

# Here's who isn't getting vaccinated against COVID-19. Where does Michigan go from here?

## Executive Summary

Between March 19, 2021 and April 1, 2021, CHRT fielded a supplement of our Cover Michigan Survey<sup>1</sup>, a representative survey of Michigan adults. The goal was to better understand and address COVID-19 vaccine hesitancy and avoidance by examining trends in Michigan vaccination rates and the reasons why Michiganders are choosing to delay or avoid COVID-19 vaccination.

## Key Findings

**At the time of the survey, Michigan was making progress in vaccinating adults but disparities were evident**—approximately 33 percent of respondents had received at least one dose of a COVID-19 vaccine, and an additional 10 percent were scheduled to receive their vaccine. Despite the progress, significant disparities were observed for respondents who were:

- **Latinx/Hispanic**—just 20 percent reported having received at least one dose of vaccine.
- **Adults with lower incomes**—just 24 percent of those making less than \$30,000 per year had received at least one dose of vaccine compared to 42 percent of those who reported incomes of \$100,000 or more.
- **Respondents without health insurance** were three times less likely to have received at least one dose of vaccine (11%) than those who were insured (34%).
- **Respondents without a medical home<sup>2</sup>** were less likely to have received at least one dose of vaccine (25%) compared to those with an established health care provider (35%).

We asked those who indicated they were unsure or did not intend to get vaccinated about reasons behind their resistance or hesitancy to COVID-19 vaccination:

- **Most of those who did not intend to get vaccinated were worried about side effects (86 percent).** This was followed by concerns that the vaccine was too new (83%) and a mistrust of government to ensure the safety of the vaccine (78%). Other reasons included a belief that the effects of COVID-19 have been exaggerated or that they were not risk.

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<sup>1</sup> CHRT's Cover Michigan Survey briefs are produced from a series of survey questions added to the Michigan State University Institute for Public Policy and Social Research (IPPSR) quarterly State of the State Survey (SOSS). SOSS is a public opinion survey that includes a stratified random sample of Michigan adults aged 18 years and older. Cover Michigan 2021 was fielded online between March 19, 2021 and April 1, 2021 and included a sample of 1,000 Michigan adults. The sampling frame was matched to gender, age, race and education and stratified by the 2016 American Community Survey (ACS) one-year sample. Selection was done within strata by weighted sampling with replacements. Matched cases were weighted to the frame with a propensity score. The weights were post-stratified on 2016 Presidential vote choice, gender, age, race, and education, to produce the final weight. Margin of error is +/- 3% at a 95% confidence level.

<sup>2</sup> A 'medical home' is defined as someone who indicated that they have an established source for their medical care.

- **Black respondents were less likely to be resistant to getting vaccinated**—28 percent of white respondents and 27 percent of Latinx/Hispanic respondents did not intend to get vaccinated, compared to only 11 percent of Black respondents.
- **Black respondents were more likely, however, to be unsure about getting vaccinated**—29 percent reported that they were unsure whether they would get vaccinated, compared to 20 percent of Latinx/Hispanic and 13 percent of white respondents.
- **There are differences in why people are hesitant**—White respondents were more likely to cite reasons that down-played the risk of COVID-19, while Black and Latinx/Hispanic respondents were more likely to cite concerns about the vaccine itself.

While there has been initial success in getting Michiganders vaccinated, much work remains. Recommendations for where Michigan should go from here include:

**Leveraging trusted messengers about COVID-19**—In [CHRT's 2020 survey on trusted messengers for information about COVID-19](#), medical providers were among the most trusted sources of information about COVID-19. Future efforts should capitalize on this to overcome misunderstandings about both risk and the safety of the vaccine. CHRT's forthcoming 2021 Michigan Physician Survey analysis will examine the needs of physicians in communicating about COVID-19 and the vaccines to their patients.

**Addressing concerns raised by communities of color**—There are notable disparities in vaccination rates and hesitancy by race and ethnicity. In order to increase vaccination rates, tailored messaging and messengers need to be employed.

**Conducting community outreach**—Tailoring the outreach and opportunity for vaccinations to the needs or preferences of the community is necessary to ensure success. Mass vaccination clinics may be undesirable or inaccessible for those with limited mobility, lack of transportation or specific concerns, necessitating community directed outreach.

