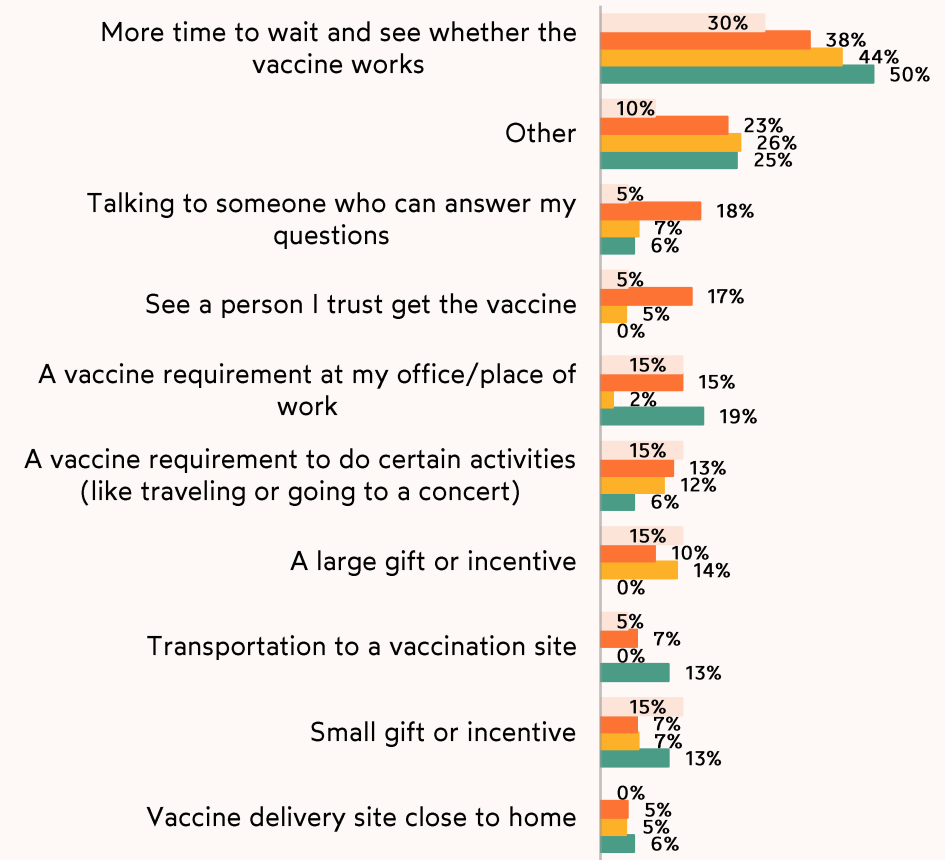
From September data

Motivators



From October data

Motivators



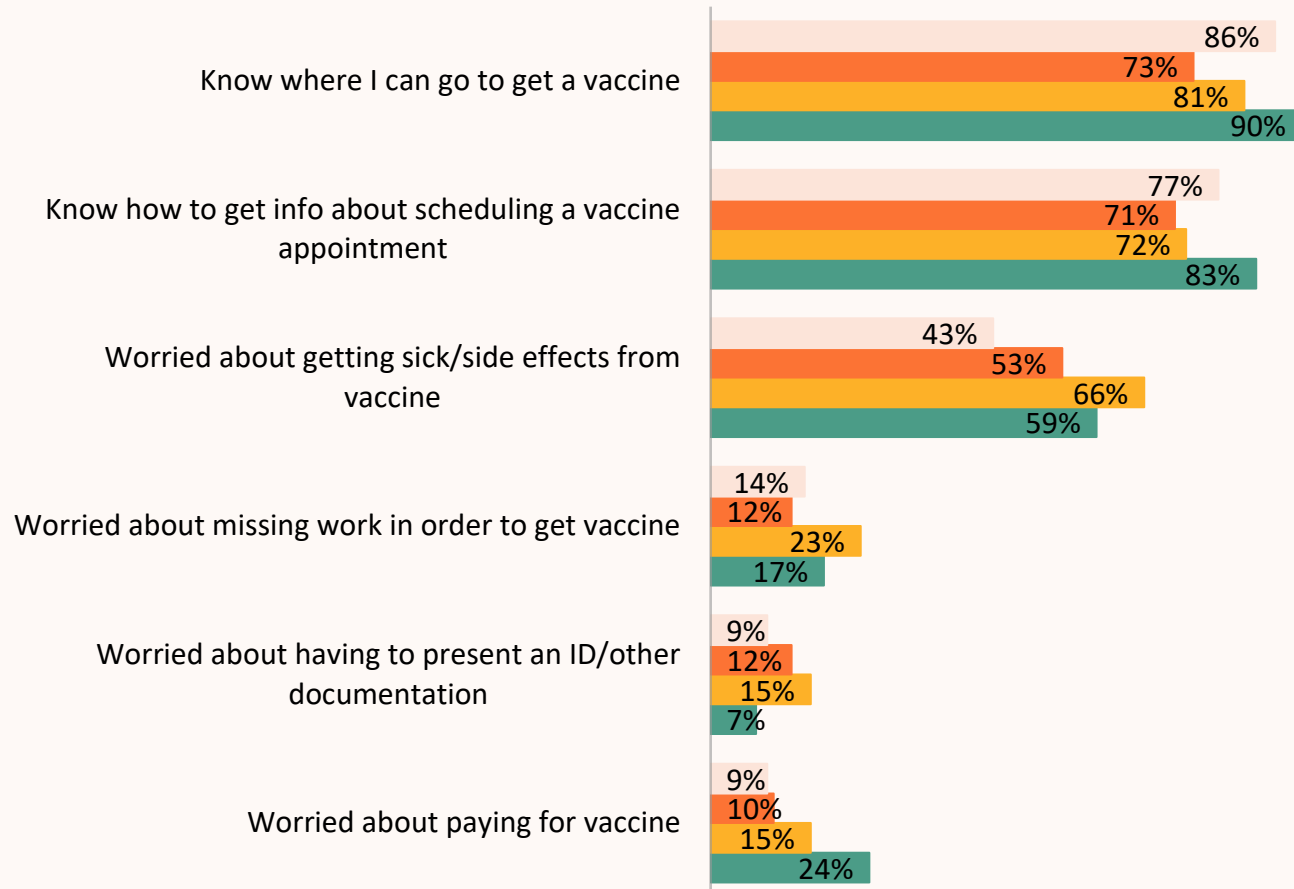
Oakland Newark Houston Chicago

*Survey question 6c

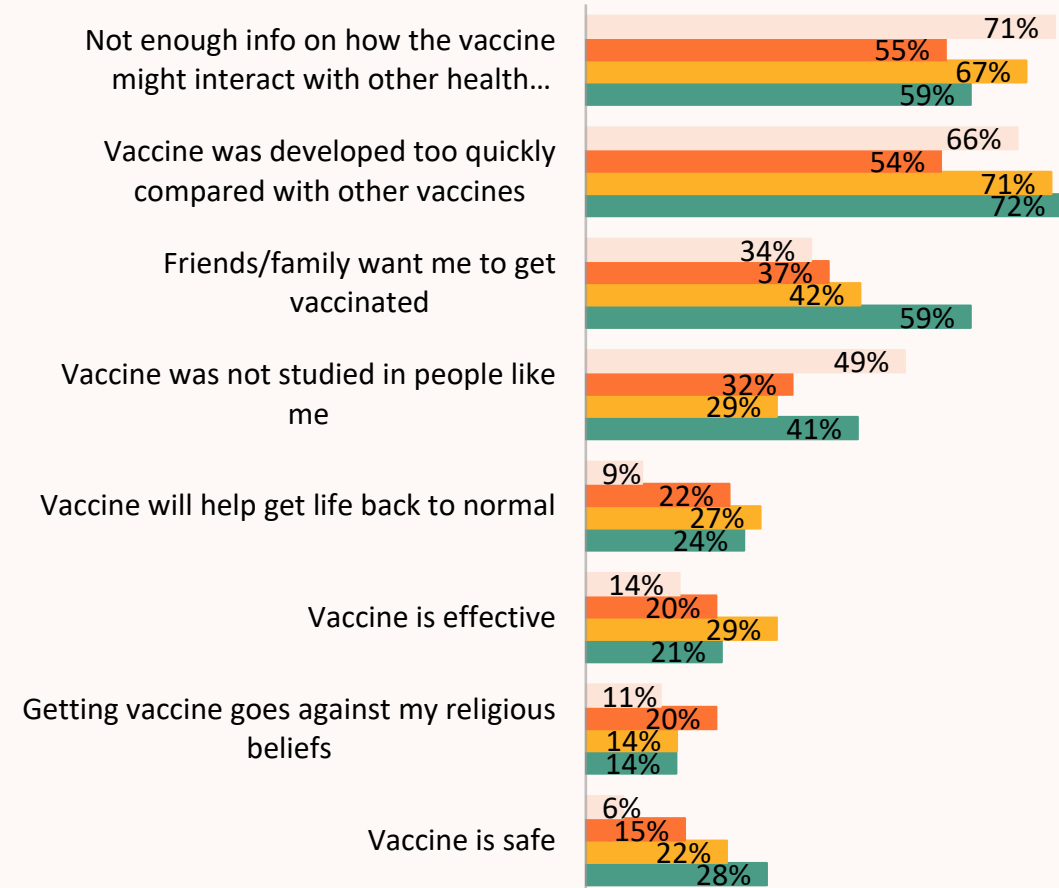
Cross-site supplemental slides

From September & October data

Barriers/Enablers



Beliefs



*Survey question 6b and 7

Survey insights by city: Chicago

September and October data

Overview

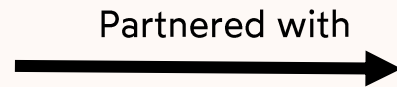
- Methodology
- Respondents' vaccination status and intentions
- Respondents' Covid-19 testing history
- Characteristics and highlights among vaccinated respondents
- Characteristics and highlights among unvaccinated respondents
- Differences between "types" of unvaccinated respondents
- Respondents' attitudes towards the booster shot
- Vaccination trends across months
- Summary and potential actions
- Survey insights across sites among unvaccinated respondents

Methodology

Monthly goal: 100 responses



The main partner leading this effort is **Chicago Community Trust**.




Sinai Urban Health Institute (SUHI) leads the data collection efforts.

SUHI partners with community members and organizations to document disparities and improve health outcomes in vulnerable neighborhoods in Chicago.




Chicago Community Trust brings together donors, nonprofit organizations, and residents to address critical needs within the city.



Community Health Workers (CHWs) administer survey in person at canvassing events.*



Use a screener that is distributed via social media or emailed or texted directly to client lists of local organizations.** Screener includes questions about eligibility and respondents' preferred contact method.



CHWs and other SUHI staff reach out by phone, email, or text based on request.

*Health fairs, summer church events, back-to-school events, food pantries, and concerts

**There are 15 participating organizations. Examples include Access Living, Equal Hope, and Phalanx.

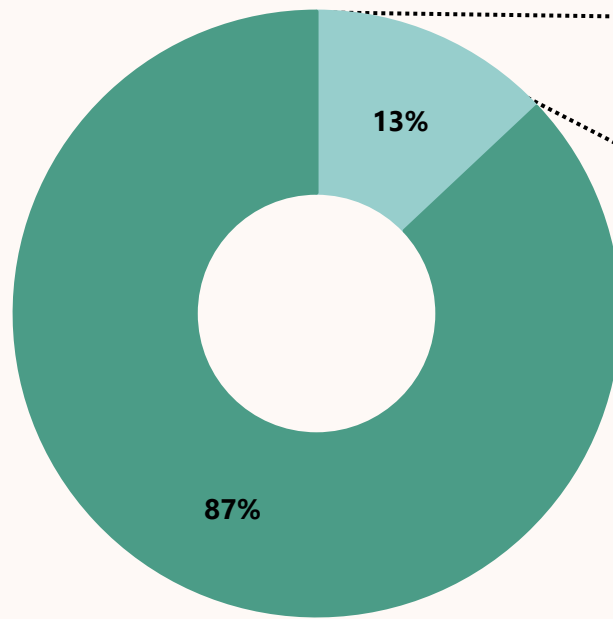
From September & October data

Vaccination status and intention (n = 217)

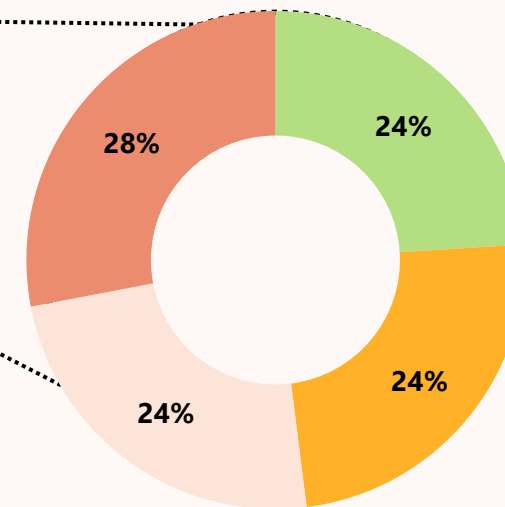
Most of the surveyed population is **vaccinated (87%)**. Among the respondents who are not yet vaccinated, **24% intend to get the vaccine, 48% are undecided, and 28% do not intend to get the vaccine.**

Surveyed population in Chicago

Among the 13% who are not vaccinated



- Not vaccinated
- Vaccinated



- Yes, will definitely get the vaccine
- Yes, will probably get the vaccine
- No, will probably NOT get the vaccine
- No, will definitely not get the vaccine

← Undecided

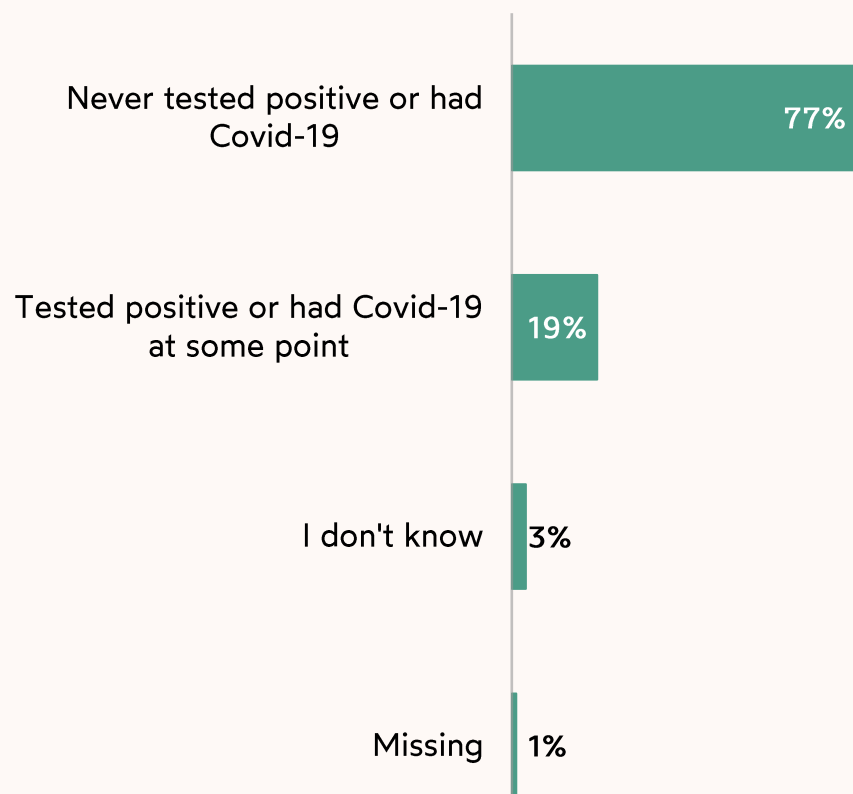
*Survey questions 2 and 6

From October data

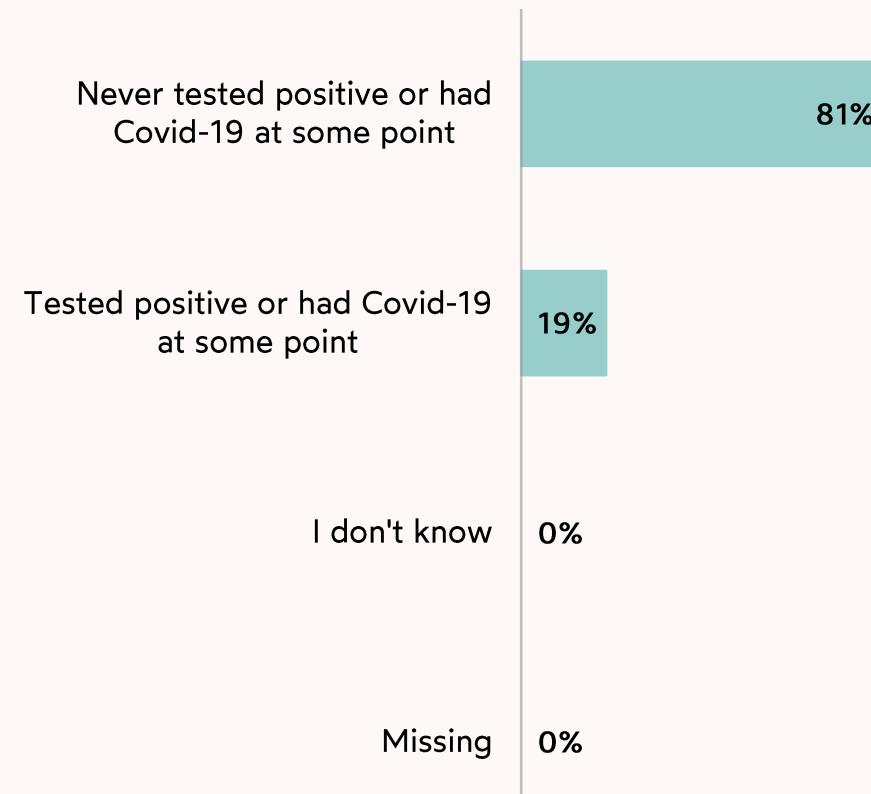
Respondents' personal experience with Covid-19 ($n=112$)

- In October, about **a fifth of respondents reported having ever tested positive for Covid-19 or being told they have Covid-19**. There are no differences between vaccinated and unvaccinated respondents.

VACCINATED (n= 96)



UNVACCINATED (n= 16)



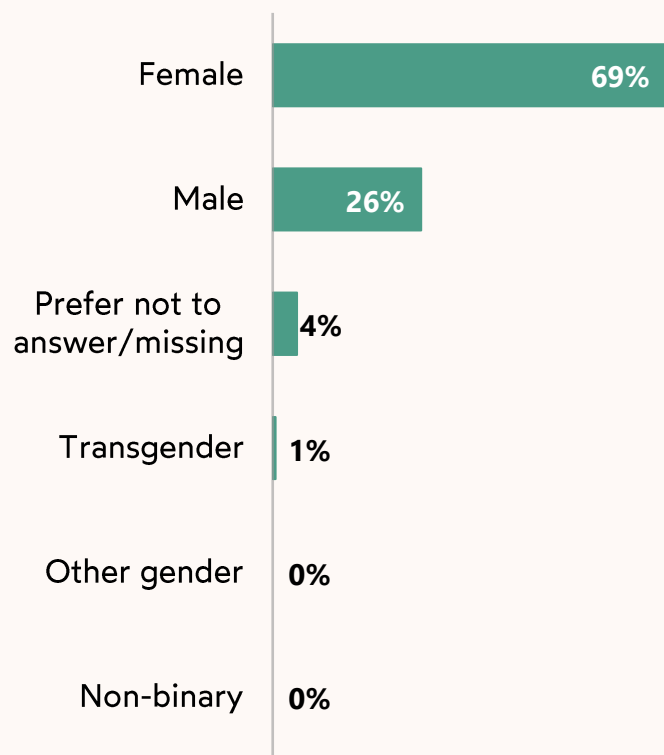
*Survey question 8.3 (New for October)

From September & October data

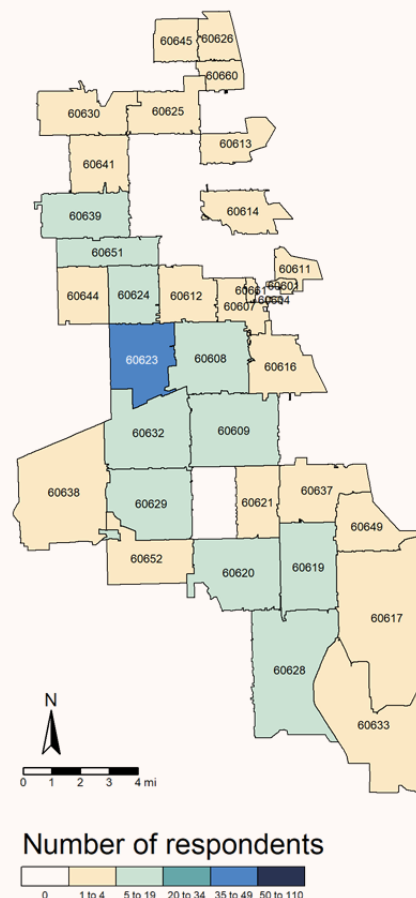
Who are the vaccinated respondents? (n = 188)

Over two-thirds of vaccinated respondents were **female (69%)**, over half were **Hispanic or Latino/Latinx (57%)**, and many lived in **zip code 60623**.

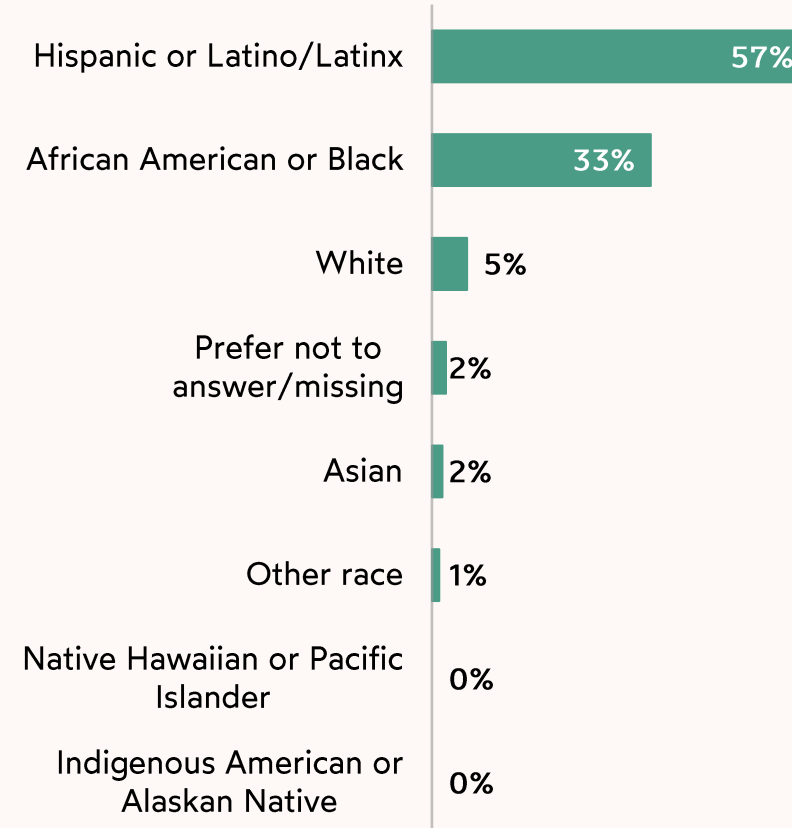
Gender
(select all that apply)



Where respondents live
(by zip code)



Race/ethnicity
(select all that apply)

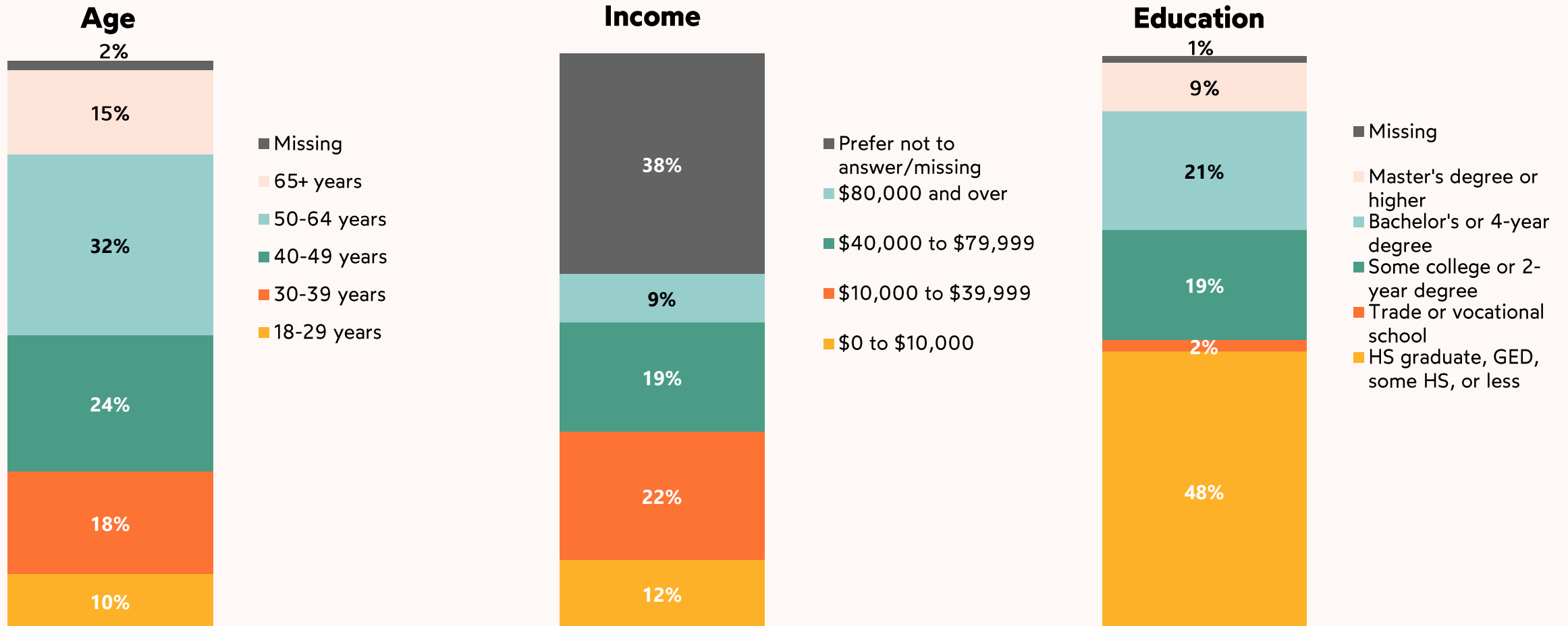


*Survey questions 1, 10, and 11

From September & October data

Who are the vaccinated respondents? (n = 188)

A large share of vaccinated respondents are ages **40–49 (24%)** or **50–64 (32%)** and **nearly half** have a **high school degree/GED or less (48%).****



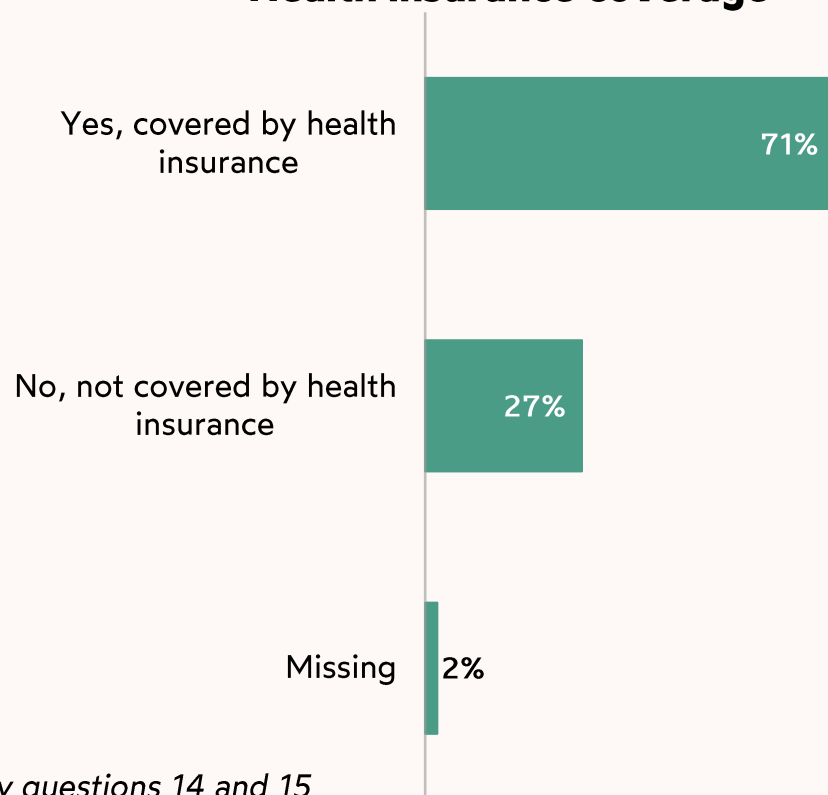
*Survey questions 9a, 12, and 13; **With such a high % of missing income responses it is difficult to accurately describe the typical income of a vaccinated respondent in this wave.

From September & October data

Who are the vaccinated respondents? ($n = 188$)

Over two-thirds of vaccinated respondents reported that they have **health insurance coverage (71%)** and **over half** reported that they have **no high-risk health conditions (61%)**.

Health insurance coverage



High-risk medical conditions**



*Survey questions 14 and 15

**High-risk health conditions include smoking, heart conditions (including high blood pressure), diabetes, obesity, lung disease (including asthma or COPD), kidney disease, cancer, pregnancy, sickle cell disease, HIV, other chronic diseases, or any condition that impairs your immune system.

Among vaccinated respondents (n = 188)

From September & October data

ACCESS



Nearly three-quarters of respondents noted that it took **20 minutes or less (71%)** to get to the location where they received the COVID-19 vaccine.



Most respondents found it **very easy to make a vaccine appointment (75%)**; only **10%** found it **somewhat or very difficult**.



In October, **a fifth of respondents got the vaccine at a clinic/health center (20%)**, which was also the most common "other" response in September (community health center or clinic was not a category included in the September survey).

MESSENGERS AND MOTIVATORS



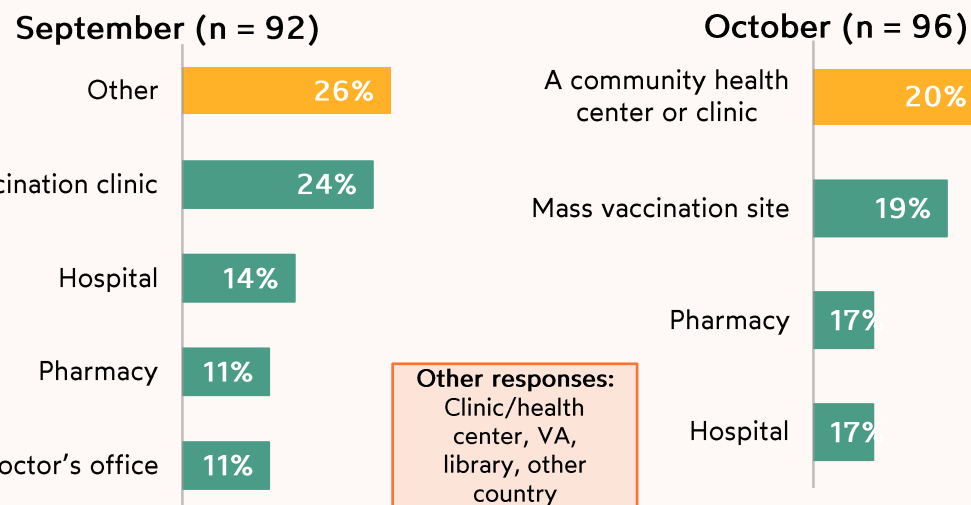
Doctors or health care providers (61%), scientists (53%), and the Centers for Disease Control and Prevention (CDC) (52%) were the most trusted sources of information about the COVID-19 vaccine.



Most respondents got the vaccine to **prevent death or severe illness (58% in September and 67% in October)** and to **protect household or family members (47% in September and 63% in October)**.



Fifteen percent of respondents would **get the vaccine to comply with a mandate** in October** (vaccine mandate was not a category included in the September survey).



*Survey question 5 and 8. ****"Comply with vaccine mandate" was one of the new responses added in October.

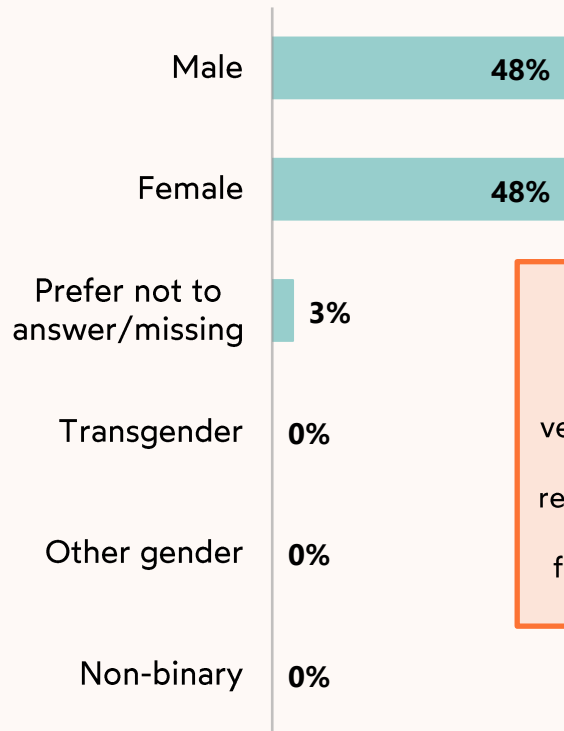
*Survey questions 3, 3b, and 4 **Note: there were responses added to the October survey, so we reported separately by month. Community health center/clinic was a new response added in October 20 and it is possible respondents who received a vaccine at this location may have been selecting another option in the previous months.

From September & October data

Who are the unvaccinated respondents? (n = 29)

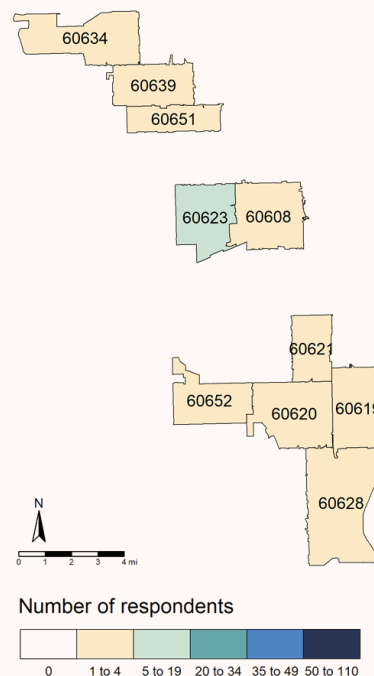
About half of the unvaccinated respondents were female (48%), more than half were African American or Black (59%), and many were from the zip code 60623.

Gender
(select all that apply)

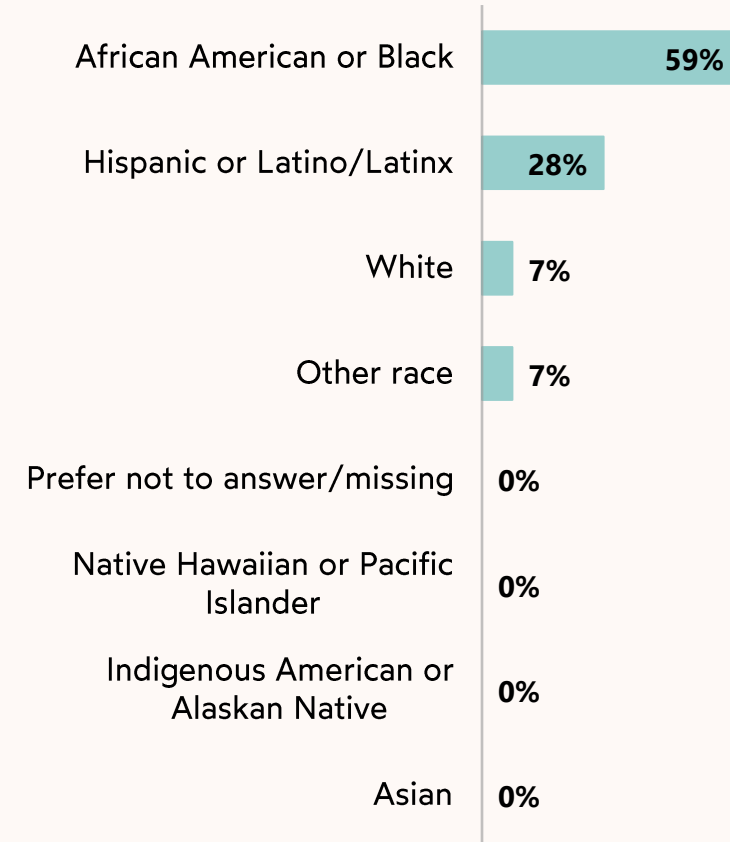


Unvaccinated respondents had an **even gender distribution** (48% versus 48%) compared to vaccinated respondents who had a greater share of females (69% female versus 26% male)

Where respondents live
(by zip code)



Race/Ethnicity
(select all that apply)



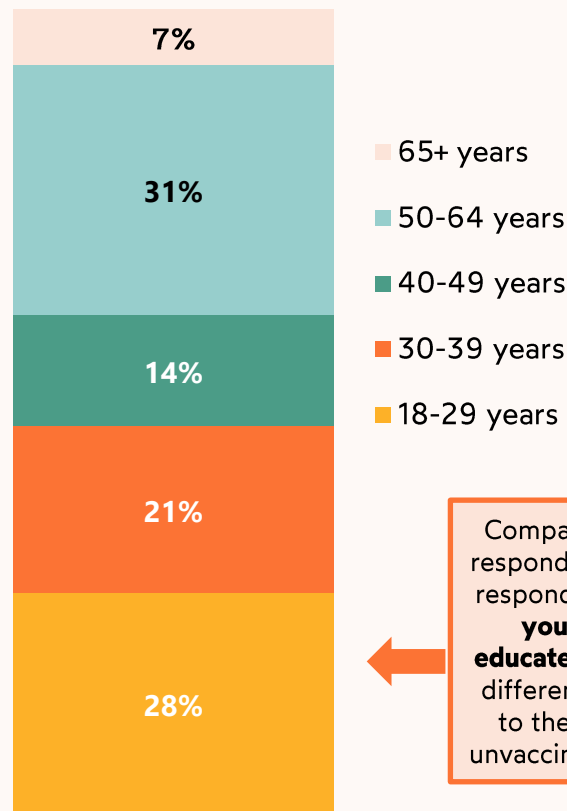
*Survey questions 1, 10, and 11

From September & October data

Who are the unvaccinated respondents? (n = 29)

A large share of unvaccinated respondents were in the age groups **50-64 years old (31%)** and **18-29 years (28%)** and have **some college education or a 2-year degree (38%)****

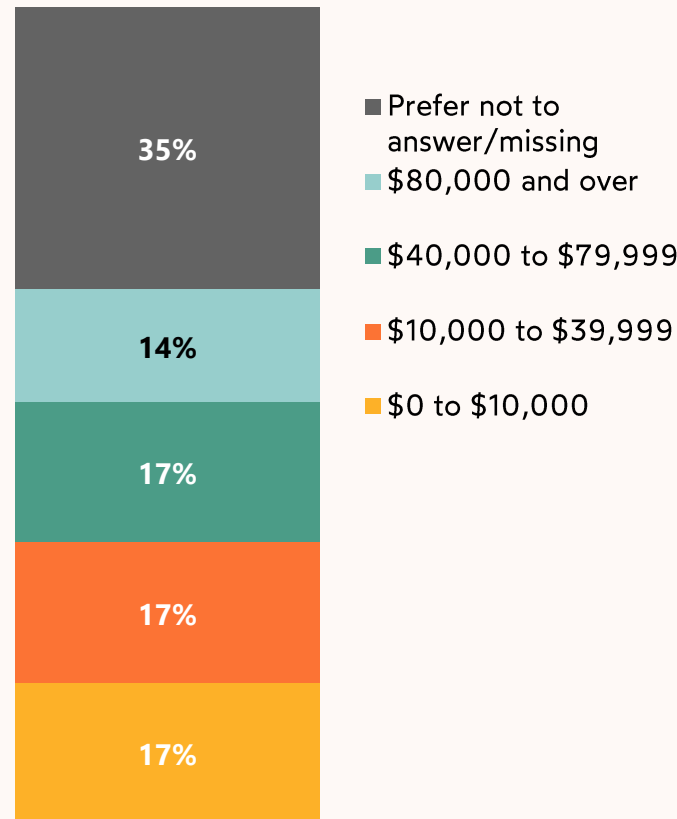
Age



- 65+ years
- 50-64 years
- 40-49 years
- 30-39 years
- 18-29 years

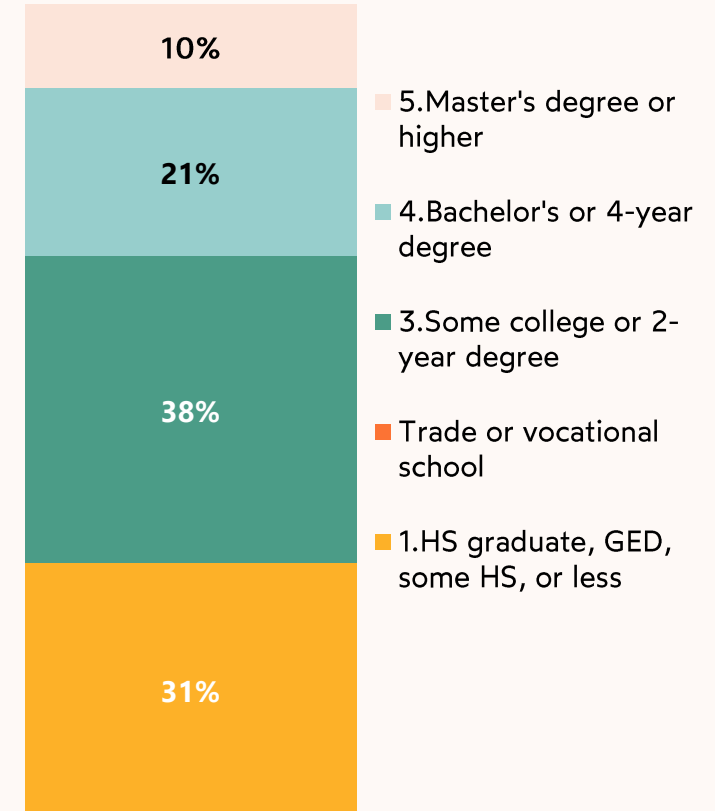
Compared to vaccinated respondents, unvaccinated respondents were **slightly younger and more educated**. However, these differences could be due to the small sample of unvaccinated respondents.

Income



- Prefer not to answer/missing
- \$80,000 and over
- \$40,000 to \$79,999
- \$10,000 to \$39,999
- \$0 to \$10,000

Education



- 5. Master's degree or higher
- 4. Bachelor's or 4-year degree
- 3. Some college or 2-year degree
- Trade or vocational school
- 1. HS graduate, GED, some HS, or less

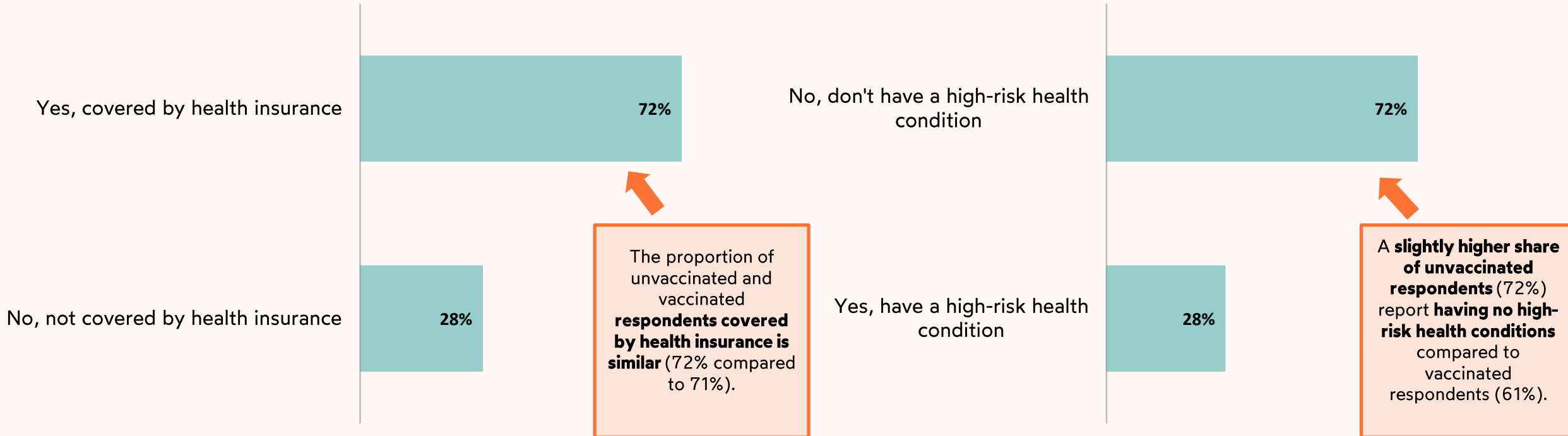
From September & October data

Who are the unvaccinated respondents? (n = 29)

Nearly three-quarters of unvaccinated respondents reported that they have **health insurance coverage (72%)** and **do not have high-risk health conditions (72%)**.

Health insurance coverage

High-risk medical conditions**



*Survey questions 14 and 15

**High-risk health conditions include smoking, heart conditions (including high blood pressure), diabetes, obesity, lung disease (including asthma or COPD), kidney disease, cancer, pregnancy, sickle cell disease, HIV, other chronic diseases, or any condition that impairs your immune system.

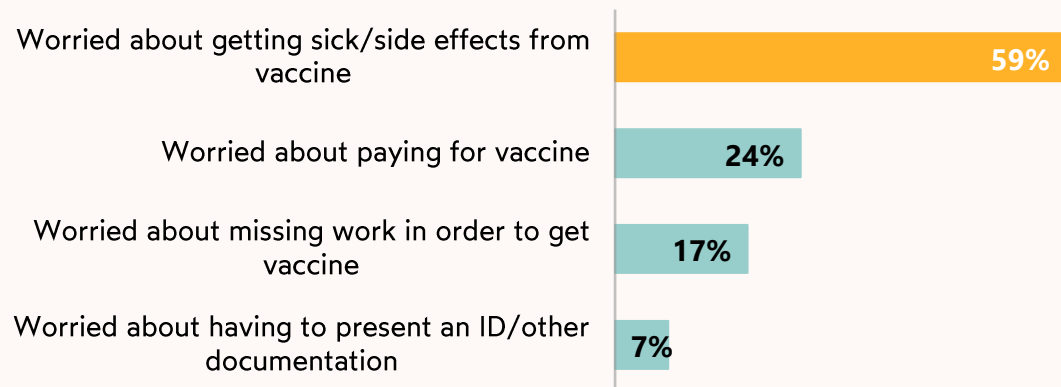
Among unvaccinated respondents (n = 29)

From September & October data

BARRIERS



Over half of unvaccinated respondents **worry about getting sick or experiencing side effects from the vaccine (59%)**.



ENABLERS

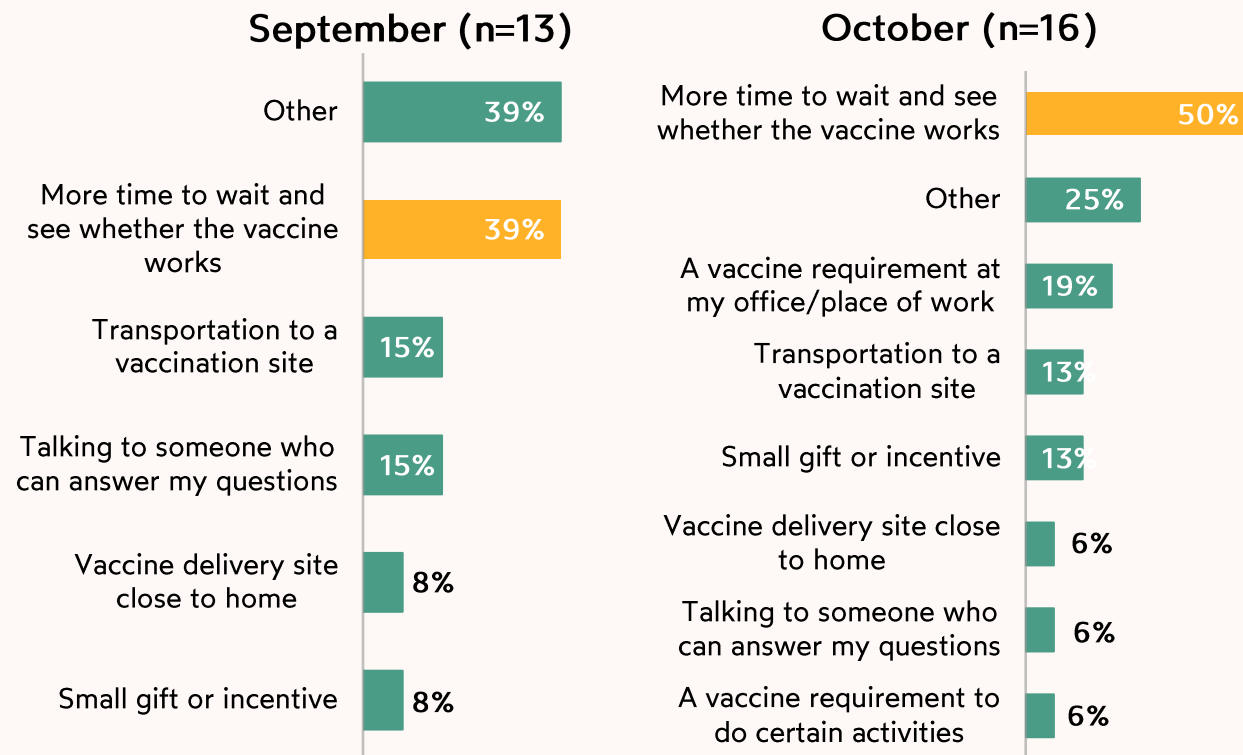


Most unvaccinated respondents **know where they can get a vaccine (90%) and know where they can get information about scheduling a vaccine appointment (83%)**.

MOTIVATORS



Most respondents reported there are few factors that can motivate them to get the vaccine; many wanted **more time see whether the vaccine works (39% in September and 50% in October)**.



*Survey question 6c

Other responses: More data, nothing, none

Other responses: What's in the vaccine, nothing, none

*Survey question 6b

*Survey questions 6b and 6c **Note: There were responses added to the October survey for 6c, so we reported separately by month. The two vaccine requirement responses were added in October and it is possible respondents who completed the survey in September may have selected these options if they had been available.

Among unvaccinated respondents (n = 29)

From September & October data

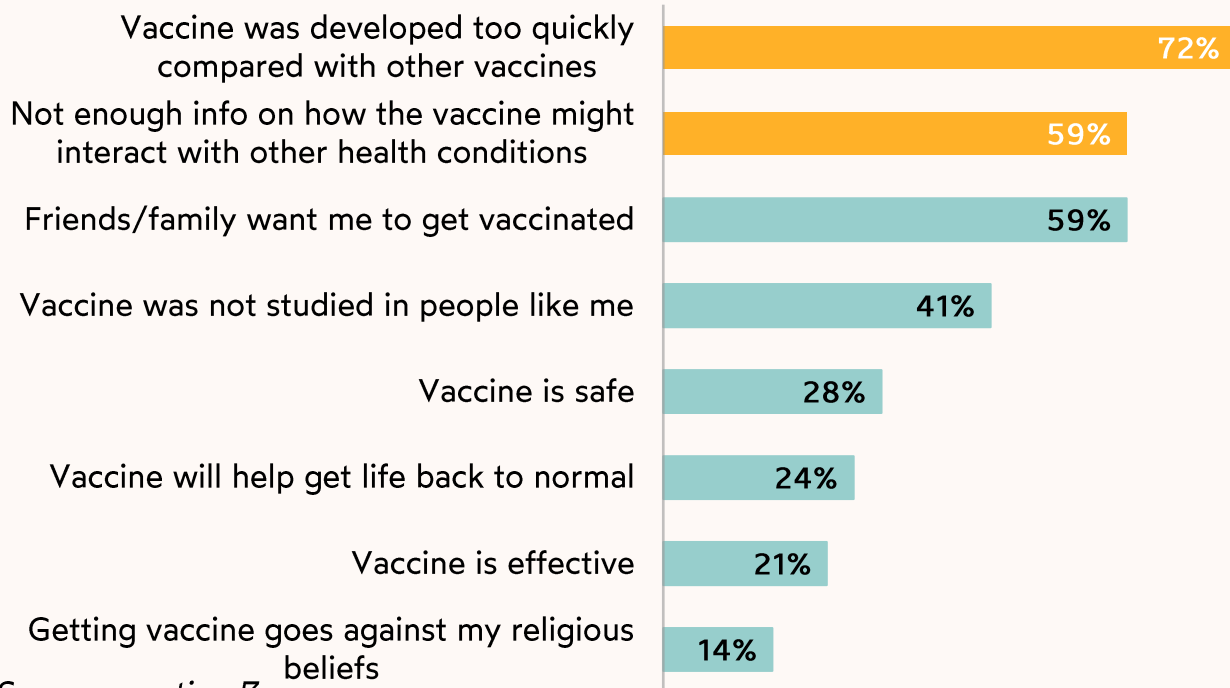
BELIEFS



Nearly three-quarters of unvaccinated respondents believe **the vaccine was developed too quickly compared with other vaccines (72%)**.



Over half of respondents believe **there is not enough info on how the vaccine might interact with other health conditions (59%)**.