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## Findings

On April 5th, any Michigander sixteen years of age or older became eligible to receive a COVID-19 vaccine. A recent announcement by President Biden stated that 90 percent of all Americans now have access to a COVID-19 vaccine site within five miles of where they live. Despite these accomplishments, many Michiganders are still not vaccinated; in fact, vaccine administration in Michigan reached a peak during the week ending April 10th, and as of this writing has now declined.<sup>3</sup>

This brief seeks to better understand and address COVID-19 vaccine hesitancy and avoidance by examining trends in Michigan vaccination rates and the reasons why Michiganders are choosing to delay or avoid COVID-19 vaccination.

To obtain data, CHRT fielded a supplement of our Cover Michigan Survey<sup>4</sup>, a representative survey of Michiganders, online between March 19, 2021 and April 1, 2021, asking respondents whether or not they had received a COVID-19 vaccine and their intentions to receive one in the future. In this brief, CHRT analyzes the data from the survey to identify opportunities for improving vaccine reach, uptake, accessibility, and acceptability.

## Who had received a COVID-19 vaccine?

At the time of the survey, approximately 33 percent of Michiganders had received at least one dose of a COVID-19 vaccine, and an additional 10 percent were scheduled to receive their vaccine.

### Age

In Michigan, older adults were eligible to receive the vaccine in earlier phases of the vaccine rollout, so have had more time to schedule and receive it. Findings confirmed that older adults had higher rates of having received a vaccine, with 71 percent of those 70 or older having received at least one dose (Figure 1).

Because age is closely tied to the likelihood of being vaccinated, differences in vaccination rates by race/ethnicity, access to care, income, and geographic area are adjusted for age. This ensures that the differences observed in vaccination rates by race/ethnicity, access to care, income, and geographic area are not due to the age differences in vaccination rates.

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<sup>3</sup> According to the State of Michigan COVID-19 Dashboard, 914,760 vaccines were distributed the week ending April 10th, 2021, and only 676,020 were distributed the week ending May 1st, 2021. [https://www.michigan.gov/coronavirus/0,9753,7-406-98178\\_103214-547150--,00.html](https://www.michigan.gov/coronavirus/0,9753,7-406-98178_103214-547150--,00.html)

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## Race and ethnicity

Findings revealed ethnic disparities in vaccination rates. Respondents who identified as Latinx/Hispanic were significantly less likely to have received at least one dose of vaccine compared to non-Latinx/Hispanic. Only 20 percent of Latinx/Hispanic respondents had received a vaccine, compared to 33 percent of non-Latinx/Hispanic respondents<sup>5</sup>. Racial disparities also were apparent. Compared to 41 percent of Black respondents, 31 percent of white respondents had received at least one dose of vaccine although this difference is not statistically significant (Figure 1).<sup>6</sup>

## Access to care

In addition to disparities based on age and race/ethnicity, there were also disparities in vaccination rates based on access to care. While 45 percent of respondents with health insurance reported that they had received or were scheduled to receive a vaccine, only 18 percent of respondents without health insurance had received or were scheduled to receive a vaccine (Figure 1).

Furthermore, respondents without a regular health care provider were less likely to have received or be scheduled to receive a vaccine.

## Income

Vaccination rates were highest among those with higher incomes. Those with incomes less than \$30,000 were the least likely to have received or be scheduled to receive a vaccine (Figure 1).

## Geographic Areas

After adjusting for age, the percentage of respondents who had received at least one dose of a vaccine is similar regardless of whether someone lives in a rural/small town, suburban, or urban area. (Figure 1)

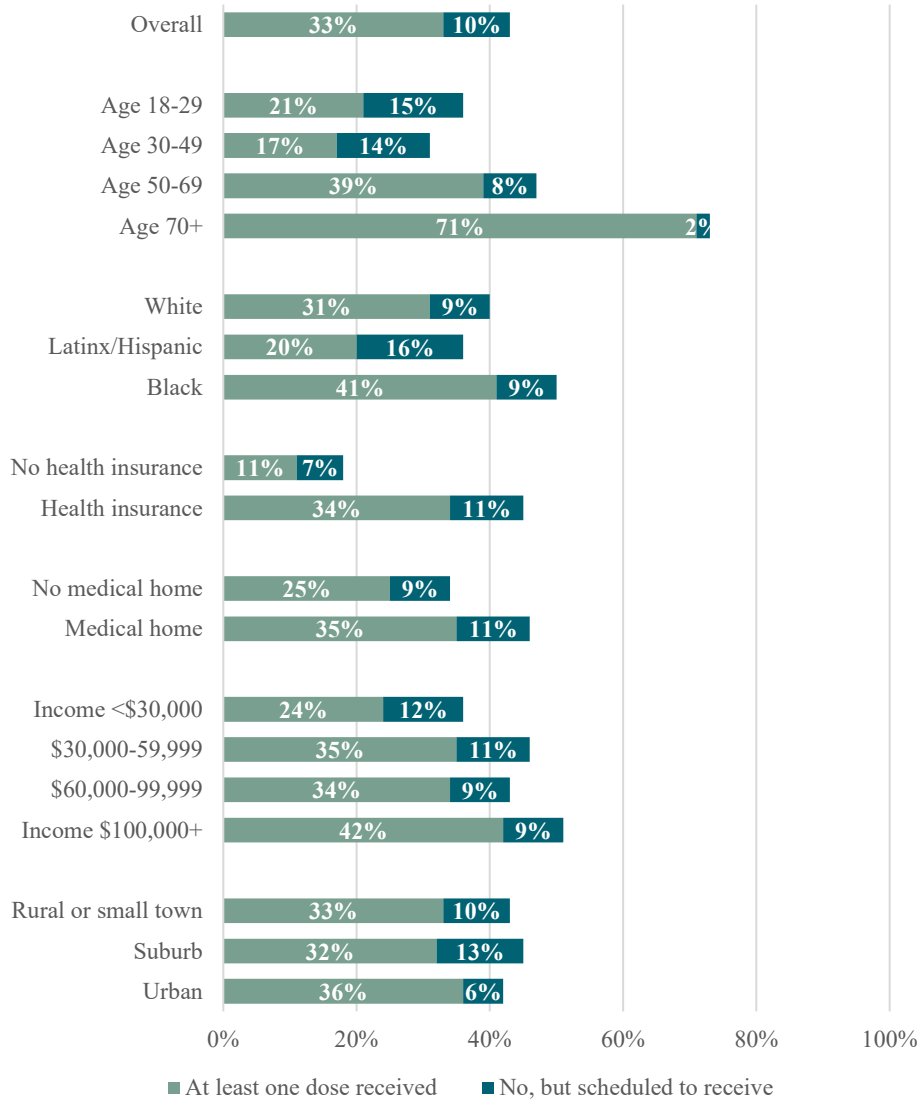
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<sup>5</sup> Statistically significant compared to non-Latinx/Hispanic at  $p = .05$

<sup>6</sup> Conclusions about disparities between Black and white respondents should be approached with caution. Our survey estimates are at variance with racial-ethnic breakdowns of vaccination rates reported by the Michigan Department of Health and Human Services. As has been [reported](#) elsewhere, MDHHS data is missing a relatively large amount of race-ethnicity data because data systems have not until recently supported the collection of such data. This may account for the differences reported here.

**Figure 1**

Overall, 43 percent of respondents reported that they had either received or were scheduled to receive a COVID-19 vaccine. However, rates of vaccination vary based on a number of factors, such as age, income, ethnicity, and access to care.\*



Source: 2021 Cover Michigan Survey

\* Race/ethnicity categories are not mutually exclusive. Vaccination rates by race/ethnicity, access to care, income, and geographic area are all adjusted for age.

## Who is not getting vaccinated and why?

The survey examined two groups of respondents not getting vaccinated: those who do not intend to at any time, as well as those who are still unsure if they will. Overall, 25 percent of respondents did not intend to get the vaccine when made available to them. An additional 15 percent of respondents were unsure whether they would get vaccinated.

### **Race and ethnicity**

Overall, white and Latinx/Hispanic respondents were more likely to say that they would not get the vaccine than Black respondents. Twenty-eight percent (28%) of white respondents and 27 percent of Latinx/Hispanic respondents did not intend to get vaccinated, compared to only 11 percent of Black respondents (Figure 2).

Black respondents were more likely, however, to express vaccine hesitancy, with 29 percent reporting that they were unsure whether they would get vaccinated compared to 20 percent of Latinx/Hispanic and 13 percent of white respondents (Figure 2).