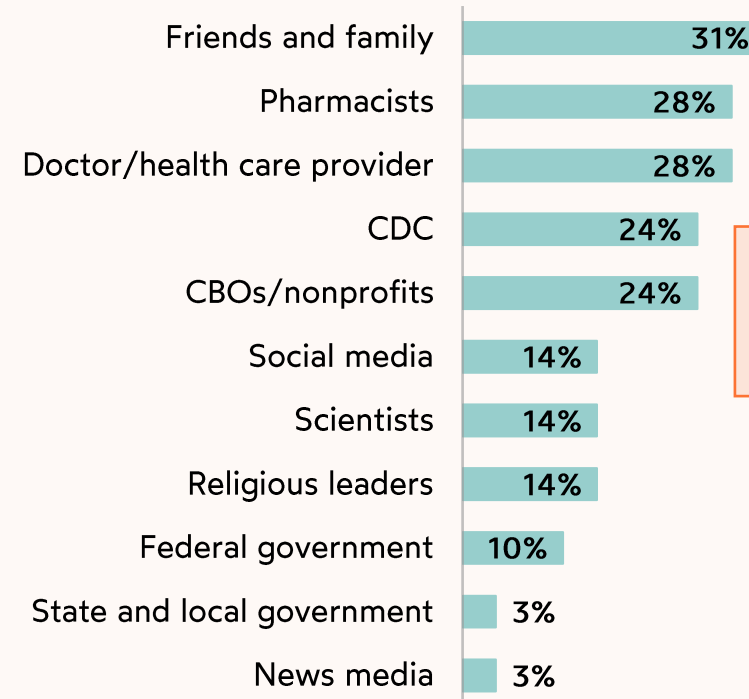


*Survey question 7

TRUSTED MESSENGERS



Overall, unvaccinated respondents reported **low levels of trust in various sources for Covid-19 information** (less than one-third of respondents reported trust in every source listed).



Vaccinated respondents had much higher trust in these sources

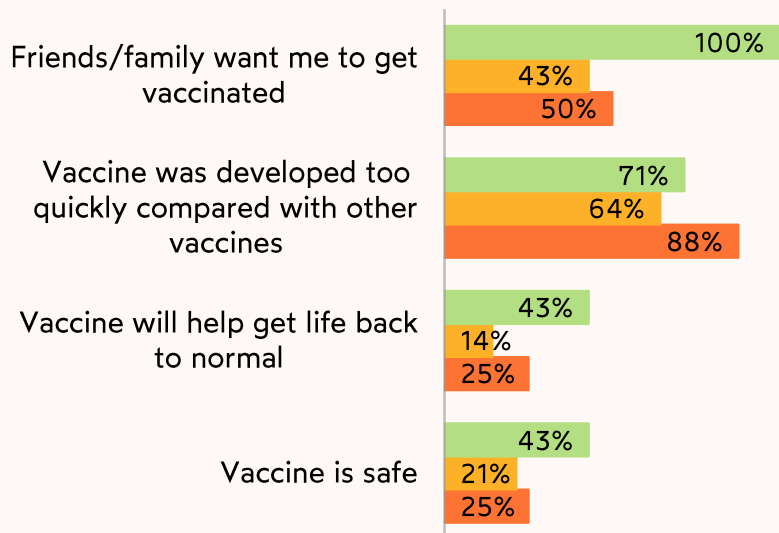
*Survey question 8

From September & October data

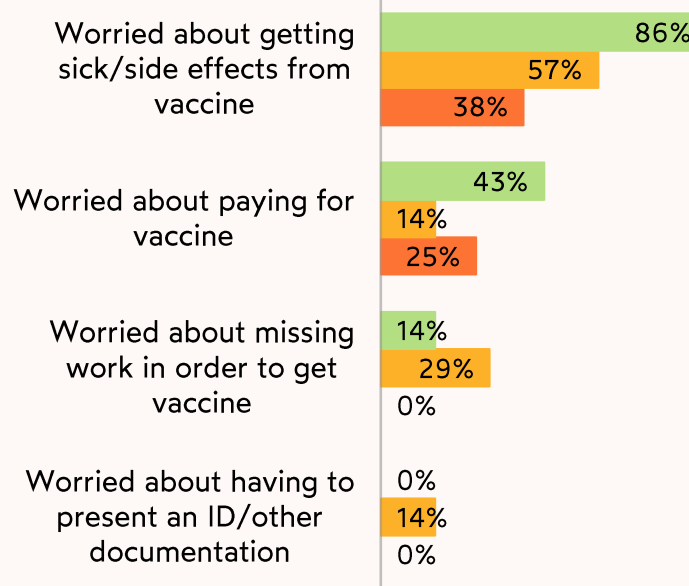
Differences between “types” of unvaccinated respondents

- The group of respondents who “**intend to get the vaccine**” and “**do not intend to get the vaccine**” had smaller sample sizes, so it is important not to overinterpret these findings.
- Many “undecided” respondents have less positive beliefs about the the safety and impact about the vaccine compared to other groups. Only a fifth of “undecided” respondents believed that the **vaccine was safe (21%)** and only **14% believe the vaccine will get life back to normal**.
- Compared to the “do not intend” group, the “undecided” group have **more trust in sources of information** about the vaccine, but still do not have clear trusted messengers.

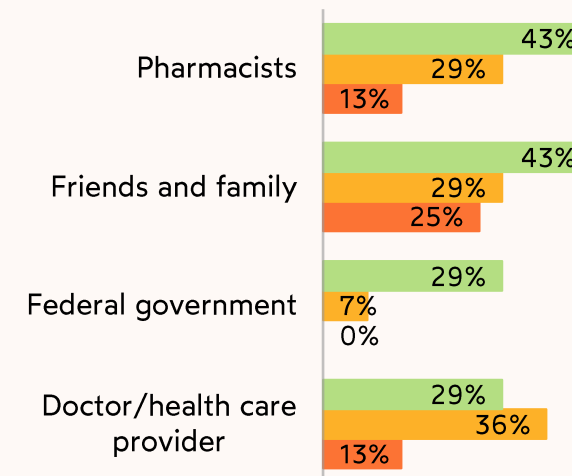
BELIEFS



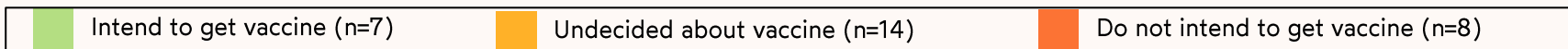
BARRIERS



TRUSTED MESSENGERS



*Survey questions 6b, 7, and 8



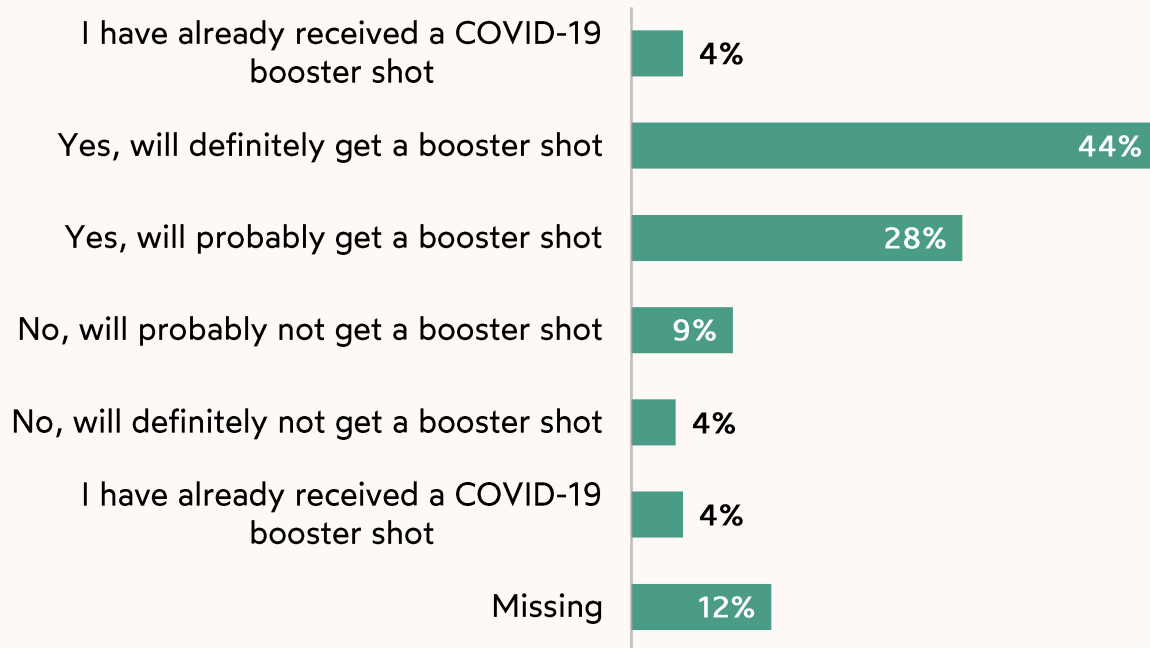
Attitudes toward booster shot

From September & October data

VACCINATED RESPONDENTS (n=188)



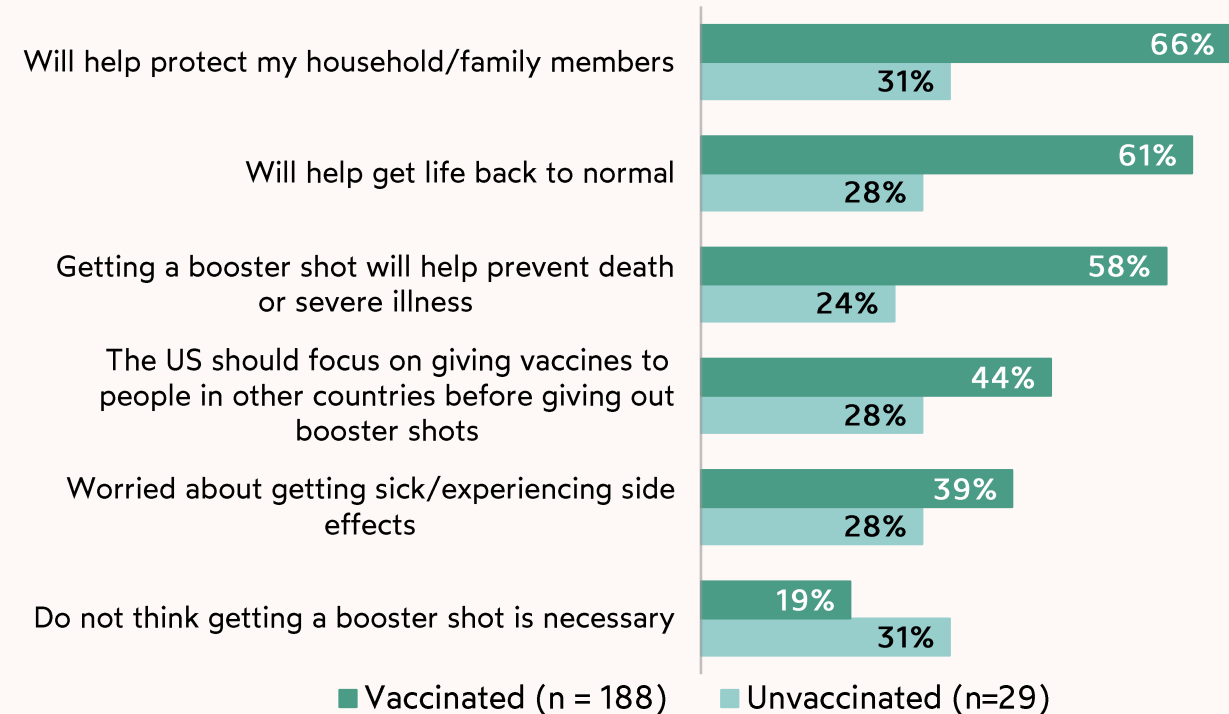
Nearly half of vaccinated respondents **intend on getting a booster shot (44%)** or **have already gotten one (4%)**, and over a third of respondents are **undecided (37%)**.



ALL RESPONDENTS (n=217)



Vaccinated respondents believe getting a booster shot will help **protect their family and household (66%)**, **get life back to normal (61%)**, and **prevent death or severe illness (58%)**. A smaller proportion of unvaccinated respondents share these beliefs. Almost one-third of unvaccinated respondents **do not believe a booster shot is necessary (31%)**.

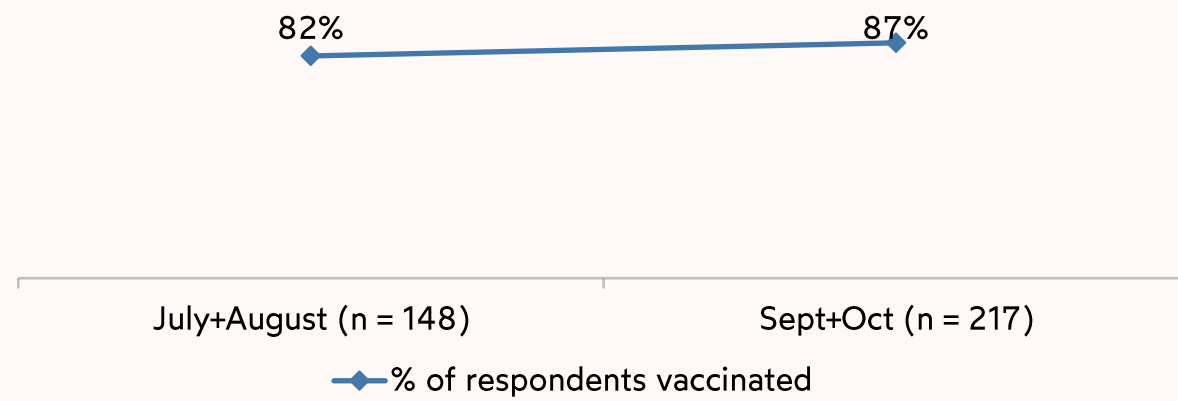


*Survey question 8.1 (New for September)

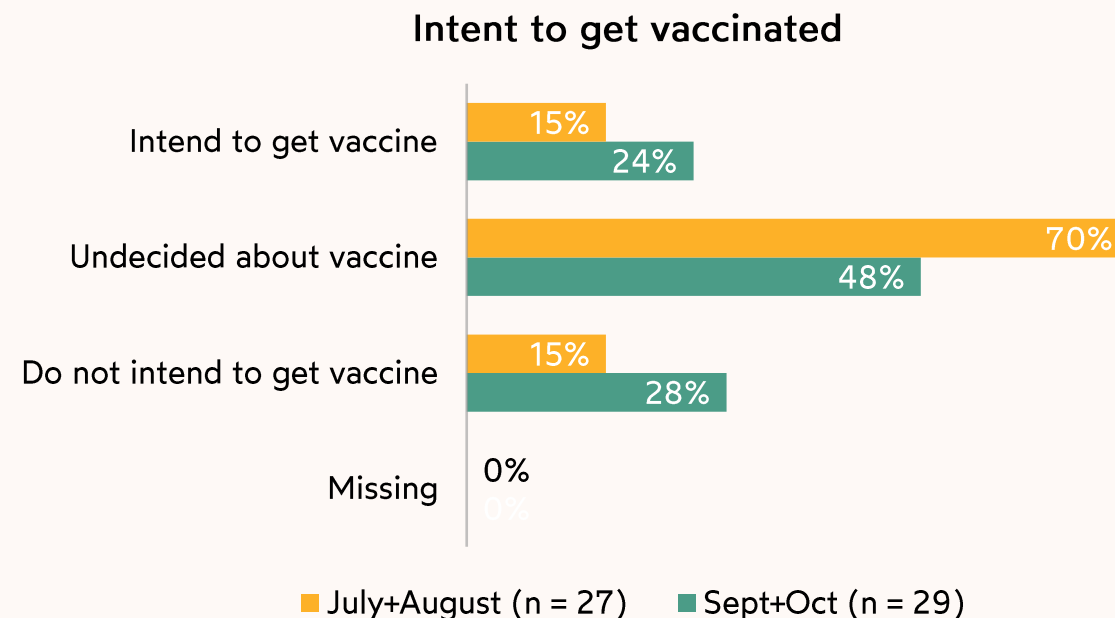
*Survey question 8.2 (New for September)

Vaccination trends from July/August to September/October

The share of respondents who were vaccinated was slightly higher in September/October than in July/August.



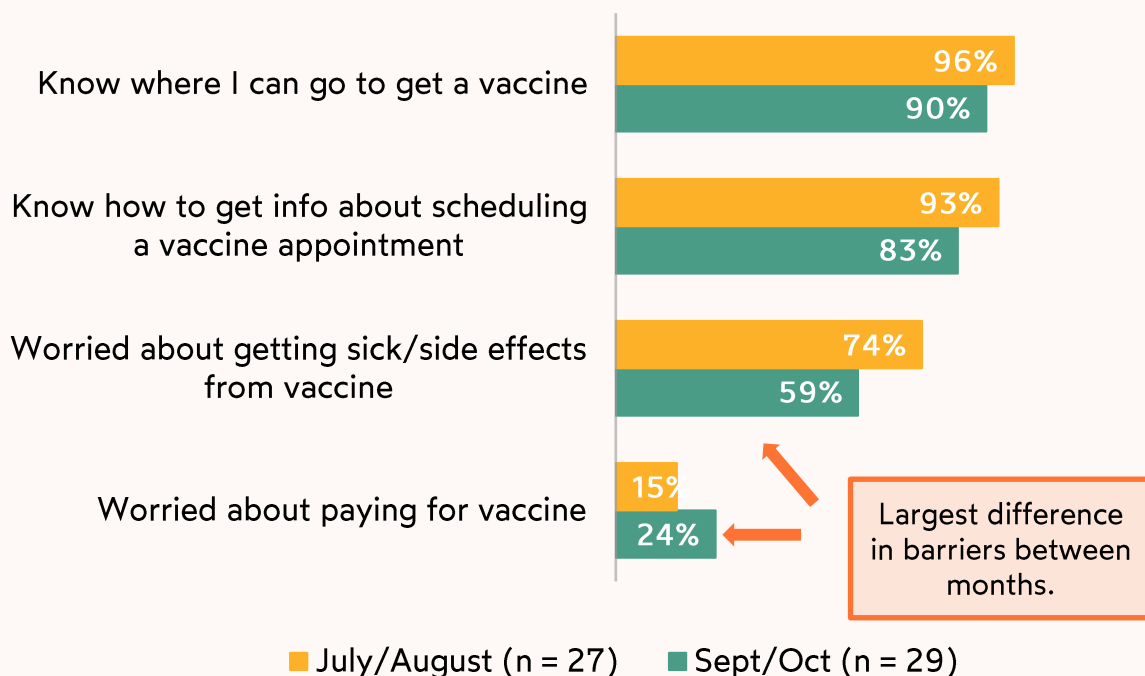
Overall, unvaccinated respondents in September/October were more certain about their vaccination intentions. The share of respondents who do not intend to get the vaccine was higher by 13 percentage points and the share of intend to get the vaccine was higher by 9 percentage points. However, given the small sample size, this could also be random variation.



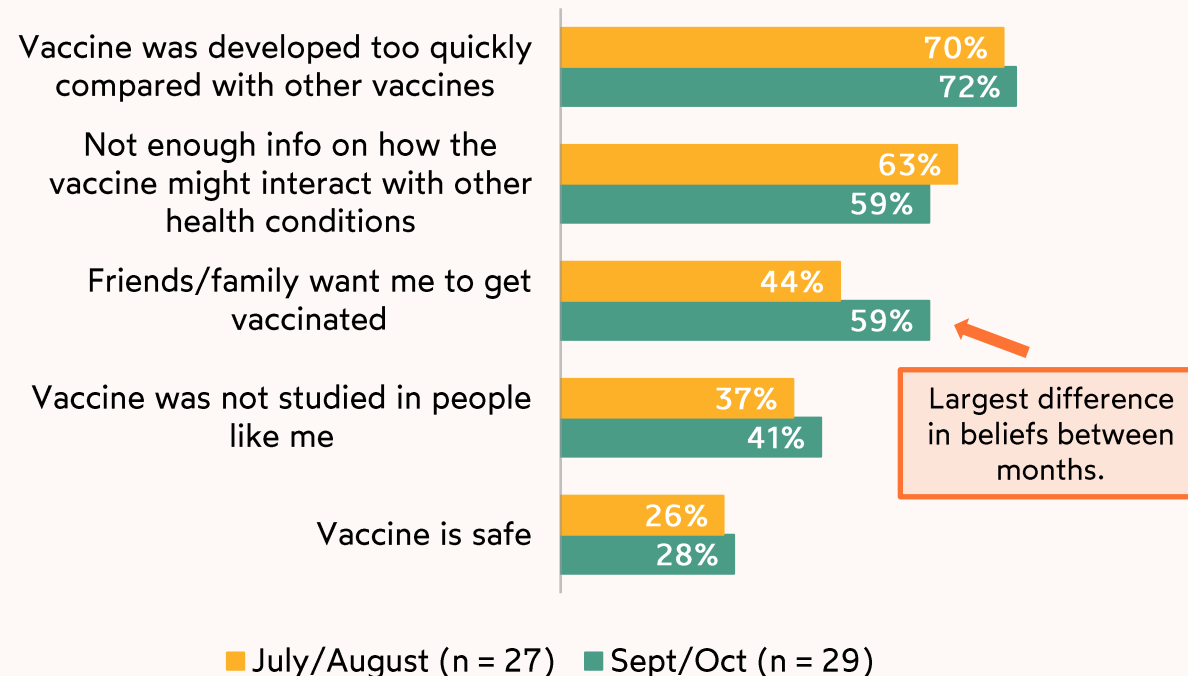
Trends in barriers and beliefs from July/August to September/October

The top barriers and beliefs reported by unvaccinated respondents remained largely consistent between July/August and September/October.

Barriers



Beliefs



Summary and potential actions

From September & October data

KEY TAKEAWAYS

VACCINATED VS UNVACCINATED*

- Unvaccinated respondents were **evenly distributed across gender**, compared to vaccinated respondents who had a **larger share of females**
- Unvaccinated and vaccinated respondents were **similarly distributed across race/ethnicity** and many were from **zip code 60623**.
- A **slightly higher share of unvaccinated respondents report having no high-risk health conditions** compared to vaccinated respondents
- Unvaccinated respondents were **slightly younger and more educated** than vaccinated respondents
- Unvaccinated respondents have **fewer positive beliefs** about the **safety and overall impact of the vaccine** on people's everyday lives
- Unvaccinated respondents reported **low levels of trust in various sources for Covid-19 information** compared to vaccinated respondents

KEY TAKEAWAYS

VACCINATED RESPONDENTS

- Are most motivated to get the vaccine to **prevent death or severe illness or to protect family and household members**
- Remain **undecided (over one-third)** about whether to get the **booster shot**
- Believe **the U.S. should focus on giving vaccines to other countries** before focusing on booster shots (nearly half)

KEY TAKEAWAYS

UNVACCINATED RESPONDENTS

- Are **worried about getting sick or experiencing side effects** from the vaccine
- Need more **information on how the vaccine interacts with other health conditions**
- Believe the **vaccine was developed too quickly**
- Would like **more time to see whether vaccine works**
- Would like to talk to **someone about their questions** about the vaccine
- Were **not very trusting of the listed sources of information** about the COVID-19 vaccine

Summary and potential actions

From September & October data

POTENTIAL MESSAGING & OUTREACH STRATEGIES



Continue to refine and promote message that:

- Details **how to manage side effects**
- Provides **resources and contact information** if experiencing side effects
- Demonstrates the **vaccine's safety in the presence of other health conditions**
- Highlights how vaccines are good at preventing **severe illness and death**
- Describes **how the vaccine testing and production process was safely compressed into a shorter time frame.**



Validate and support people who want more time to wait and see (for example, focus on other risk-reduction behaviors like masks and testing).

POTENTIAL MESSAGING & OUTREACH STRATEGIES



Talk to the community about **who they trust when it comes to information about COVID-19 and vaccines.**



Keep in mind that there are still people out there who **might only need a small nudge such as easier access to the vaccine, someone to talk to, or a small incentive.**



Conduct **focus groups** to better understand whether people's belief that the U.S. should prioritize vaccines for other countries prevents them from making the decision to get the vaccine. From these findings, **help people understand that getting a booster shot does not reduce the availability of vaccines in other countries.**

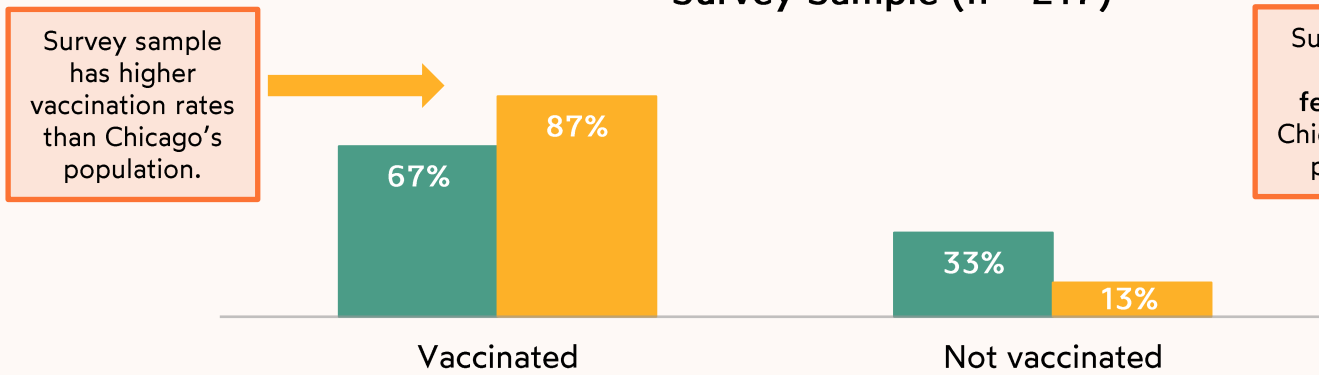
Chicago: Supplemental data slides

- Survey respondent demographics vs. city BIPOC demographics
- All figures for questions analyzed

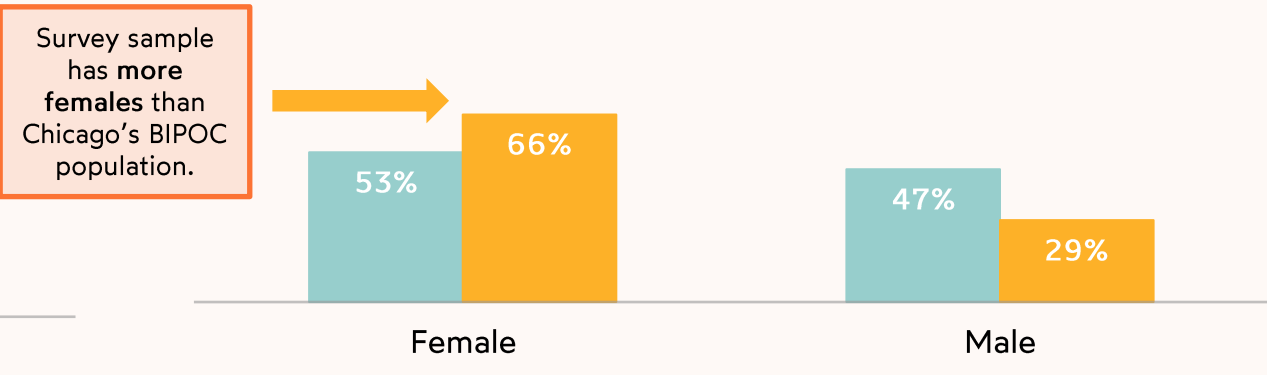
From September & October data

Survey respondent demographics vs. Chicago city BIPOC demographics

Vaccination status (at least one dose): Chicago vs. Survey Sample (n = 217)



Gender: Chicago vs. Survey Sample (n = 217)

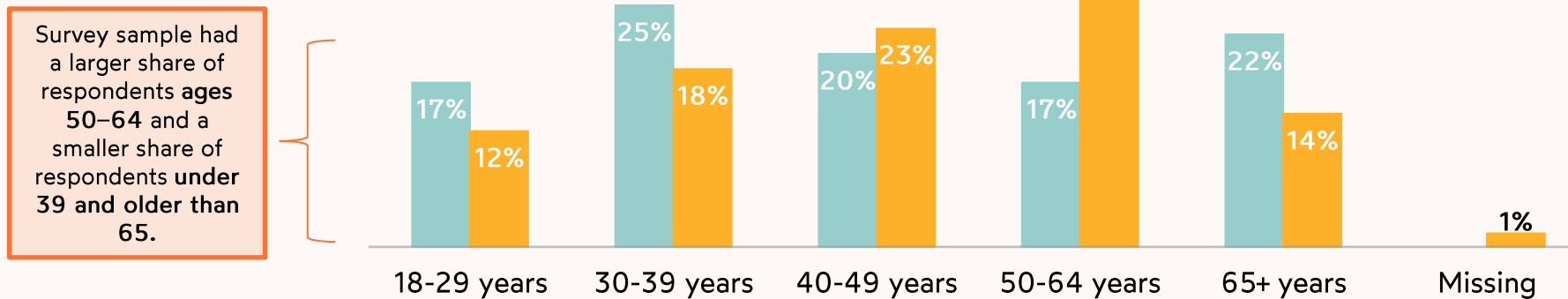


■ COVID-19 Daily Vaccinations - Chicago Residents ■ Survey Sample

■ Chicago BIPOC census, 2019 ACS microdata ■ Survey Sample

Note: Vaccination rates are not reflective of the Chicago BIPOC population. Unlike other demographics shown in this slide.

Age: Chicago vs. Survey Sample (n = 217)



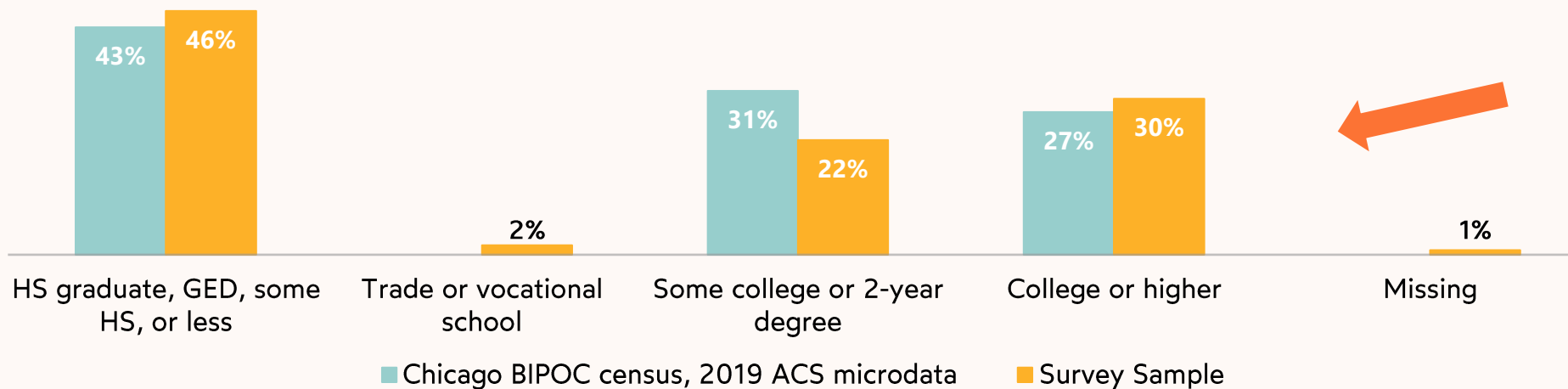
■ Chicago BIPOC census, 2019 ACS microdata ■ Survey Sample

*Source: Illinois Comprehensive Automated Immunization Registry Exchange (I-CARE), U.S. Census Bureau American Community Survey one-year estimate for 2019.

Survey respondent demographics vs. Chicago city BIPOC demographics

From September & October data

Education: Chicago vs. Survey Sample (n = 217)

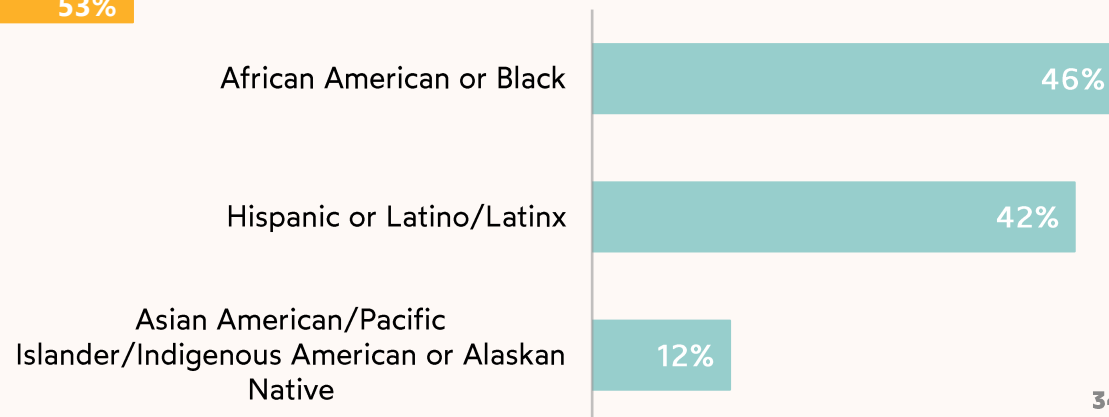
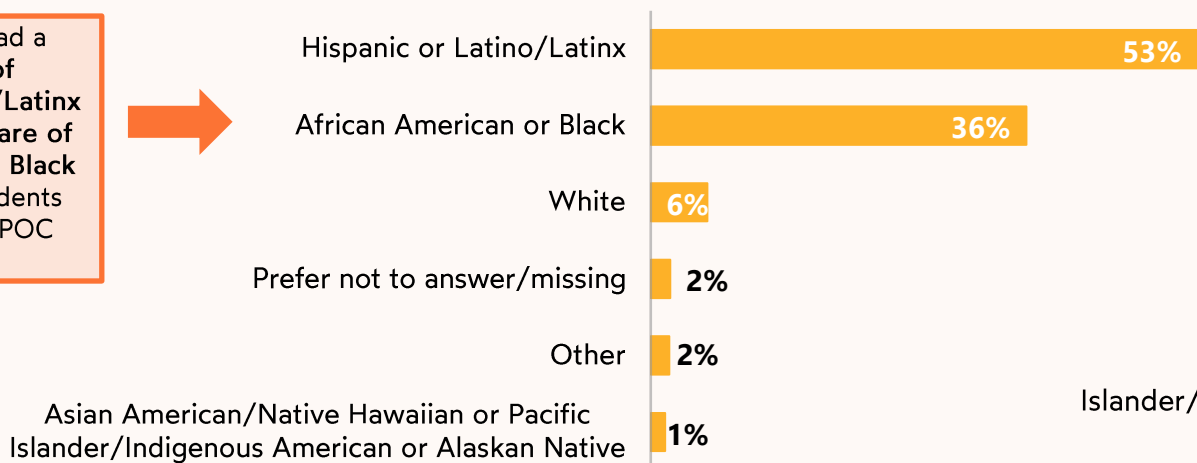


Survey respondents had similar education levels as the overall Chicago BIPOC population.

Survey Sample race/ethnicity (n = 217)

Chicago BIPOC census, 2019 ACS microdata BIPOC race/ethnicity

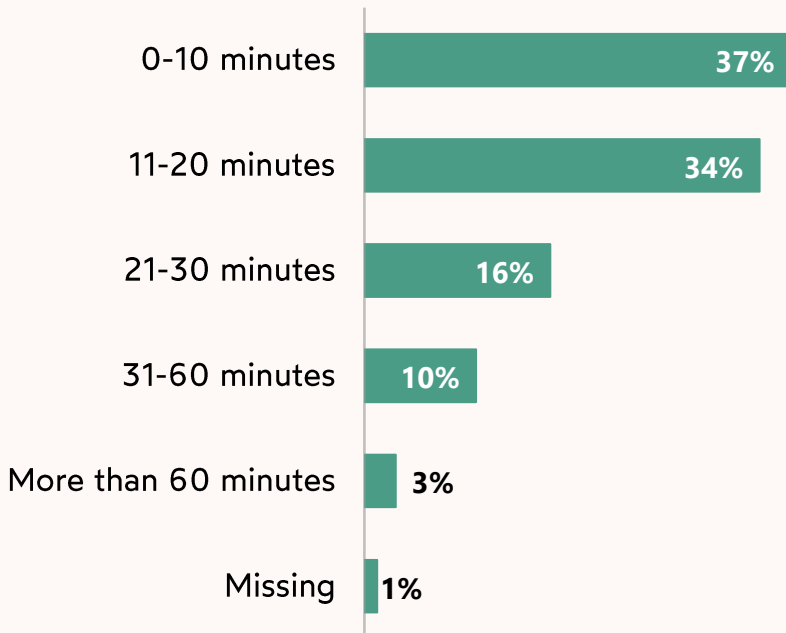
Survey sample had a larger share of Hispanics/Latinos/Latinxs and a smaller share of African American/ Black and Asian respondents than Chicago's BIPOC population.



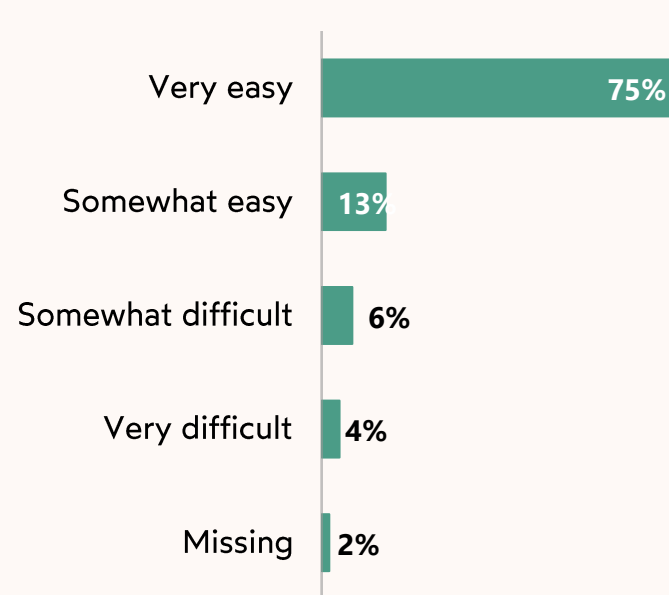
Among vaccinated respondents (n = 188)

From September & October data

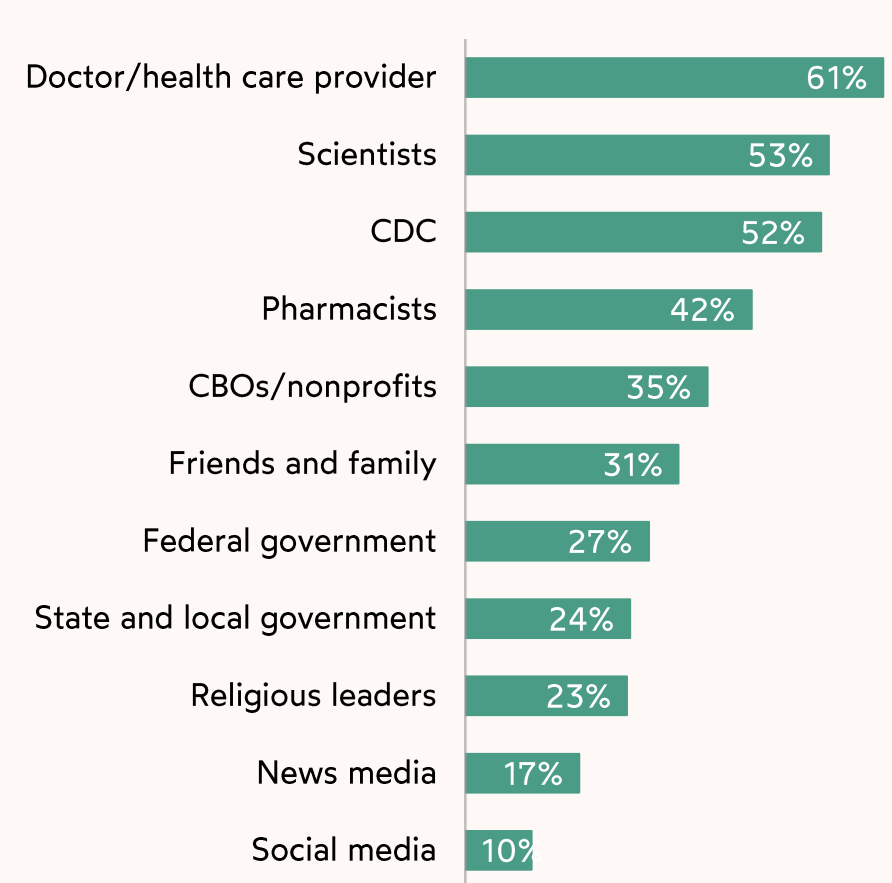
Time taken to get vaccinated



Ease of getting an appointment



Trusted messengers

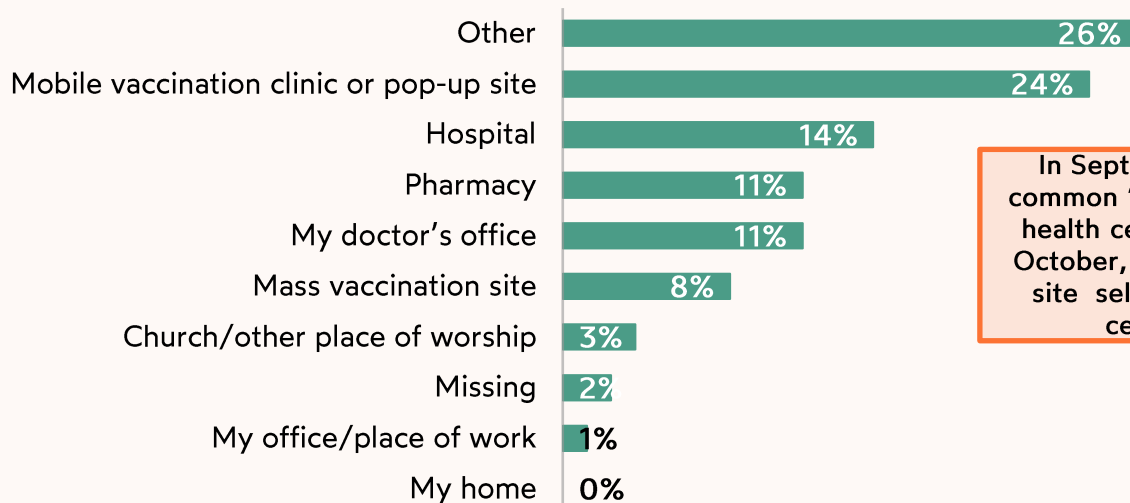


*Survey questions 3b, 4, and 8

Among vaccinated respondents (n = 188)

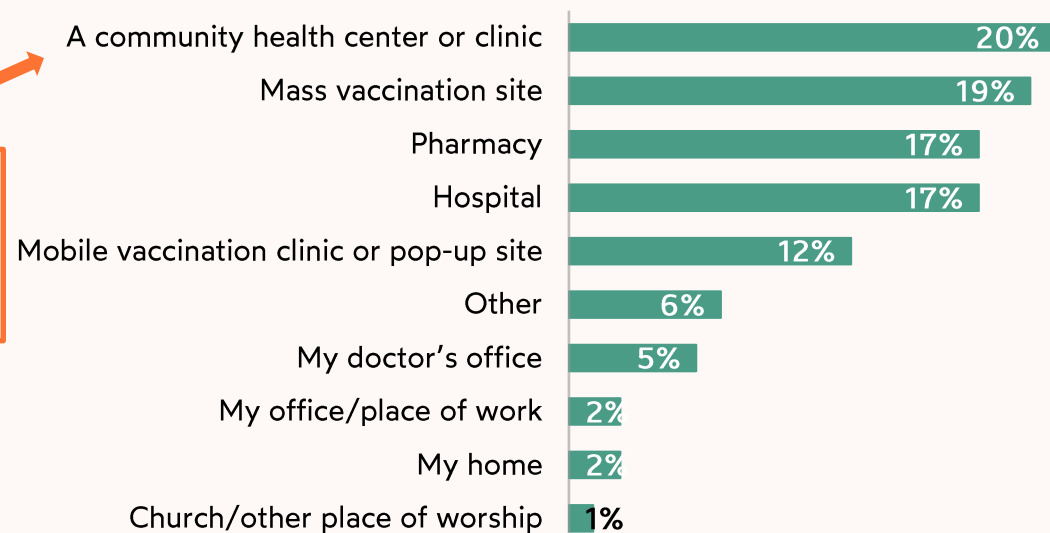
From September & October data

Location of appointment (September, n=92)

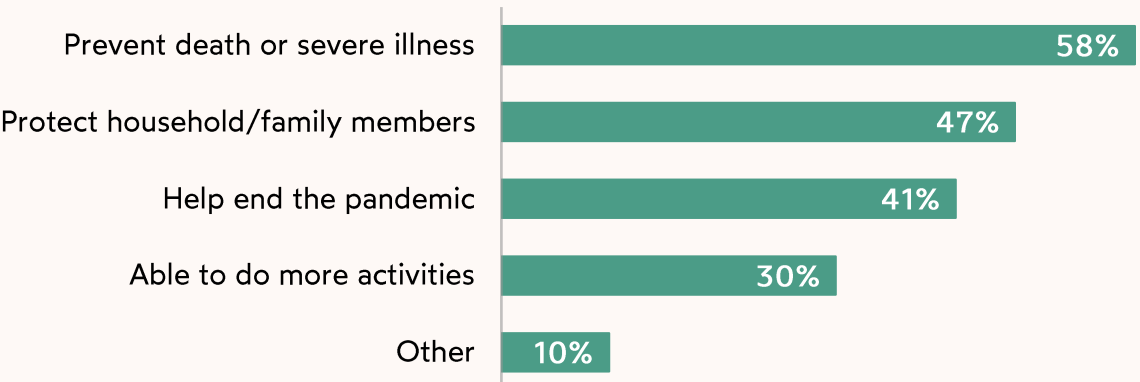


In September, the most common "other" option was health center/clinic and in October, the most common site selected was health center/clinic.

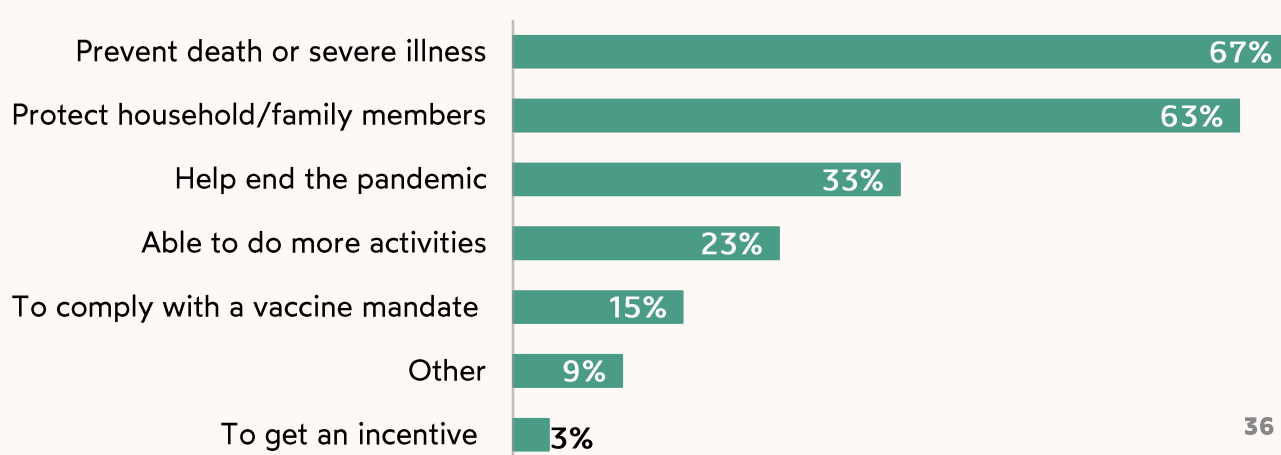
Location of appointment (October, n = 96)



Reason for becoming vaccinated (September, n = 92)



Reason for becoming vaccinated (October, n = 96)

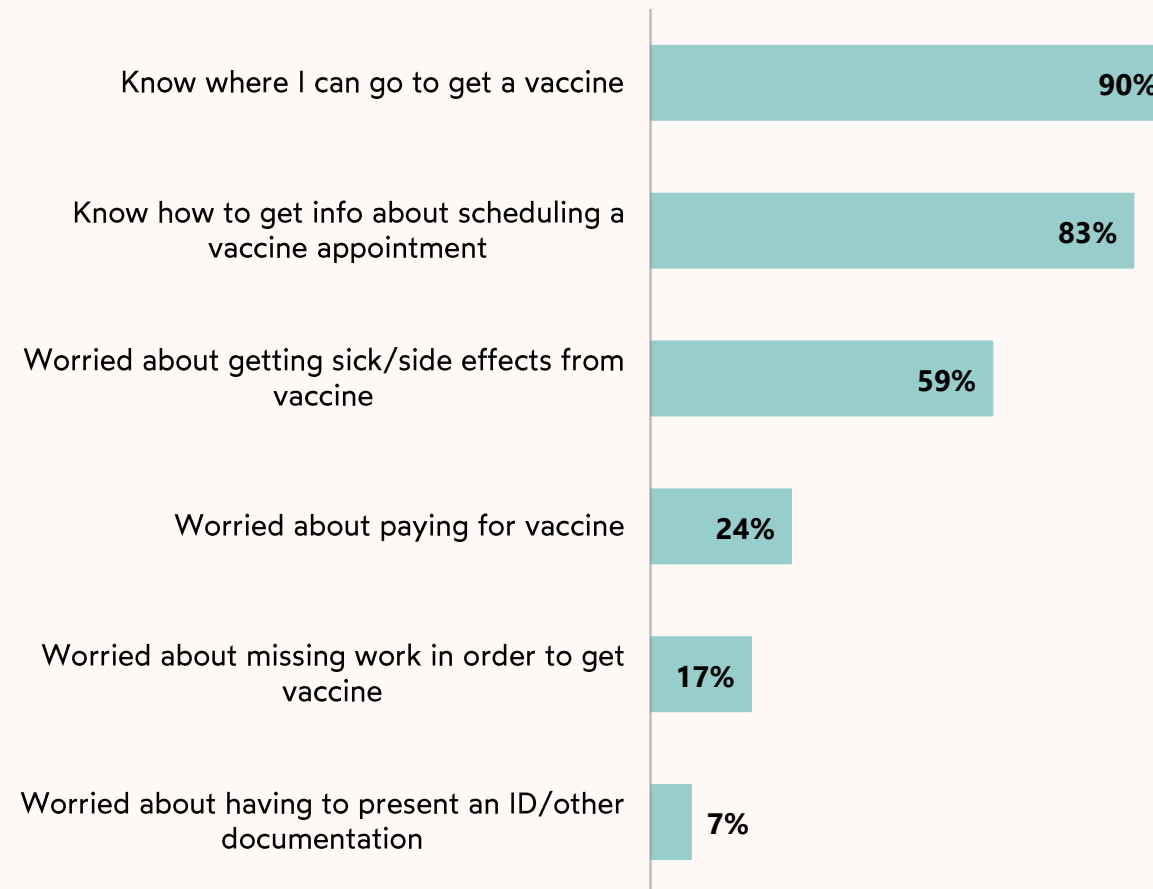


*Survey questions 3 and 5

Among unvaccinated respondents (n = 29)

From September & October data

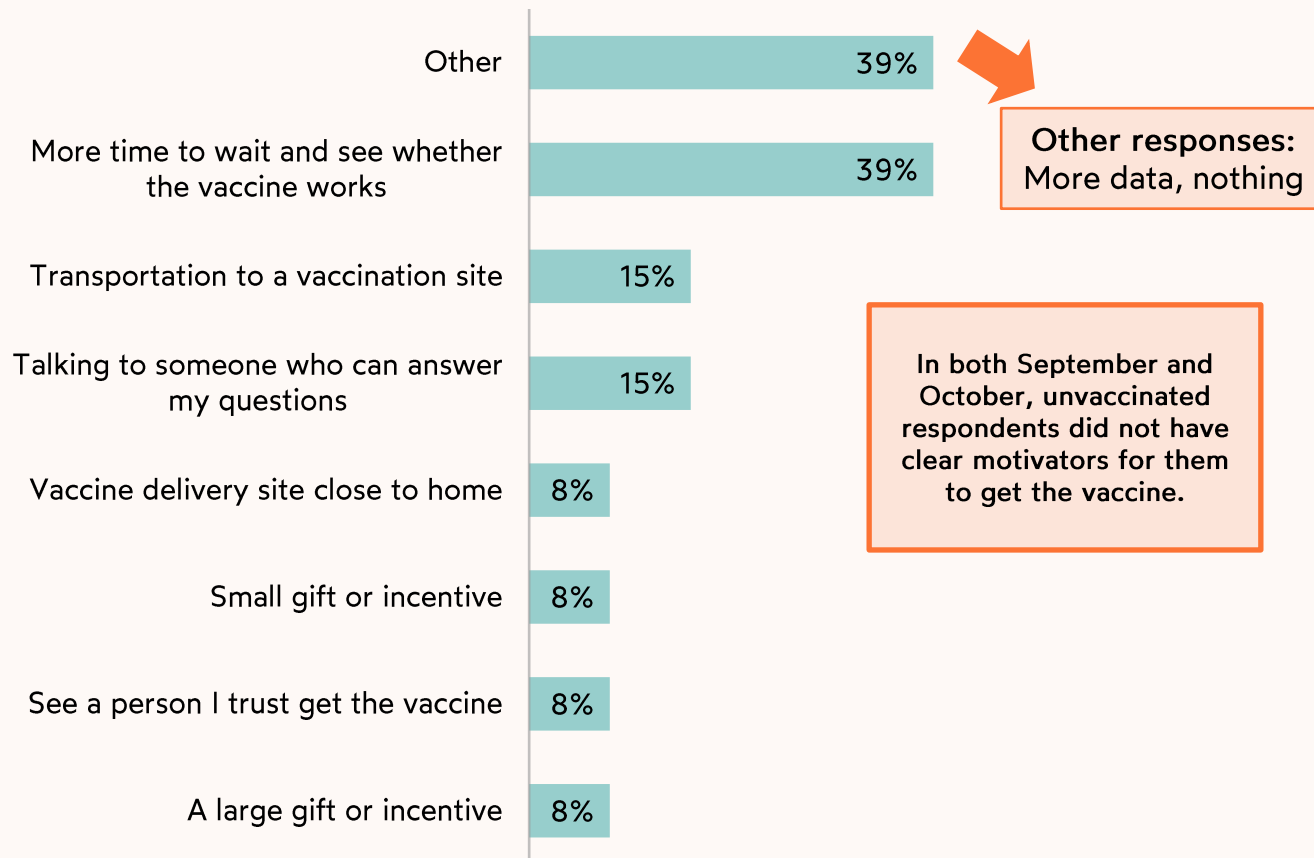
Barriers/Enablers



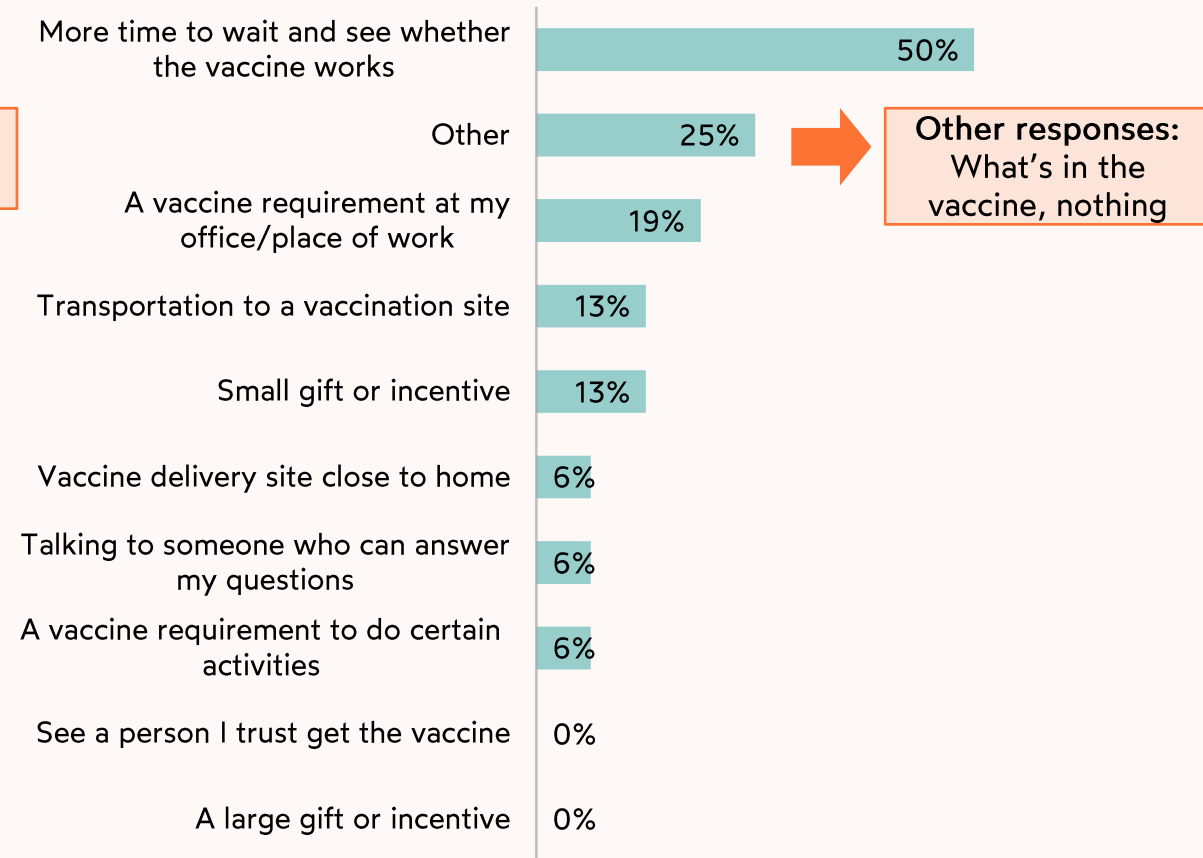
Among unvaccinated respondents (n = 29)