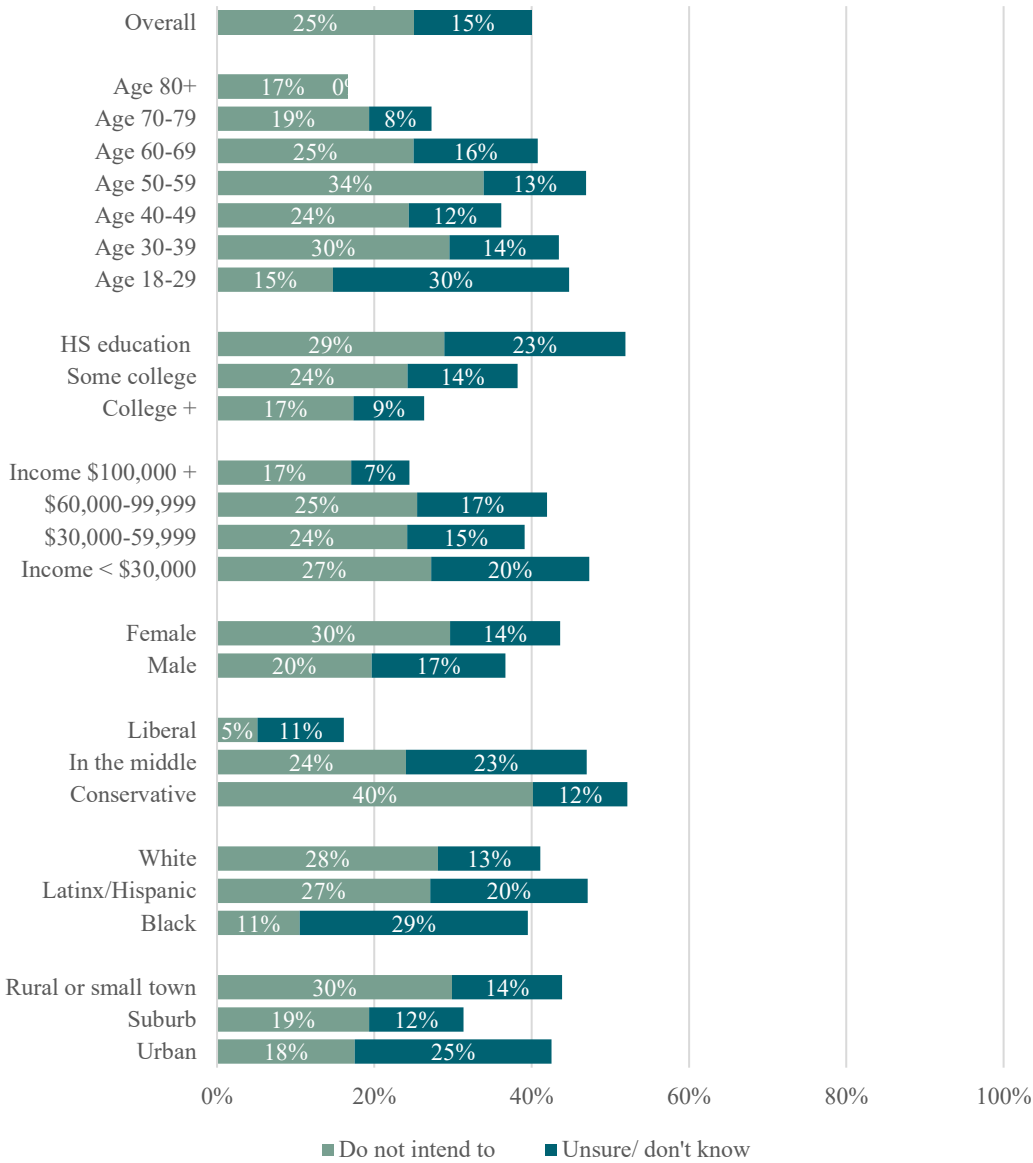
### **Other Important Factors**

In addition to race/ethnicity, there are differences in vaccine intention by age, location, gender, political ideology, income, and education. Forty percent (40%) of respondents who identified as conservative said that they did not intend to get the vaccine compared to only 5 percent who identified as liberal. Those aged 50 – 59 were more likely to not intend to get the vaccine compared to other age groups, while those aged 18 – 29 were more likely to be unsure whether they would get vaccinated compared to other age groups.

Respondents in rural or small town areas, respondents who are female, respondents who have lower incomes, and respondents who have only a high school education, are also more likely to say that they do not intend to get vaccinated.

**Figure 2**

Many factors play a role in vaccine hesitancy and intention, including education, political persuasion, and town size.\*



Source: 2021 Cover Michigan Survey

\* Race/ethnicity categories are not mutually exclusive. Vaccination rates by race/ethnicity, access to care, income, and geographic area are all adjusted for age.