From September & October data

Motivators to get the vaccine (September, n = 13)



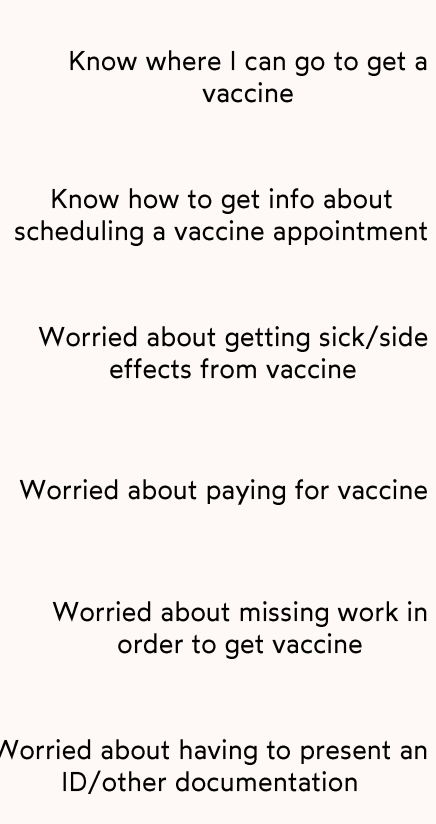
Motivators to get the vaccine (October, n = 16)



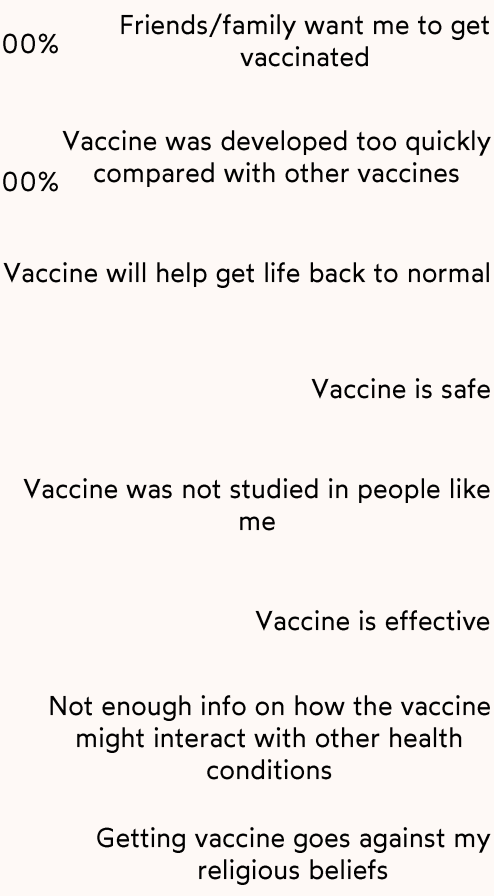
Types of unvaccinated respondents (n = 29)

From September & October data

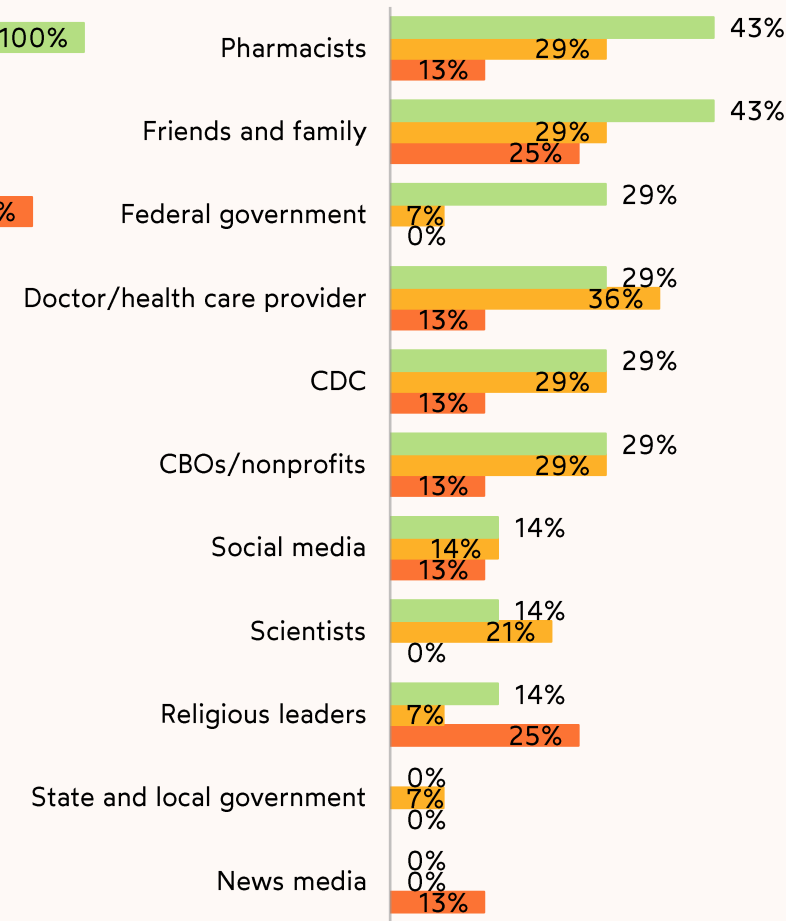
Barriers/Enablers



Beliefs



Trusted messengers



■ Intend to get vaccine (n=7)
 ■ Undecided about vaccine (n=14)
 ■ Do not intend to get vaccine (n=8)

*Survey questions 6b, 7, and 8

Survey insights by city: Houston

*October data only**

**Note: There is a separate Houston September data report*

Overview

- Methodology
- Respondents' vaccination status and intentions
- Respondents' Covid-19 testing history
- Characteristics and highlights among vaccinated respondents
- Characteristics and highlights among unvaccinated respondents
- Differences between “types” of unvaccinated respondents
- Respondents' attitudes towards the booster shot
- Vaccination trends across months
- Summary and potential actions
- Survey insights across sites among unvaccinated respondents

Monthly goal: 150 responses

Methodology

The main partner leading this effort is
Houston in Action.



Houston in Action is a partnership that consists of organizations that aim to strengthen community-led civic participation and organizing culture in Houston.

Partnered with



Texas Toolbelt (TTB) leads the data collection efforts.

Methods



TTB uses tablets in its door-to-door canvassing efforts to capture respondents' answers. It is using census block groups to determine which neighborhoods to reach out to.

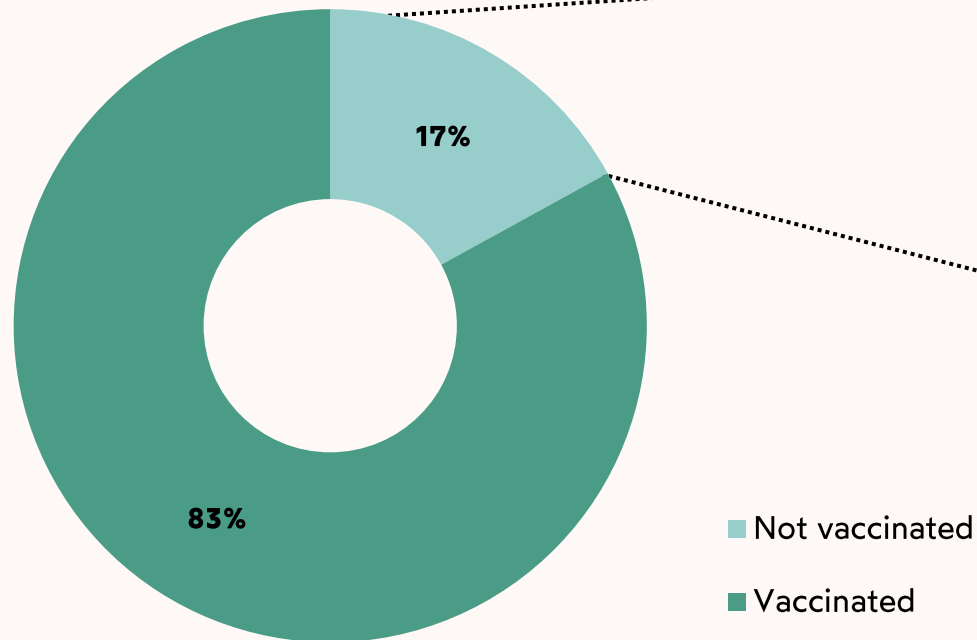
TTB is a canvassing and outreach organization that reaches out to Houston residents to encourage political and civic engagement.

From October data

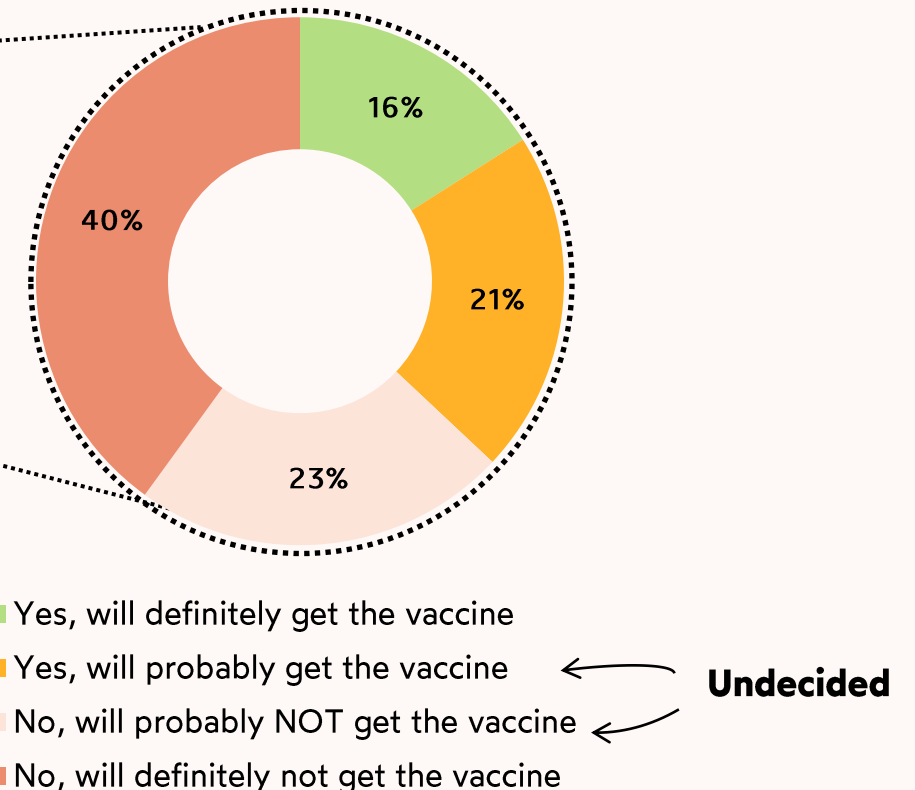
Vaccination status and intention (n = 258)

Most of the sampled population is **vaccinated (83%)**. Among the respondents who are not yet vaccinated, **16% intend to get the vaccine, 44% are undecided, and 40% will definitely not get the vaccine.**

Surveyed population in Houston



Among the 22% who are not vaccinated

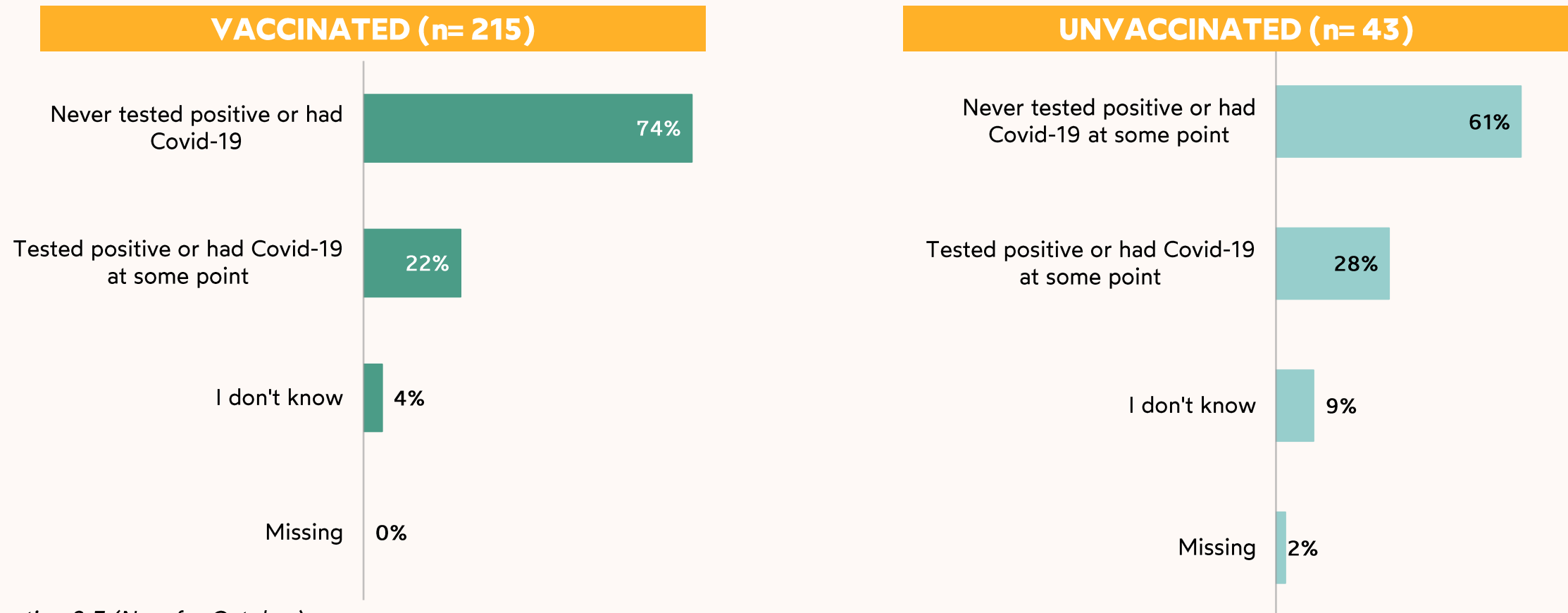


*Survey question 2

Respondents' personal experience with Covid-19 ($n = 258$)

From October data

In October, **about a fifth of vaccinated respondents report having ever tested positive for Covid-19 (22%)** compared to **about a quarter of vaccinated respondents (28%)**.

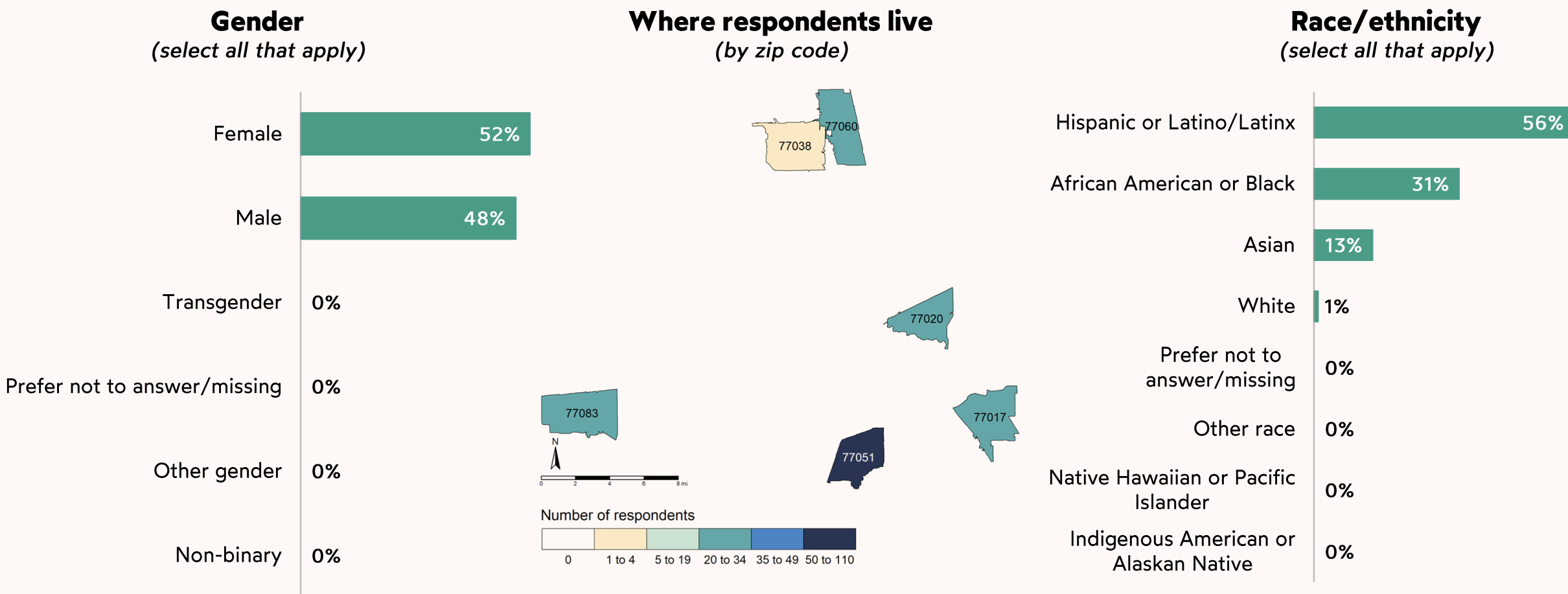


*Survey question 8.3 (New for October)

Who are the vaccinated respondents? (n = 215)

From October data

Around half of vaccinated respondents were **female (52%)**, over half were **Hispanic or Latino/Latinx (56%)**, and many were from **zip code 77051**.



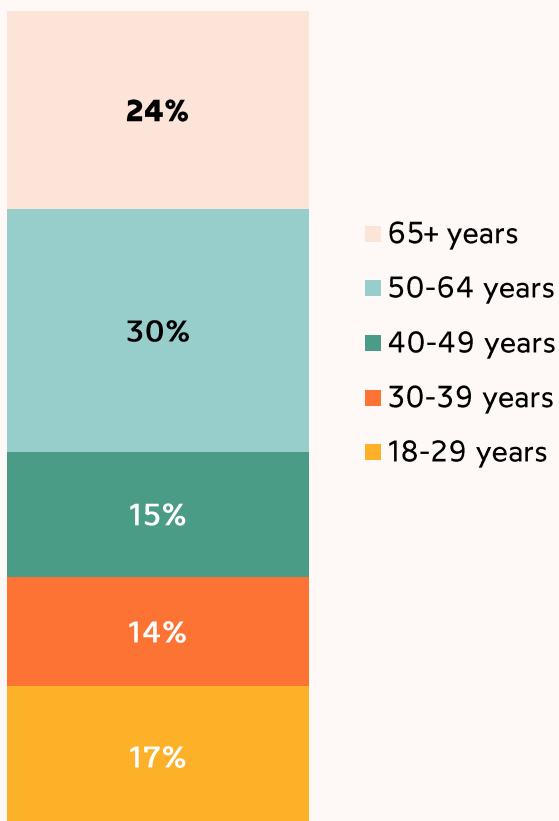
*Survey questions 1, 10, and 11

Who are the vaccinated respondents? (n = 215)

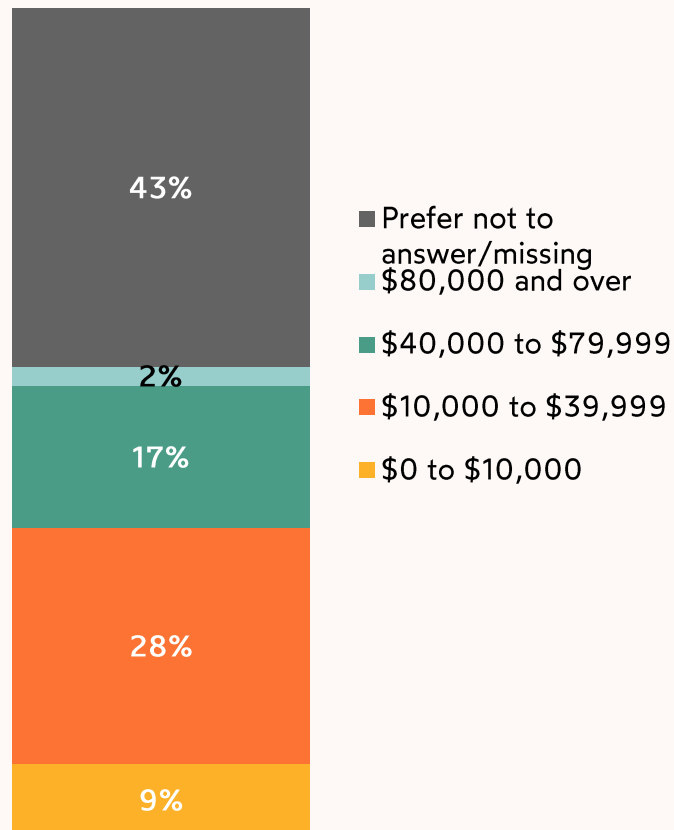
From October data

Most vaccinated respondents are ages **50 to 64 (30%)** or **older than 65 (24%)** and have a **high school diploma/GED or less (59%).****

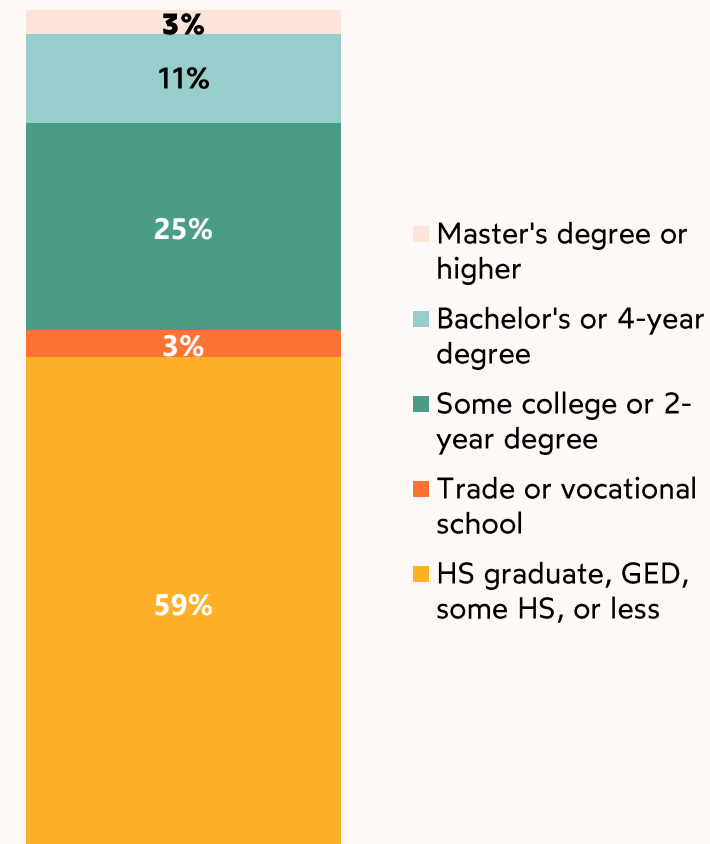
Age



Income



Education



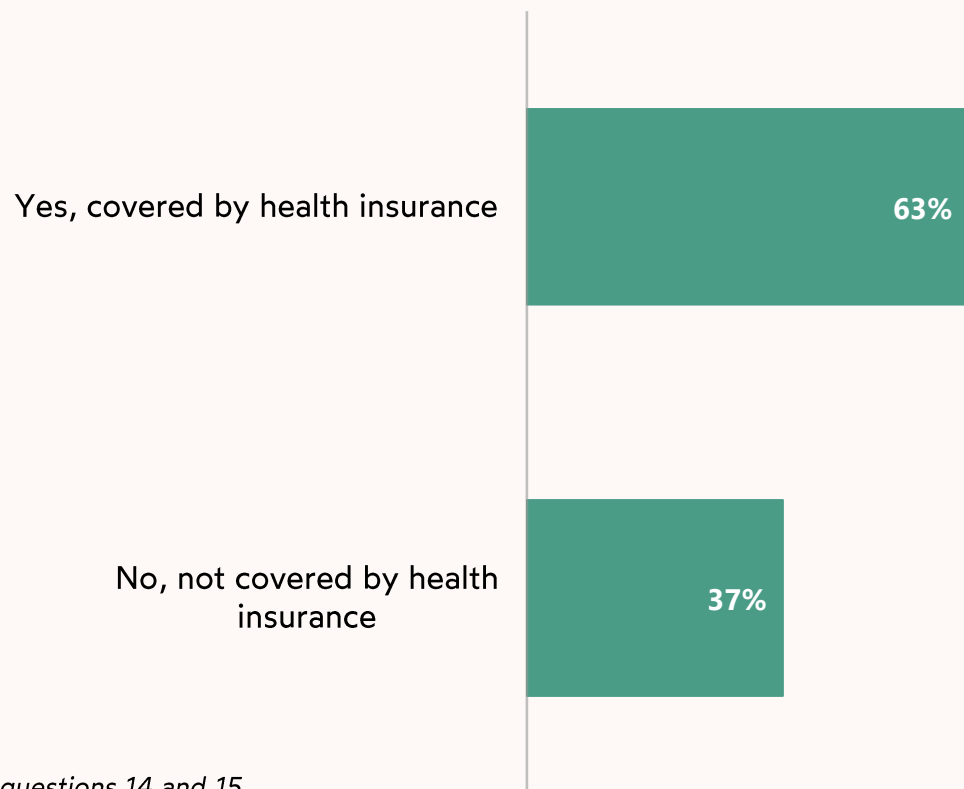
*Survey questions 9a, 12, and 13; **High percentage of missing income responses make it difficult to describe the typical income of a vaccinated respondent accurately in this wave.

From October data

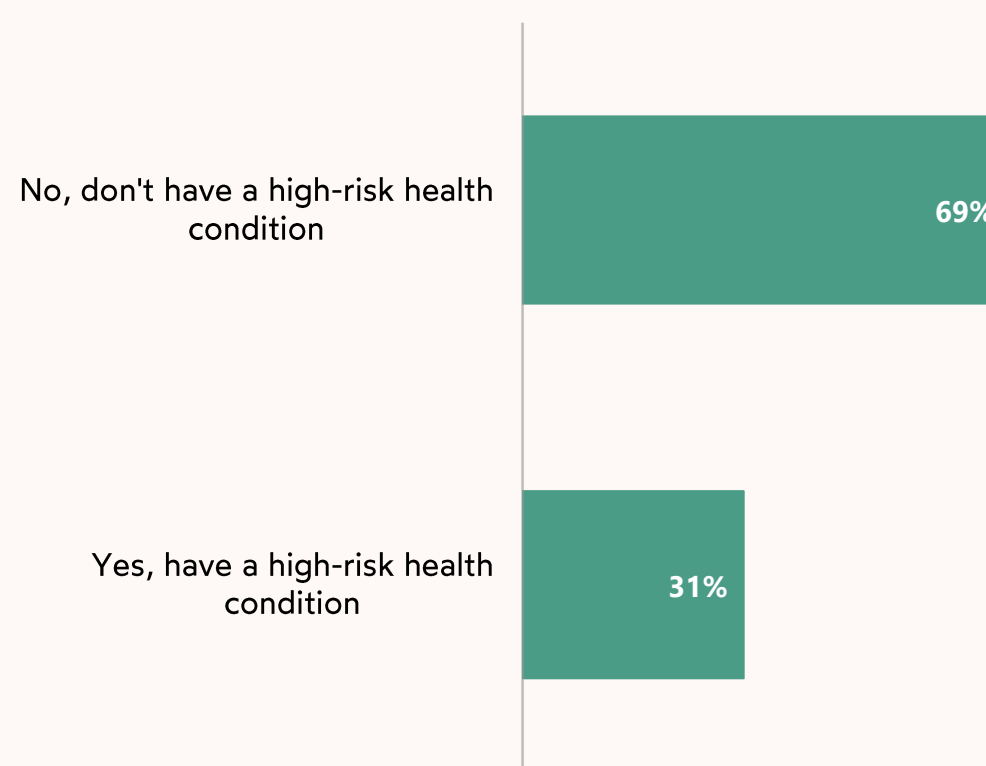
Who are the vaccinated respondents? ($n = 215$)

Almost two-thirds of vaccinated respondents reported that they have **health insurance coverage (63%)** and **over two-thirds** reported that they have **no high-risk health conditions (69%)**.

Health insurance coverage



High-risk medical conditions**



*Survey questions 14 and 15

**High-risk health conditions include smoking, heart conditions (including high blood pressure), diabetes, obesity, lung disease (including asthma or COPD), kidney disease, cancer, pregnancy, sickle cell disease, HIV, other chronic diseases, or any condition that impairs your immune system.

From October data

Among vaccinated respondents (n = 215)

ACCESS



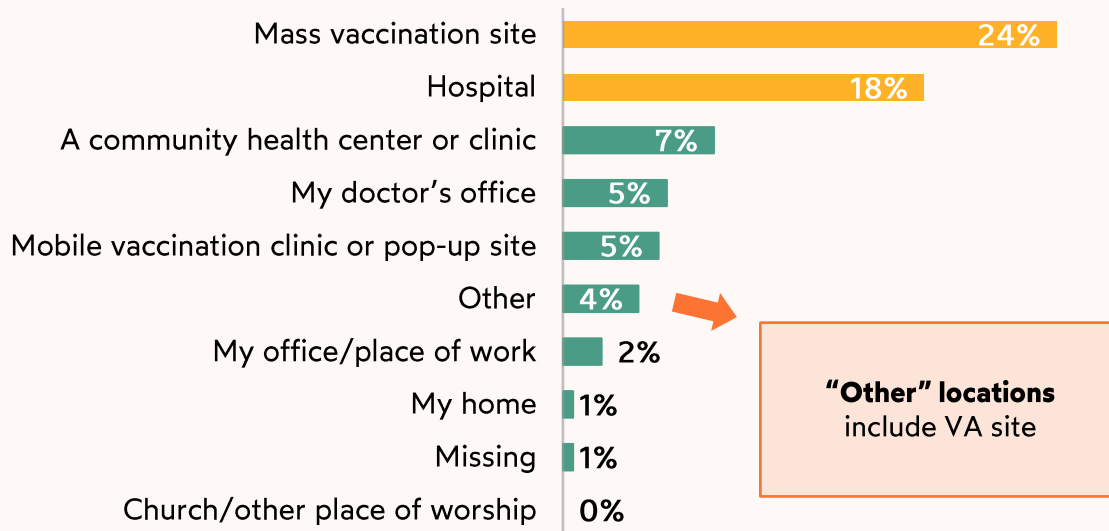
Most respondents said it took **20 minutes or less (71%)** to get to the location where they received the vaccine.



Most respondents **found it very easy (92%)** to make a vaccine appointment.



More than half of the respondents received their vaccine at a **pharmacy (34%) or a mass vaccination site (24%)**.



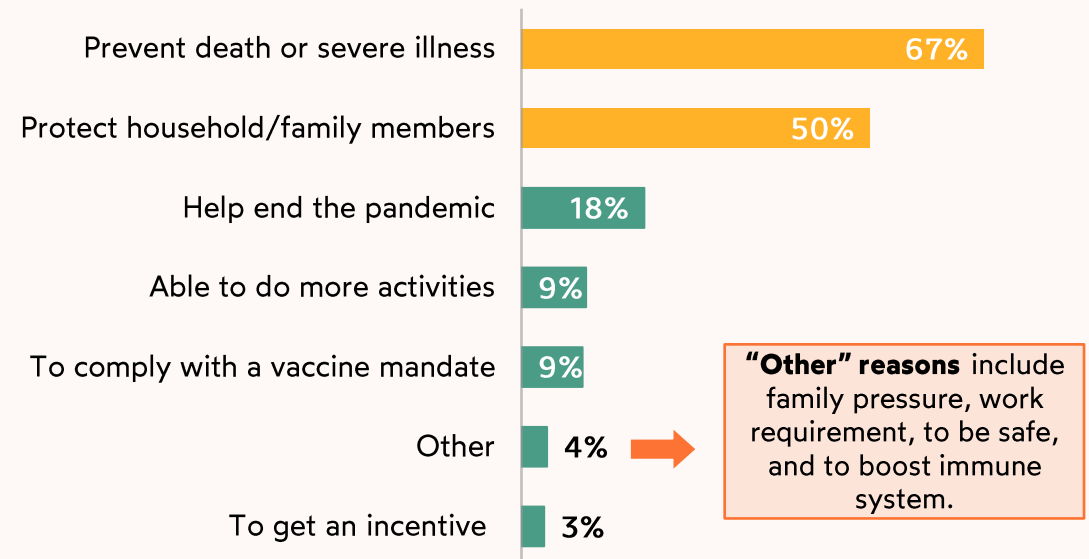
MESSENGERS AND MOTIVATORS



Doctors and health care providers (67%), scientists (61%), and the CDC (61%) were the most trusted sources of information about the COVID-19 vaccine.



Most decided to get the vaccine to **protect their household or other family members (67%)** and **prevent severe illness or death (50%)**.



*Survey questions 3, 3b, and 4

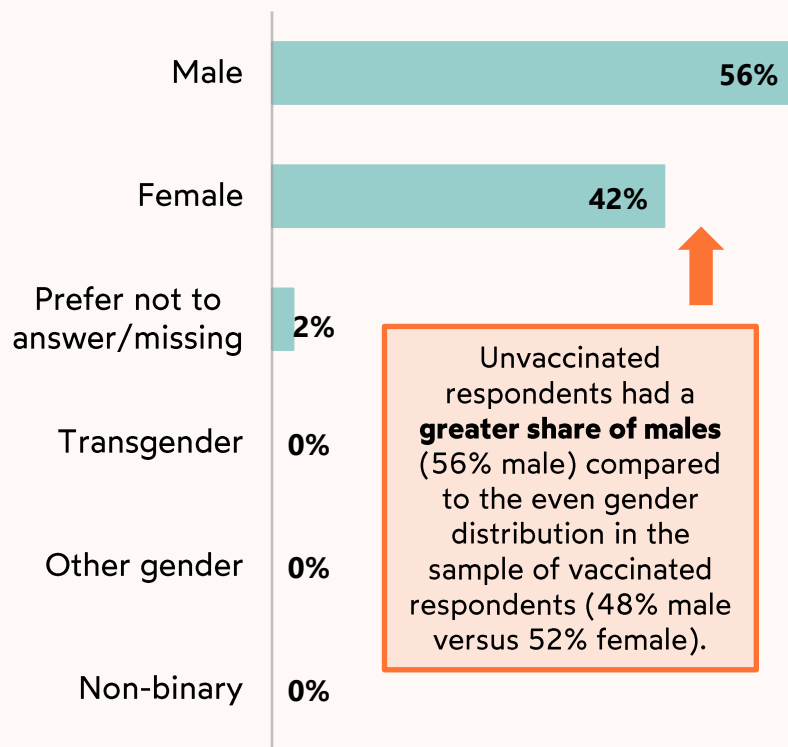
*Survey questions 5 and 8

From October data

Who are the unvaccinated respondents? (n = 43)

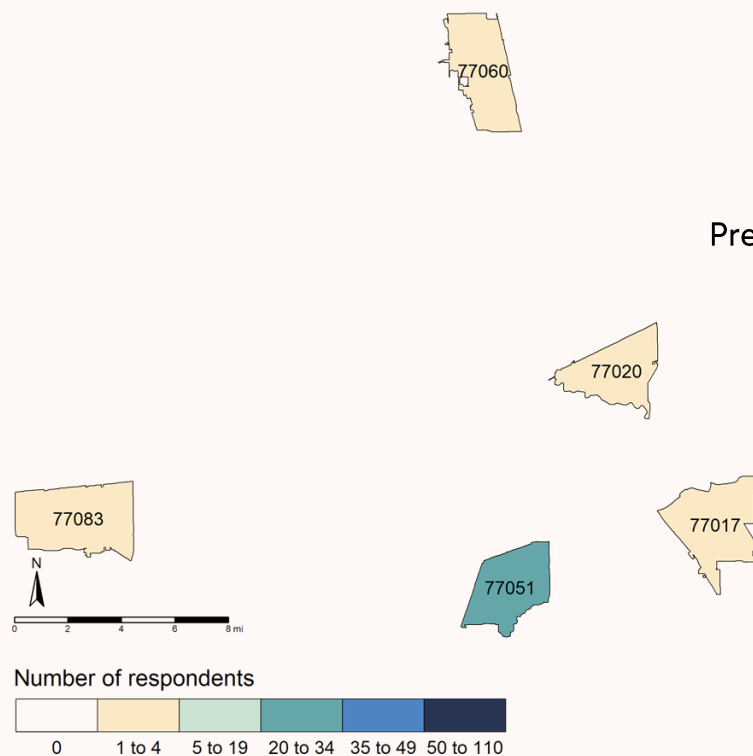
Over half of unvaccinated respondents were **male (56%)**, slightly more than half were **Hispanic or Latino/Latinx (51%)**, and many are from **zip code 77051**.

Gender
(select all that apply)

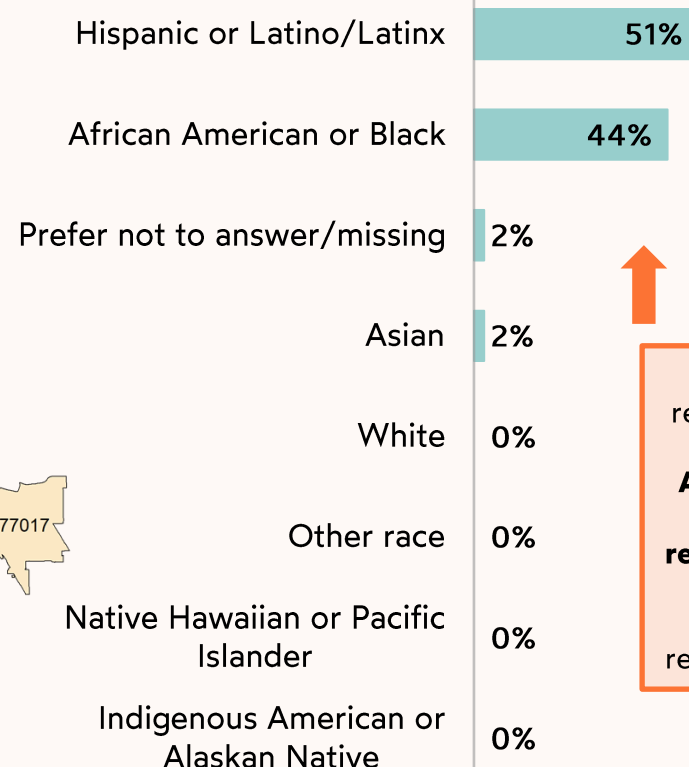


Unvaccinated respondents had a **greater share of males (56% male)** compared to the even gender distribution in the sample of vaccinated respondents (48% male versus 52% female).

Where respondents live
(by zip code)



Race/ethnicity
(select all that apply)



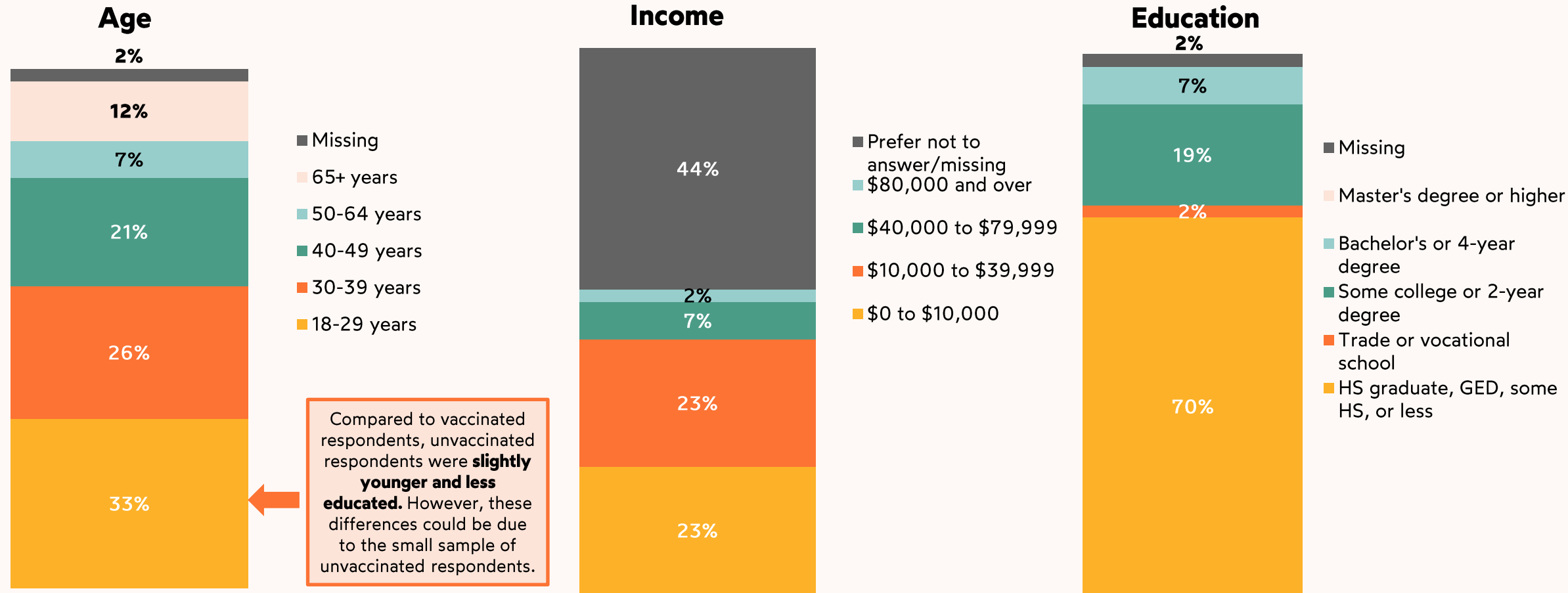
Unvaccinated respondents had a **larger share of African American or Black respondents (44%)** compared to vaccinated respondents (31%).

*Survey questions 1, 10, and 11

From October data

Who are the unvaccinated respondents? (n = 43)

The largest share of unvaccinated respondents are ages **18–29 (33%)** or **30–39 (26%)** and have a **high school diploma/GED or less (70%).****



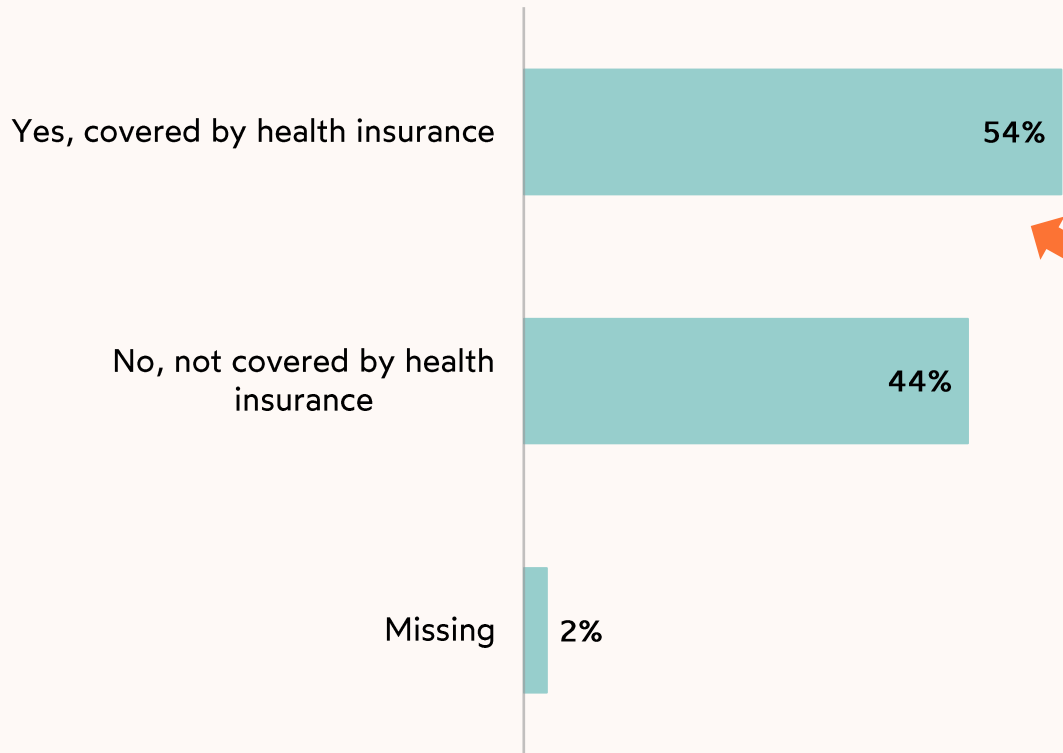
*Survey questions 9a, 12, and 13; **High percentage of missing income responses make it difficult to describe the typical income of a vaccinated respondent accurately in this wave.

From October data

Who are the unvaccinated respondents? (n = 43)

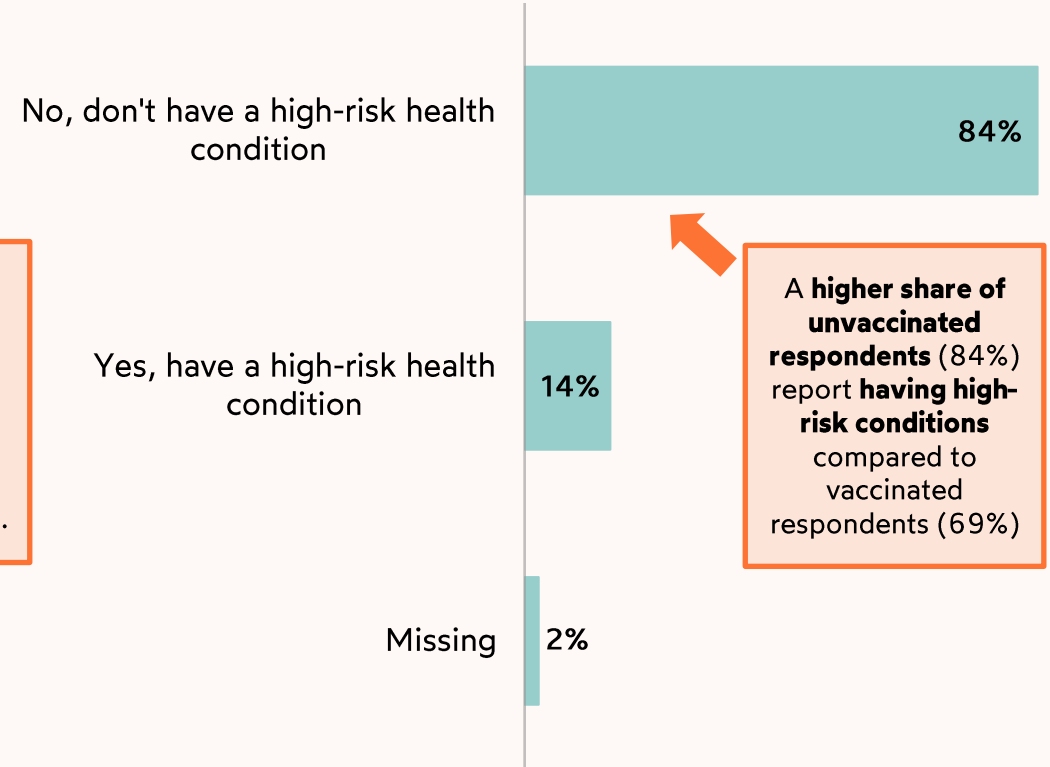
Just over half of unvaccinated respondents reported that they have **health insurance coverage (54%)** and most unvaccinated respondents reported that they have **no high-risk health conditions (84%)**.

Health insurance coverage



The proportion of **unvaccinated respondents covered by health insurance (54%) is lower** than vaccinated respondents (63%).

High-risk medical conditions**



A **higher share of unvaccinated respondents (84%) report having high-risk conditions** compared to vaccinated respondents (69%).


*Survey questions 14 and 15

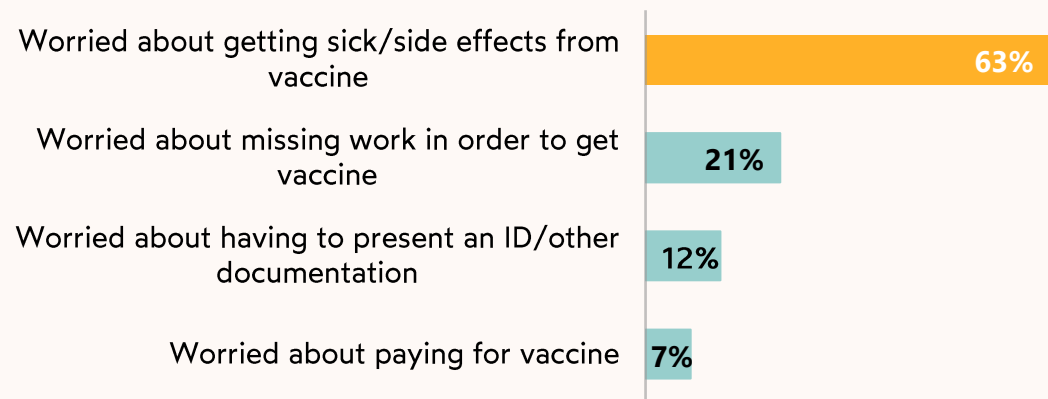
**High-risk health conditions include smoking, heart conditions (including high blood pressure), diabetes, obesity, lung disease (including asthma or COPD), kidney disease, cancer, pregnancy, sickle cell disease, HIV, other chronic diseases, or any condition that impairs your immune system.

From October data

Among unvaccinated respondents (n = 43)

BARRIERS


 About two-thirds of unvaccinated respondents worry about getting sick or experiencing side effects from the vaccine (63%).



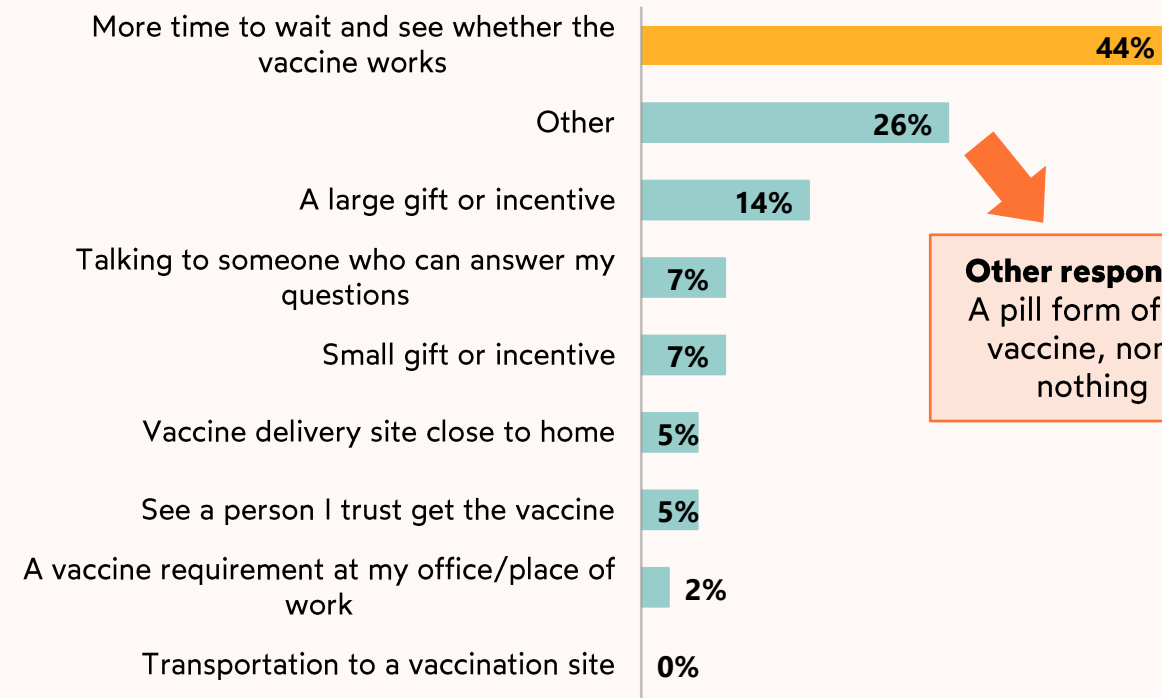
ENABLERS

 Most unvaccinated respondents know where they can get a vaccine (88%) and know where they can get information about scheduling a vaccine appointment (74%).