## Reasons for not getting vaccinated

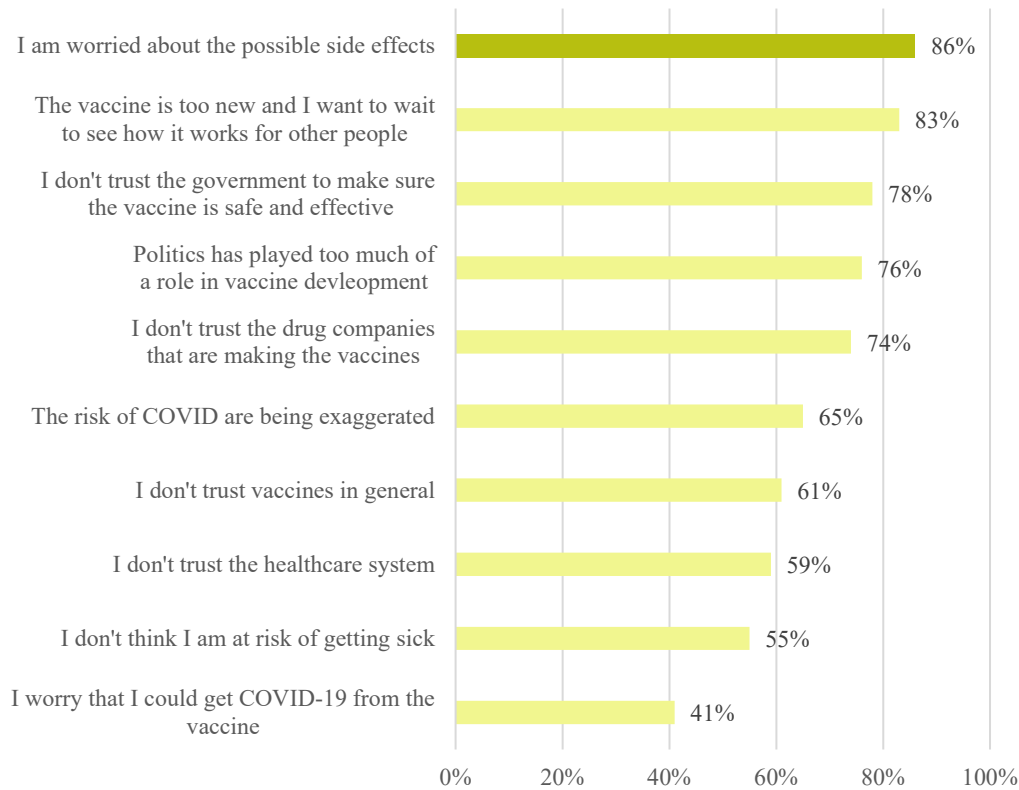
The most common reasons for not intending to receive a vaccine are worry about side effects (86%) and wanting to wait and see how the vaccine works for other people (83%), followed by distrust in government to ensure the vaccine is safe and effective (78%), and politics having played too big of a role in vaccine development (76%).

Among those who indicated that they did not intend to get vaccinated, white respondents were more likely to say they believe the risks of COVID-19 are being exaggerated (70%) and were also more likely to say that they did not think they were at risk of getting sick from the virus (58%). One reason that could contribute to this disparity is that Black and Latinx/Hispanic respondents are more likely to know someone who has died from COVID-19 (27% and 28%, respectively) compared to white respondents (15%), which could heighten their risk perceptions.

Black and Latinx/Hispanic respondents were more likely to cite worry about getting COVID-19 from the vaccine as a reason for not yet intending to receive one (72% and 71%, respectively), compared to white respondents (36%). Black respondents were more likely than both Latinx/Hispanic or white respondents to cite distrust in vaccines in general.