MOTIVATORS

 Overall, unvaccinated respondents reported there are few factors that can motivate them to get the vaccine.

 Just under half of unvaccinated respondents would prefer to have more time to see whether the vaccine works (44%).



Other responses:
A pill form of the vaccine, none, nothing

Among unvaccinated respondents (n = 43)

From October data

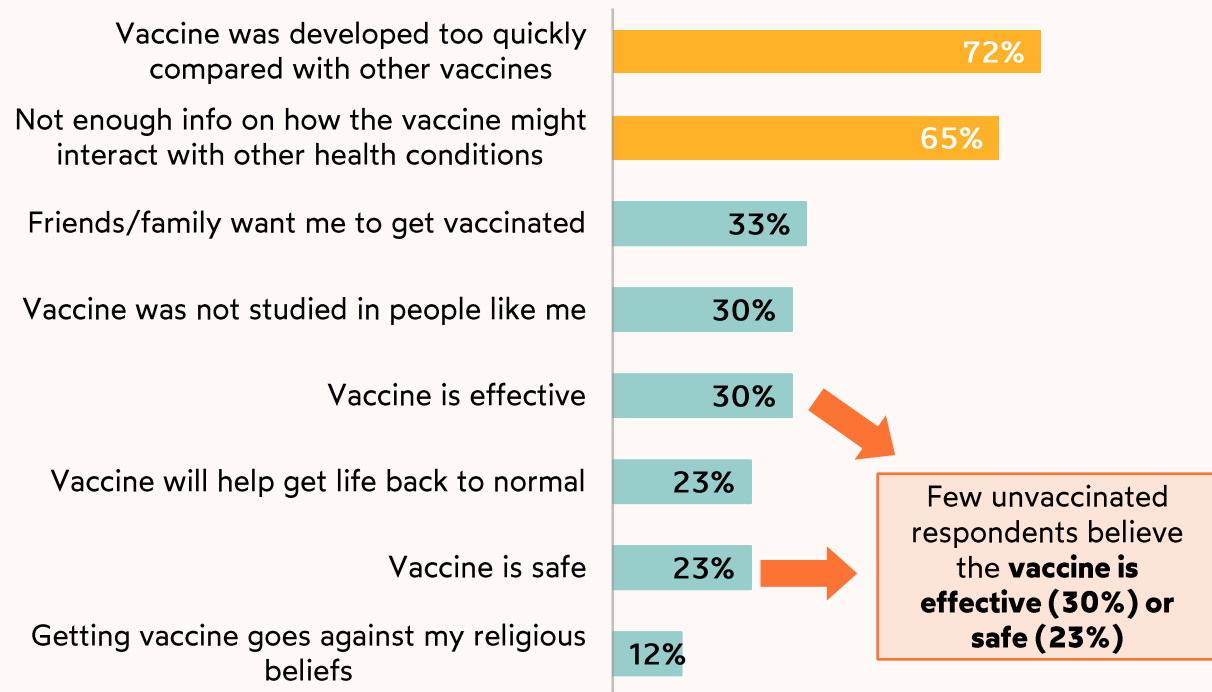
BELIEFS



Nearly three-quarters of unvaccinated respondents believe the vaccine was developed too quickly compared with other vaccines (72%).



Two-thirds of the respondents believe there is not enough information on how the vaccine interacts with other health conditions (65%).

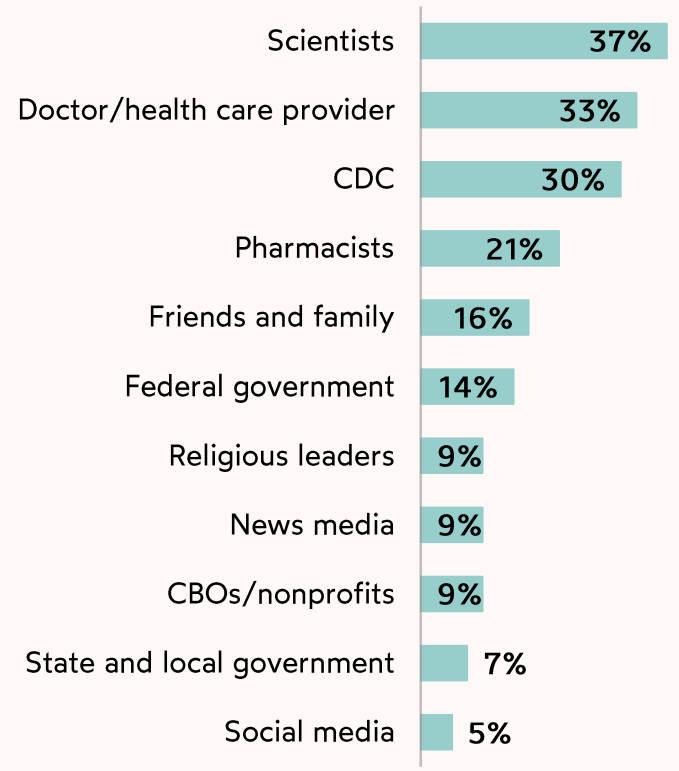


*Survey question 7

TRUSTED MESSENGERS



Overall, unvaccinated respondents reported low trust in all sources for Covid-19 information (all under 40%).



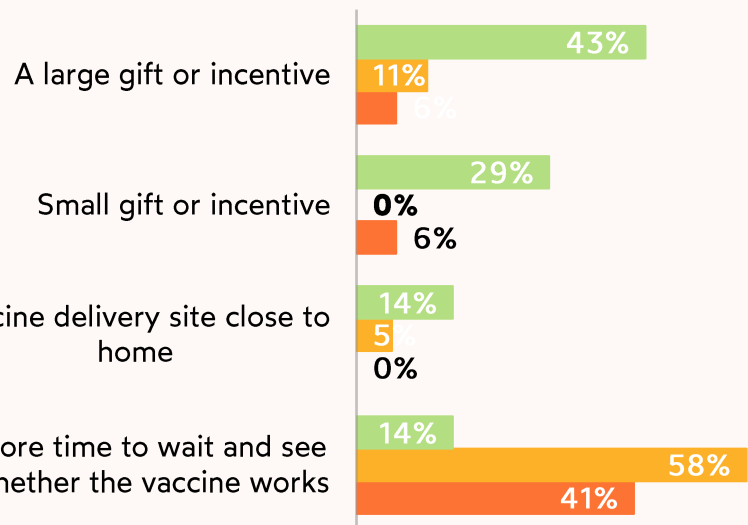
*Survey question 8

Differences between types of unvaccinated respondents

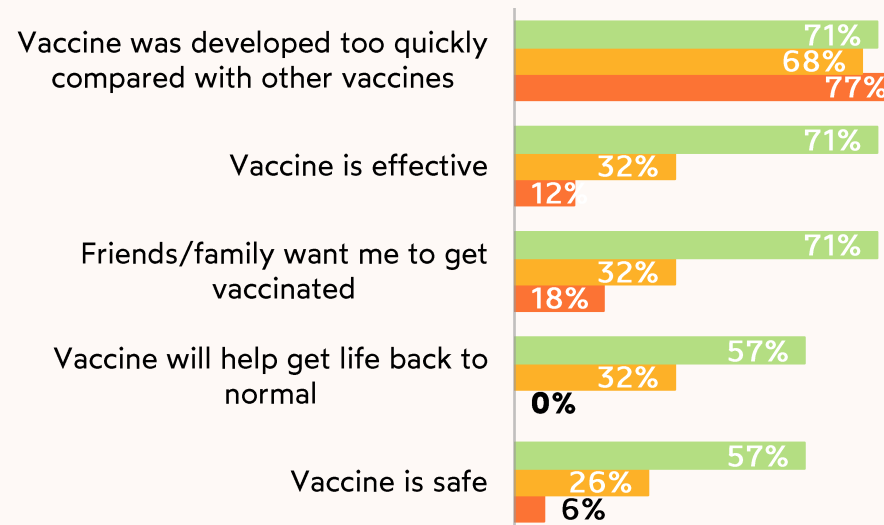
From October data

- The smaller group of respondents who **“intend to get the vaccine”** looks quite different from those who are **“undecided”** and **“do not intend to get vaccine.”** However, given the small sample sizes, it is important to not overinterpret these differences.
- More respondents who **“intend to get the vaccine”** reported that there are factors that could motivate them to get the vaccine, they have more positive beliefs about the safety, efficacy and impact of the vaccine, and they have more trust in scientists, the CDC, health care providers, and the government.
- The **“undecided”** group have more positive beliefs about the vaccine and have more trust in sources of information about the Covid-19 vaccine than the **“do not intend group.”**

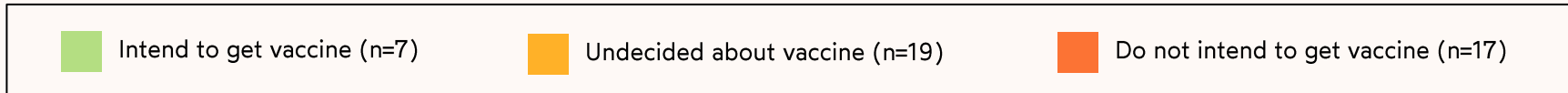
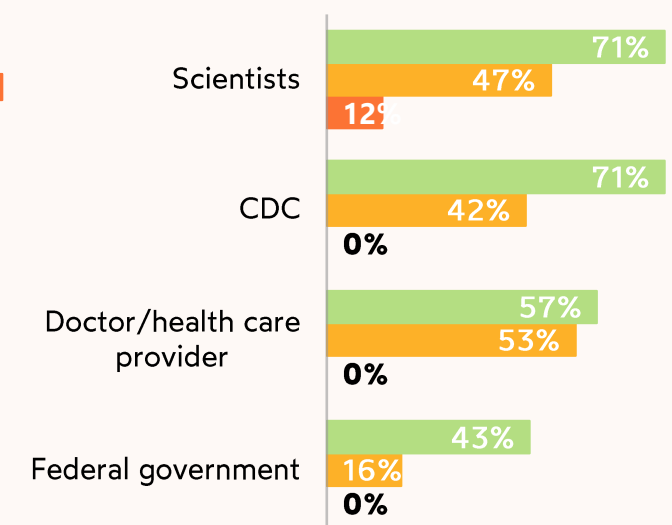
MOTIVATORS



BELIEFS



TRUSTED MESSENGERS



*Survey questions 6c, 7, and 8

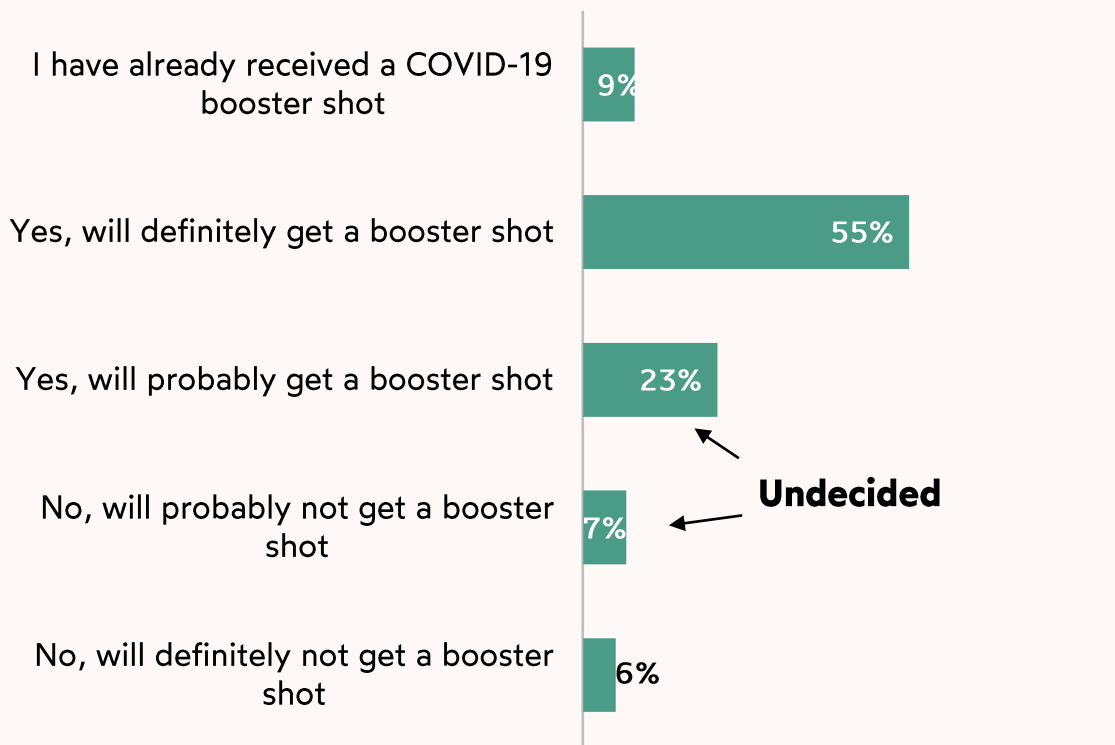
Attitude toward booster shot

From October data

VACCINATED RESPONDENTS (n= 215)



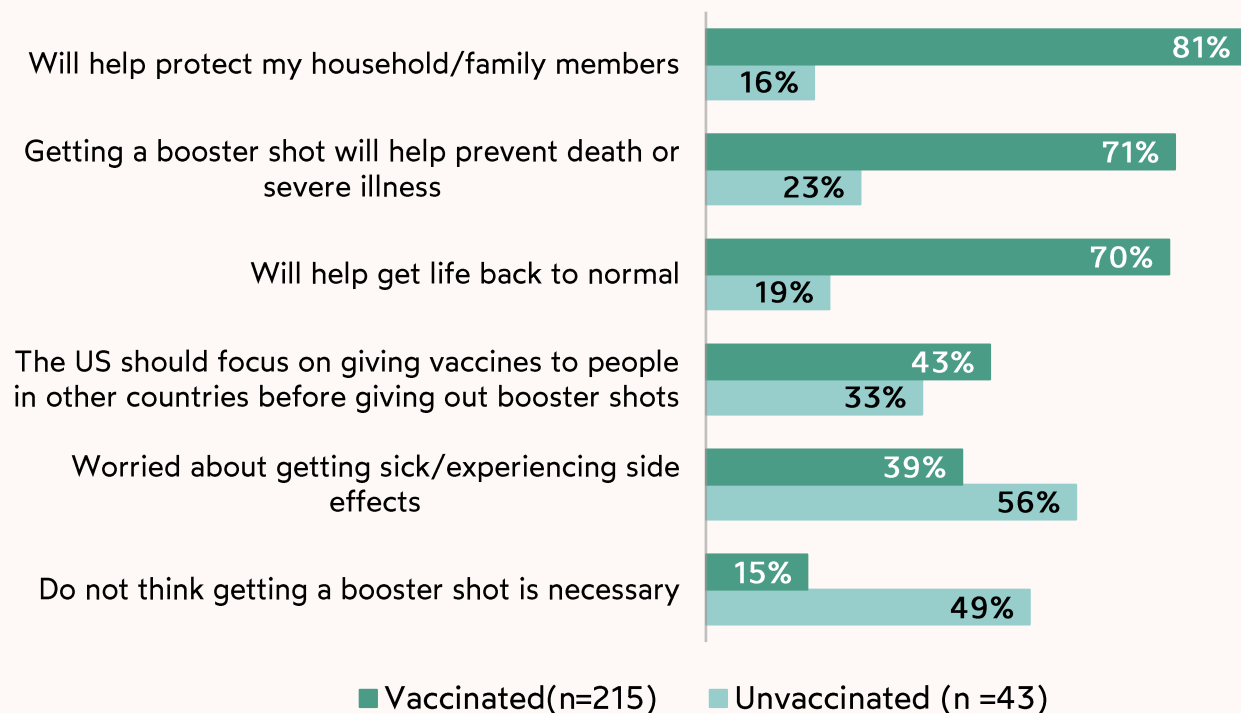
About two-thirds of vaccinated respondents **intend on getting a booster shot (55%)** or **have already gotten one (9%)**, and almost a third of respondents are undecided (30%).



ALL RESPONDENTS (n= 258)



Vaccinated respondents believe getting a booster shot will help **protect their family and household (81%)**, **prevent death or severe illness (71%)** and **get life back to normal (70%)**. A smaller proportion of unvaccinated respondents share these beliefs. About half of unvaccinated respondents **do not believe a booster shot is necessary (49%)**.



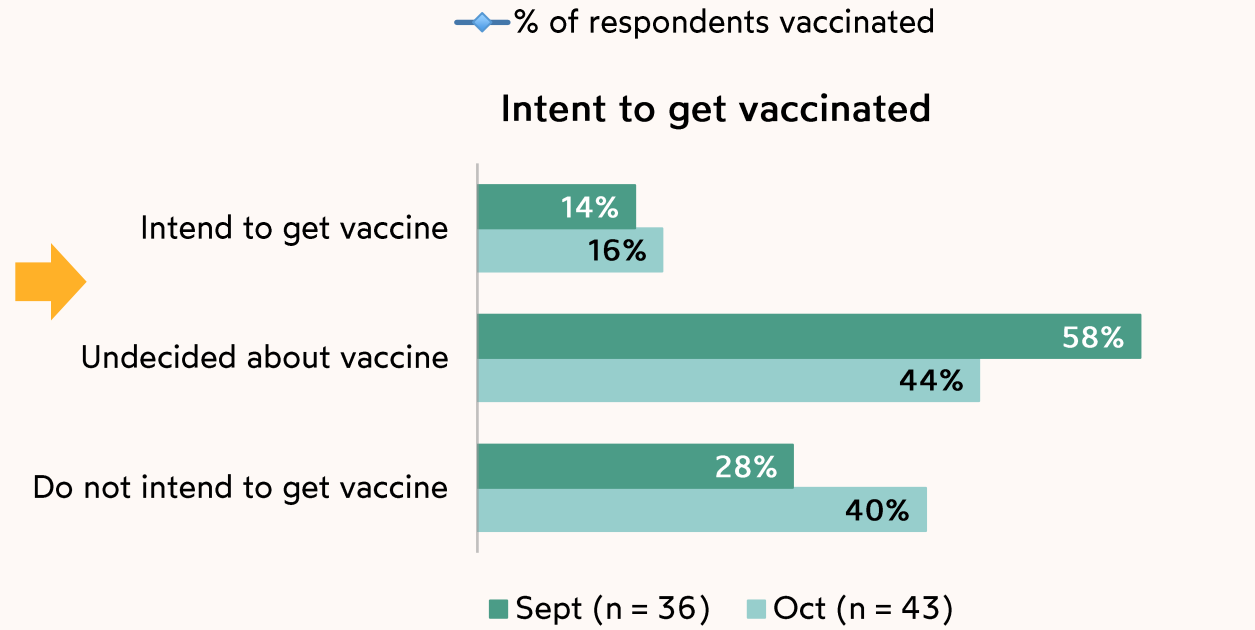
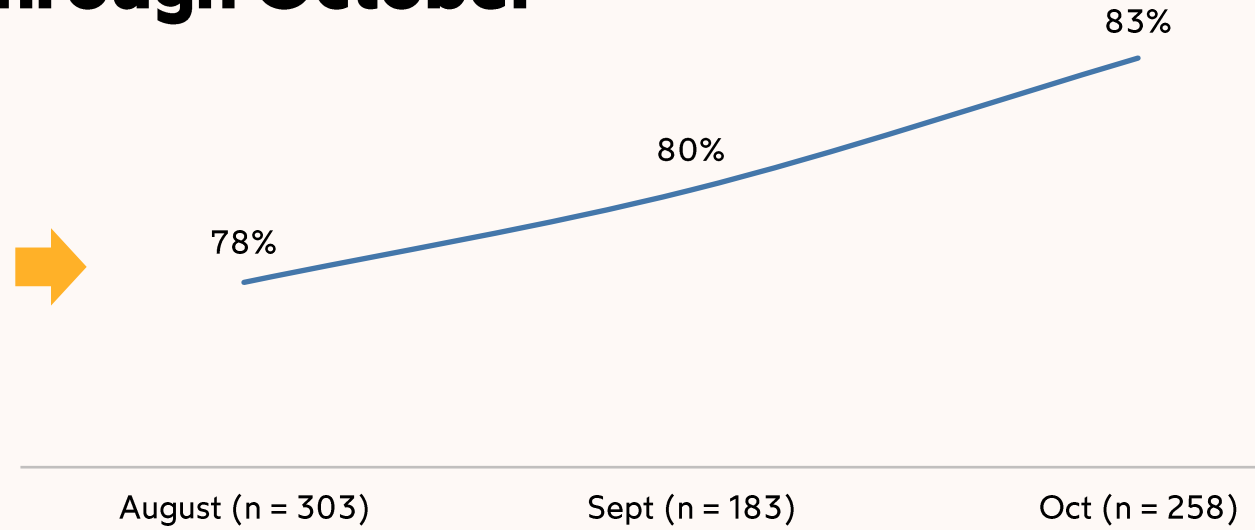
*Survey question 8.1 (New for September)

*Survey question 8.2 (New for September)

Vaccination trends from August through October

The share of respondents who were vaccinated was slightly higher in October compared to September and August.

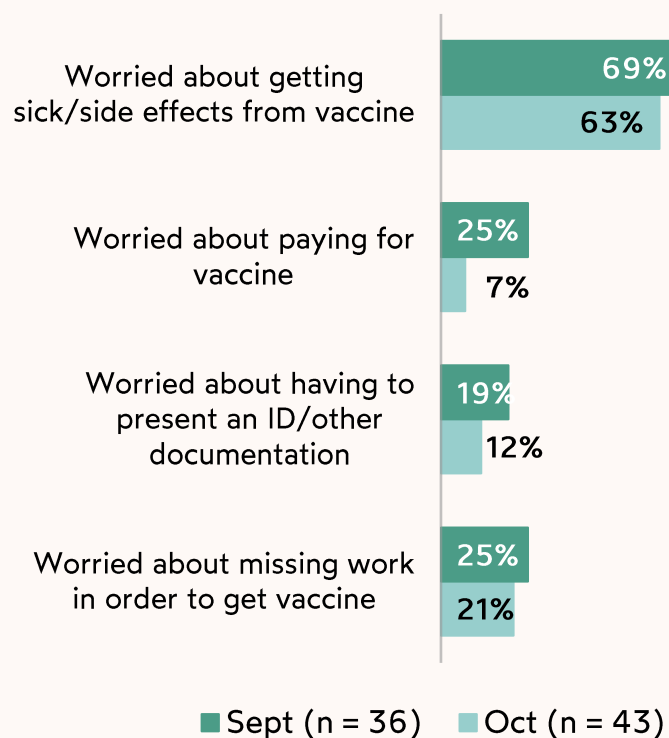
Overall, unvaccinated respondents in October were more certain about their vaccination intentions. The share of respondents who **do not intend to get the vaccine was higher** by 12 percentage points and the share of respondents who **intend to get the vaccine was higher** by 2 percentage points. However, given the small sample size, this could also be random variation.



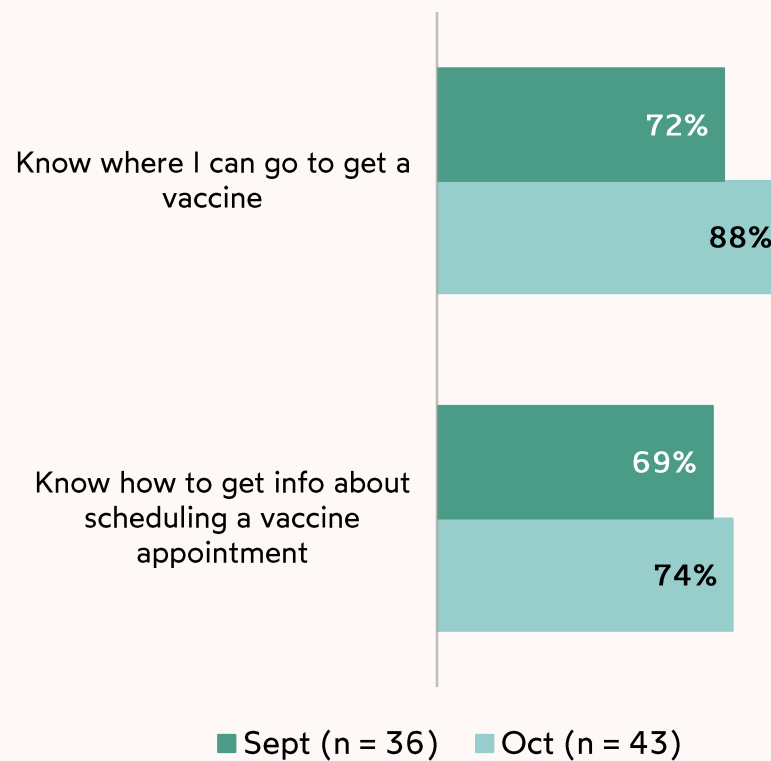
Trends from September to October

- Compared to unvaccinated respondents in September, unvaccinated respondents in October are **less likely to report being worried about getting sick/side effects, paying for the vaccine, having to present an ID, and missing work**. They are also more **confident about knowing where to get a vaccine and scheduling a vaccine appointment**.
- However, given the small sample size, it is important not to over interpret these differences.
- Unvaccinated respondents' beliefs towards the vaccine remained **relatively similar** in September and October.

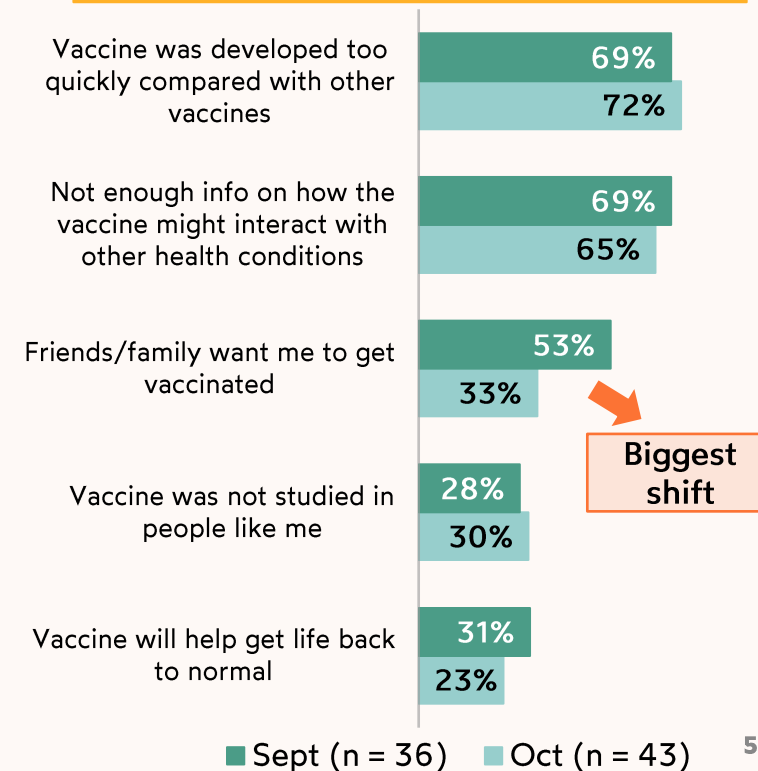
Barriers



Enablers



Beliefs



Summary and potential actions

From October data

KEY TAKEAWAYS

VACCINATED VS UNVACCINATED*

- Unvaccinated respondents had a **larger share of males** compared to vaccinated respondents who had a more even gender distribution.
- A higher share of unvaccinated respondents were **African American or Black**
- Unvaccinated respondents were **slightly younger and less educated** compared to vaccinated respondents.
- A higher share of unvaccinated respondents reported having **high-risk health conditions** compared to vaccinated respondents
- Unvaccinated respondents reported **low levels of trust in various sources for Covid-19 information** compared to vaccinated respondents
- Unvaccinated respondents have **fewer positive beliefs** about the **safety and overall impact of the vaccine** on people's everyday lives

KEY TAKEAWAYS

VACCINATED RESPONDENTS

- Are most motivated to get the vaccine to **prevent death or severe illness or to protect family and household members**
- Remain **undecided (nearly one-third)** about whether to get **the booster shot**
- Believe **the U.S. should focus on giving vaccines to other countries** before focusing on booster shots (about one in four respondents)

KEY TAKEAWAYS

UNVACCINATED RESPONDENTS

- Are **worried about getting sick or experiencing side effects** from the vaccine
- Need more **information on how the vaccine interacts with other health conditions**
- Believe the **vaccine was developed too quickly**
- Would like **more time to see whether vaccine works**
- Were **not very trusting of the listed sources of information** about the COVID-19 vaccine

*Please note that some of these differences could be due to sample size differences (vaccinated sample size is 215 respondents and the unvaccinated sample size is 43 respondents)

Summary and potential actions

From October data

POTENTIAL MESSAGING & OUTREACH STRATEGIES



Continue to refine and promote message that:

- Details **how to manage side effects**
- Highlights how the clinical trials for the COVID-19 vaccines **included people with other health conditions, such as diabetes, obesity**
- Describes **how the vaccine testing and production process was safely compressed into a shorter time frame.**



Validate and support people who want more time to wait and see (for example, focus on other risk-reduction behaviors like masks and testing).

POTENTIAL MESSAGING & OUTREACH STRATEGIES



Talk to the community about **who they trust when it comes to information about COVID-19 and vaccines.**



Conduct **focus groups** to better understand whether people's belief that the U.S. should prioritize vaccines for other countries prevents them from making the decision to get the vaccine. From these findings, **help people understand that getting a booster shot does not reduce the availability of vaccines in other countries.**

Houston: Supplemental data slides

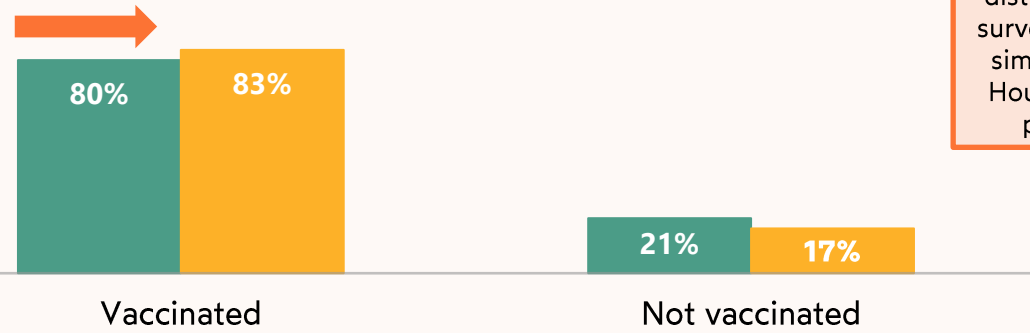
- Survey respondent demographics vs. city BIPOC demographics
- All figures for questions analyzed

From October data

Survey respondent demographics vs. Houston city BIPOC demographics

Vaccination status (at least one dose): Houston vs. Survey Sample (n = 258)

Survey sample has vaccination rates similar to Houston's population (a difference of only 3 percentage points).

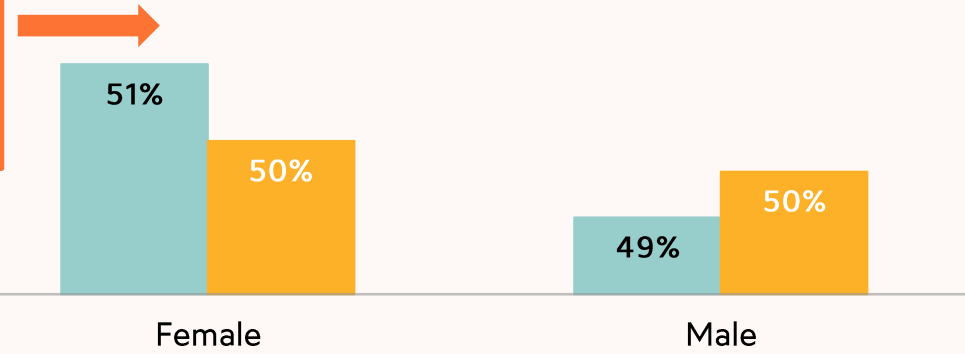


■ Harris County / City of Houston COVID-19 Data Hub ■ Survey Sample

Note: Vaccination rates for Harris County are not specific to the BIPOC population unlike other demographics shown in this slide.

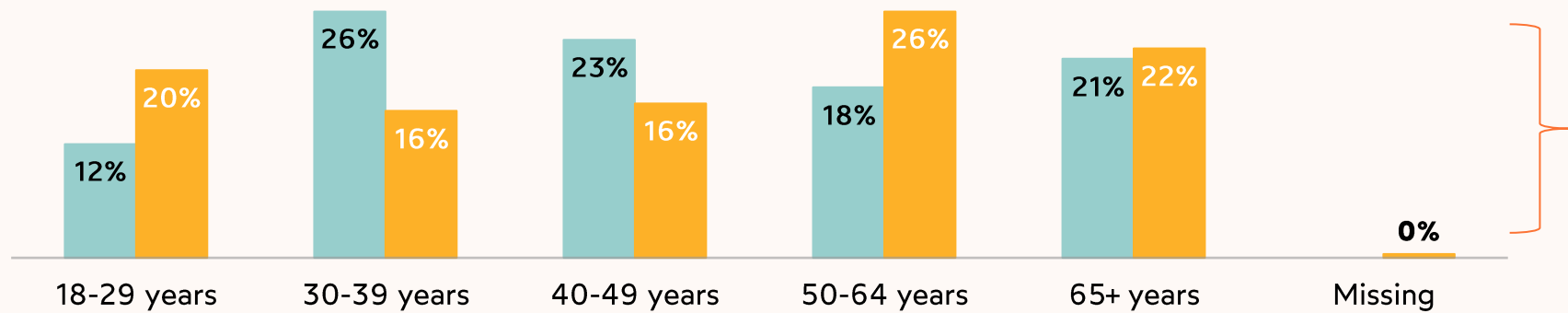
Gender: Houston vs. Survey Sample (n = 258)

The gender distribution in the survey sample was similar to that of Houston's BIPOC population.



■ Houston BIPOC census, 2019 ACS microdata ■ Survey Sample

Age: Houston vs. Survey Sample (n = 258)



The survey sample has a **smaller share** of respondents **ages 30-39**.

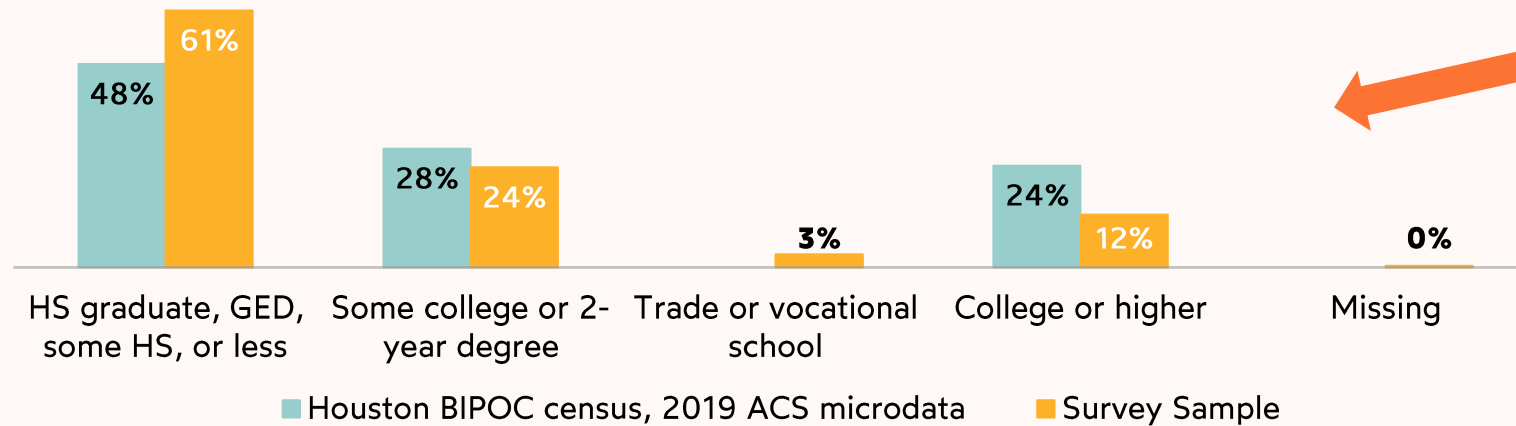
■ Houston BIPOC census, 2019 ACS microdata ■ Survey Sample

*Source: Texas Department of State Health Services.

From October data

Survey respondent demographics vs. Houston city BIPOC demographics

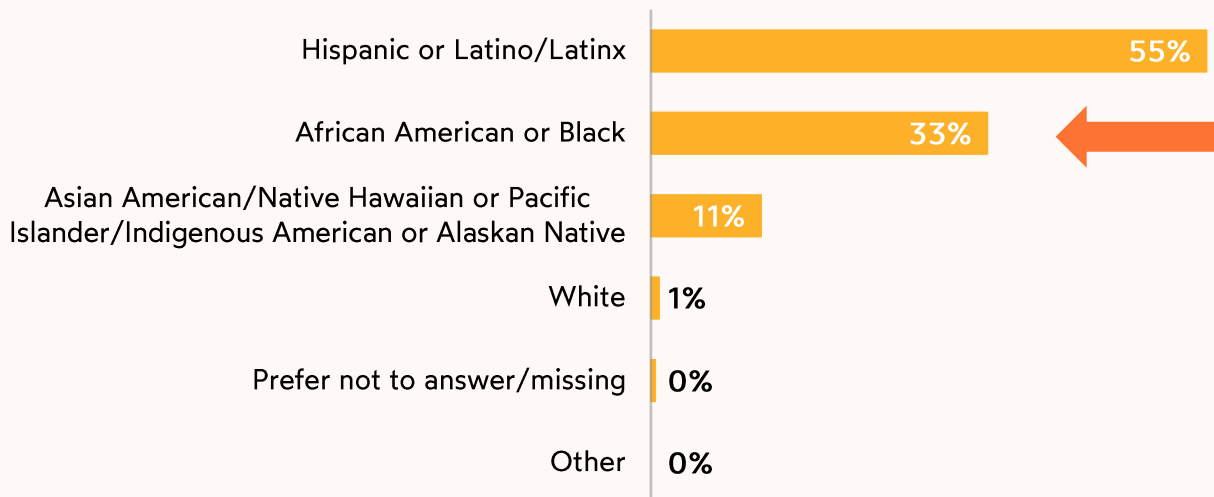
Education: Houston vs. Survey Sample (n = 258)



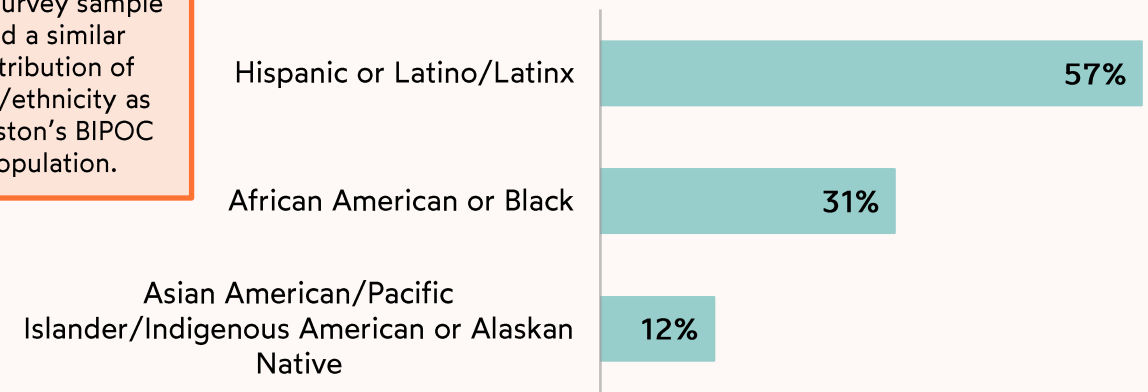
Survey respondents had lower education levels than the Houston BIPOC population.

Survey Sample Race/ethnicity (n = 258)

Houston BIPOC census, 2019 ACS microdata BIPOC race/ethnicity



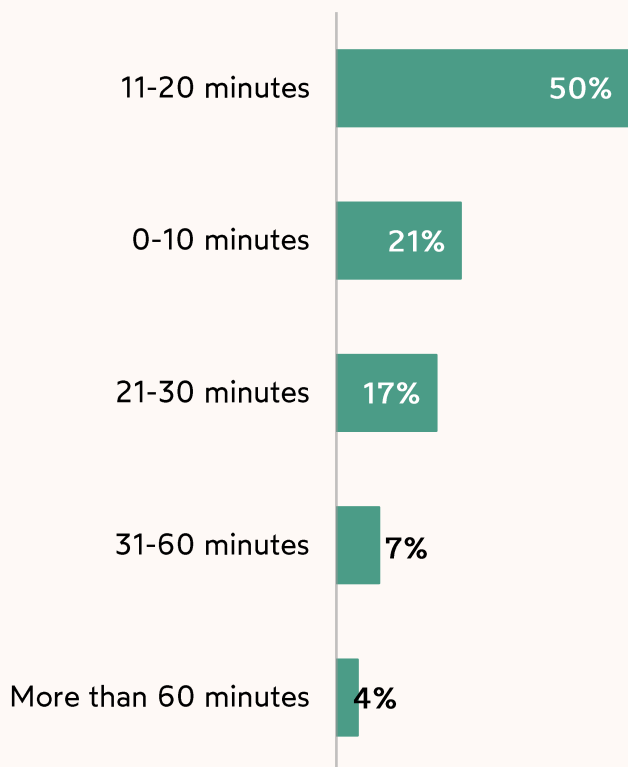
The survey sample had a similar distribution of race/ethnicity as Houston's BIPOC population.



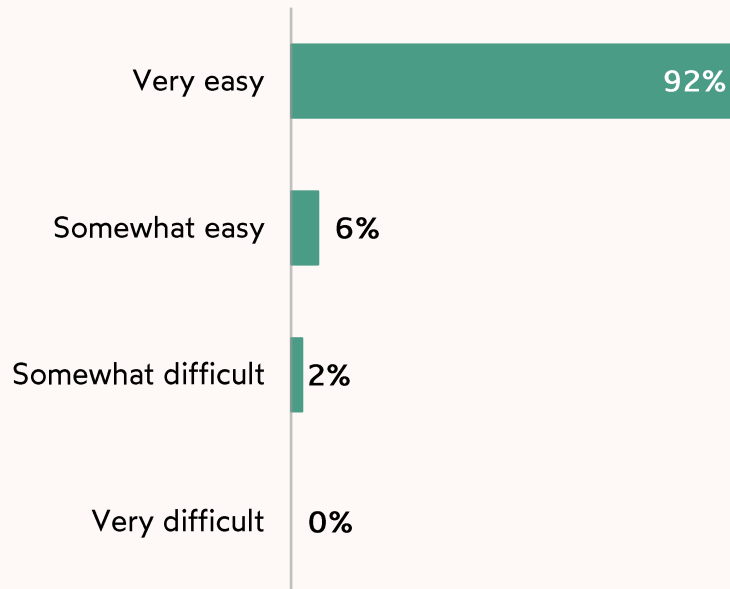
From October data

Among vaccinated respondents (n = 215)

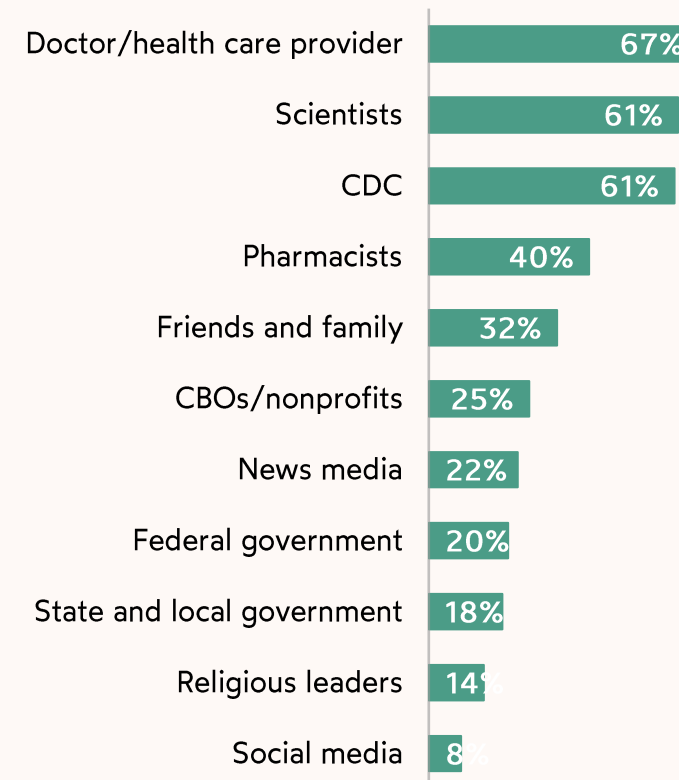
Time taken to get vaccinated



Ease of getting an appointment



Trusted messengers

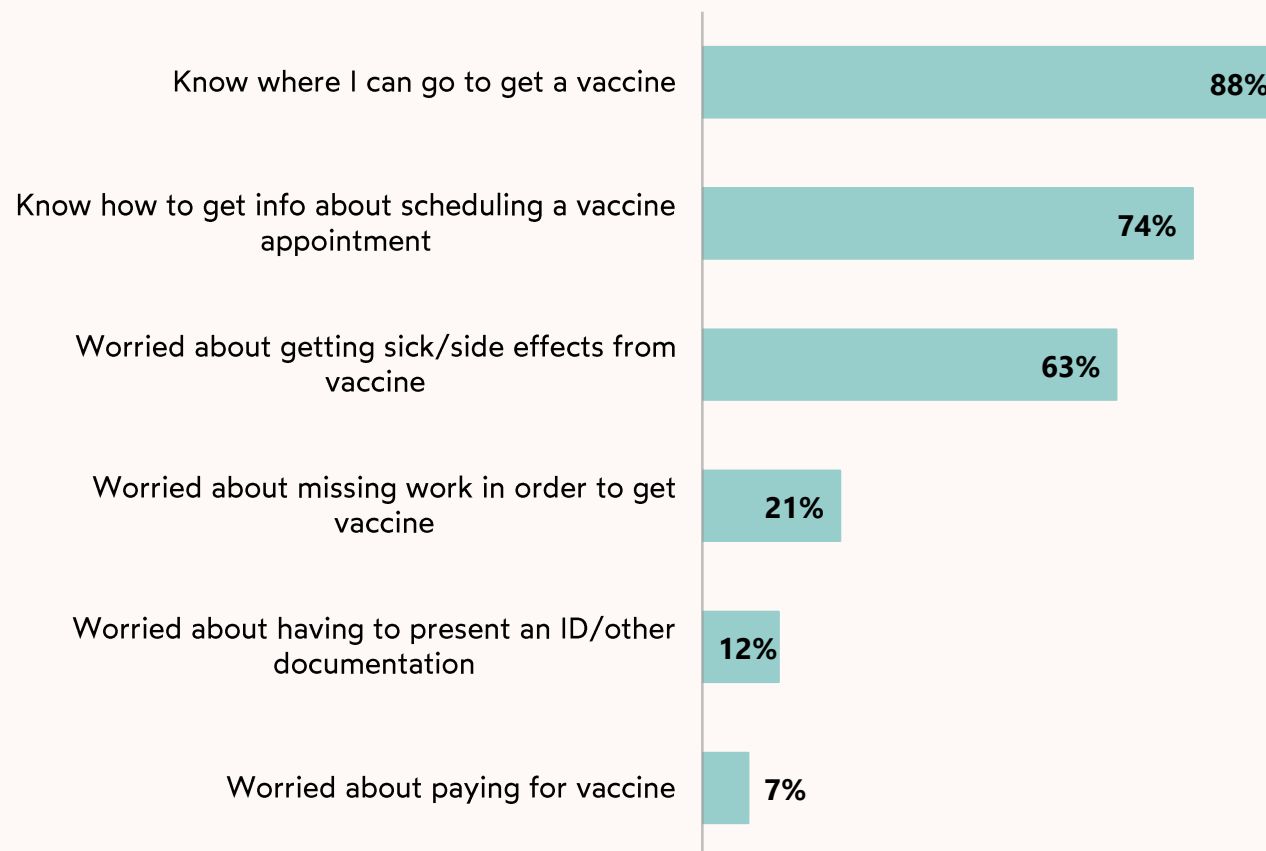


*Survey questions 3, 3b, 4, 5, 6b, 6c, 7 and 8

Among unvaccinated respondents ($n = 43$)

From October data

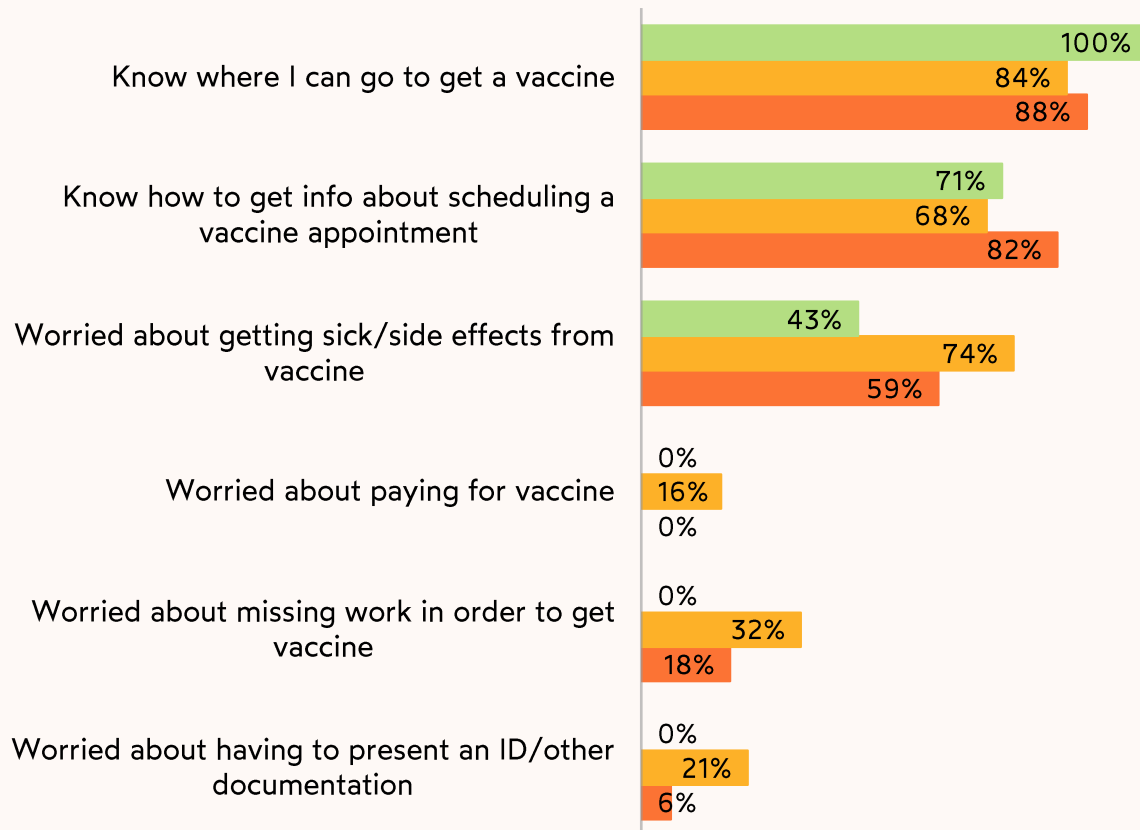
Barriers/Enablers



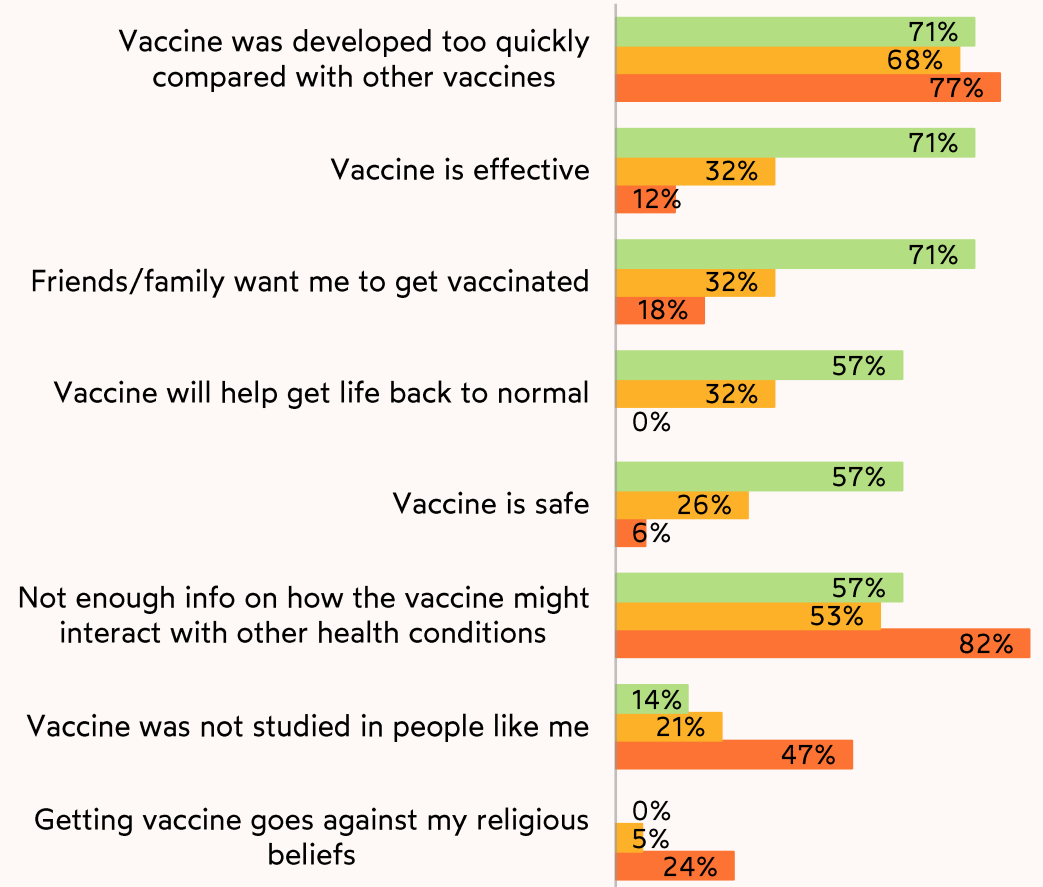
From October data

Types of unvaccinated respondents (n = 43)

Barriers/Enablers



Beliefs



■ Intend to get vaccine (n=7)
 ■ Undecided about vaccine (n=19)
 ■ Do not intend to get vaccine (n=17)

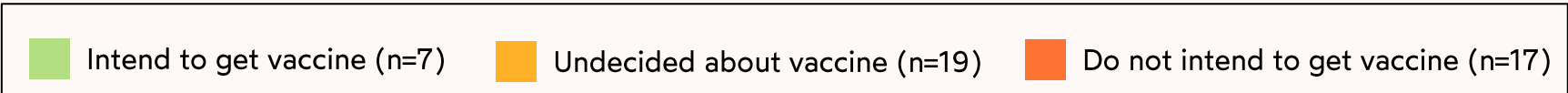
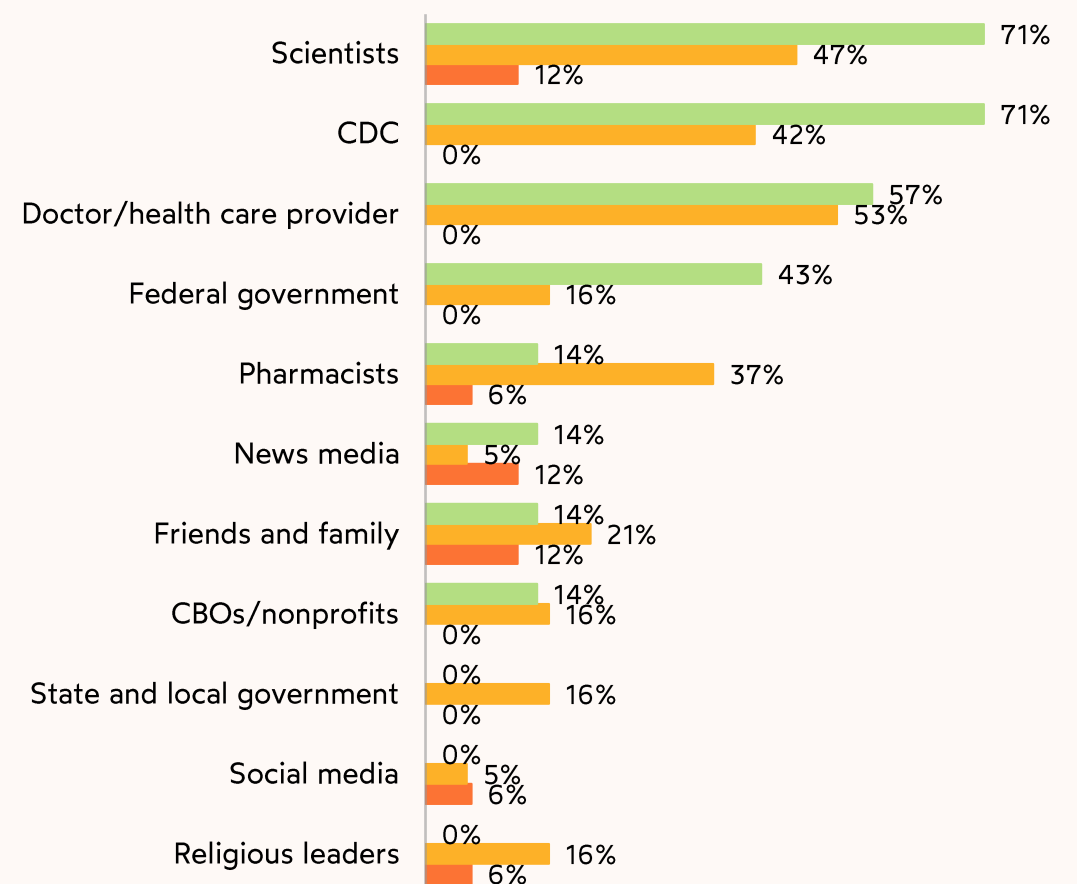
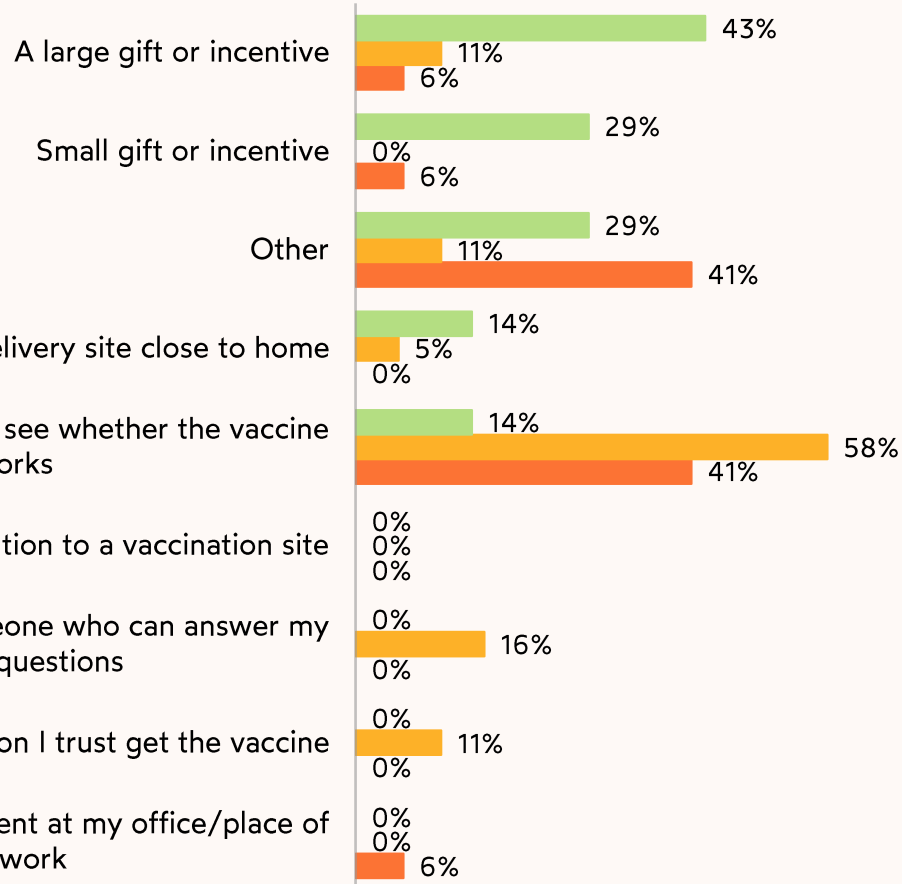
*Survey questions 6b, 6c, 7 and 8

From October data

Types of unvaccinated respondents (n = 43)

Motivators to get the vaccine

Trusted messengers



*Survey questions 6b, 6c, 7 and 8

Survey insights by city: Newark

October data only*

**Note: There is a separate Newark September data report*

Overview

- Methodology
- Respondents' vaccination status and intentions
- Respondents' testing status for Covid-19
- Characteristics and highlights among vaccinated respondents
- Characteristics and highlights among unvaccinated respondents
- Differences between “types” of unvaccinated respondents
- Respondents' attitudes towards the booster shot
- Vaccination trends across months
- Summary and potential actions
- Survey insights across sites among unvaccinated respondents

Methodology

Monthly goal: 200 responses

The main partner leading this effort is **United Way of Greater Newark.**

Partnered with

Project Ready leads the data collection efforts.