**Figure 3**

**The most common reason for not intending to get a vaccine is worry about side effects.**

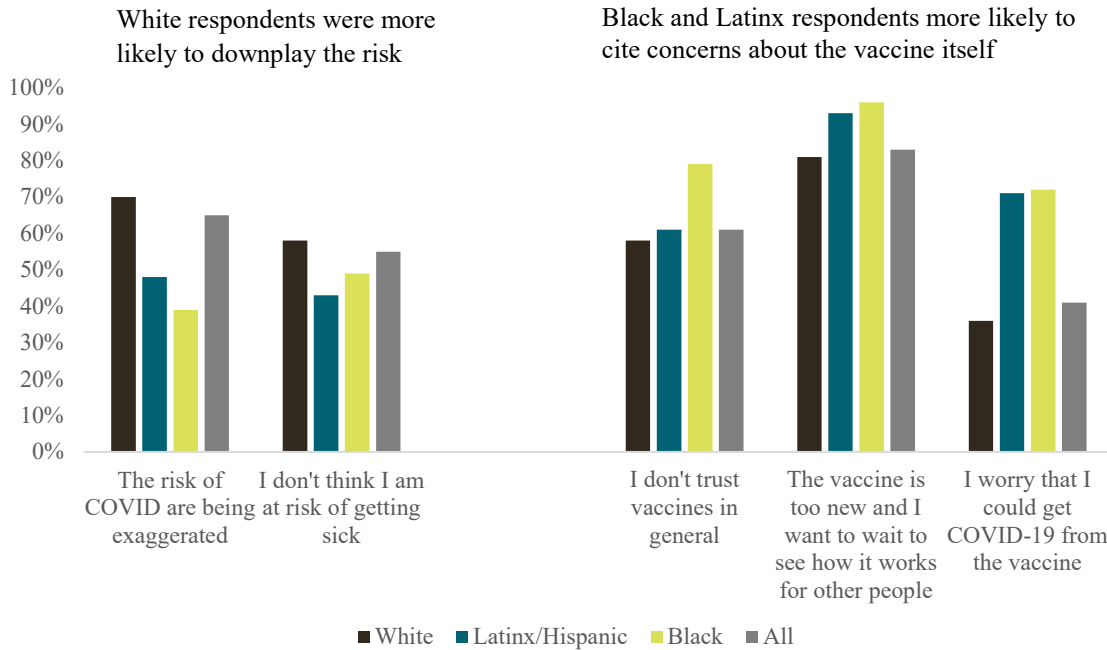


Source: 2021 Cover Michigan Survey



**Figure 4**

The reasons for hesitancy differ across racial/ethnic groups.\*



Source: 2021 Cover Michigan Survey  
 \* Race/ethnicity categories are not mutually exclusive.

## Where does Michigan go from here?

### A return to normalcy

While the early stages of the vaccine roll-out saw vaccine shortages and the need to phase in eligibility, now vaccines are widely available and all Michiganders 16 or older are eligible for a vaccine. Michigan is currently closing in on a 50 percent vaccination rate and Governor Whitmer recently announced the “MI Vacc to Normal” plan that pairs relaxing of public health restrictions with vaccine rate increases.

For Michiganders who are unsure of their intention to get vaccinated, or for those not planning to get vaccinated because they believe that the risks of COVID-19 are exaggerated or that they are not at risk of getting sick, a return to normalcy may be a new incentive to get vaccinated, particularly for white respondents who are more likely to cite a lower risk perception as a reason for not getting the vaccine. Other incentive-based strategies could—and have already started to—be deployed, such as employer-based incentives to return to in-person work, sports tickets, and debit cards, but incentives will need to remain in balance with ethical concerns about coercion.

### Trusted sources of information

While vaccines are now available at retail locations and don’t necessarily involve a doctor or health system visit, the rates of vaccination for those without a regular health care provider are lower. One reason for the disparity could be

that those without a regular health care provider are not receiving information about the vaccine from a trusted messenger.

In [CHRT's 2020 survey on trusted messengers for information about COVID-19](#), medical providers were among the most trusted sources of information about COVID-19 and may continue to be a trusted source about vaccine information as well. Identifying differences in the most trusted sources of vaccine information among different populations will be an important step toward ensuring that messages are reaching intended audiences. CHRT's 2021 Physician Survey will inform this discussion by identifying resources and tools physicians use to communicate with patients about COVID-19 and the vaccines.

### **Addressing concerns raised by communities of color**

There are notable disparities in vaccination rates and hesitancy by race and ethnicity. In order to address disparities in vaccines received and vaccine intention, vaccine access for Latinx/Hispanic residents, who have both the lowest vaccine received rate and are least likely to intend to receive a vaccine, should be better understood. Including Latinx/Hispanic voices in vaccine rollout plans could help address barriers.

Black respondents were most likely to be unsure of their intention to get vaccinated and were more likely to cite reasons related to trust of vaccines and wanting to wait to see how the vaccine works for others. Initial trials of the vaccine had an underrepresentation of Black participants which could contribute to that hesitancy. Until there is more evidence for safety and efficacy among diverse populations this may continue to be a barrier for vaccine uptake.

### **Conducting community outreach**

Furthermore, with COVID-19 social distancing rules in place, many communities do not have the same opportunities to socialize and may not hear vaccine success stories as frequently as they might ordinarily.

It may be that a door-to-door vaccination approach for hard-to-reach neighborhoods could be effective to increase vaccine intention by providing a more personalized and convenient vaccine experience than at a mass vaccine clinic or neighborhood pharmacy.