United Way of Greater Newark seeks to improve the lives of individuals, children, and families to strengthen the collective community. Their programs and service initiatives try to address the root causes of community concerns.



Project Ready is conducting the survey through phone banking, pulling from active voter lists and Project Ready's member list.**

Serving all areas of Newark, NJ, Project Ready works to close the opportunity gaps and improve life outcomes by powering communities to demand social justice through civic engagement.

**Member list consists of 13,000 to 14,000 parents or guardians of school aged children.

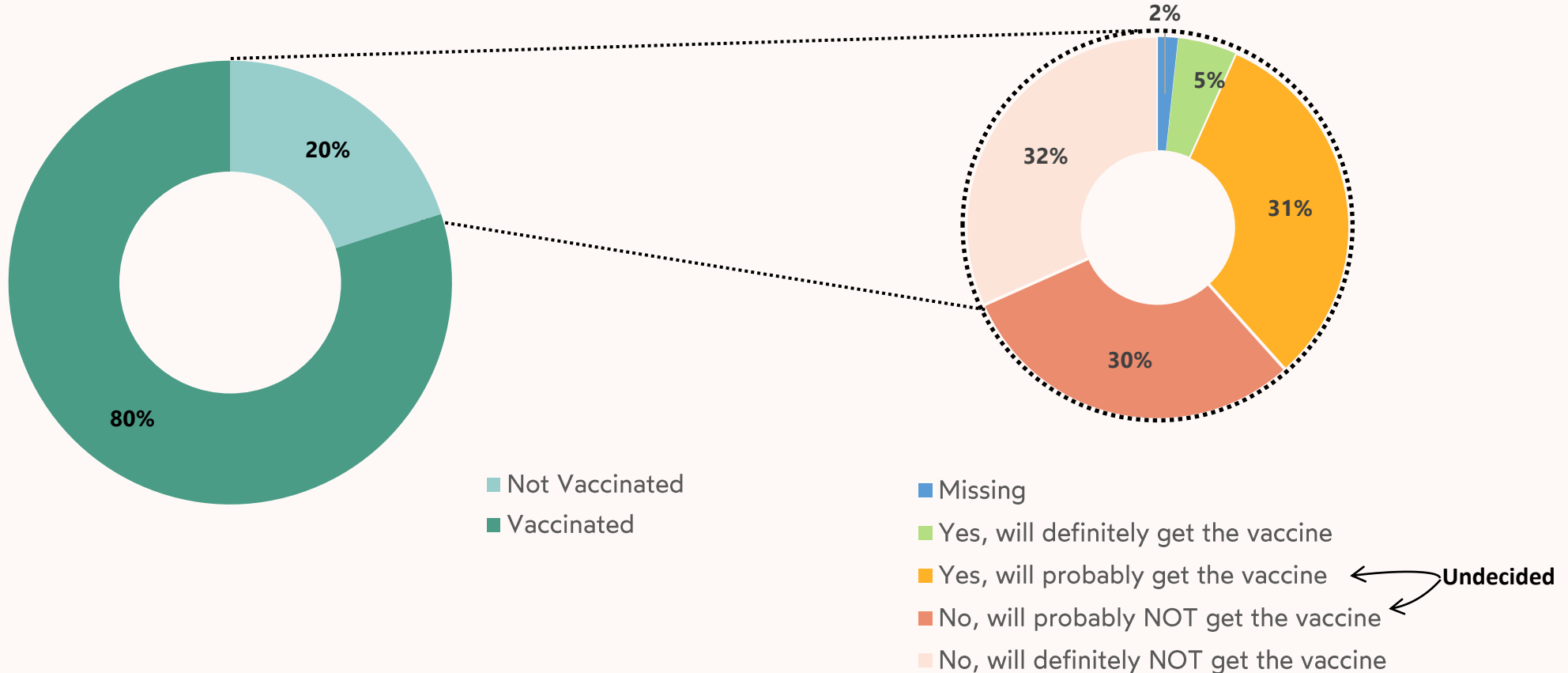
Vaccination status and intention (n=300)

From October data

Over three quarters of the respondents in October (80%) reported being vaccinated. Among the **unvaccinated** respondents (20%), **5% intend to get the vaccine and 61% are undecided.**

Surveyed population in Newark

Among the 20% who are not vaccinated



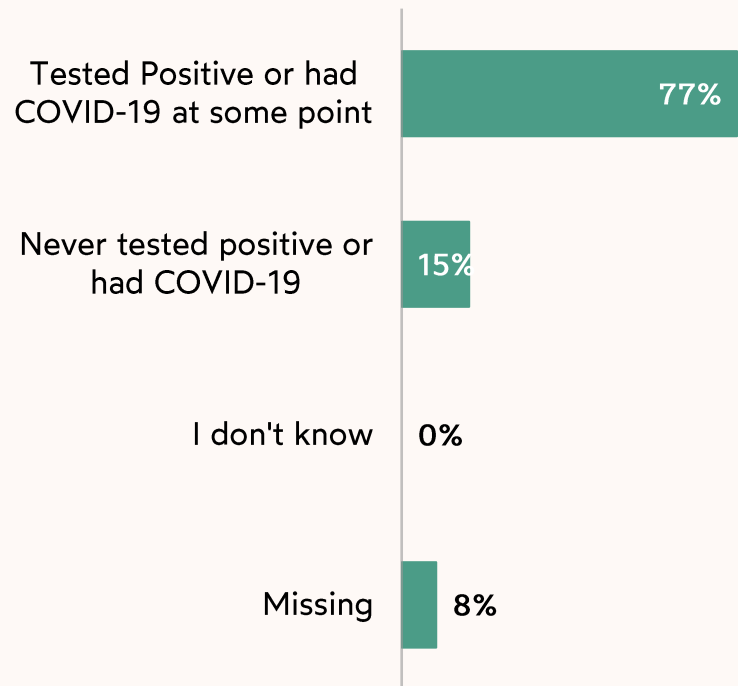
*Survey question 2

Respondents' personal experience with Covid-19 (n=300)

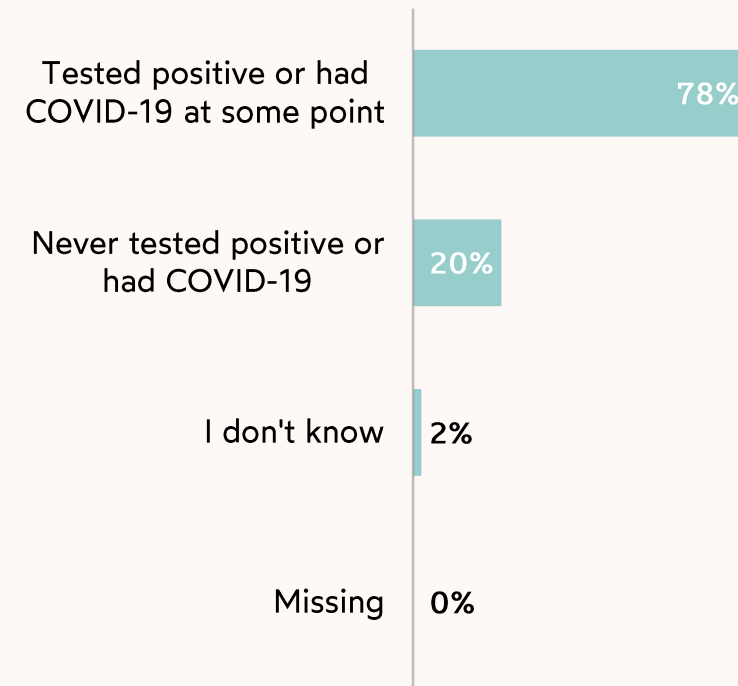
From October data

In October, there were small differences between the vaccinated (77%) and unvaccinated (78%) of respondents that tested positive or had never been tested for COVID-19.

VACCINATED RESPONDENTS (n= 240)



UNVACCINATED RESPONDENTS (n= 60)



Who are the vaccinated respondents? (n=240)

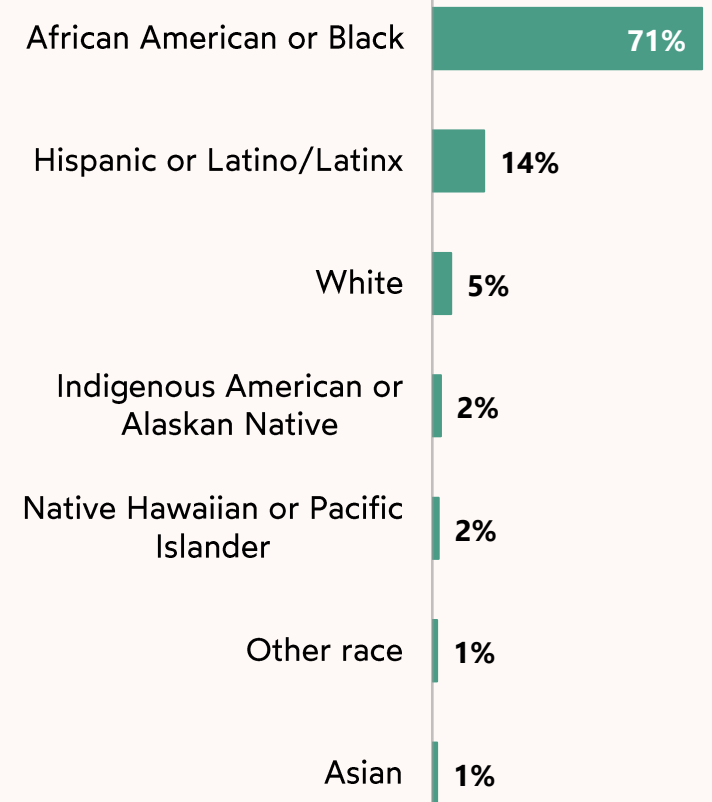
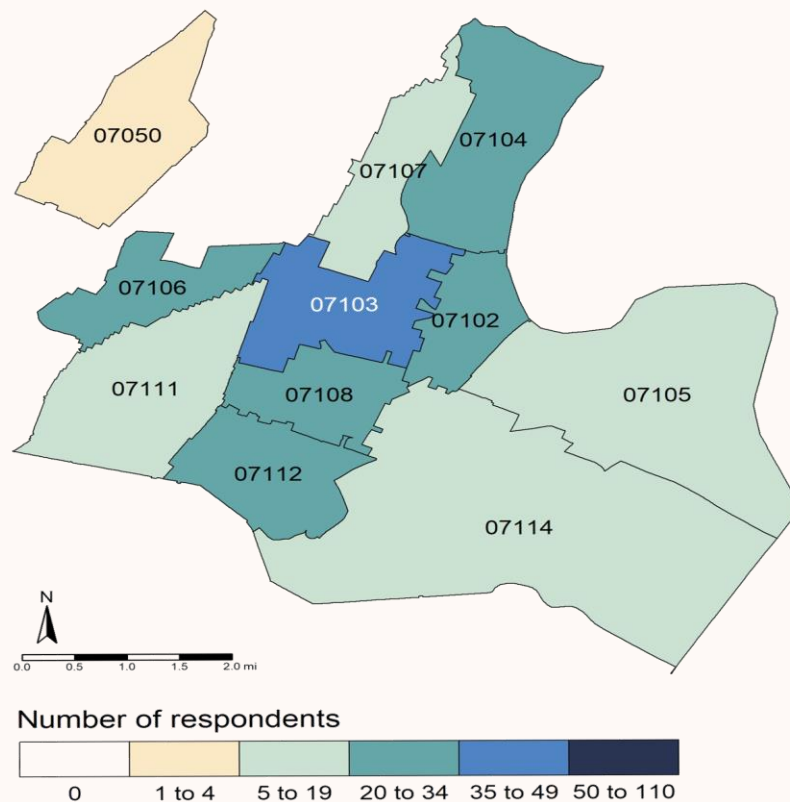
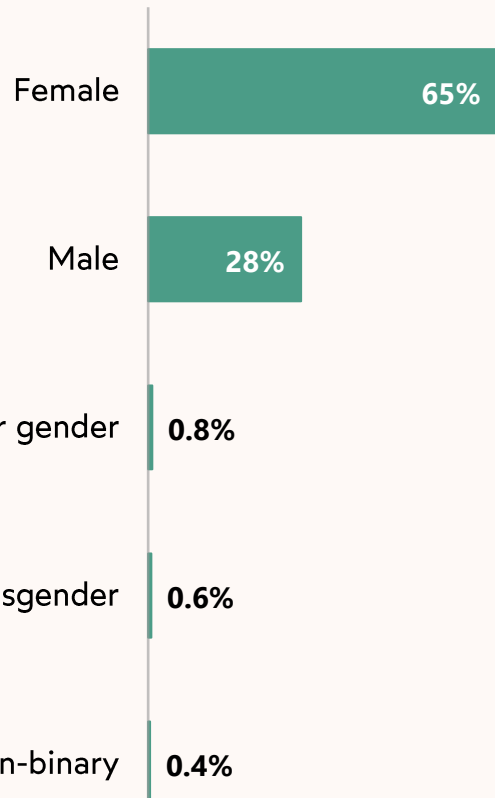
From October data

Nearly two-thirds (65%) of the vaccinated respondents were female, nearly three-quarters (71%) were African American or Black, and many were from zip code 07103.

Gender
(select all that apply)

Where respondents live
(by zip code)

Race/Ethnicity
(select all that apply)



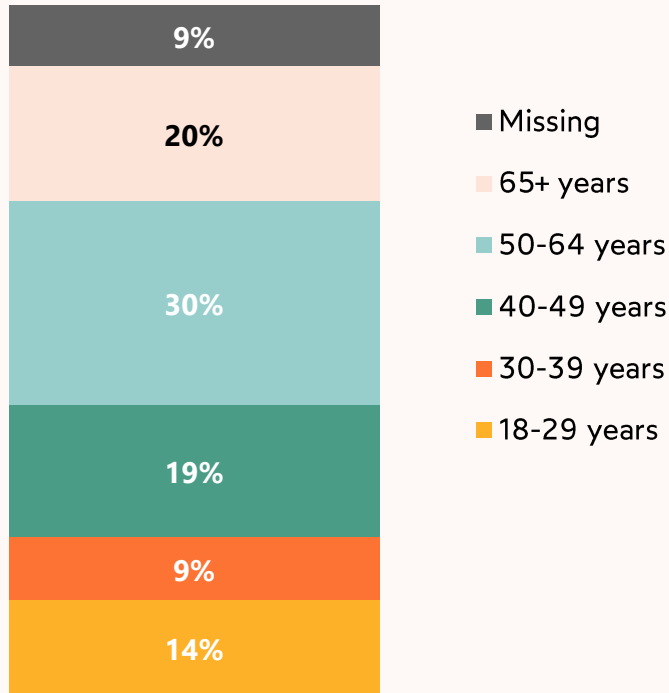
*Survey questions 1, 10, and 11

From October data

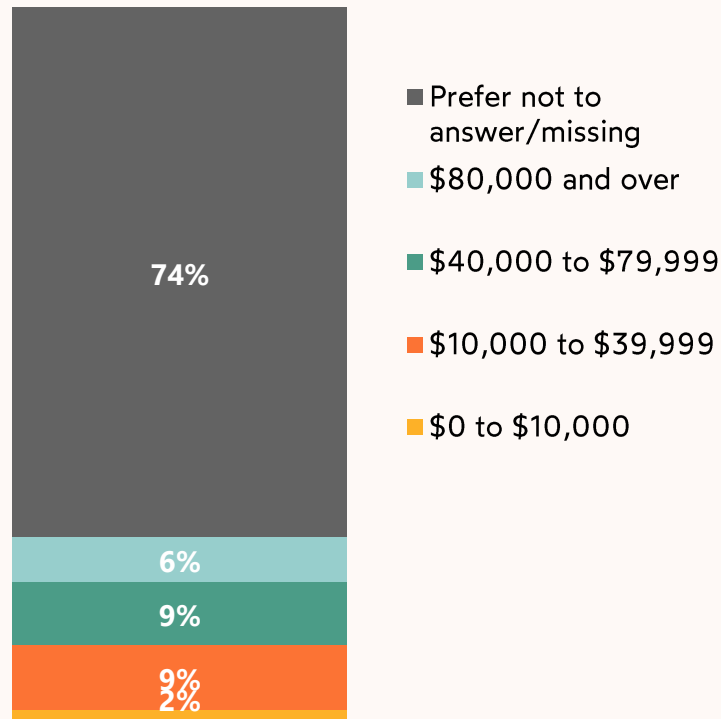
Who are the vaccinated respondents? (n=240)

The largest share of vaccinated respondents were 50-64 years old (30%) and almost two thirds (64%) have some college or 2-year degree, or higher.**

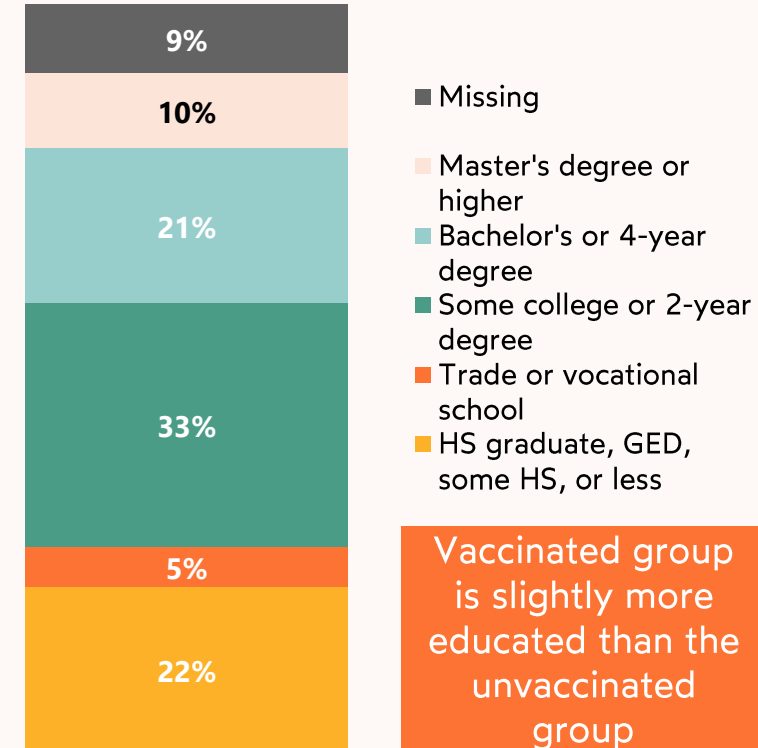
Age



Income



Education



Vaccinated group is slightly more educated than the unvaccinated group

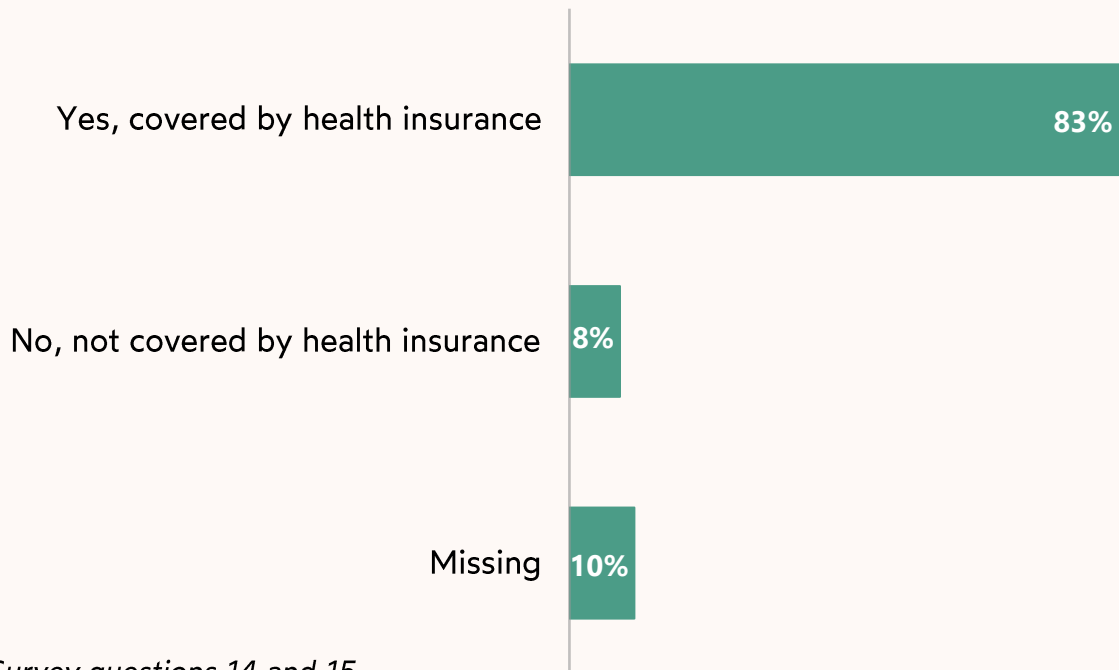
*Survey questions 9a, 12, and 13. **With such a high % of missing income responses it is difficult to accurately describe the typical income of a vaccinated respondent in this wave.

From October data

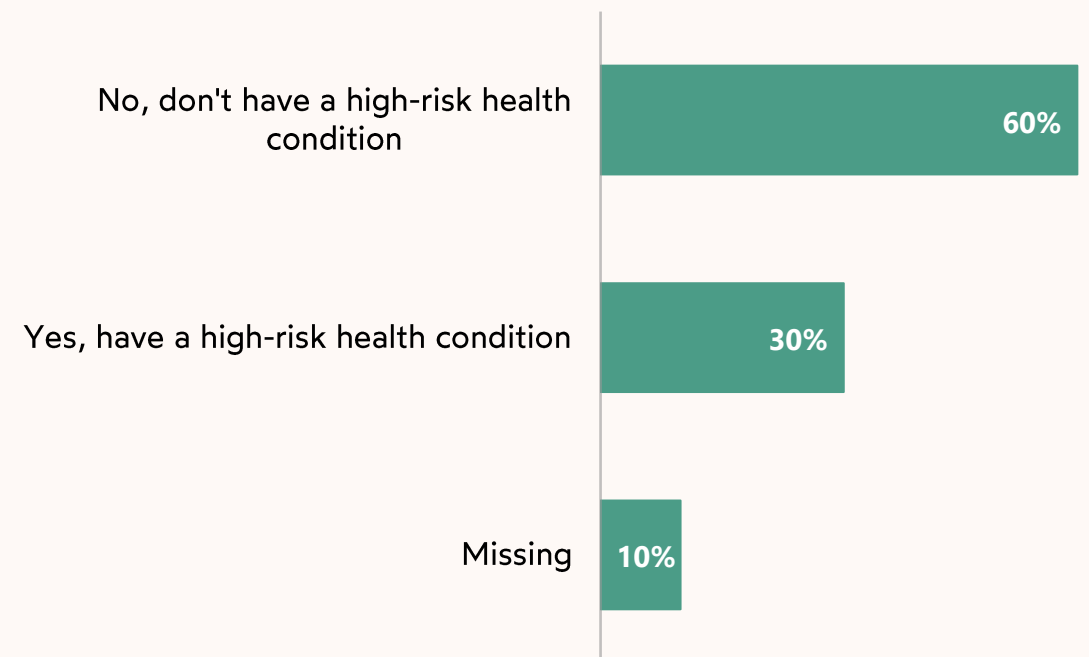
Who are the vaccinated respondents? (n=240)

Most respondents (**83%**) are covered by **health insurance** and **almost two-thirds (60%)** have **no high-risk health conditions**.

Health insurance coverage*



High-risk medical conditions**



Survey questions 14 and 15

*Due to rounding the percentages, the total adds up to 101% instead of 100%.

**High-risk medical conditions include smoking, heart conditions (including high blood pressure), diabetes, obesity, lung disease (including asthma or COPD), kidney disease, cancer, pregnancy, sickle cell disease, HIV, other chronic diseases, or any condition that impairs your immune system.

From October data

Among vaccinated respondents (n=240)

ACCESS



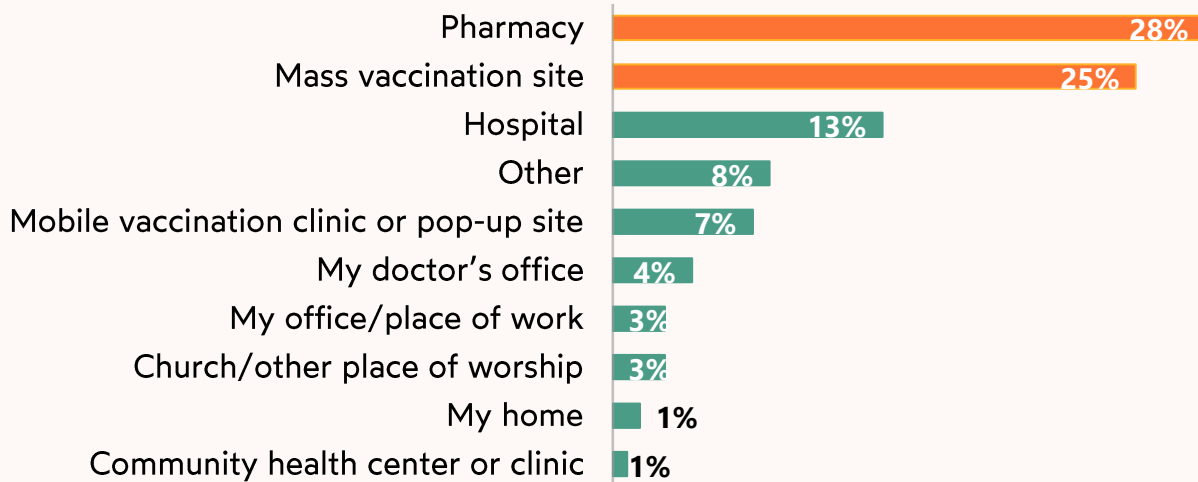
94% of respondents found it **very easy or somewhat easy** to make an appointment to receive the vaccine.



A large majority of respondents (89%) said that it took **less than 20 minutes to get to a vaccine location.**



Over half of the respondents received their vaccine at a **pharmacy (28%) or mass vaccination site (25%).**



*Survey questions 3, 3b, and 4

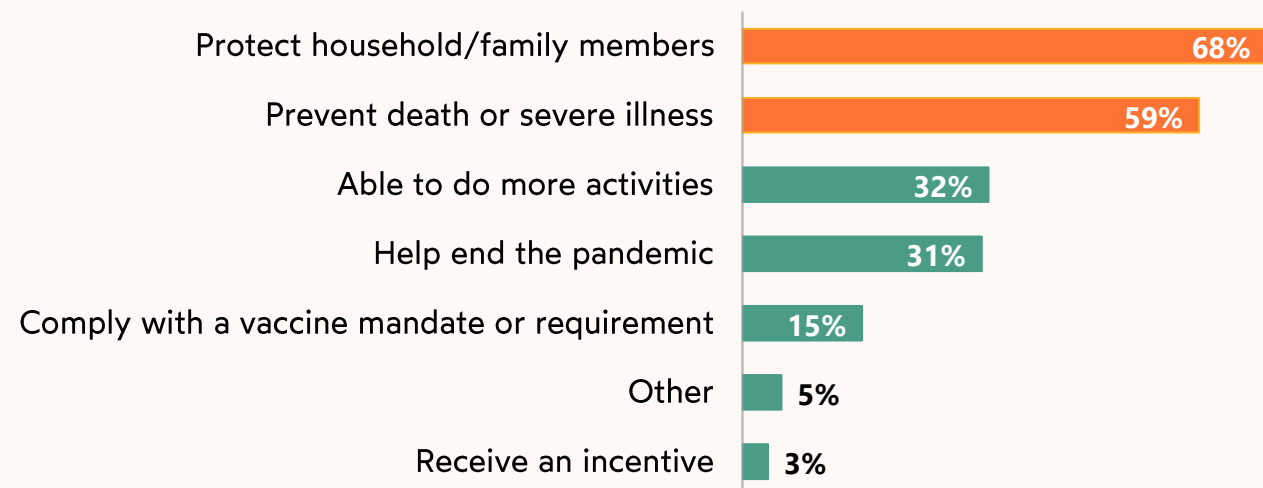
MESSENGERS AND MOTIVATORS



Vaccinated respondents trust a variety of sources of information. The top three sources of information are **doctors/healthcare providers (59%), scientists (49%), and the CDC (43%).**



Over half of the respondents received the vaccine to **protect their household (68%) and prevent death or severe illness (59%).**



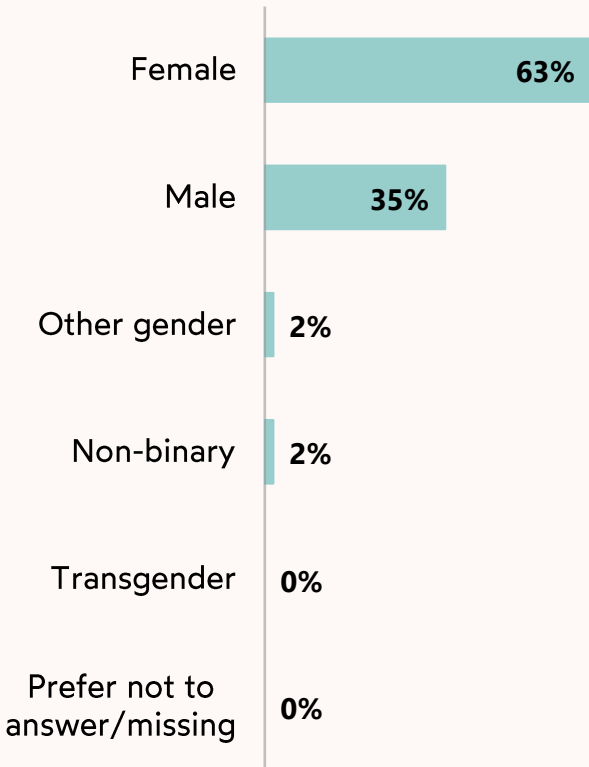
*Survey questions 5 and 6c

Who are the unvaccinated respondents? (n=60)

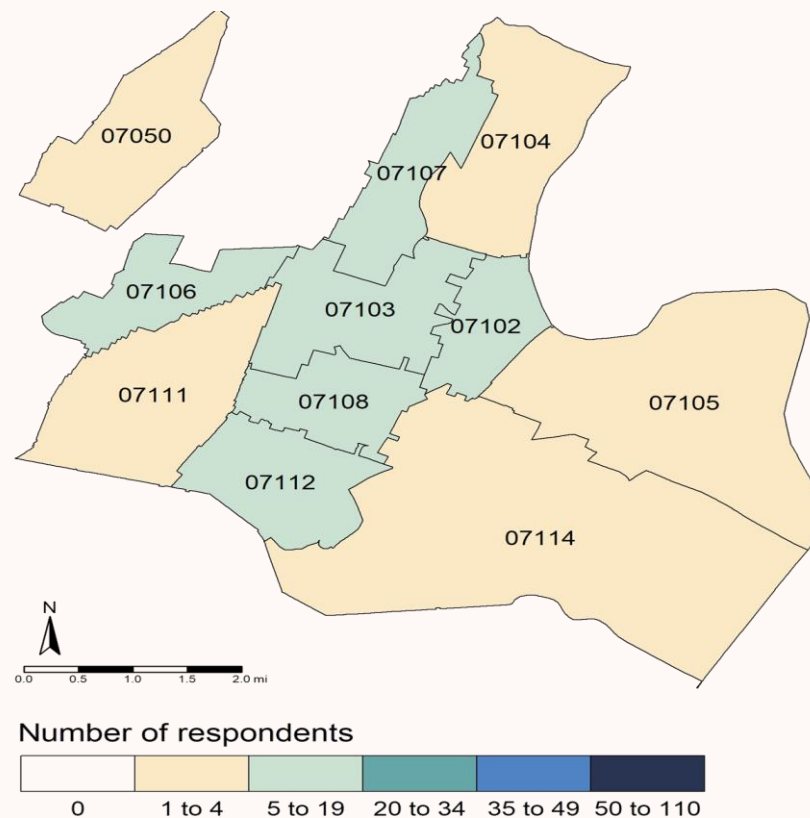
From October data

Nearly two-thirds (63%) of the unvaccinated respondents were **female** and **92%** were **African American or Black**.

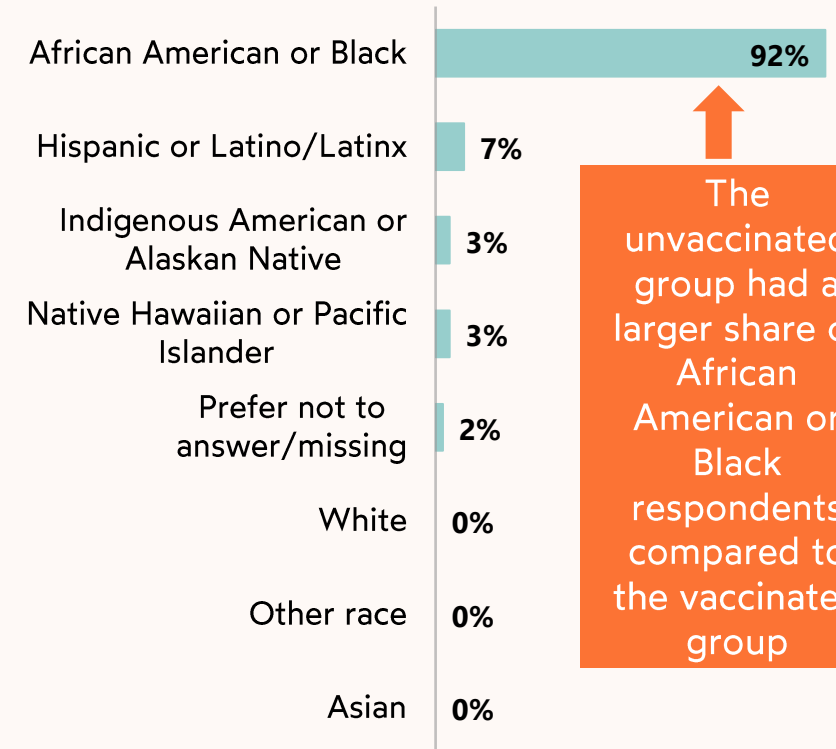
Gender
(select all that apply)



Where respondents live
(by zip code)



Race/Ethnicity
(select all that apply)



↑
The unvaccinated group had a larger share of African American or Black respondents compared to the vaccinated group

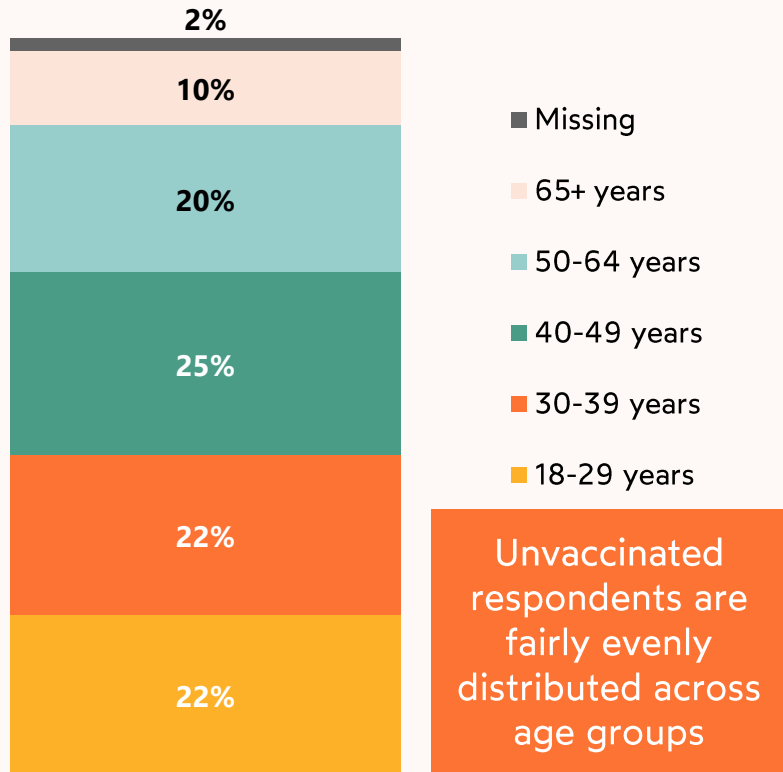
*Survey questions 1, 10, and 11

Who are the unvaccinated respondents? (n=60)

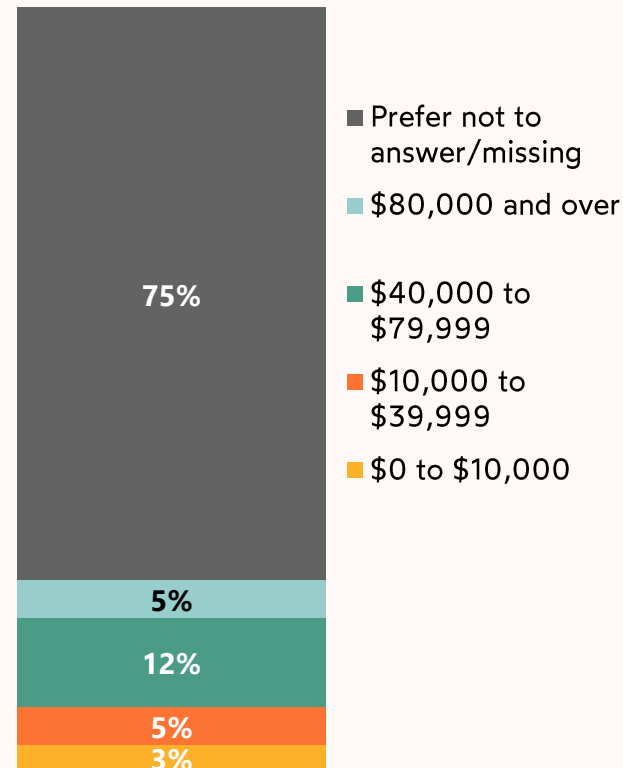
From October data

Unvaccinated respondents were distributed fairly equally across age groups. Around one-third had a HS graduate degree/GED or less (33%) and over half had a Bachelor's or 4-year degree or higher (52%).**

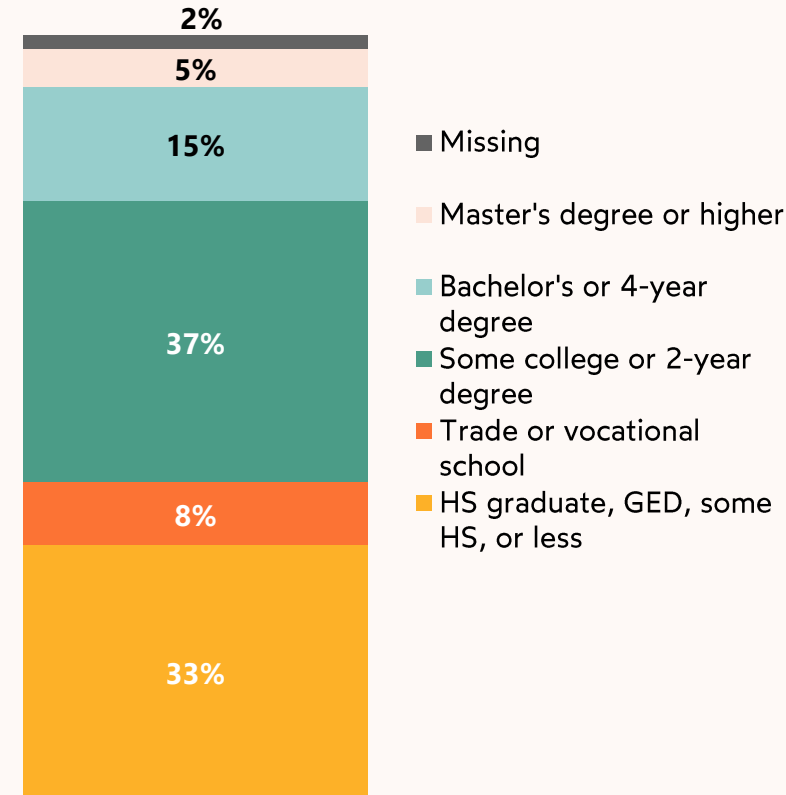
Age



Income



Education



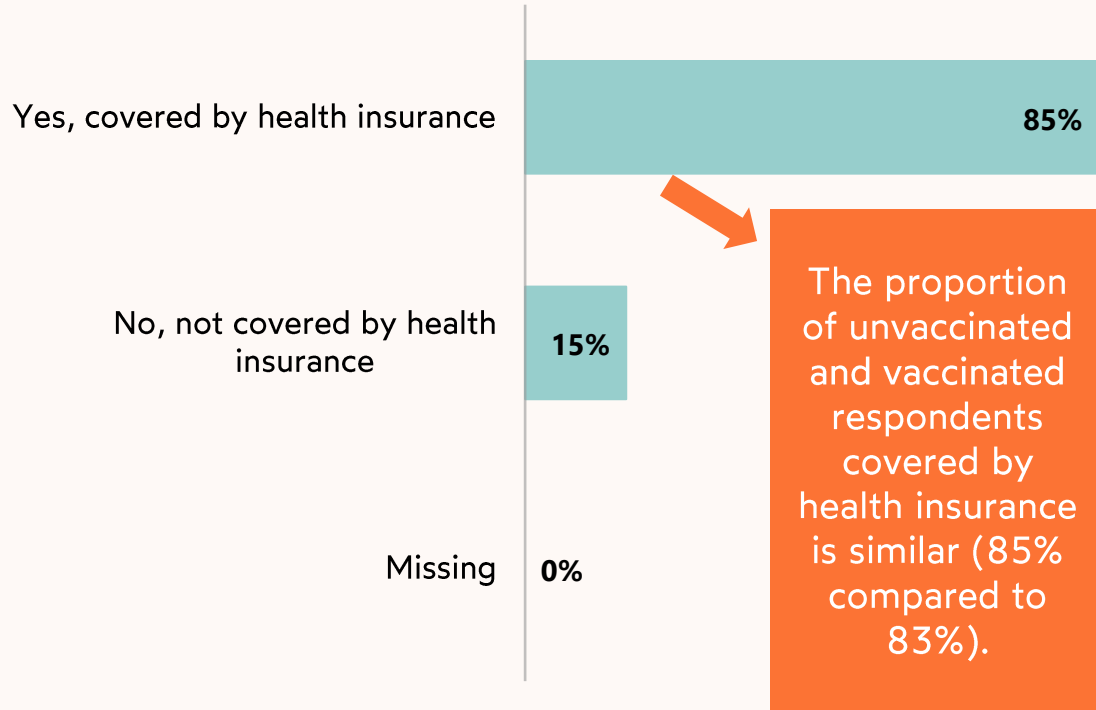
*Survey questions 9a, 12, and 13. **With such a high % of missing income responses it is difficult to accurately describe the typical income of an unvaccinated respondent in this wave.

From October data

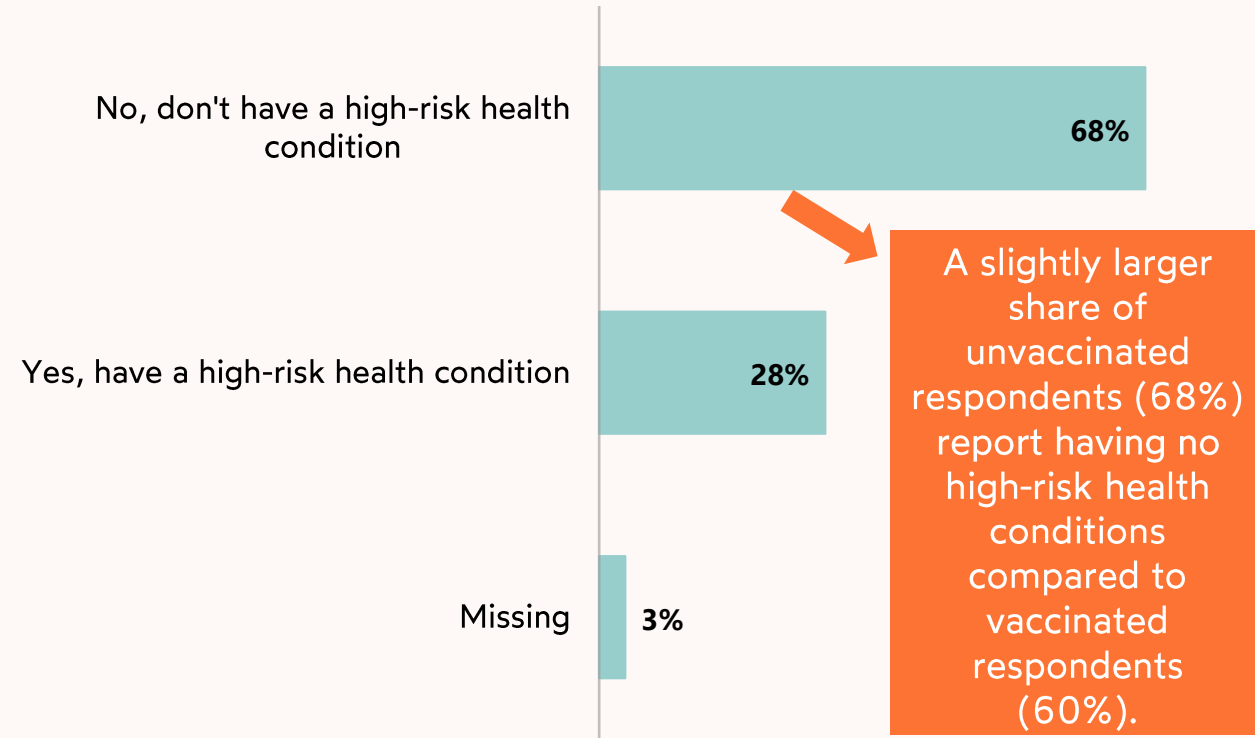
Who are the unvaccinated respondents? (n=60)

Most respondents are covered by **health insurance (85%)** and **don't have high-risk health conditions (68%)**.

Health insurance coverage



High-risk medical conditions**



*Survey questions 14 and 15

**High-risk medical conditions include smoking, heart conditions (including high blood pressure), diabetes, obesity, lung disease (including asthma or COPD), kidney disease, cancer, pregnancy, sickle cell disease, HIV, other chronic diseases, or any condition that impairs your immune system.

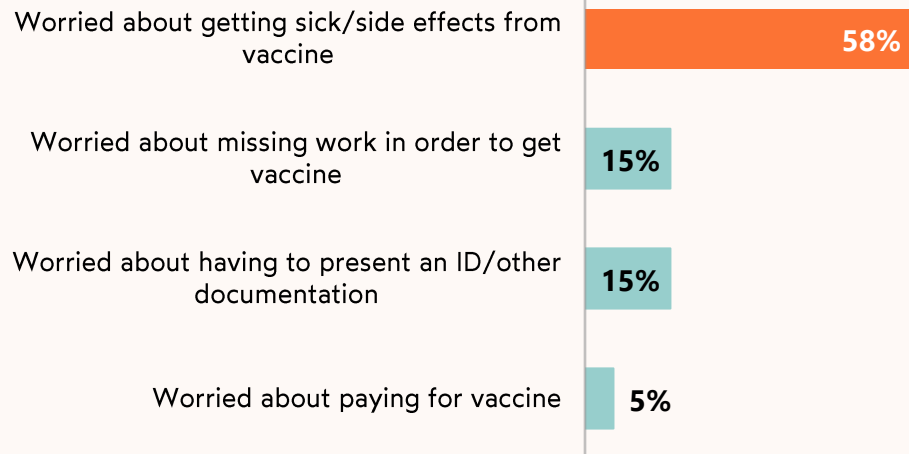
From October data

Among unvaccinated respondents (n=60)

BARRIERS



Over half (58%) of the unvaccinated respondents are worried about getting sick or having side effects from the vaccine.



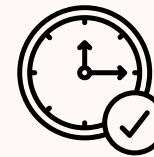
ENABLERS



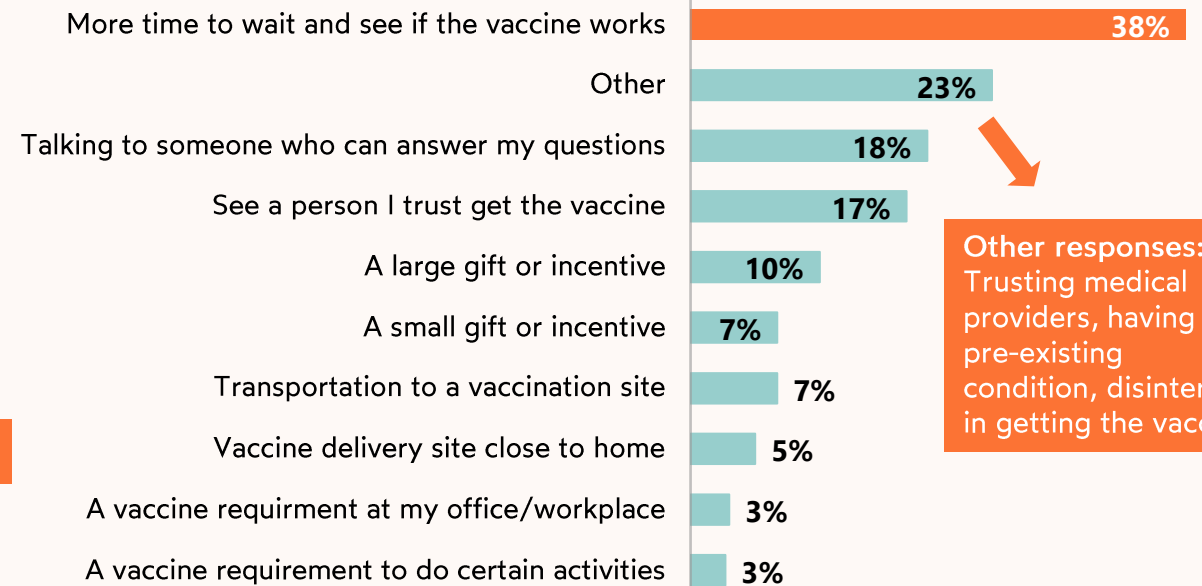
Nearly three-quarter (73%) of unvaccinated respondents knew where to get information about scheduling a vaccine appointment and three-quarters knew where to get a vaccine.

*Survey questions 6b

MOTIVATORS



Overall, unvaccinated respondents do not report many motivators for getting the vaccine. 38% reported needing more time to see if the vaccine works before receiving it themselves.



Other responses: Trusting medical providers, having a pre-existing condition, disinterest in getting the vaccine

*Survey questions 6c

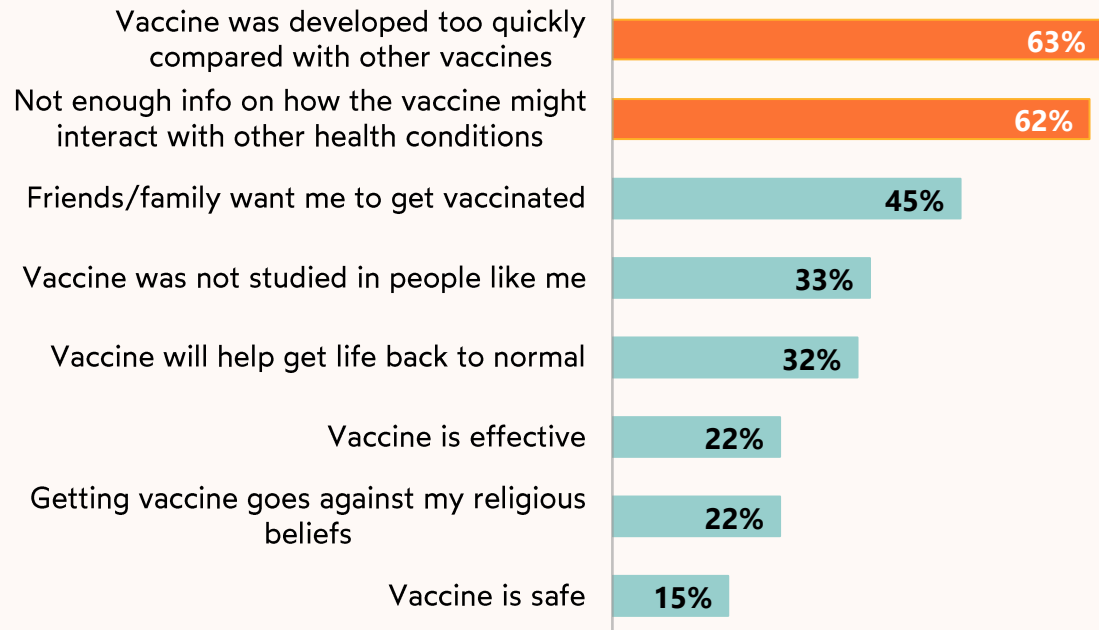
Among unvaccinated respondents (n=60)

From October data

BELIEFS



Almost two-thirds of unvaccinated respondents believe that the vaccine was developed too quickly compared to other vaccines (63%) and that there is not enough information on how the vaccine might interact with other health conditions (62%). Less than one quarter of respondents believed the vaccine was effective (22%) or safe (15%).

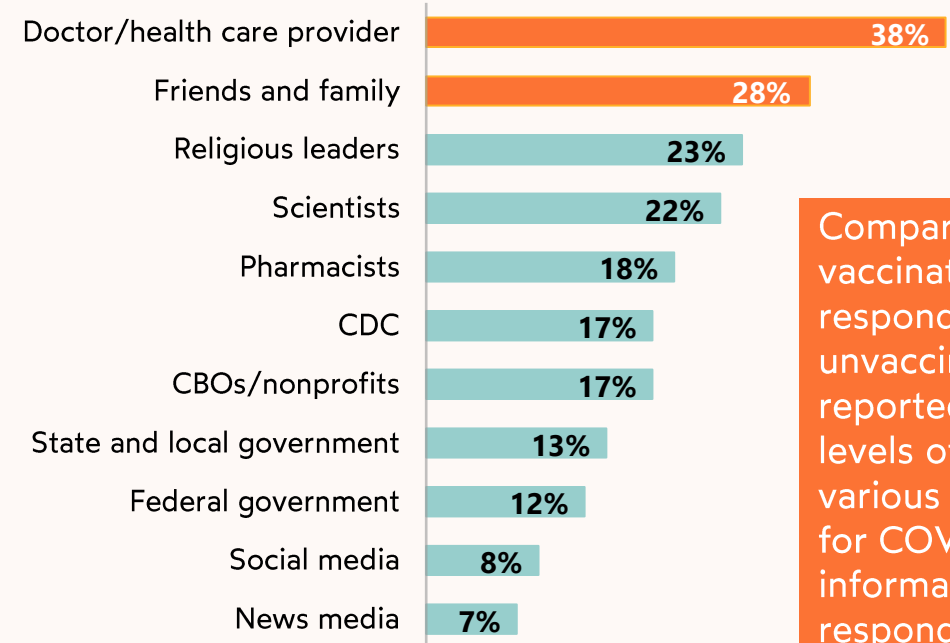


*Survey question 7

TRUSTED MESSENGERS



Just over a third of unvaccinated respondents trust their doctor/health care provider for information about the COVID-19 vaccine, with another 28% trusting friends and family members. Trust in other messengers was lower.



Compared to vaccinated respondents, the unvaccinated reported low levels of trust in various sources for COVID-19 information respondents

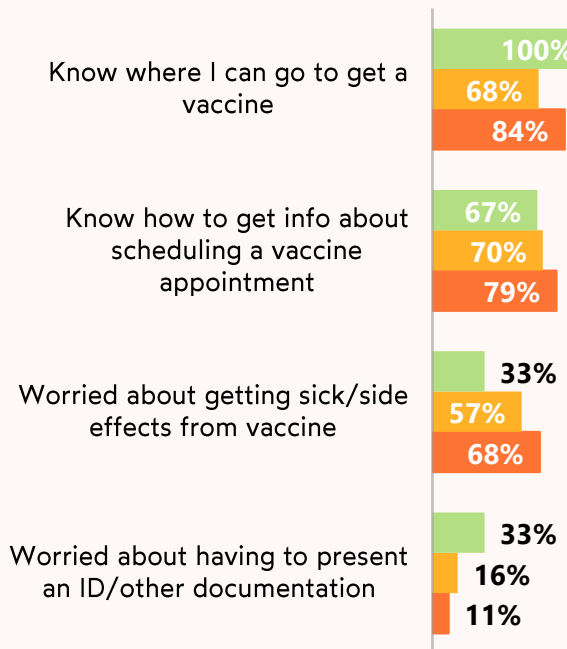
*Survey questions 8

Differences between “types” of unvaccinated respondents

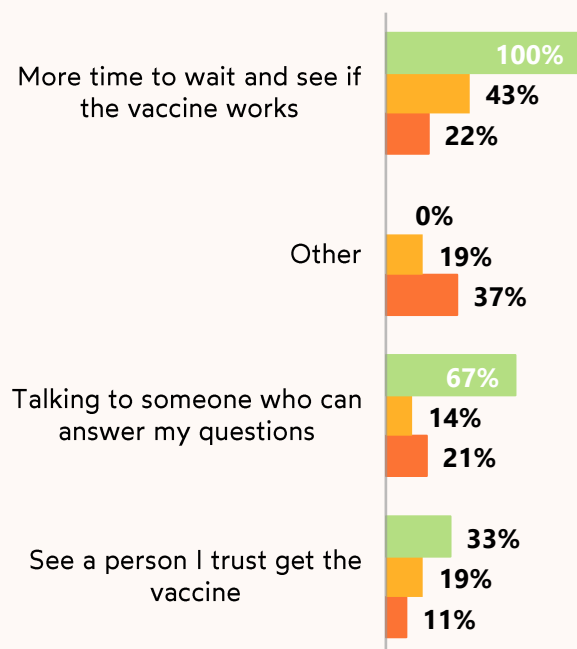
From October data

- More than half of respondents who are undecided or unwilling to get the vaccine note concern about getting sick or having side effects from the vaccine.
- Just under half the respondents that are undecided about getting the vaccine report that more time to wait and see if the vaccine works would motivate them, while those who do not intend to get the vaccine are less likely to be motivated by more time.

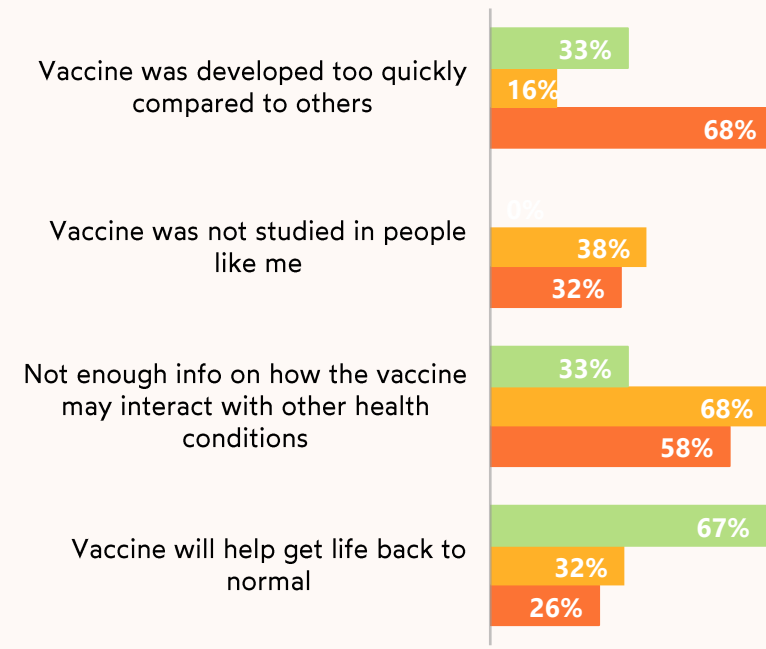
BARRIERS & ENABLERS



MOTIVATORS



BELIEFS



■ Intend to get vaccine (n=3)
 ■ Undecided about vaccine (n=37)
 ■ Do not intend to get vaccine (n=19)

*Survey questions 6b, 6c, 7, and 8; given the small sample size of the intend to get vaccine group (n=3), it is important not to overinterpret these differences

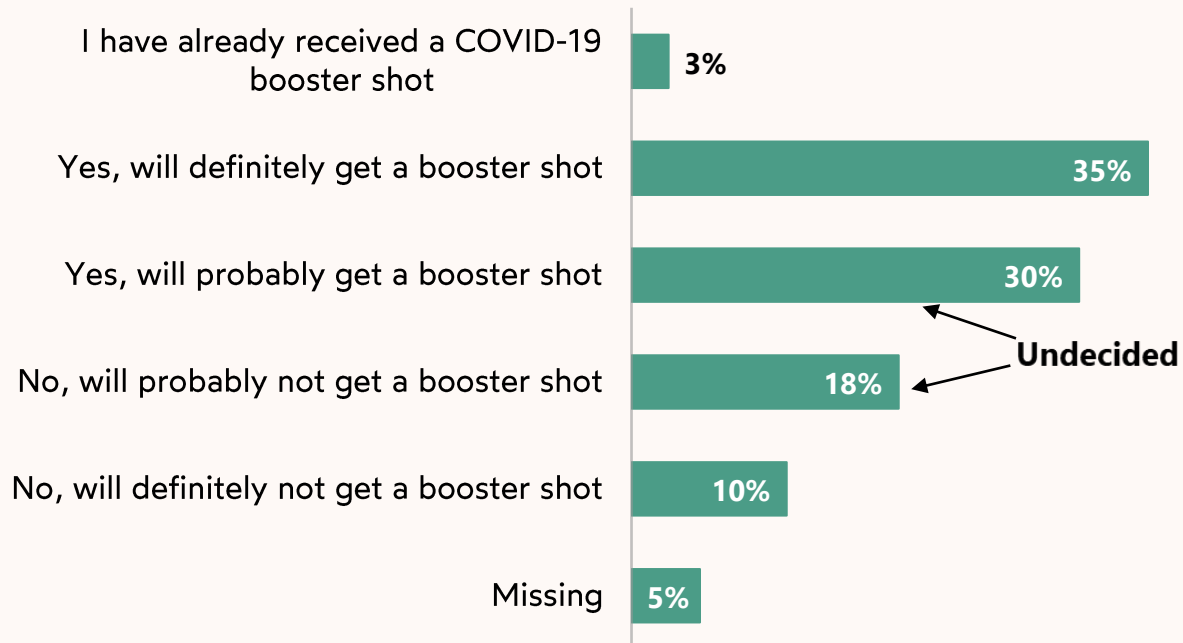
From October data

Attitudes toward booster shot

VACCINATED RESPONDENTS (n=240)



Over a third of vaccinated respondents **intend on getting a booster shot (35%)**, and nearly half are **undecided (48%)**.

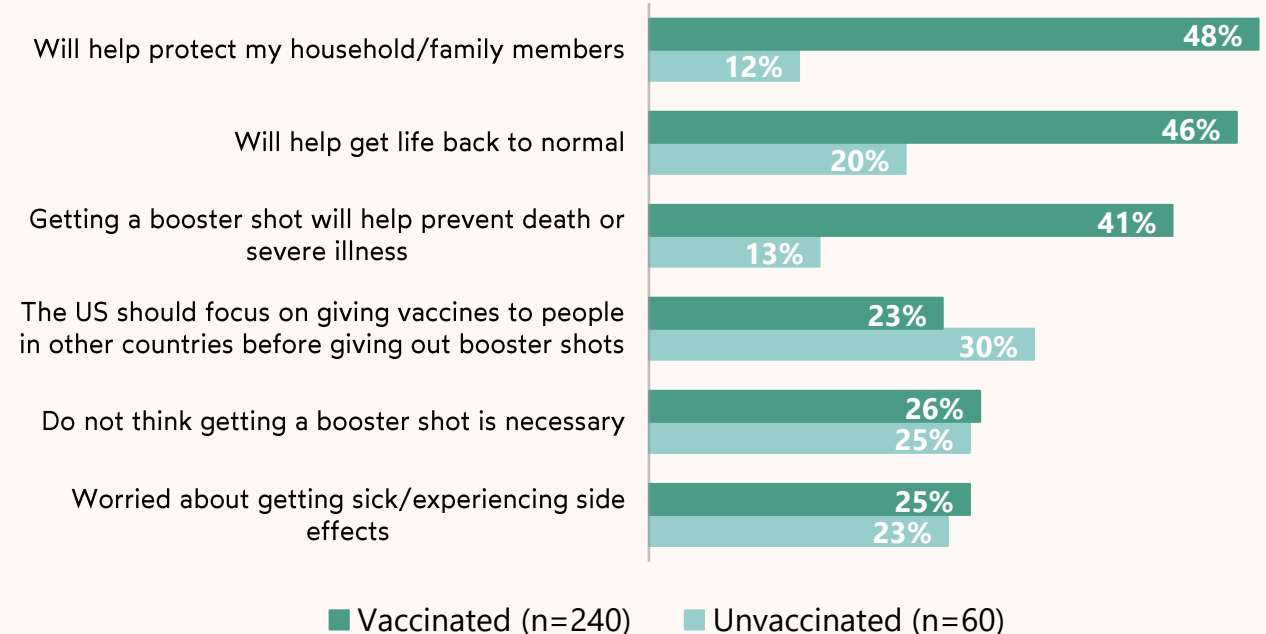


*Survey question 8.1

ALL RESPONDENTS (n=300)



Nearly half of vaccinated respondents believe **booster shots help protect household/family members (48%)**, **get life back to normal (46%)**, and **help prevent death or severe illness (41%)**. Fewer unvaccinated respondents shared these beliefs.

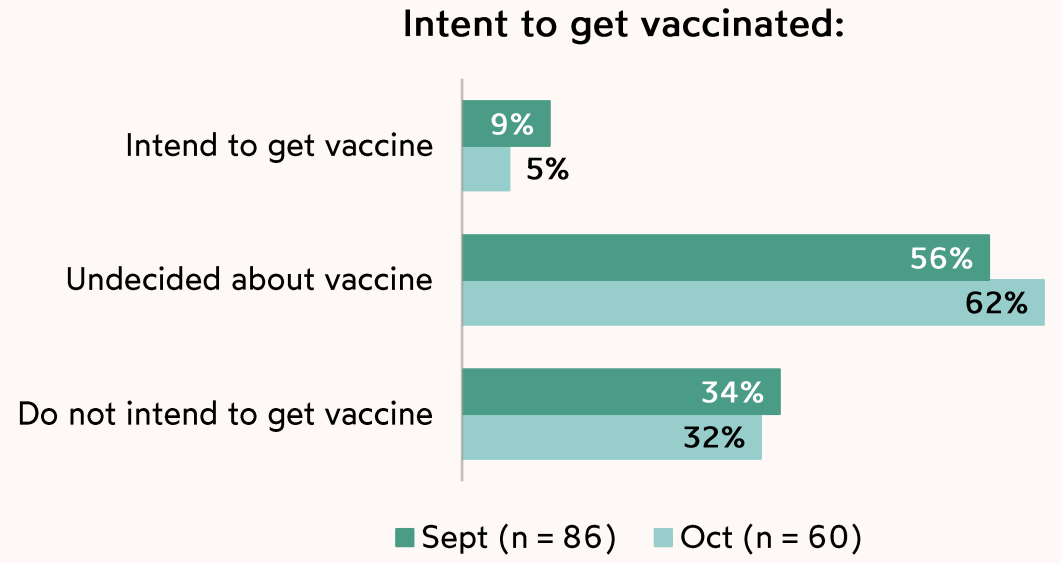
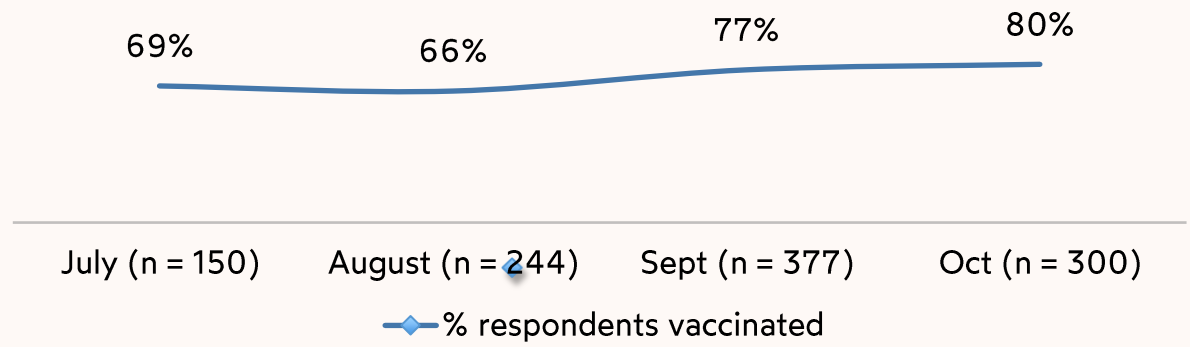


*Survey question 8.2

Vaccination trends from July through October

The share of respondents who were vaccinated was slightly higher in October compared to previous months.

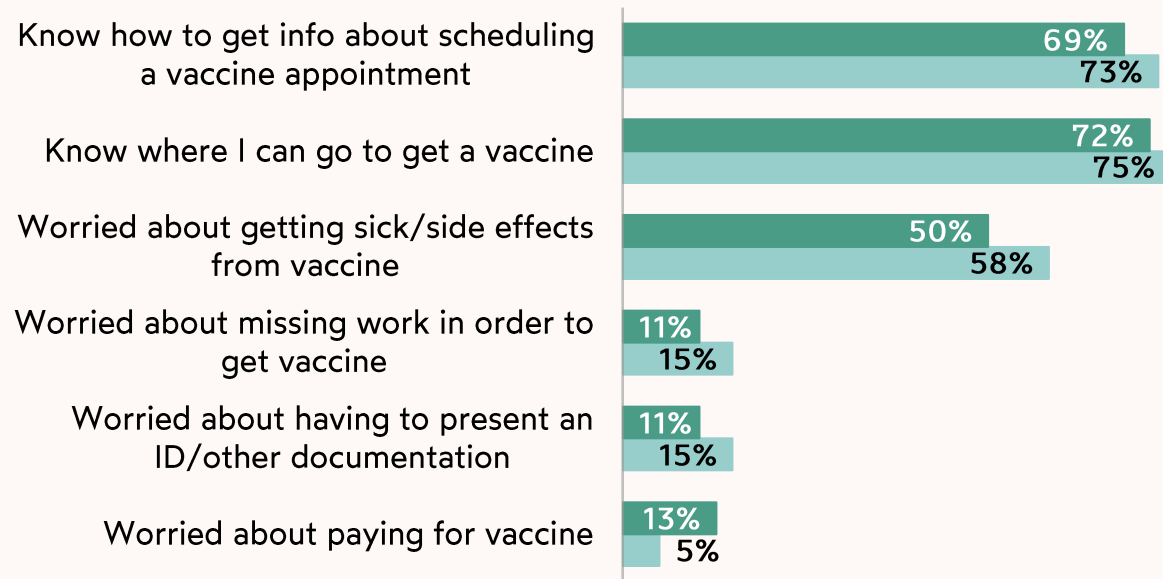
Overall, unvaccinated respondents in October were slightly less certain about their vaccination intentions than unvaccinated respondents in September, but overall intent to get vaccinated was similar among unvaccinated respondents in September and October. However, given the small sample size, this could also be due to random variation.



Trends in barriers and beliefs from September to October

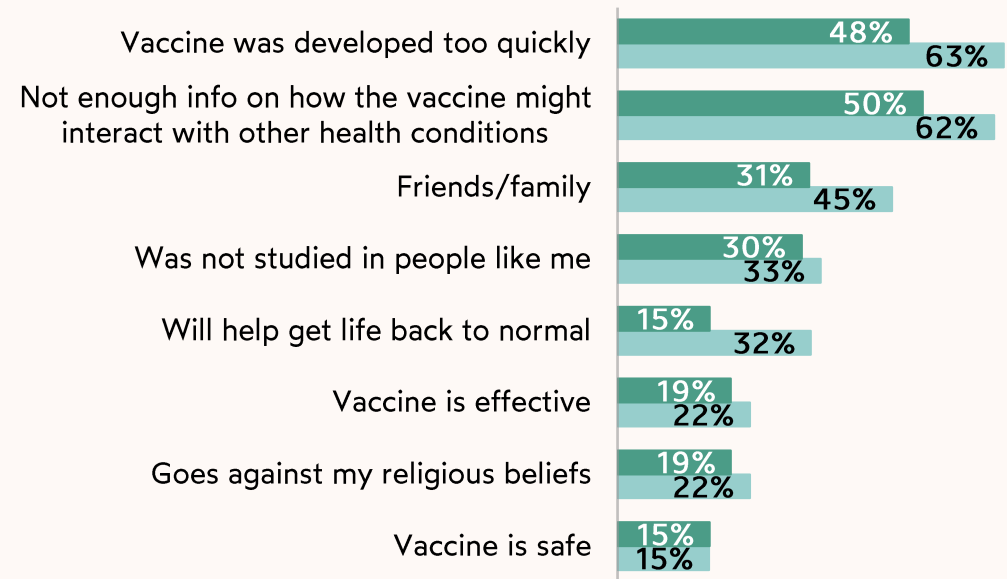
The top barriers to vaccination and beliefs about vaccination among unvaccinated respondents remained consistent between September and October.

Barriers



■ Sept (n = 86) ■ Oct (n = 60)

Beliefs

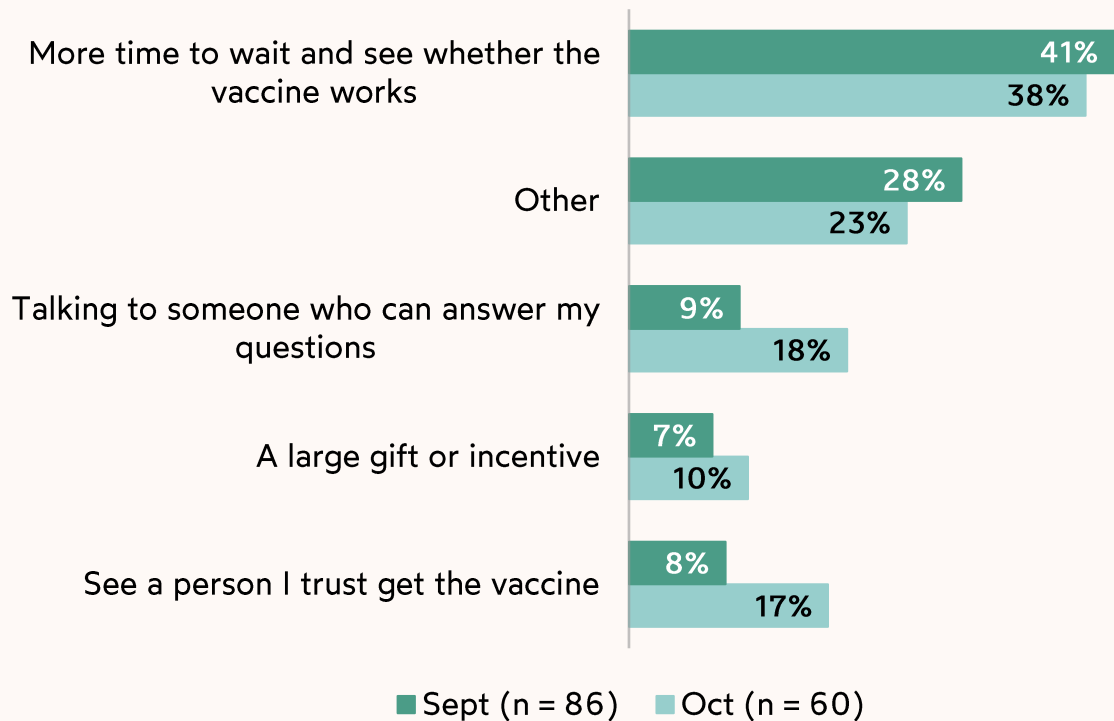


■ Sept (n = 86) ■ Oct (n = 60)

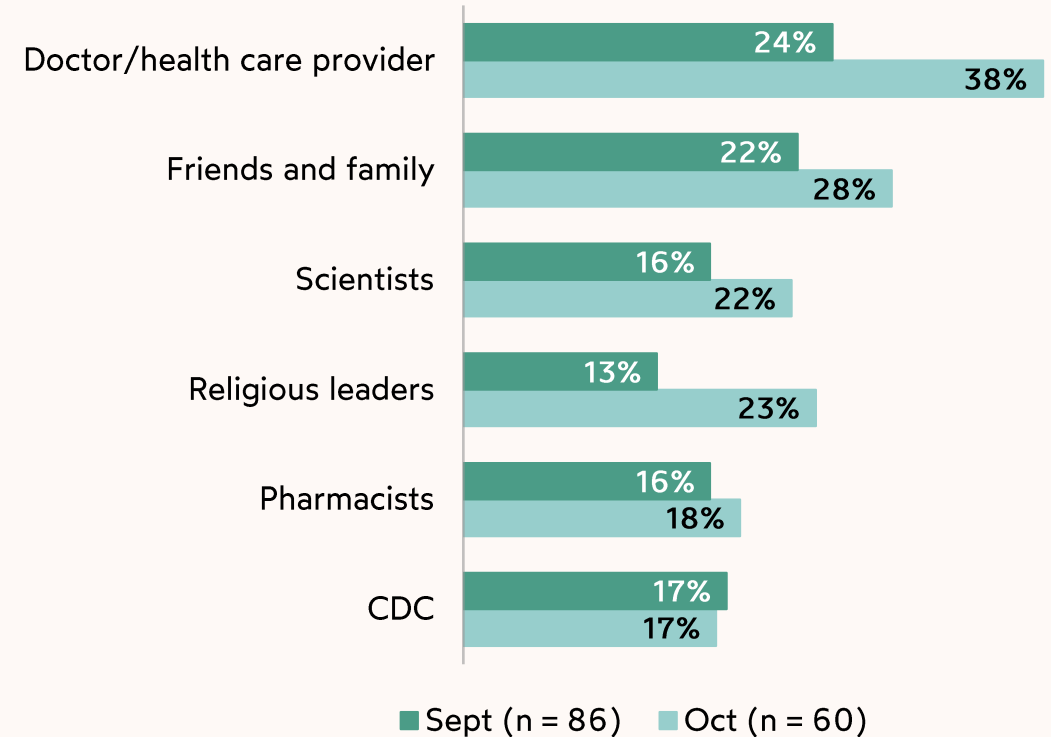
Trends in motivators and trusted messengers from September and October

The top motivators and sources of information reported by unvaccinated respondents remained consistent between September and October. However, a larger share of respondents in October reported trust in various sources of information.

Motivators



Trusted messengers



From October data

Summary and potential actions

KEY TAKEAWAYS

VACCINATED VS UNVACCINATED*

- Gender was similar across the vaccinated and unvaccinated, but the unvaccinated group had a larger share of African American/Black respondents
- Age of respondents is fairly evenly distributed amongst unvaccinated respondents; largest portion of vaccinated respondents fell within the 50-64 age range.
- Vaccinated respondents were more educated than unvaccinated respondents.
- Similar percentages of vaccinated and unvaccinated respondents report having health insurance; A slightly larger percentage of unvaccinated respondents report having no high-risk health conditions
- Unvaccinated respondents reported low levels of trust in various sources for COVID-19 information compared to vaccinated respondents

KEY TAKEAWAYS

VACCINATED RESPONDENTS

- Majority found it easy to schedule and travel to vaccine appointments
- Most are motivated to get the vaccine to protect loved ones and prevent illness or death
- Most are considering getting the booster shot
- Many trust their doctors, scientists, and the CDC the most for their vaccine information

KEY TAKEAWAYS

UNVACCINATED RESPONDENTS

- The majority are **not very motivated** to receive the vaccine and several responded that they **need more time to see if the vaccine works.**
- More unvaccinated respondents reported trusting doctors and friends/family members in October than September vaccinated
- Are worried about **getting sick/experiencing side effects** from the vaccine
- Need more information on how the vaccine interacts with other health conditions and believe that it was developed too quickly

*Please note that some of these differences could be due to sample size differences (vaccinated sample size is 188 respondents and the unvaccinated sample size is 29 respondents)⁸⁶

Summary and potential actions

From October data

POTENTIAL MESSAGING & OUTREACH STRATEGIES



Continue to refine and promote message that:

- Details **the ease of access to and safety o the vaccine and booster shots**
- Demonstrates the **vaccine's safety in the presence of other health conditions**
- Highlights how vaccines are good at preventing **severe illness and death**
- Describes **how the vaccine testing and production process was safely compressed into a shorter time frame.**



Continue to **encourage vaccinated community members to have conversations with friends and family who are not vaccinated.** Also, provide guidance on **messages** vaccinated members should mention in their conversations, **e.g., experiences with any short-term side effects.**

POTENTIAL MESSAGING & OUTREACH STRATEGIES



Validate and support people who want more time to wait and see (for example, focus on other risk-reduction behaviors like masks and testing).



Collaborate with community healthcare providers to coordinate compassionate messaging about COVID-19 and vaccines



Develop communication materials demonstrating how the testing and production process was **safely compressed into a shorter timeframe** based on decades of research and how the **clinical trials included underrepresented minorities, older age groups and people with other health conditions such as diabetes, obesity, heart, and respiratory conditions.**

Newark: Supplemental data slides

- Survey respondent demographics vs. city Black, Indigenous, People of Color (BIPOC) demographics
- All figures for questions analyzed

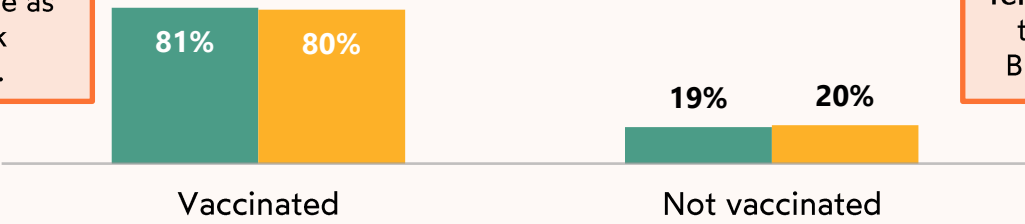
From October data

Survey respondent demographics vs. Newark city BIPOC demographics

Vaccination status (at least one dose): Newark vs. Survey Sample (n = 377)

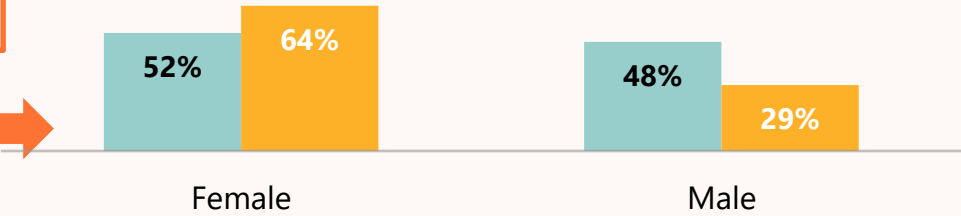
Survey respondents had about the same vaccination rate as the Newark population.

The survey sample has a larger share of female respondents than the Newark BIPOC population.



■ New Jersey COVID-19 Information Hub, Newark ■ Survey Sample

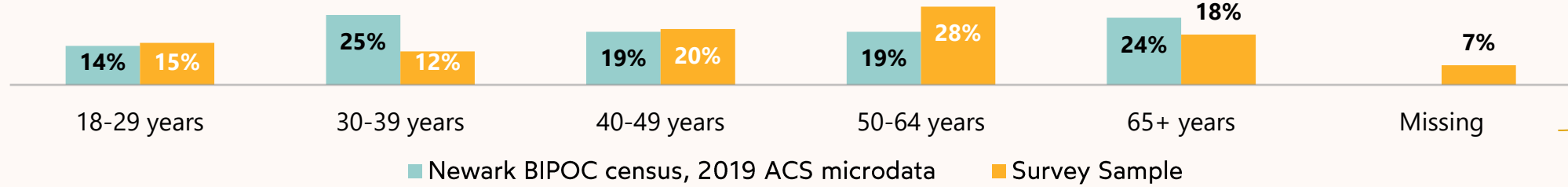
Gender: Newark vs. Survey Sample (n = 300)



■ Newark BIPOC census, 2019 ACS microdata ■ Survey Sample

Note: Vaccination rates for Newark from the New Jersey COVID-19 Information Hub are not specific to the BIPOC population unlike other demographics shown in this slide.

Age: Newark vs. Survey Sample (n = 300)



■ Newark BIPOC census, 2019 ACS microdata ■ Survey Sample

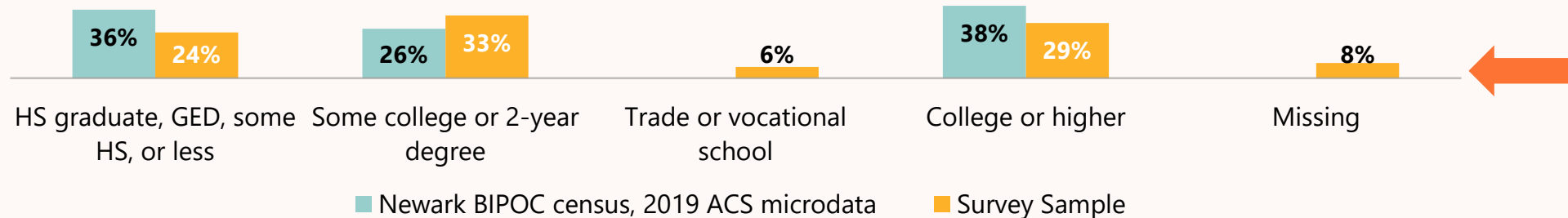
Compared to Newark's BIPOC population, the survey population has a lower share of respondents ages 30-39 and over 65, but not as many respondents ages 50-64.

From October data

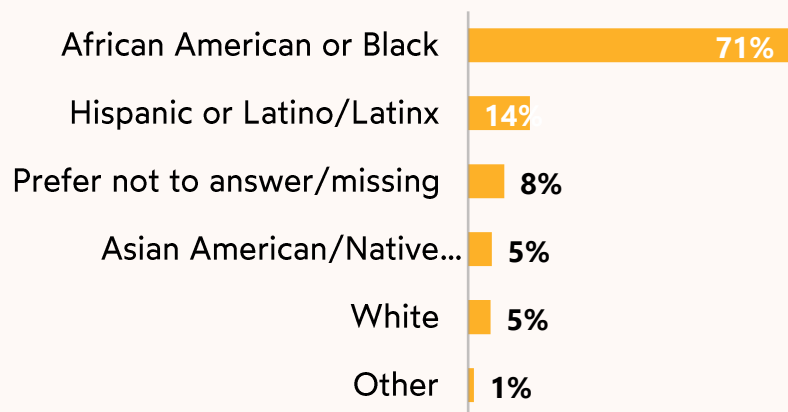
Compared to Newark's BIPOC population, the survey sample has a smaller share of respondents with a high school education or less, and a larger share of respondents with some college or a 2-year degree.

Survey respondent demographics vs. Newark city BIPOC demographics

Education: Newark vs. Survey Sample (n = 300)

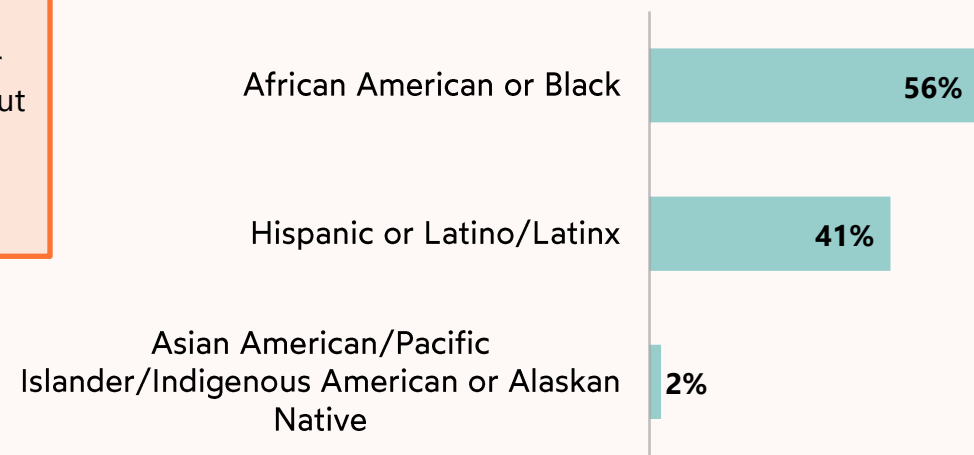


Race/ethnicity: Newark vs. Survey Sample (n = 300)



Compared to Newark's BIPOC population, the survey had more African American or Black respondents, but fewer Hispanic or Latino/Latinx respondents.

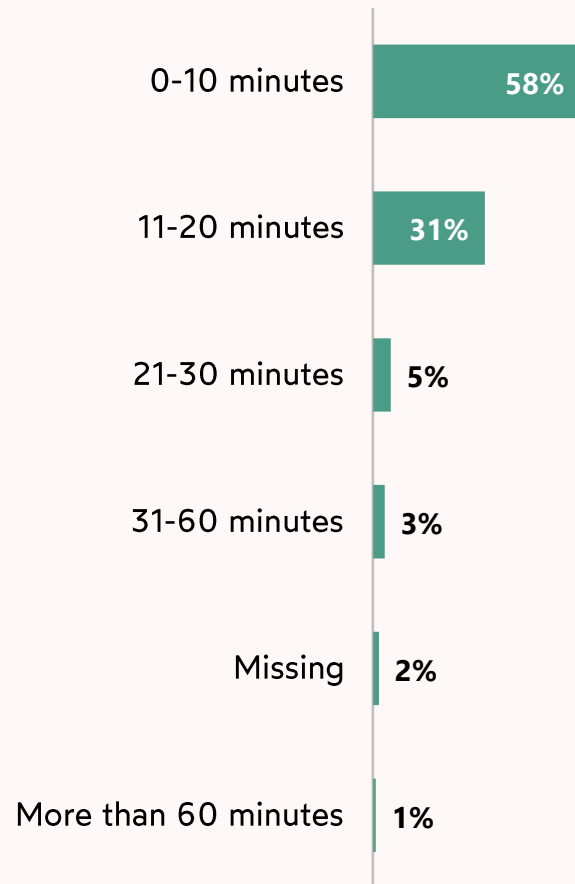
Newark BIPOC census, 2019 ACS microdata BIPOC race/ethnicity



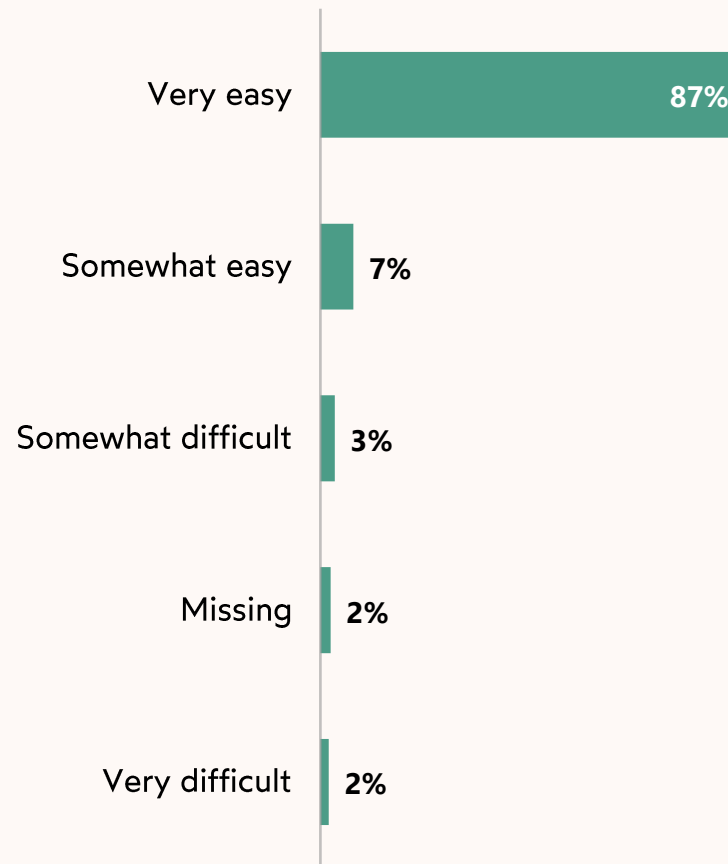
Among vaccinated respondents (n=240)

From October data

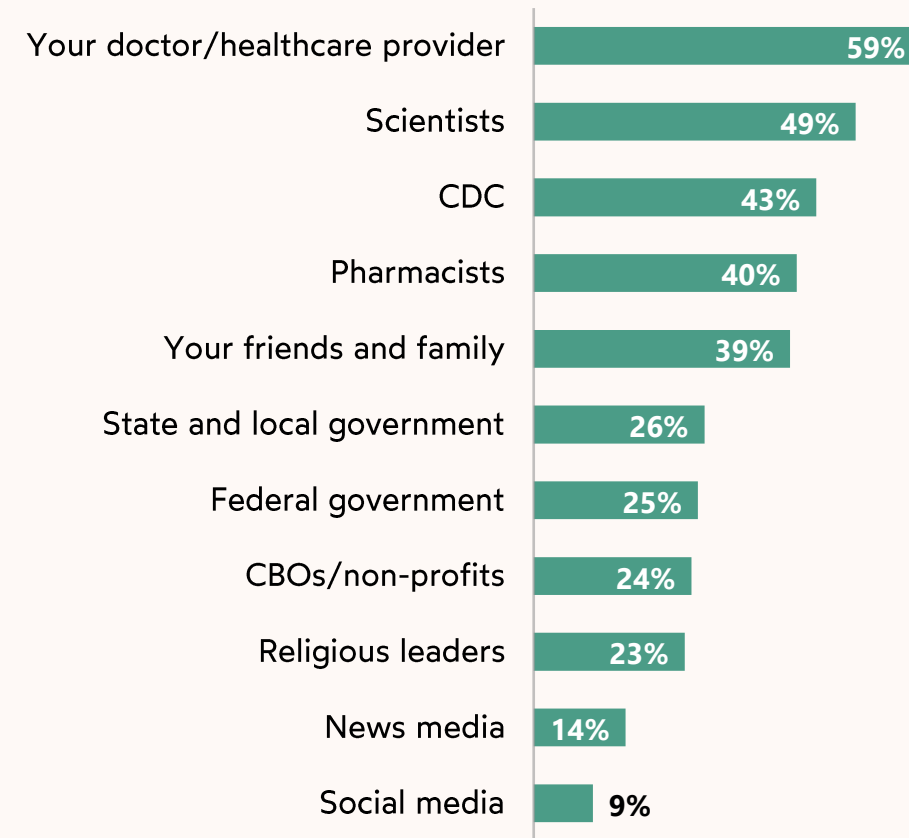
Time taken to get vaccinated



Ease of getting an appointment



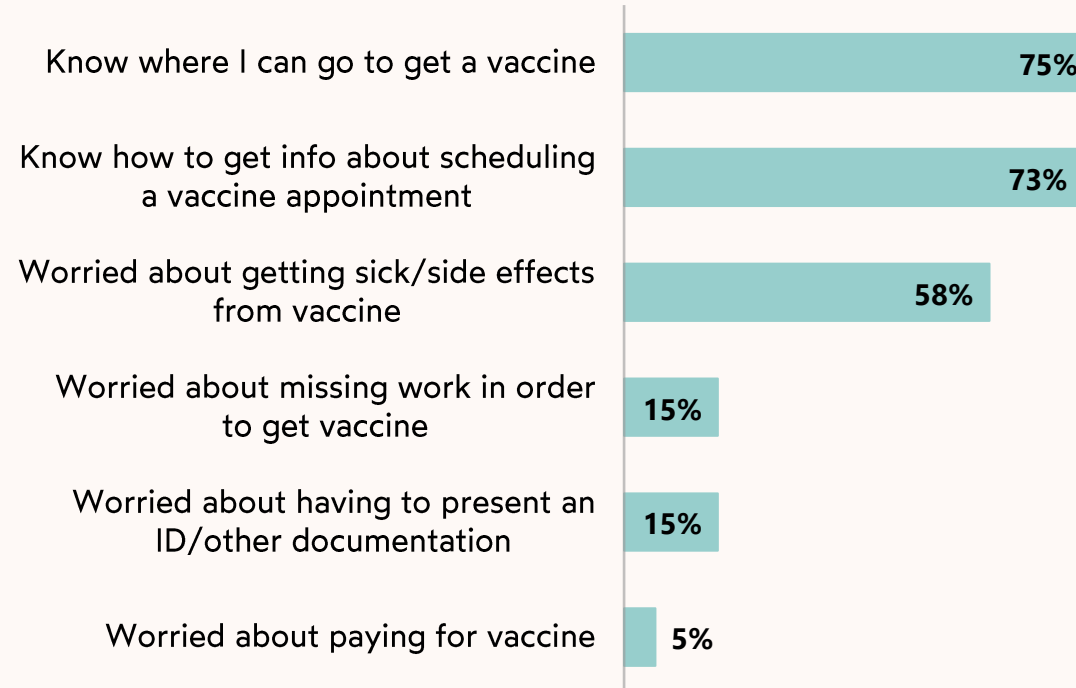
Trusted messengers



Among unvaccinated respondents (n=60)

From October data

Barriers/Enablers

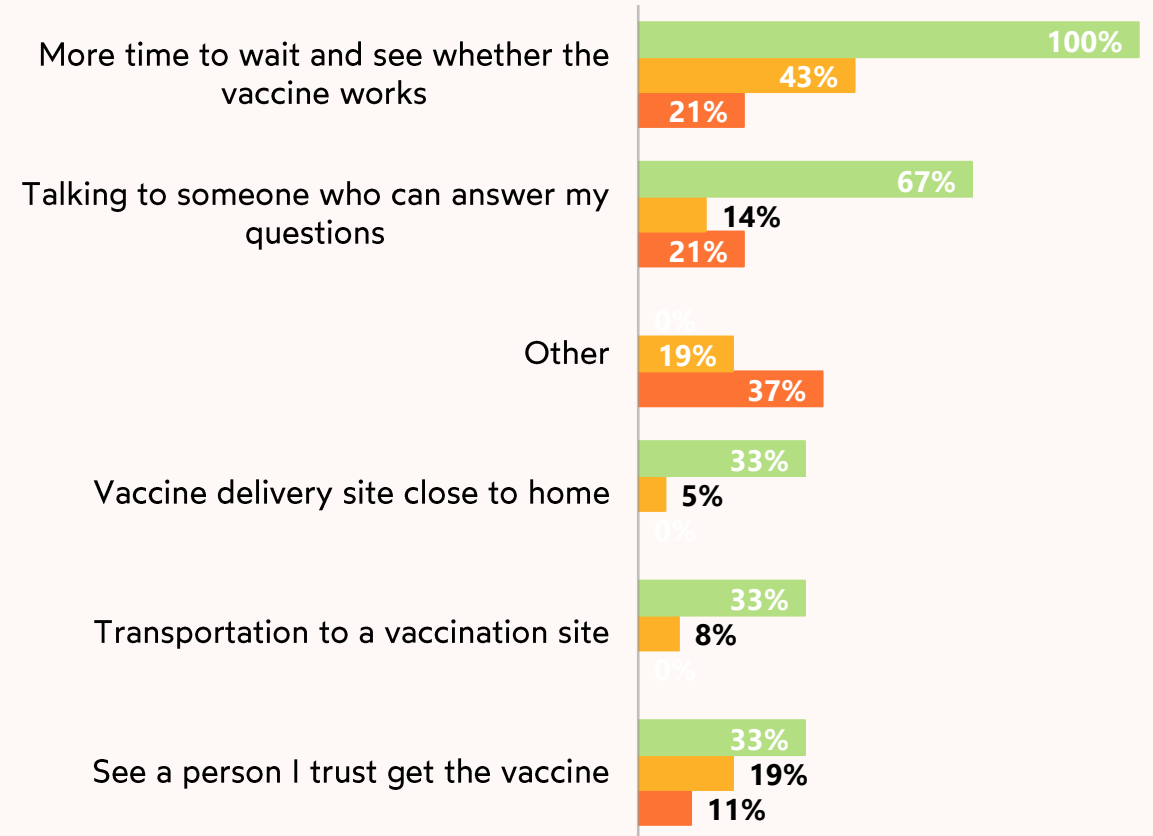
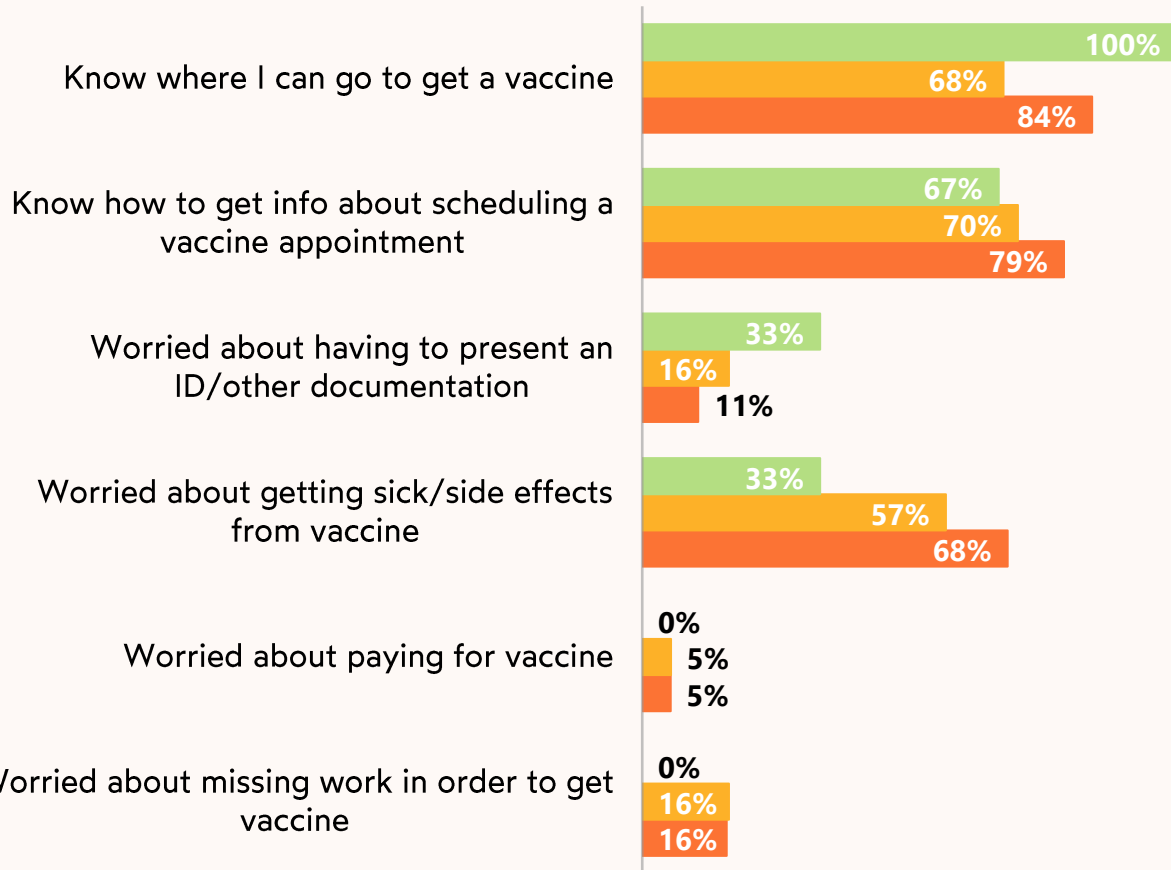


“Types” of unvaccinated respondents (n = 59)

From October data

Barriers/Enablers

Motivators to get the vaccine



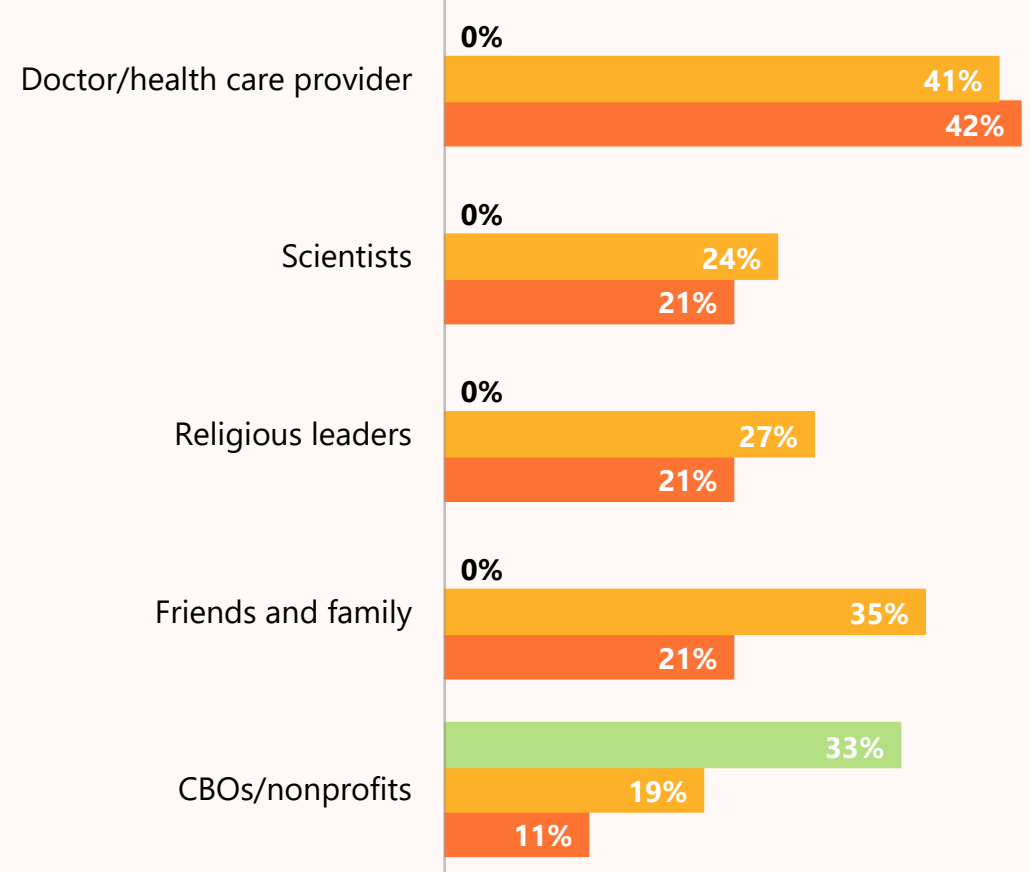
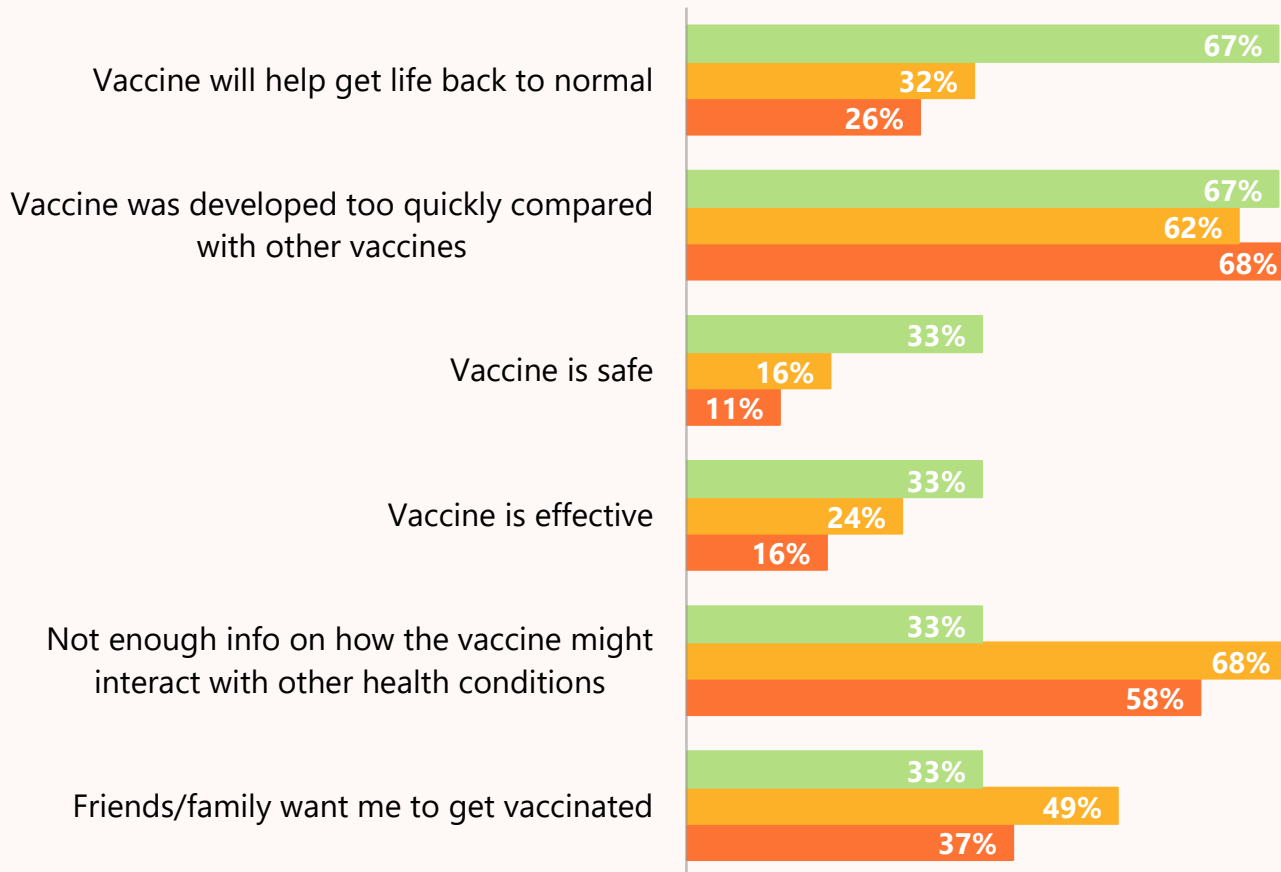
■ Will definitely get vaccine (n=2)
 ■ Undecided about vaccine (n=24)
 ■ Do not intend to get vaccine (n=9)

From October data

“Types” of unvaccinated respondents (n = 59)

Beliefs

Trusted messengers



■ Will definitely get vaccine (n=2)
 ■ Undecided about vaccine (n=24)
 ■ Do not intend to get vaccine (n=9)

Survey insights by city: Oakland

September and October data

Overview

- Methodology
- Respondents' vaccination status and intentions
- Respondents' Covid-19 testing history
- Characteristics and highlights among vaccinated respondents
- Characteristics and highlights among unvaccinated respondents
- Differences between “types” of unvaccinated respondents
- Respondents' attitudes towards the booster shot
- Vaccination trends across months
- Summary and potential actions
- Survey insights across sites among unvaccinated respondents

Methodology

Monthly goal: 100 responses

CENTRO LEGAL
DE LA RAZA



LSPC

The main partner leading this effort is Faith In Action.

Partnered with

Centro Legal de La Raza and Legal Services for Prisoners with Children (LSPC) leads the data collection efforts.



Faith In Action is a partnership of congregations, schools, and community organizations dedicated to addressing social issues, such as violence reduction, immigration rights, education equity, and health care.



Centro Legal contacts respondents primarily via email and text. Its listserv includes clients, donors, and volunteers.

Centro Legal is dedicated to empowering Latino, immigrant, and low-income communities.



Centro Legal conducts in-person interviews at tabling opportunities outside its offices.



LSPC conducts in-person interviews at local businesses such as barbershops, nail salons, and other venues. It uses a combination of paper intercept surveys and self-administered web surveys.

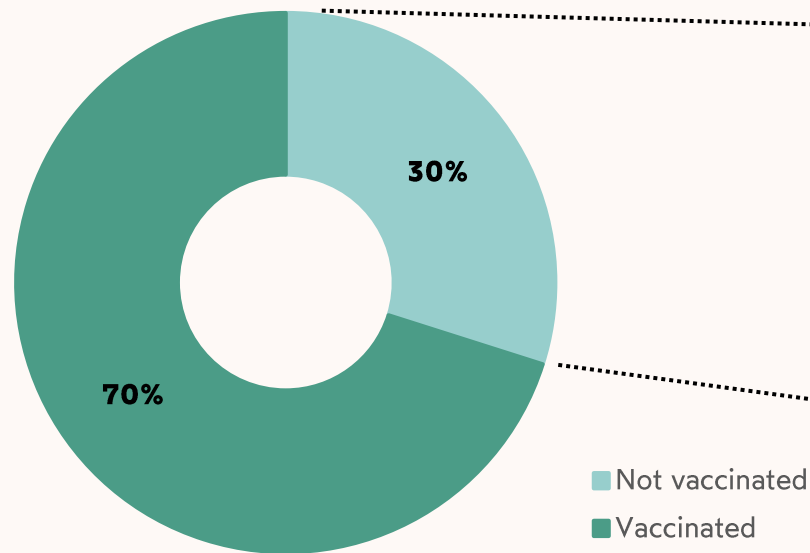
LSPC is dedicated to serving incarcerated and formerly incarcerated people and their families.

Vaccination status and intention (n = 117)

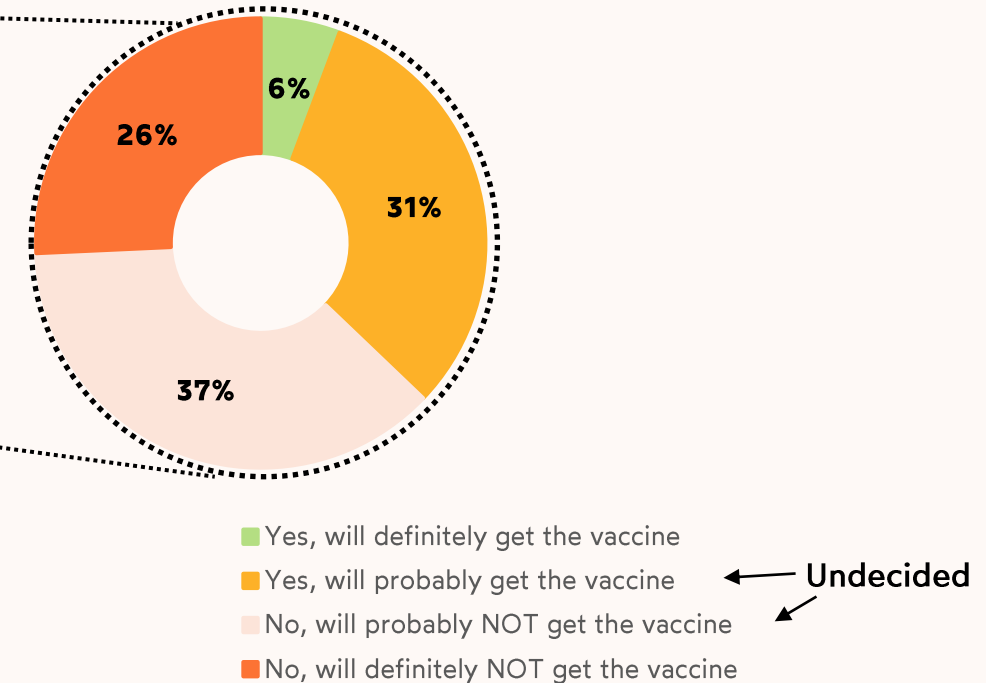
From September & October data

Less than one-third of the respondents are not vaccinated (30%). Among these respondents, only 6% intend to get the vaccine and 68% are undecided.

Surveyed population in Oakland



Among the 30% who are not vaccinated



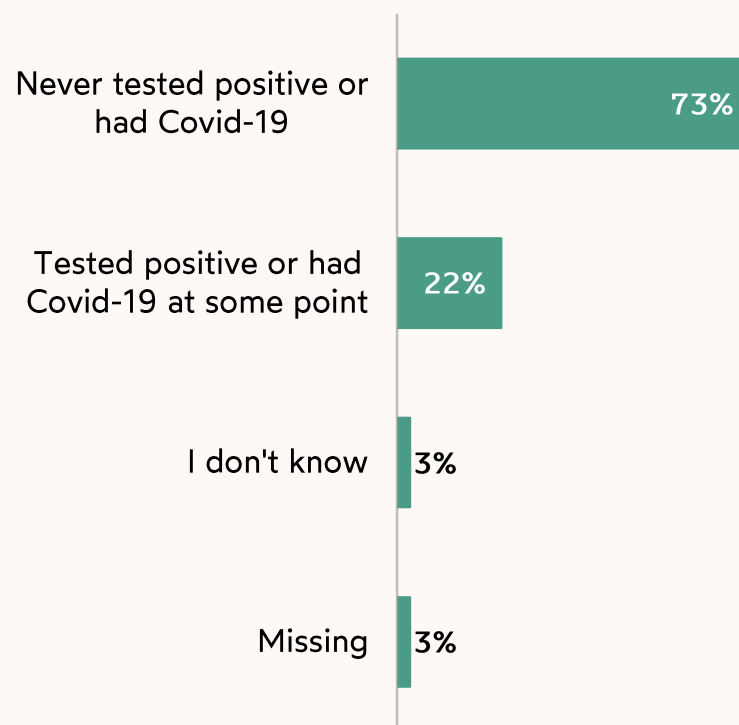
*Survey questions 2 and 6

From October data

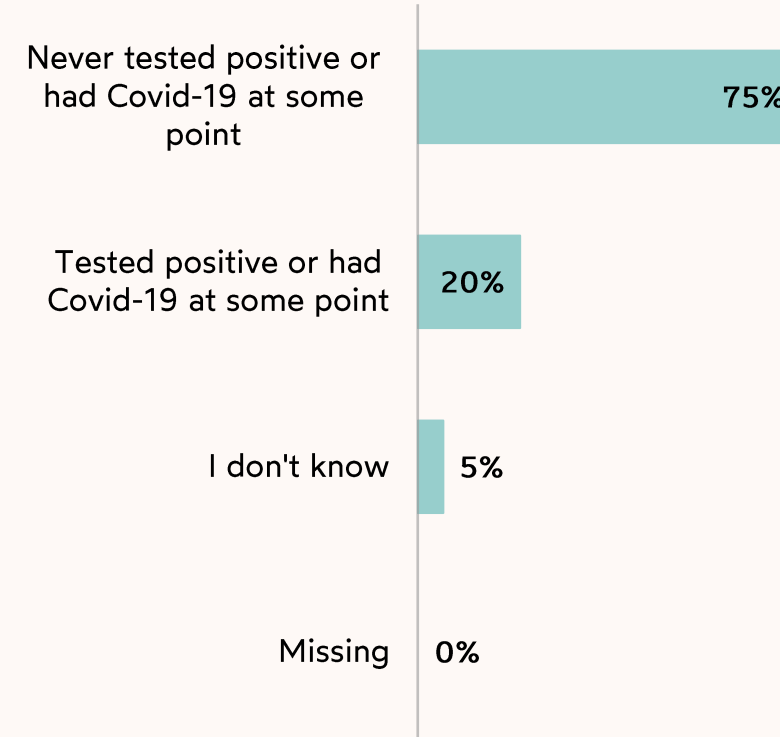
Respondents' personal experience with Covid-19 (n=57)

In October, nearly **three-quarters of vaccinated respondents reported ever testing positive for Covid-19 or being told they have Covid-19**. This distribution is very similar for unvaccinated respondents (75%).

VACCINATED (n=37)



UNVACCINATED (n=20)

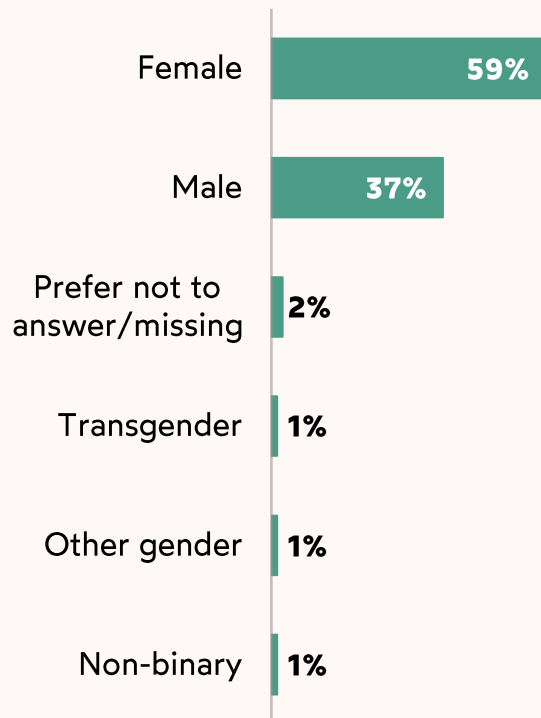


Who are the vaccinated respondents? (n = 82)

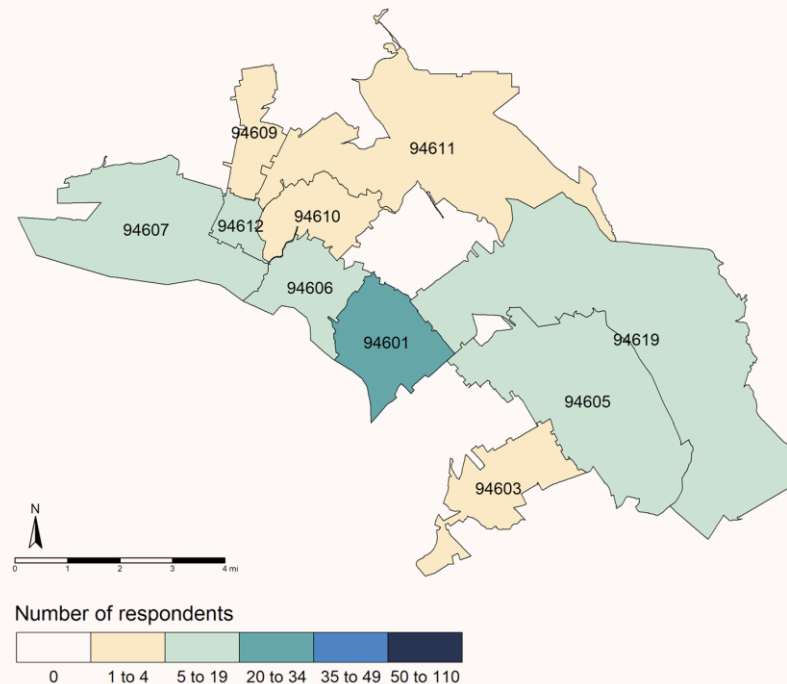
From September & October data

Over half the vaccinated respondents were **female (59%)**, slightly over a third were **African American or Black (37%)**, and most were from **zip code 94601**.

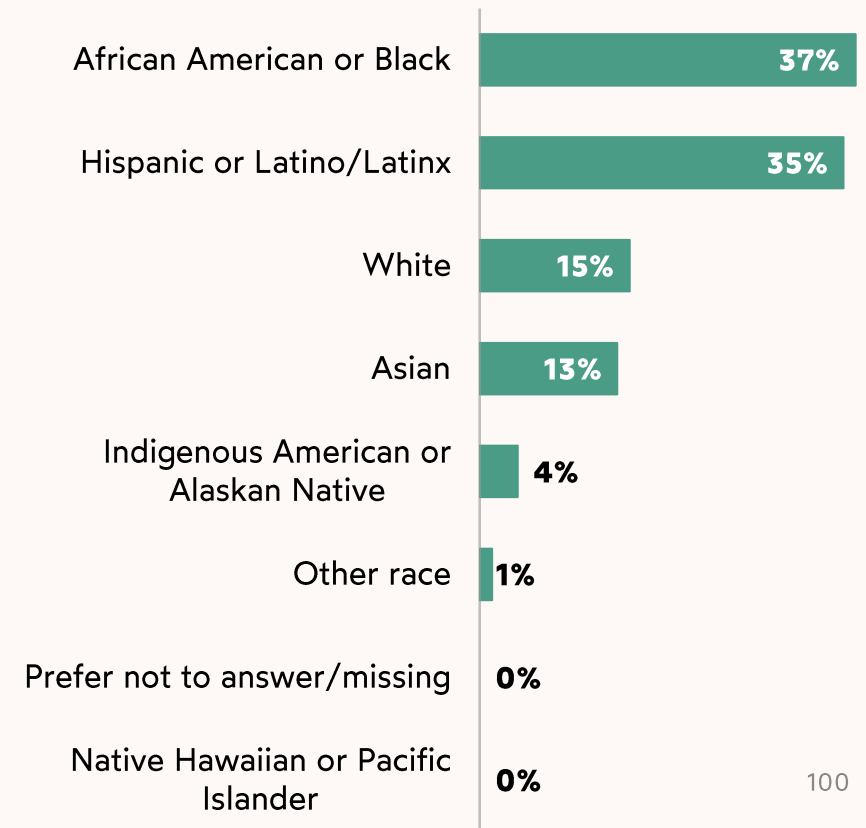
Gender
(Select all that apply)



Where respondents live (by zip code)



Race/ethnicity
(Select all that apply)



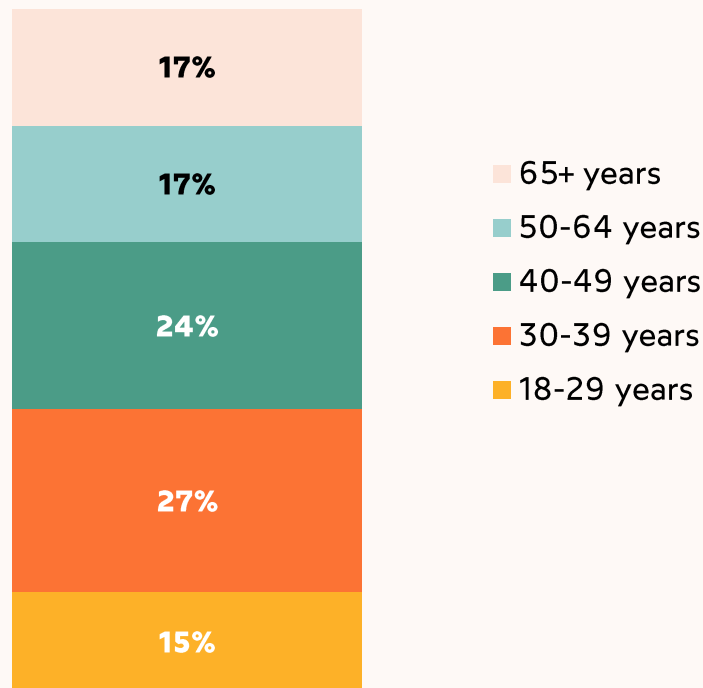
*Survey questions 1, 10, and 11

From September & October data

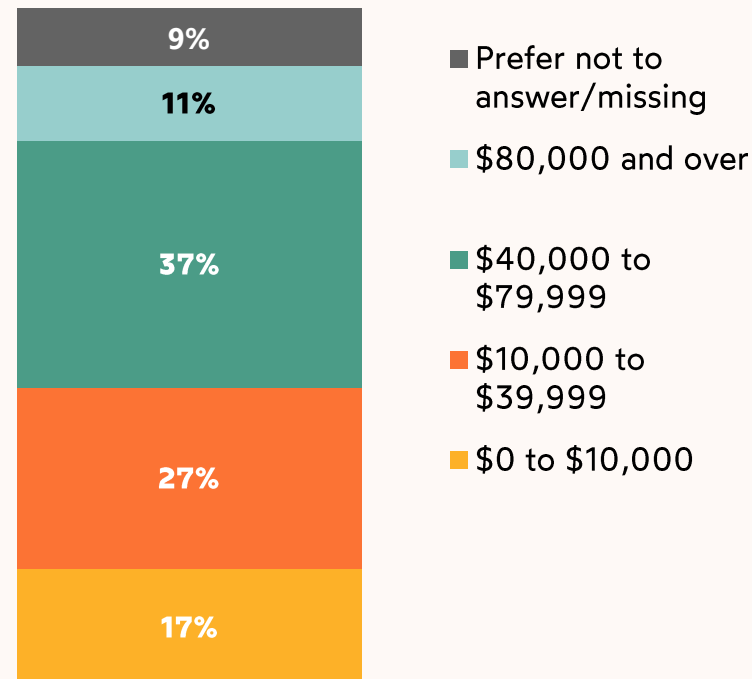
Who are the vaccinated respondents? (n = 82)

Vaccinated respondents are distributed roughly evenly across age groups, with slightly more aged **30-39 (27%)** and **40-49 (24%)**. **Nearly half (48%)** have an income of **\$40K or higher**. The vaccinated respondents are roughly evenly distributed across three education levels: **high school diploma/GED or less (33%)**, **some college or 2-year degree (29%)**, and **Bachelor's or 4-year degree (29%)**.

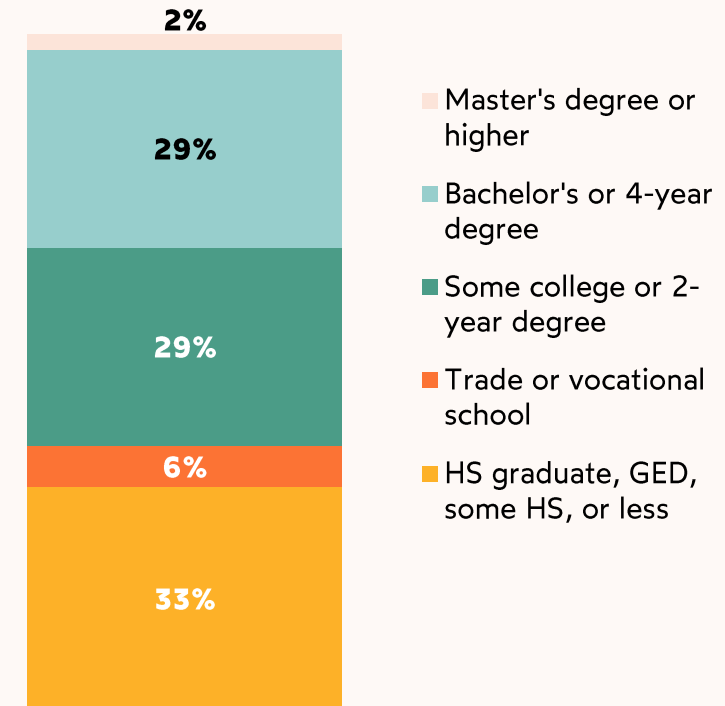
Age



Income



Education



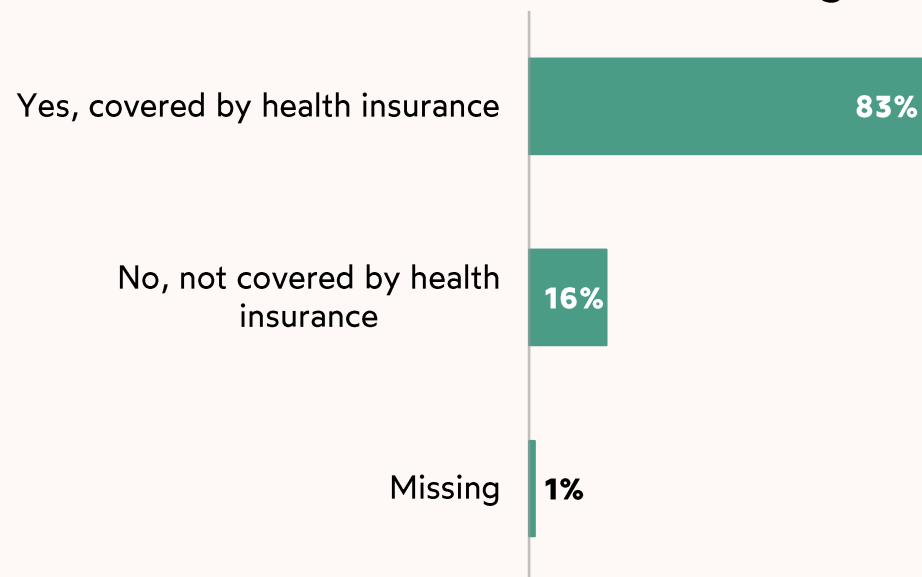
*Survey questions 9a, 12, and 13

From September & October data

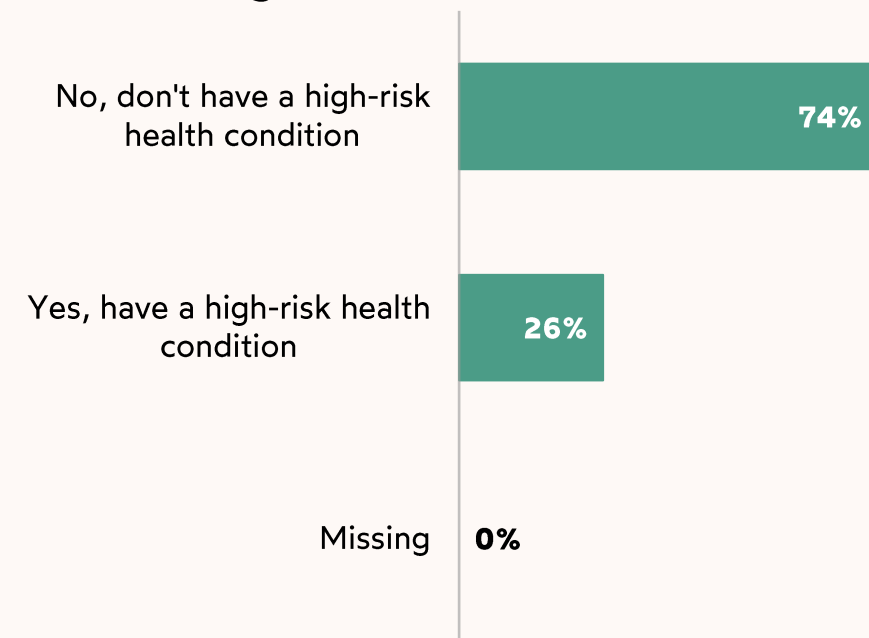
Who are the vaccinated respondents? ($n = 82$)

Most vaccinated respondents (**83%**) were covered by health insurance and nearly three-quarters (**74%**) did not report having any high-risk health conditions.

Health insurance coverage



High-risk medical conditions**



*Survey questions 14 and 15

**High-risk health conditions include smoking, heart conditions (including high blood pressure), diabetes, obesity, lung disease (including asthma or COPD), kidney disease, cancer, pregnancy, sickle cell disease, HIV, other chronic diseases, or any condition that impairs your immune system.

From September & October data

Among vaccinated respondents (n = 82)

ACCESS



43% of respondents took **11 to 20 minutes** to get to the location where they received the vaccine; **29%** of respondents took **less time** and **28%** took **more time**.

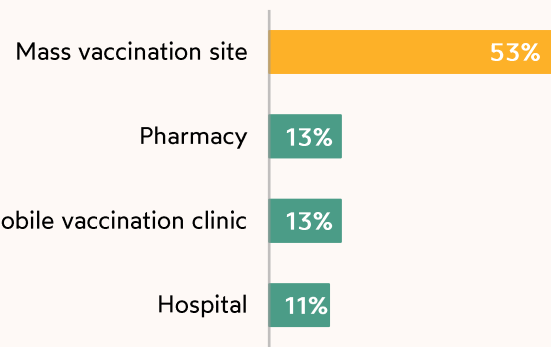


Many respondents **found it very easy (67%)** to make a vaccine appointment. About **15%** found it **somewhat or very difficult**.

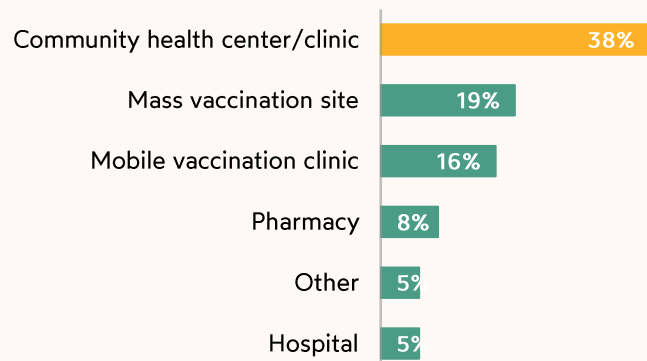


Over half of the vaccinated respondents in September received the vaccine at a **mass vaccination site (53%)**. Over one-third of respondents in October reported receiving the vaccine at a **community health center/clinic (38%).****

September data (n=45)

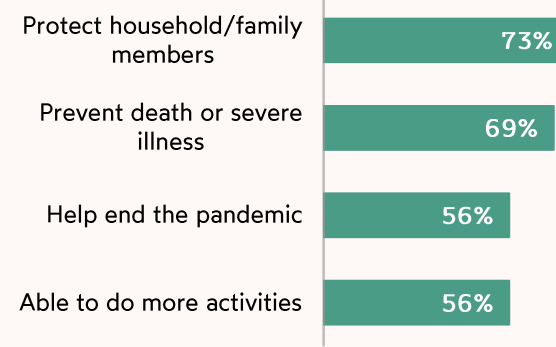


October data (n=37)

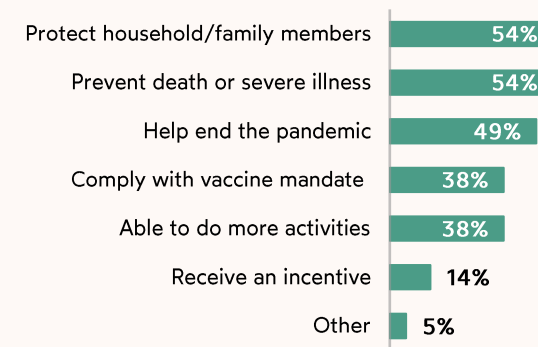


MESSENGERS AND MOTIVATORS

September data (n=45)



October data (n=37)



Overall, vaccinated respondents were motivated by multiple reasons to get the vaccine. In October, **38%** said they got the vaccine to **comply with a mandate.*****



Respondents' doctors and health care providers (60%) were the most trusted sources of information about the COVID-19 vaccine.

Survey question 5 and 8. *"Comply with vaccine mandate" was one of the new responses added in October.*

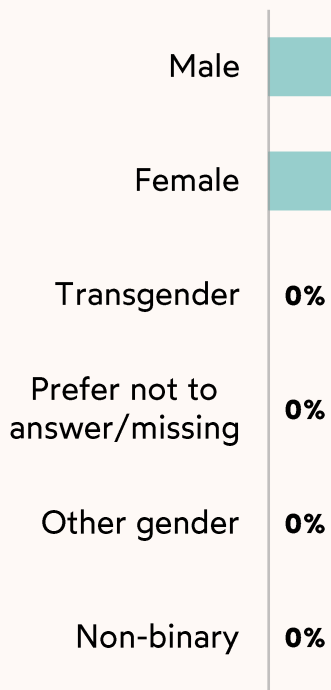
**Survey questions 3, 3b, and 4 **Note: there were responses added to the October survey, so we reported separately by month. Community health center/clinic was a new response added in October and that it is possible respondents who received a vaccine at this location may have been selecting another option in the previous months.*

Who are the unvaccinated respondents? (n = 35)

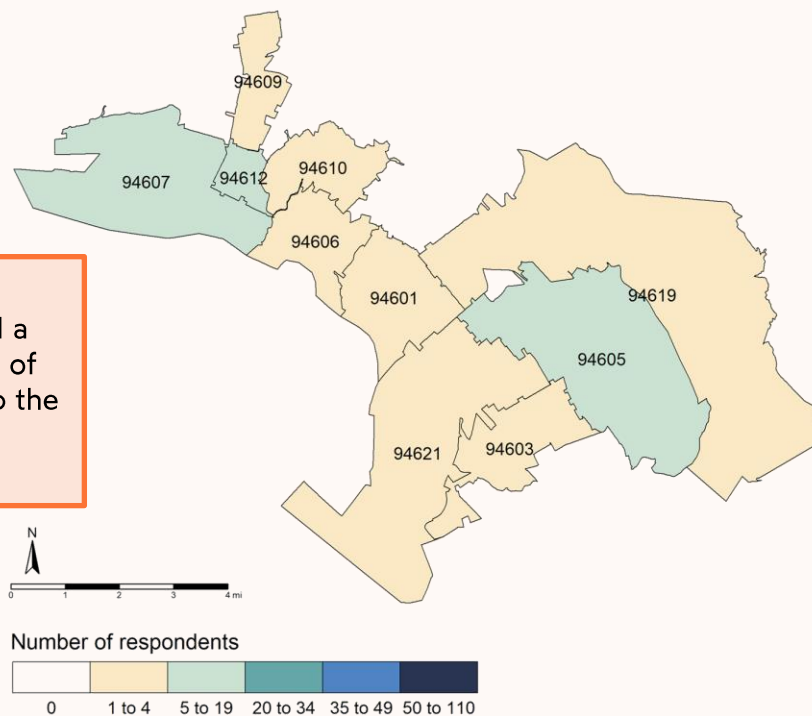
From September & October data

Over two-thirds of unvaccinated respondents were male (69%) and African American or Black (71%), and many were from zip codes 94607, 94612, and 94605.

Gender
(Select all that apply)

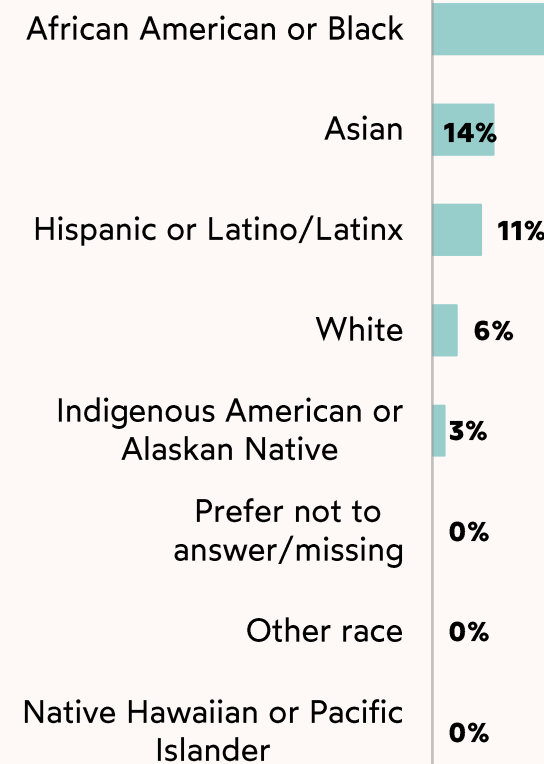


Where respondents live (by zip code)



Unvaccinated respondents had a larger proportion of males compared to the vaccinated respondents.

Race/ethnicity
(Select all that apply)



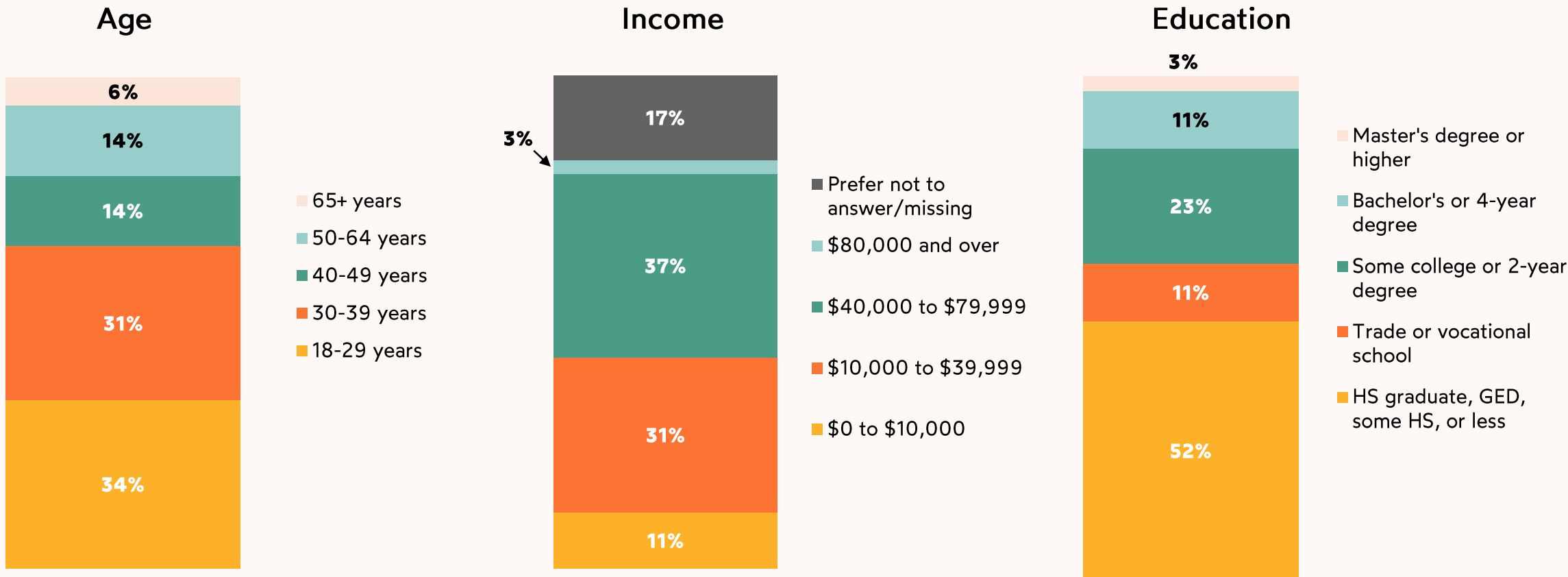
Compared to the vaccinated respondents, unvaccinated respondents had a larger proportion of African American/Black respondents and a smaller proportion of Hispanic/Latinx respondents

*Survey questions 1, 10, and 11

Who are the unvaccinated respondents? (n = 35)

From September & October data

The largest share of unvaccinated respondents are ages **18-29 (34%)** and **30-39 (31%)**, have an **income of \$40,000-\$79,999 (37%)**, and have a **high school diploma/GED or less (52%)**.



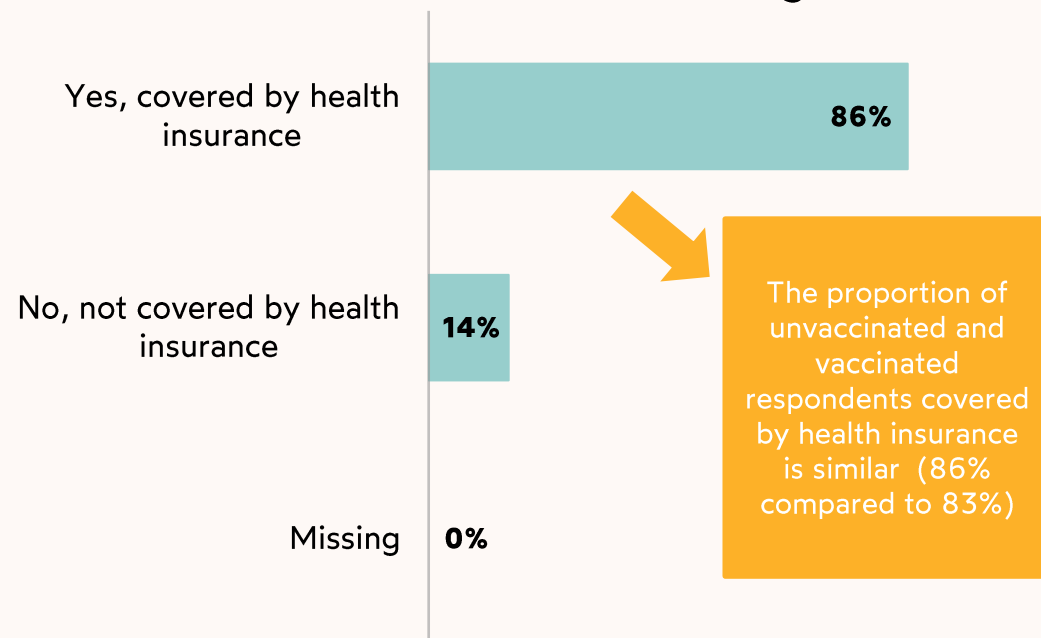
*Survey questions 9a, 12, and 13

From September & October data

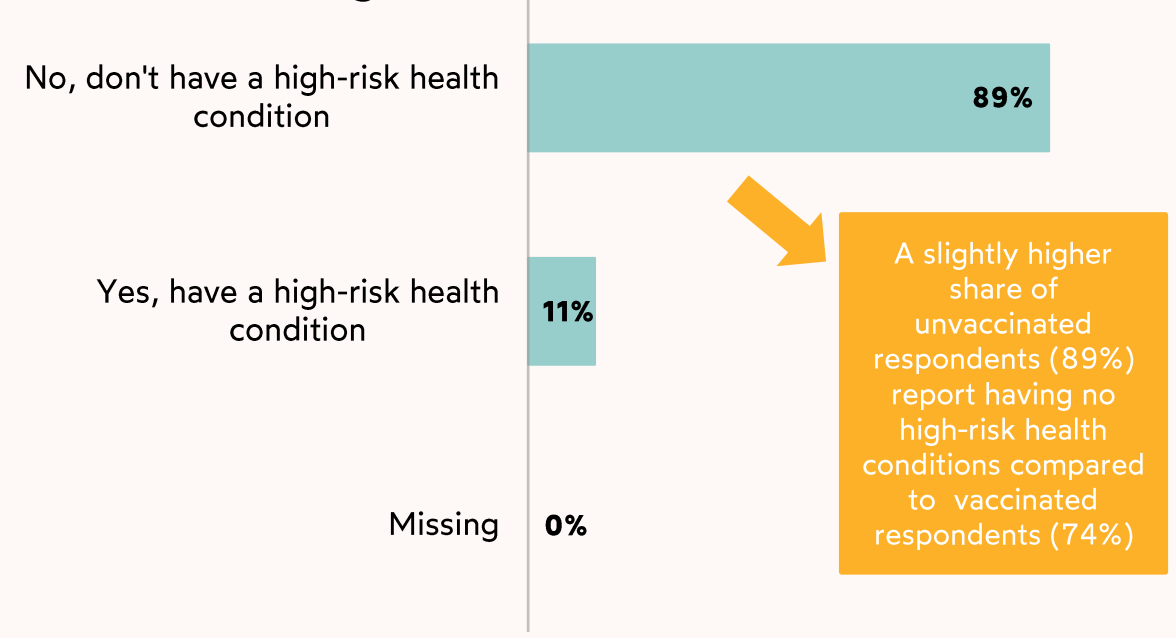
Who are the unvaccinated respondents? (n = 35)

Among the vaccinated respondents, **most were covered by health insurance (86%)** and **did not report having any high-risk health conditions (89%)**.

Health insurance coverage



High-risk medical conditions**



*Survey questions 14 and 15

**High-risk health conditions include smoking, heart conditions (including high blood pressure), diabetes, obesity, lung disease (including asthma or COPD), kidney disease, cancer, pregnancy, sickle cell disease, HIV, other chronic diseases, or any condition that impairs your immune system.

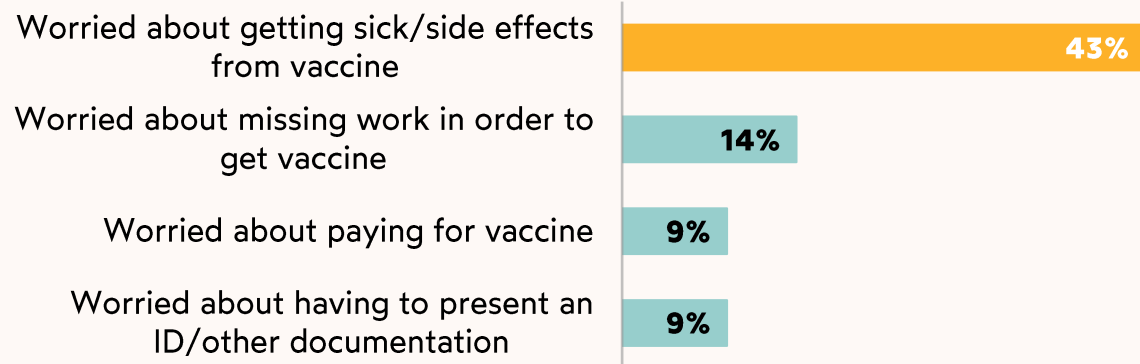
From September & October data

Among unvaccinated respondents (n = 35)

BARRIERS



43% of unvaccinated respondents are **worried about getting sick or experiencing side effects from the COVID-19 vaccine.**



ENABLERS



Most unvaccinated respondents **know how to get information about scheduling a COVID-19 vaccine in their community (77%)** and **where they can go to get a COVID-19 vaccine (86%).**

MOTIVATORS

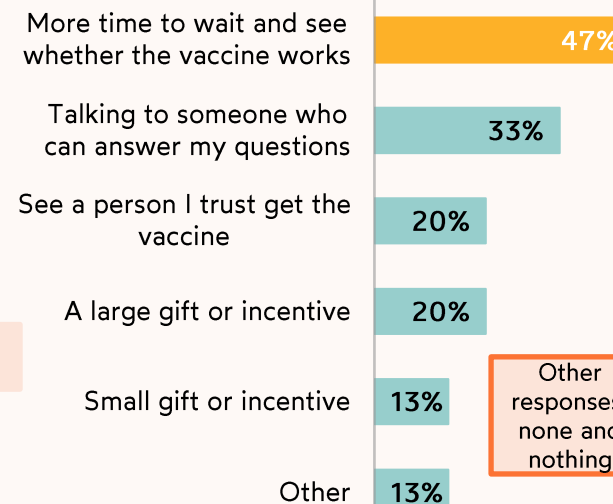


Many unvaccinated respondents would like more time to wait and see whether the vaccine works (47% in Sept; 30% in Oct)



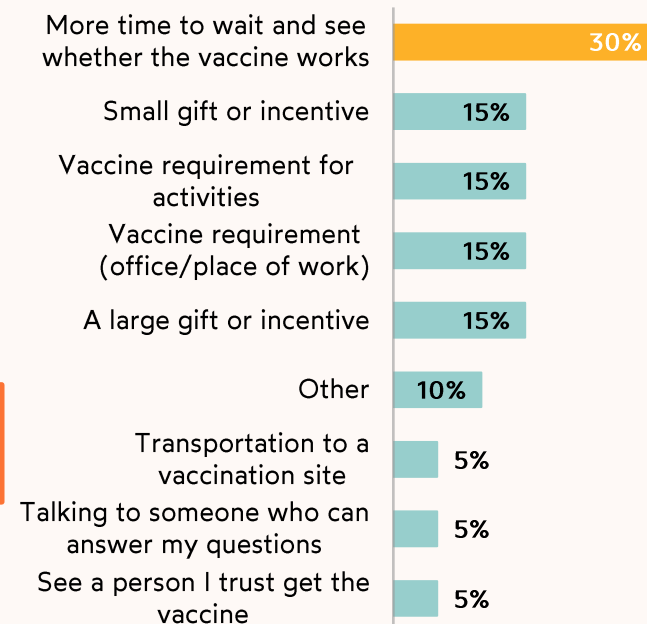
In addition to more time, unvaccinated respondents would be motivated by multiple reasons to get the vaccine:

September data (n=15)



Other responses: none and nothing

October data (n=20)



Among unvaccinated respondents (n = 35)

From September & October data

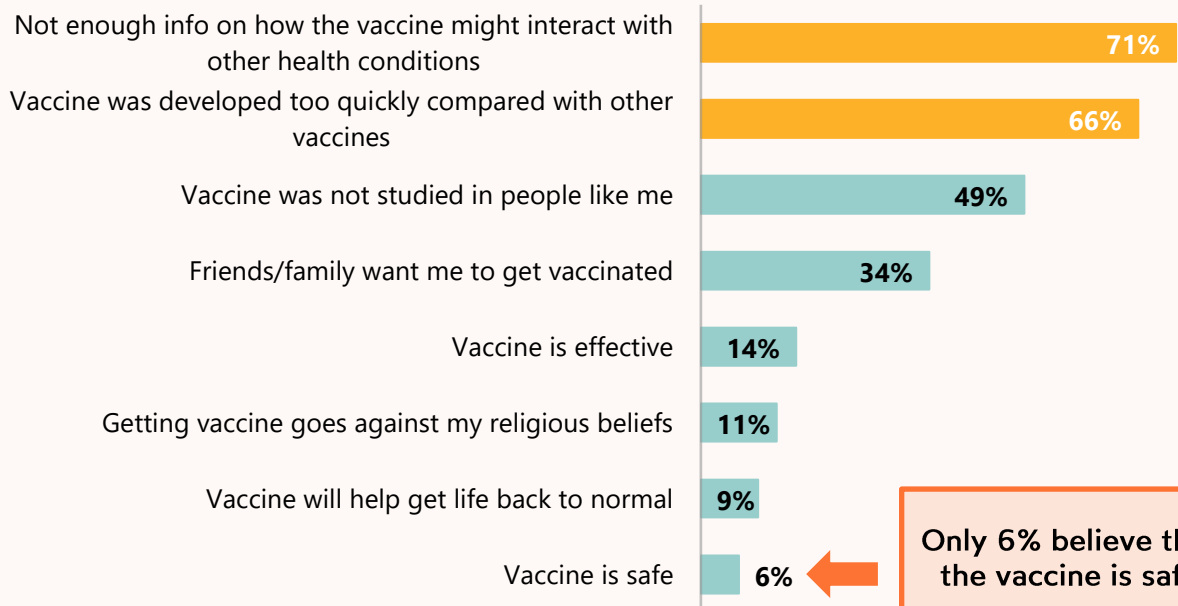
BELIEFS



Nearly three-quarters of the respondents believe there is not enough information on how the vaccine might interact with other health conditions (71%).



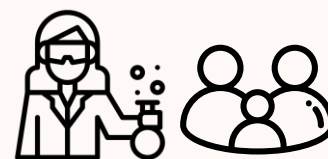
Two-thirds of the respondents believe the vaccine was developed too quickly compared with other vaccines (66%).



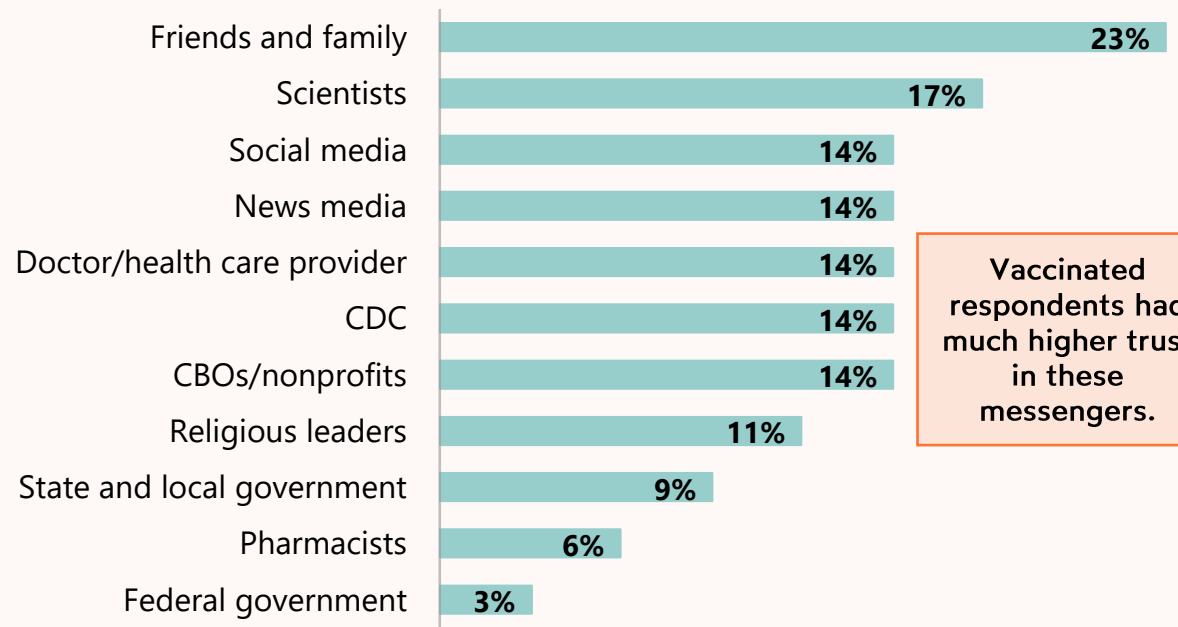
Only 6% believe that the vaccine is safe

*Survey question 7

TRUSTED MESSENGERS



Unvaccinated respondents noted fairly low rates of trust in all the sources of information listed below. The top two choices that respondents noted they “trusted a great deal” were their friends and family (23%) and scientists (17%).



Vaccinated respondents had much higher trust in these messengers.

*Survey question 8

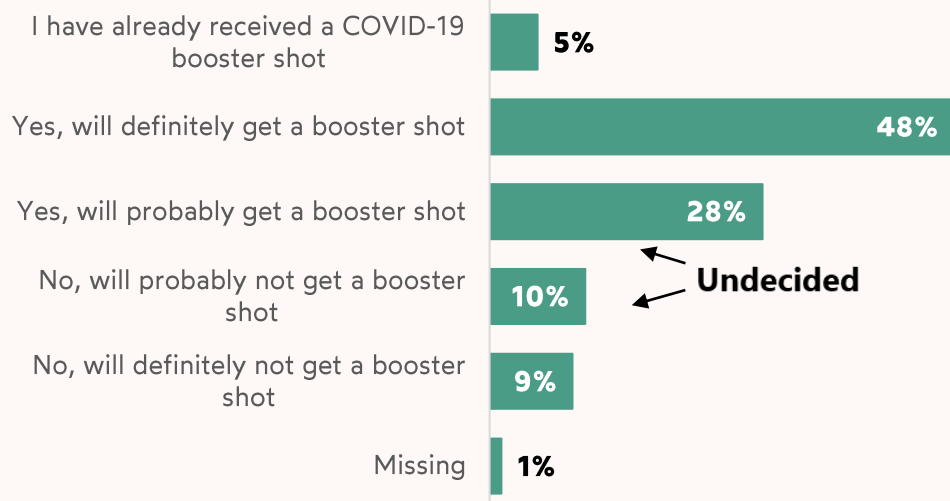
From September & October data

Attitudes toward booster shot

VACCINATED RESPONDENTS (n=82)



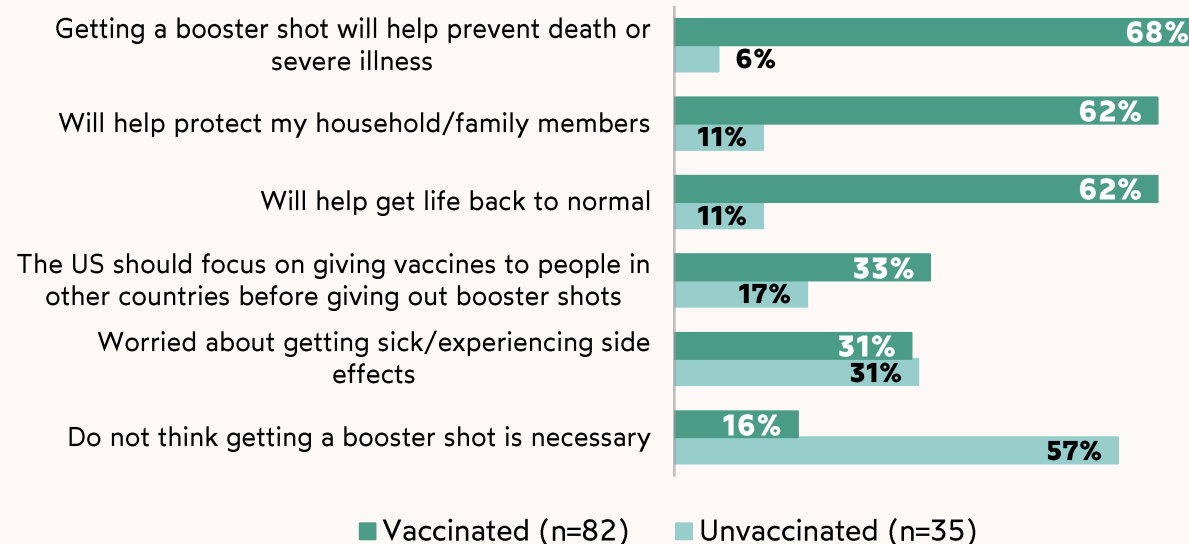
Nearly half of vaccinated respondents **intend on getting a booster shot (48%)**, and **over a third of respondents are undecided (38%)**.



ALL RESPONDENTS (n=117)



Vaccinated respondents believe getting a booster shot will **prevent death or severe illness (68%)**, **help protect their household/family members (62%)** and **help get life back to normal (62%)**. A smaller proportion of unvaccinated respondents share these beliefs. Over half the unvaccinated respondents also believe a **booster shot is unnecessary (57%)**.



*Survey question 8.1 (New for September)

*Survey question 8.2 (New for September)

Vaccination trends from July/August to September/October

The share of respondents who were vaccinated was slightly higher in September/October compared to July/August.



Vaccination rate



July/August (n = 120)

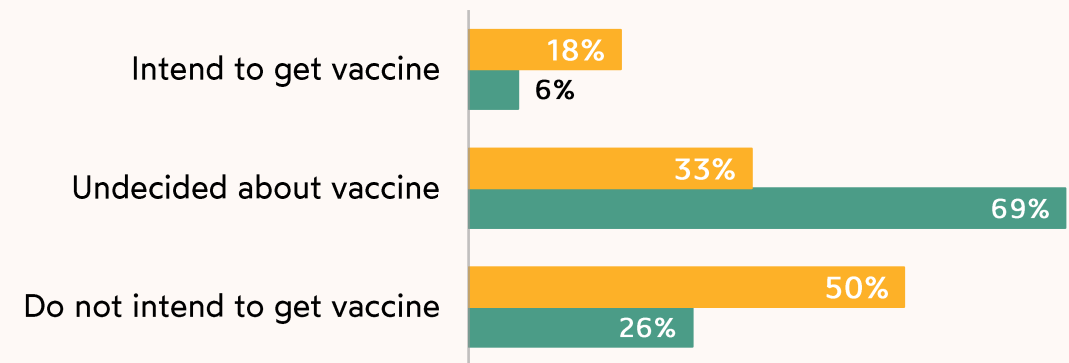
Sept/Oct (n = 117)

◆ % of respondents vaccinated

Compared to July/August, there is a larger share of unvaccinated respondents who are undecided about getting the vaccine in September/October.



Intent to get vaccinated



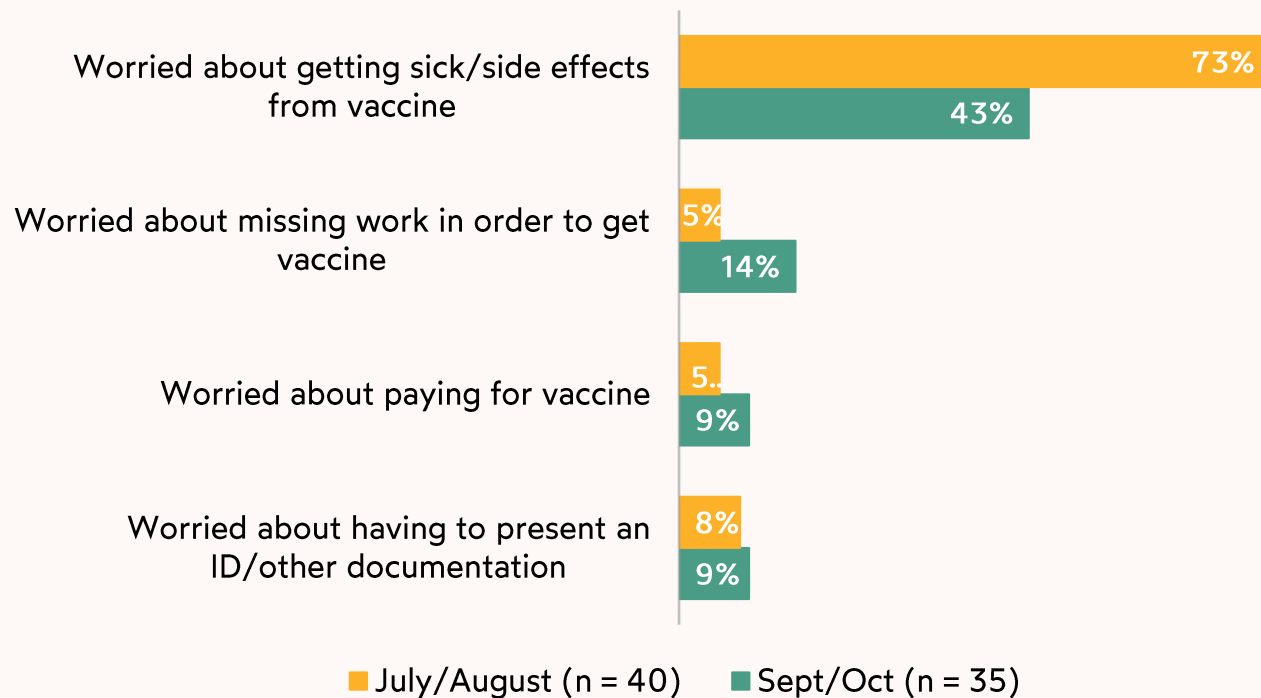
■ July/August (n = 40)

■ Sept/Oct (n = 35)

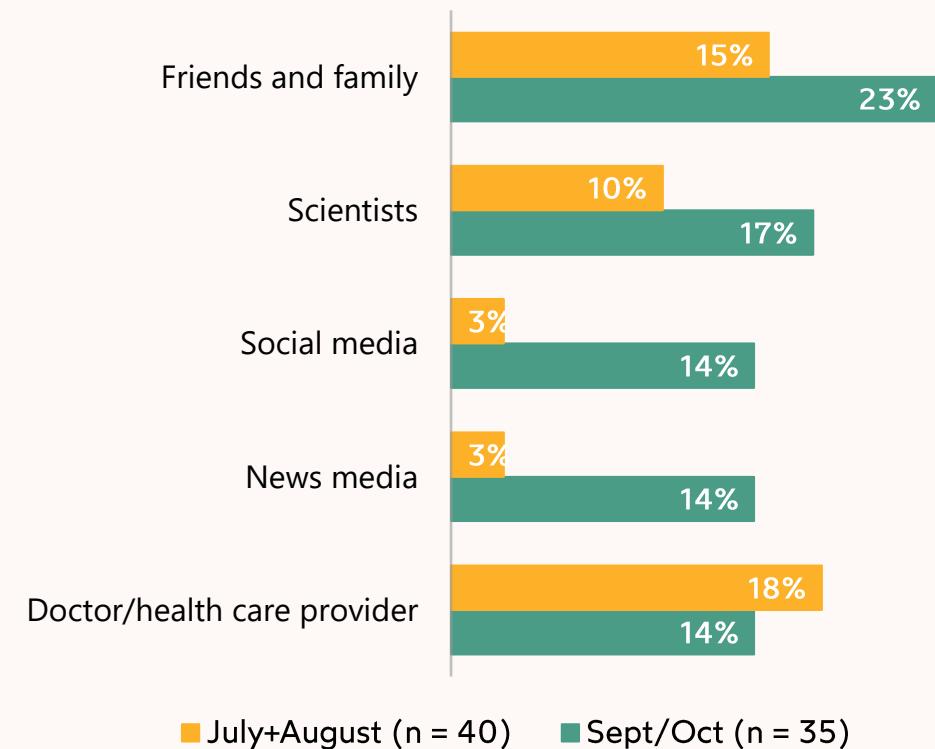
Trends in barriers and messengers from July/August to September/October

- Compared to July/August, unvaccinated respondents in September/October were less likely to report being worried about getting sick/side effects from the vaccine.
- Compared to July/August, unvaccinated respondents in September/October were more likely to report trusting their friends and family, scientists, social media, and news media as sources of information.
- However, given the small sample sizes, it is important not to overinterpret these differences.

Barriers



Trusted Messengers



Summary and potential actions

From September & October data

KEY TAKEAWAYS

VACCINATED VS UNVACCINATED*

- Unvaccinated respondents had a **larger proportion of males** compared to the vaccinated respondents
- Compared to the vaccinated respondents, unvaccinated respondents had a **larger proportion of African American/Black respondents and a smaller proportion of Hispanic/Latinx respondents.**
- A slightly **higher share** of unvaccinated respondents report having no **high-risk health conditions** compared to vaccinated respondents
- Unvaccinated respondents reported **low levels of trust in various sources for Covid-19 information** compared to vaccinated respondents

KEY TAKEAWAYS

VACCINATED RESPONDENTS

- **Trusted doctors and health care providers** the most for information about the vaccine
- While nearly half the vaccinated respondents intend to get the booster, **a large share are undecided.** One-third of all vaccinated respondents felt the U.S. should focus on giving vaccines to other countries before focusing on booster shots

KEY TAKEAWAYS

UNVACCINATED RESPONDENTS

- Are worried about **getting sick and experiencing side effects**
- Believe there is **not enough information regarding the vaccine's interaction with other health conditions**
- Had **low confidence in how safe** they thought the vaccine was
- Would like **more time to see whether vaccine works**
- Believe the Covid-19 vaccine was **developed too quickly** compared with other vaccines

*Please note that some of these differences could be due to sample size differences (vaccinated sample size is 82 respondents and the unvaccinated sample size is 35 respondents)

Summary and potential actions

From September & October data

POTENTIAL MESSAGING & OUTREACH STRATEGIES



Provide information that does the following:

- Emphasizes that you **cannot get COVID-19 from the vaccine**
- Details **how to manage side effects**
- Provides **resources and contact information** for those experiencing side effects
- Shows how the vaccine **works to prevent severe illness**



Validate and support people who want more time to wait and see (e.g., focus on other risk-reduction behaviors like masks and testing).

POTENTIAL MESSAGING & OUTREACH STRATEGIES



Develop communication materials and encourage conversations that highlight

- How the clinical trials for the COVID-19 vaccines **included people with other health conditions, such as diabetes, obesity, and heart and respiratory conditions**
- How the vaccine testing and production process was safely compressed into a **shorter timeframe**

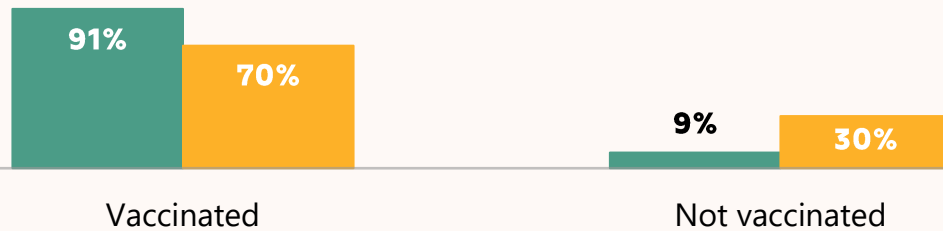
Oakland supplemental slides

- Survey respondent demographics vs. city BIPOC demographics
- All figures for questions analyzed

From September & October data

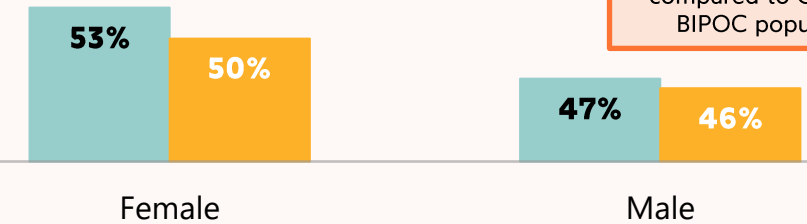
Survey respondent demographics vs. Oakland BIPOC demographics

Vaccination status (at least one dose): Oakland vs. Survey Sample (n = 117)



Survey sample has a larger share of unvaccinated respondents than the Oakland population.

Gender: Oakland vs. Survey Sample (n = 117)



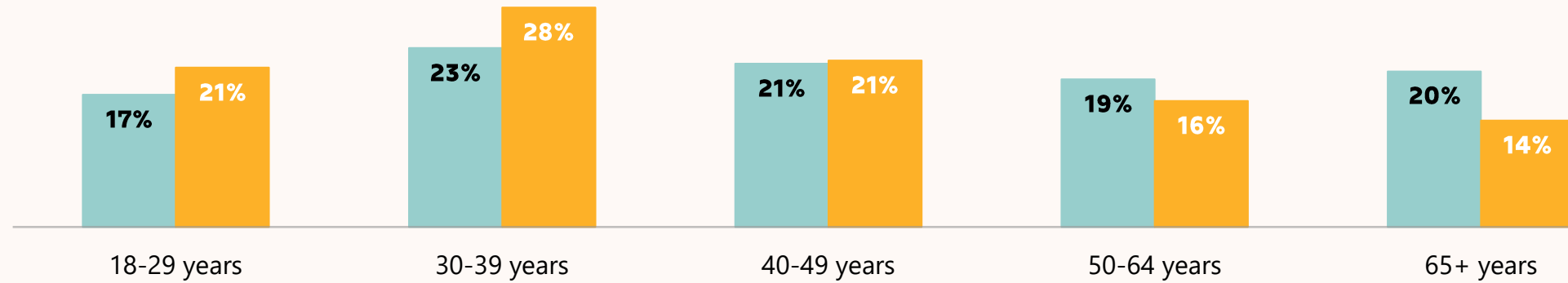
Survey sample had similar gender distributions compared to Oakland's BIPOC population.

■ *Alameda County COVID-19 Vaccination Dashboard, Oakland ■ Survey Sample

■ Oakland BIPOC census, 2019 ACS microdata ■ Survey Sample

Note: Vaccination rates for Alameda County are not specific to the BIPOC population unlike other demographics shown in this slide.

Age: Oakland vs. Survey Sample (n = 117)

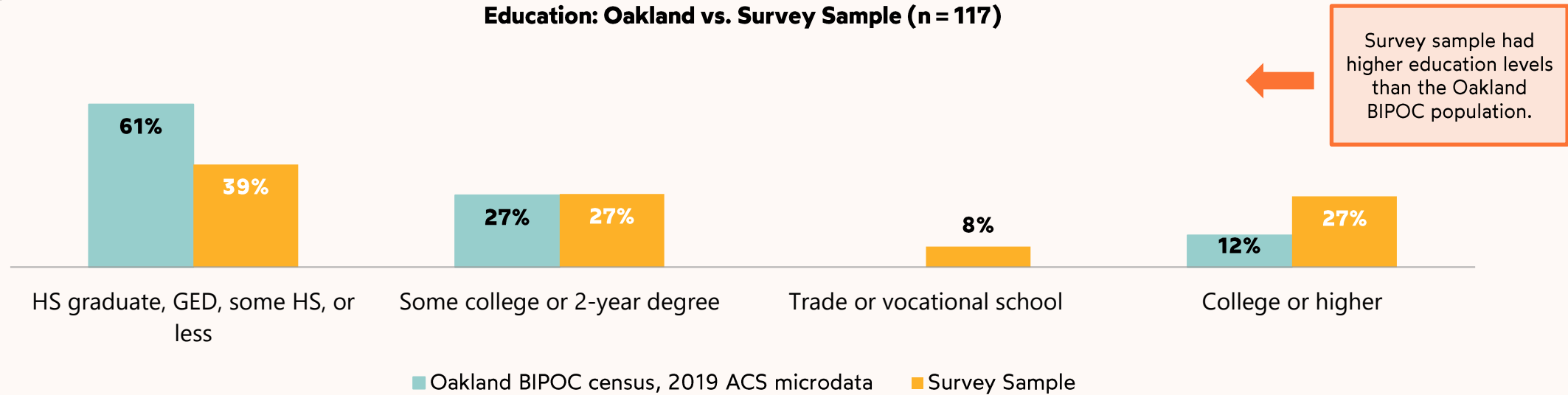


Overall, the survey sample had similar age distributions as Oakland's BIPOC population. The survey sample has a smaller share of respondents ages 65+ than the Oakland BIPOC population and a slightly larger share of respondents ages 30-39 years.

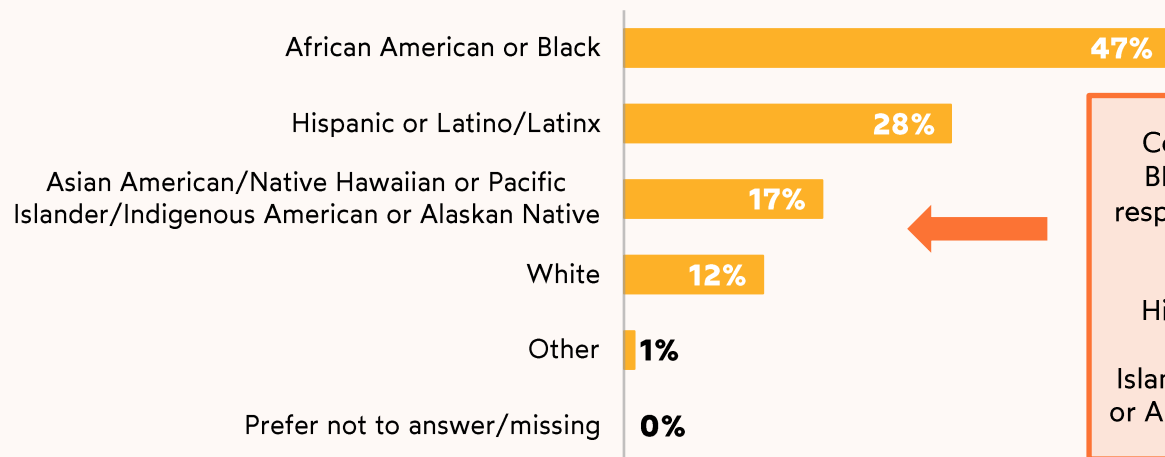
From September & October data

Survey respondent demographics vs. Oakland BIPOC demographics

Education: Oakland vs. Survey Sample (n = 117)

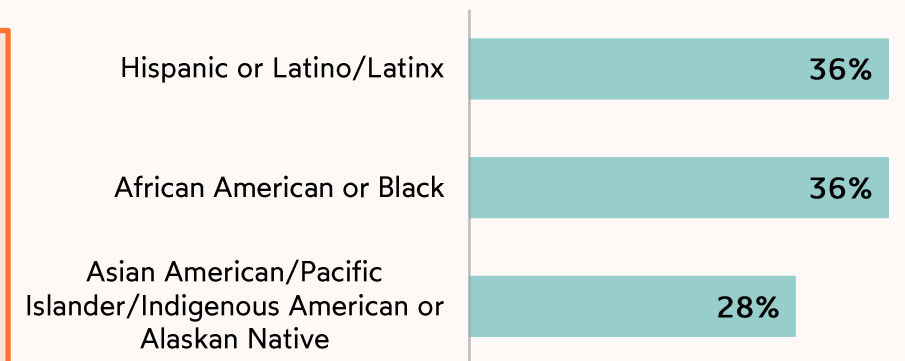


Survey Sample Race/ethnicity (Select all that apply) (n = 117)



Compared with Oakland's BIPOC population, survey respondents had more African American or Black respondents, and less Hispanic/Latinx and Asian American/Pacific Islander/Indigenous American or Alaskan Native respondents.

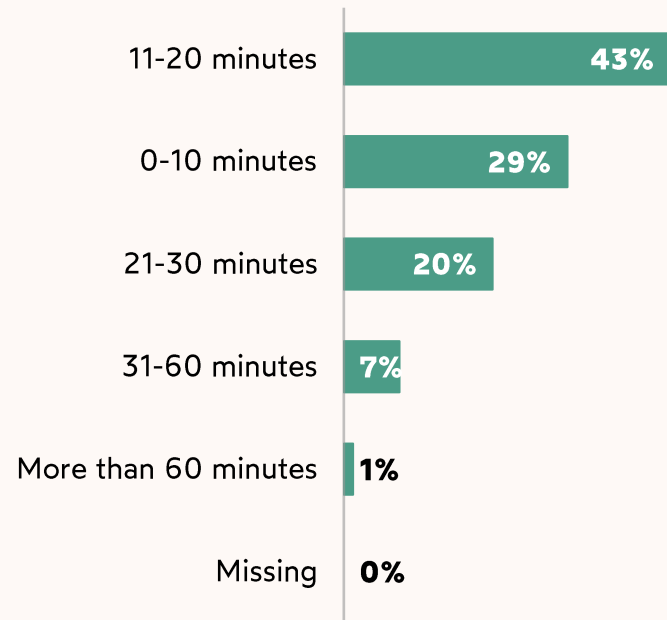
Oakland BIPOC census, 2019 ACS microdata BIPOC race/ethnicity



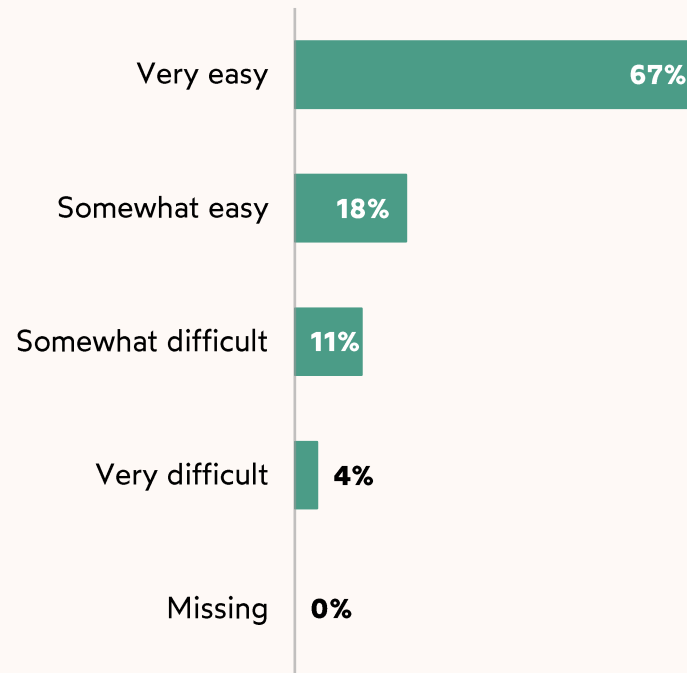
Among vaccinated respondents (n = 82)

From September & October data

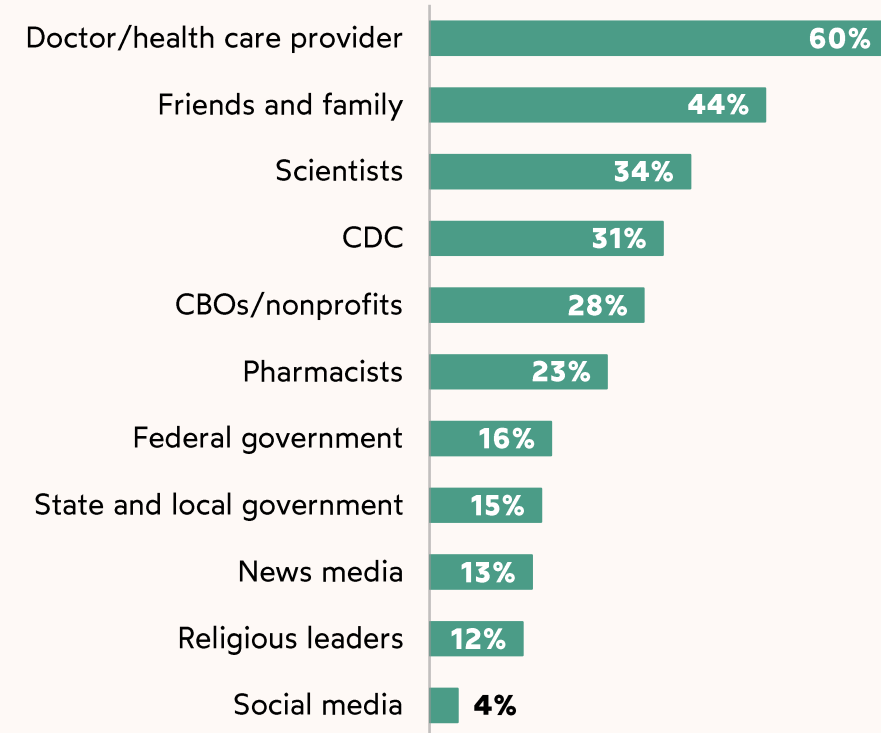
Time taken to get vaccinated



Ease of getting an appointment



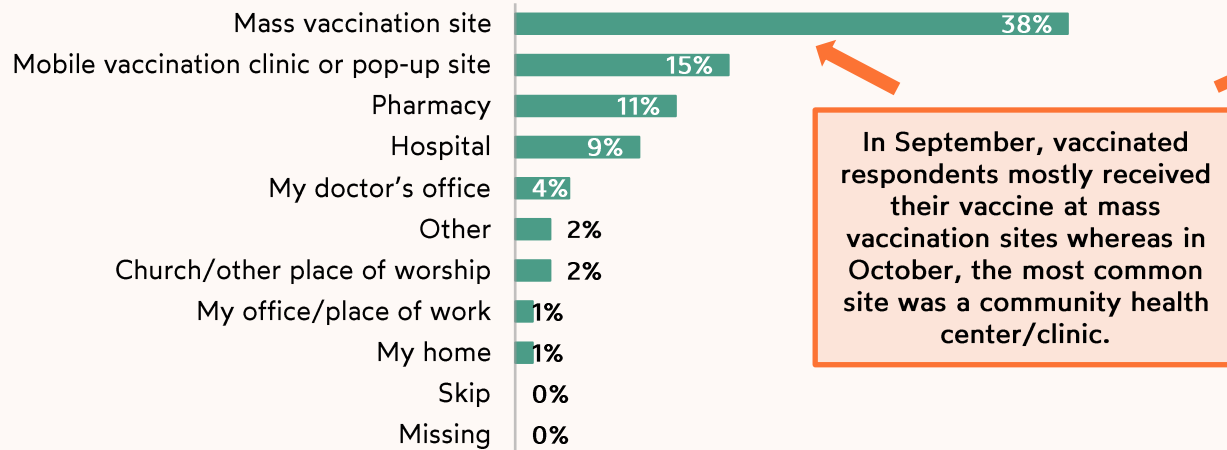
Trusted messengers



Among vaccinated respondents

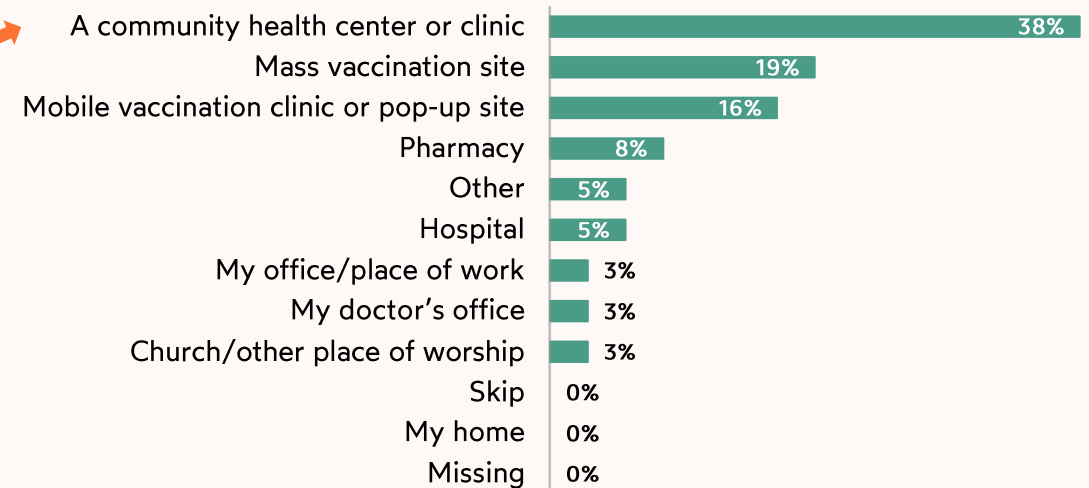
From September & October data

Location of appointment (September n=45)

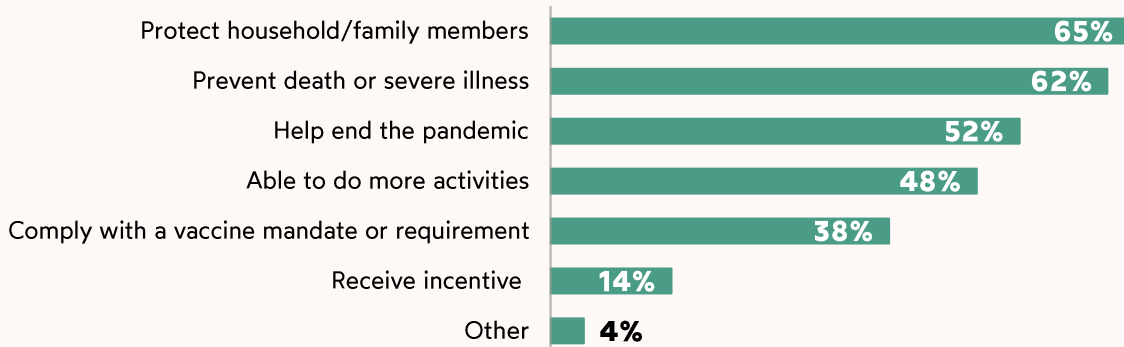


In September, vaccinated respondents mostly received their vaccine at mass vaccination sites whereas in October, the most common site was a community health center/clinic.

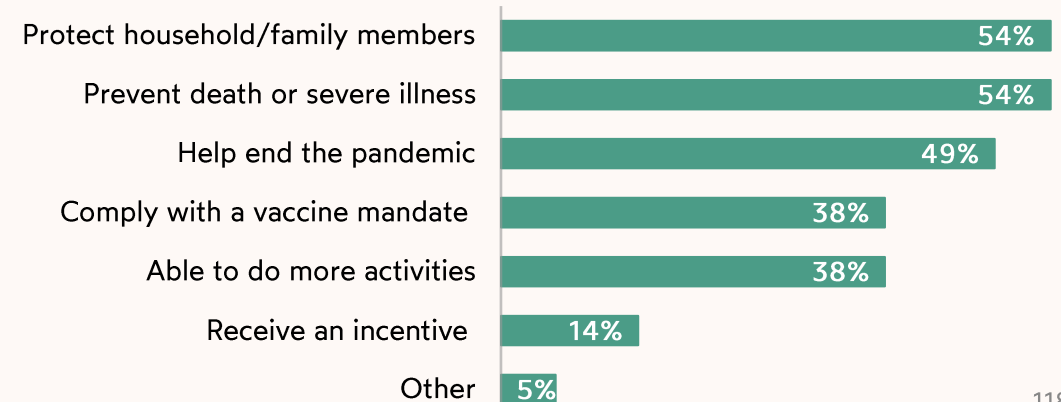
Location of appointment (October n=37)



Reason for becoming vaccinated (September)



Reason for becoming vaccinated (October)

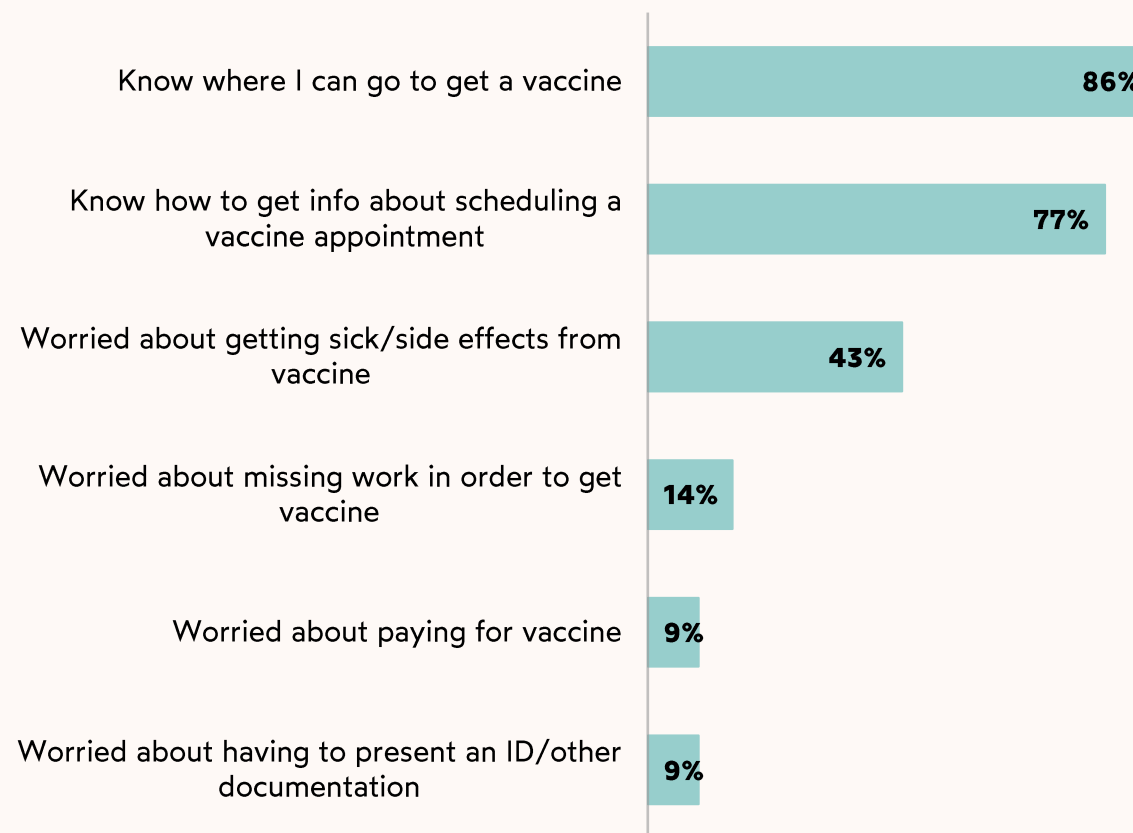


*Survey questions 3 and 5

Among unvaccinated respondents (n = 45)

From September & October data

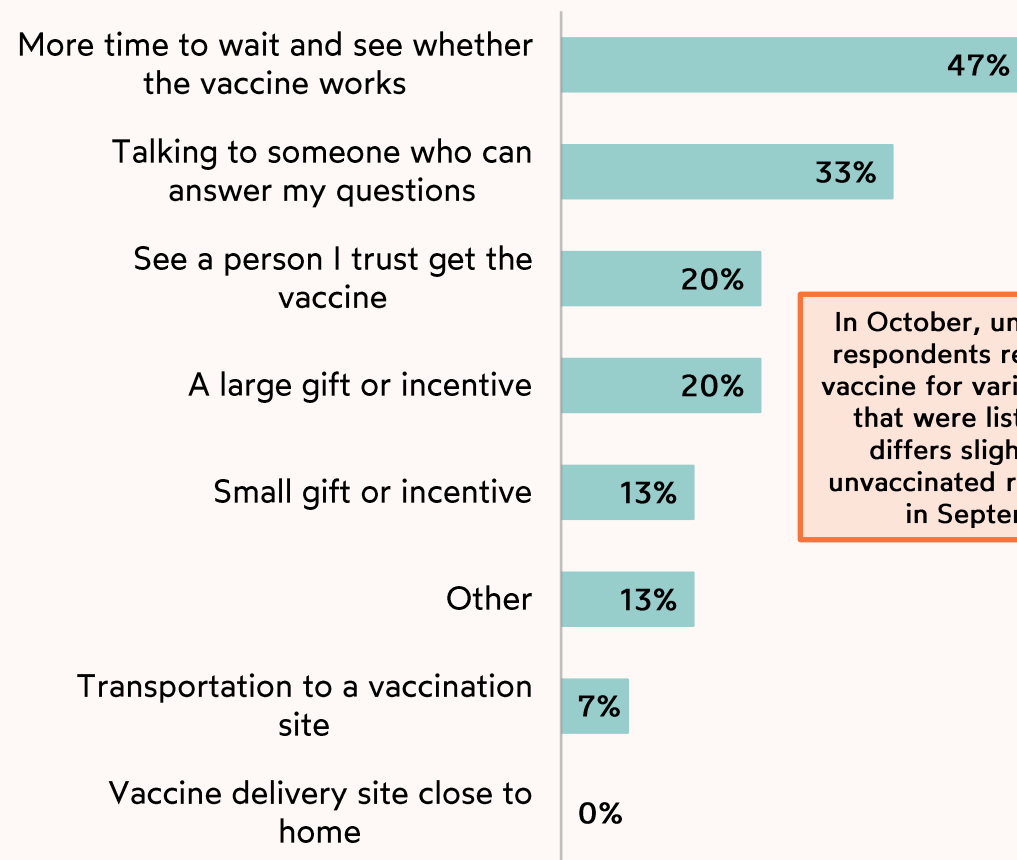
Barriers/Enablers



From September & October data

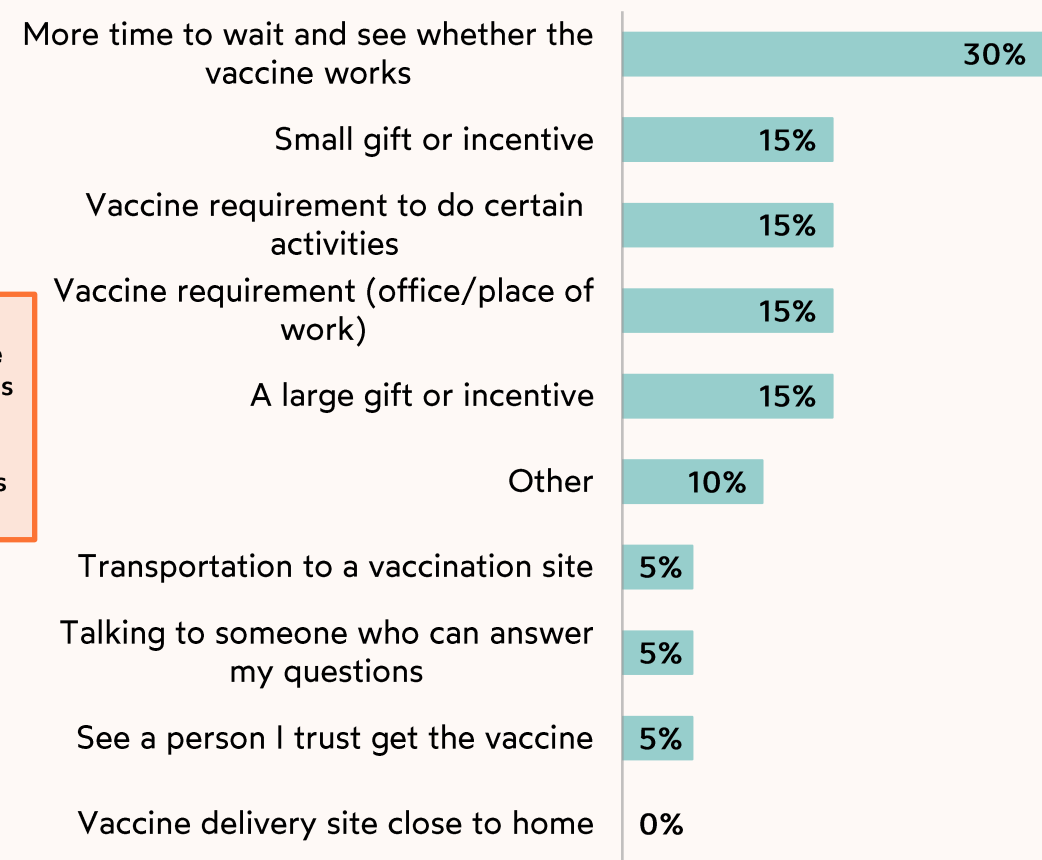
Among unvaccinated respondents

Motivators to get the vaccine (September n=15)



In October, unvaccinated respondents received the vaccine for various reasons that were listed which differs slightly from unvaccinated respondents in September.

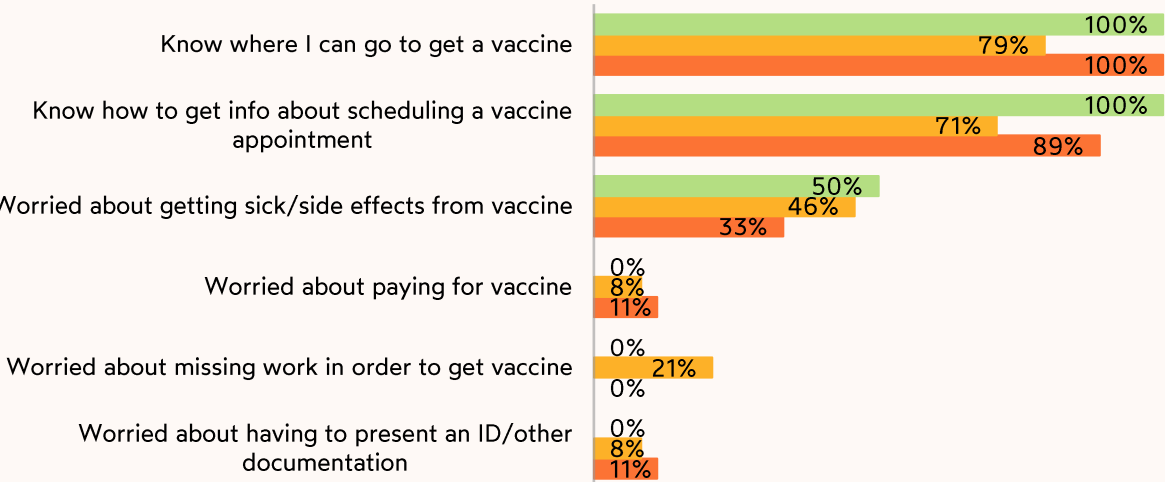
Motivators to get the vaccine (October n=20)



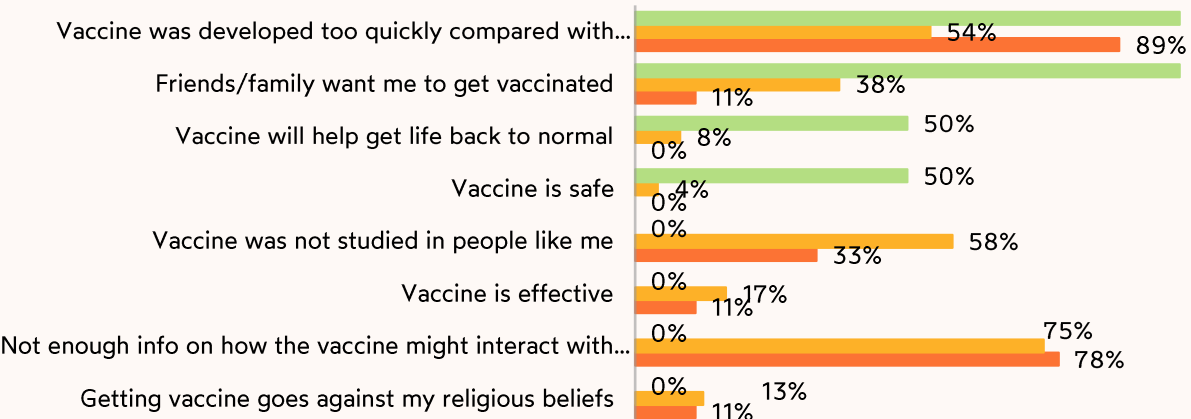
From September & October data

“Types” of unvaccinated respondents (n = 45)

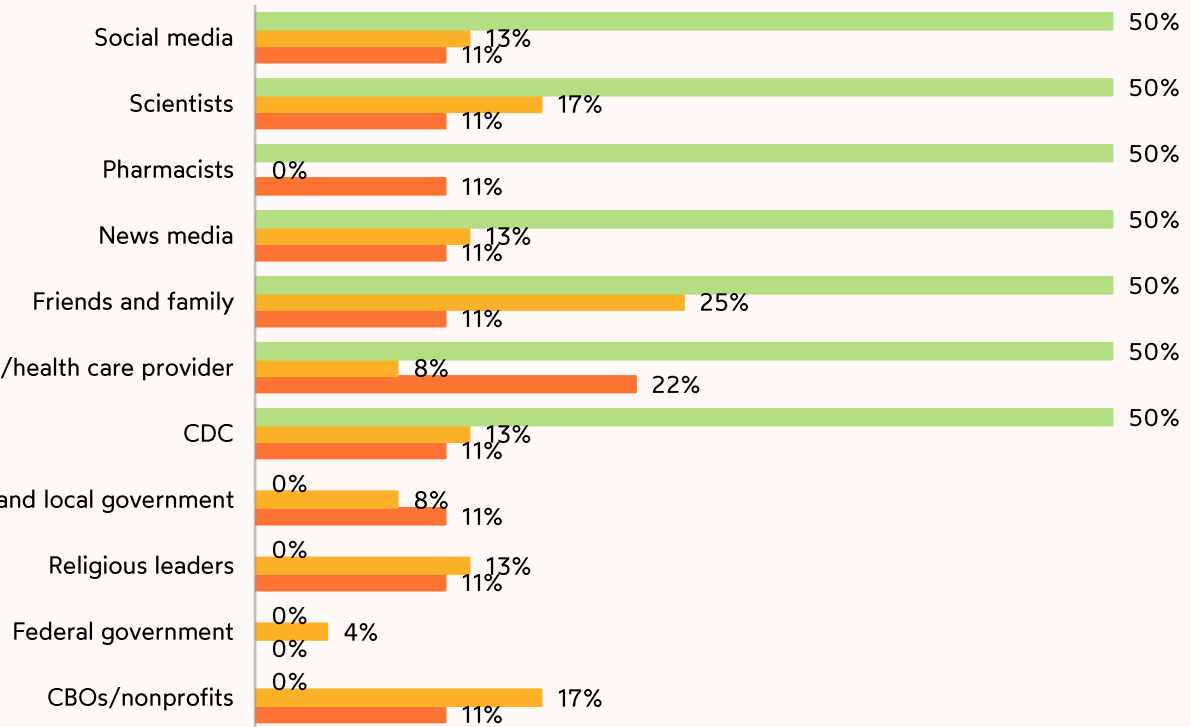
Barriers/Enablers



Beliefs



Trusted messengers



■ Will definitely get vaccine (n=2)
 ■ Undecided about vaccine (n=24)
 ■ Do not intend to get vaccine (n=9)

Contact Information

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