Most Michiganders Trust Vaccines—
But Not All Are Certain They're Worth the Risk

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Executive Summary

While support for childhood vaccination in Michigan remains strong compared to national trends, persistent skepticism and uncertainty—particularly around vaccine safety and policies—pose ongoing challenges to vaccination uptake rates. The 2025 Cover Michigan Survey asked Michiganders about their beliefs on vaccines and found notable variation in hesitancy and trust across demographic groups. Trust in vaccines was highest among respondents with higher education, white individuals, Democrats and those in urban areas, while it was lower among those with less education, Black and Hispanic individuals, Republicans and those in rural areas. The findings from this survey provide important context for efforts to improve communication, identify trusted messengers, and develop evidence-based policies essential to addressing vaccine hesitancy and ensuring Michigan's children and other vulnerable groups are protected from vaccine-preventable diseases.

Vaccine Hesitancy

Vaccine hesitancy is defined as the reluctance or refusal to vaccinate despite the availability of safe vaccines.[1] In 2019, the World Health Organization (WHO) recognized vaccine hesitancy as one of the top 10 public health threats globally. Vaccine hesitancy, and resulting decreases in vaccination rates, pose an urgent threat to population health, undermining decades of progress in combating vaccine-preventable diseases. Between 2017 and 2023, completion rates for the combined 7 series, a recommended group of childhood immunizations, among toddlers in Michigan fell significantly, dropping from nearly 76% to 67%. Adolescent vaccine completion rates also declined from about 81% to 75% for the same period.[2]

Vaccine hesitancy in the United States is a complex challenge driven by a mix of psychological, social, and systemic factors, amplified in recent years by misinformation and political polarization.[3,4] While the drivers of vaccine hesitancy can vary by population, time, and type of vaccine, the determinants of vaccine hesitancy can be broadly categorized with the "3 C's" model:[3]

> **Confidence:** Trust in vaccine safety and efficacy, which can be undermined by misinformation, disinformation, historical unethical practices in medicine, and negative lived experiences with the health care system.
>
> **Complacency:** The perception that vaccine-preventable diseases pose minimal risk, particularly in populations with little to no experience with such illnesses due to successful vaccination programs.

Convenience: Barriers to vaccine access, such as affordability, availability, and logistical challenges.

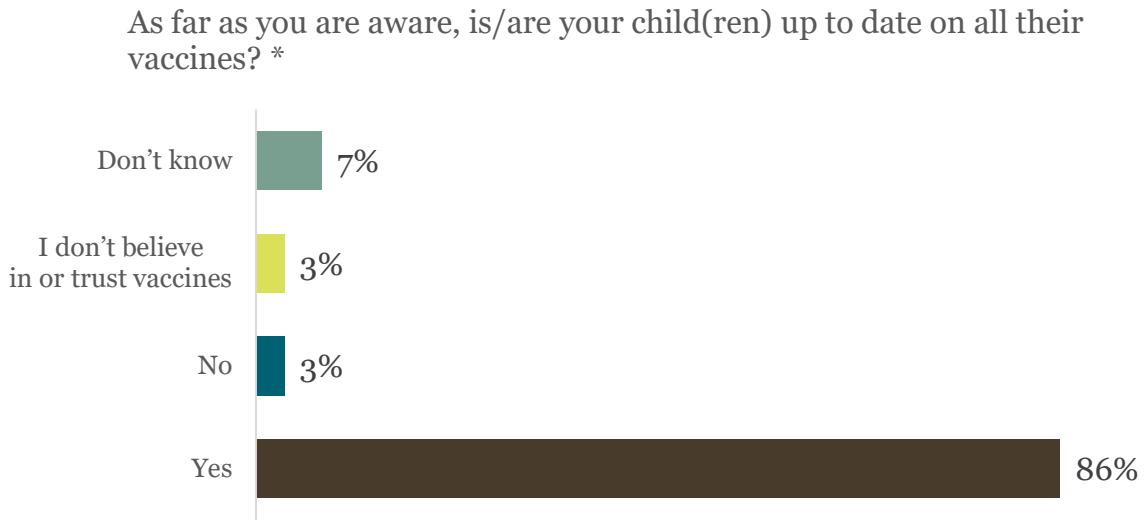
By delaying or refusing vaccination, vaccine hesitancy creates gaps in community immunity, which increases the likelihood of disease outbreaks, including the resurgence of vaccine-preventable diseases like measles and pertussis.[1,3] In just the first half of 2025, the U.S. reported more cases of measles – 1,309 confirmed cases through July – than in any year since 1992.[5] For community immunity against measles at least 95% vaccination coverage is needed. MMR vaccination coverage for the United States fell from close to 94% pre-pandemic to 91% in 2025.[6]

Since 2010, the Center for Health and Research Transformation (CHRT) has administered the Cover Michigan survey to gauge public opinion on a variety of healthcare topics and issues. In this report, we examine data from the 2025 survey highlighting respondents' attitudes and perceptions around childhood vaccination, state and national context, and recommendations for action.[7]

Cover Michigan Survey Findings

Overall Findings

Compared with national rates reported by Gallup, support for childhood vaccination and public health policies in Michigan is notably higher. Most respondents believe that policies requiring children be vaccinated against contagious diseases are extremely or very important (79%), compared to just 51% nationally. Likewise, 76% of Michigan respondents rate parental responsibility for vaccinations as extremely or very important (versus 69% nationally).[8] The majority of respondents feel vaccines are safe, with 82% reporting that they do not believe vaccines are more dangerous than the diseases they prevent, and 86% of parents with children under 18 reporting their children are up to date on vaccinations.



Data source: Cover Michigan 2025
*Question only asked to respondents with children under 18 in the household

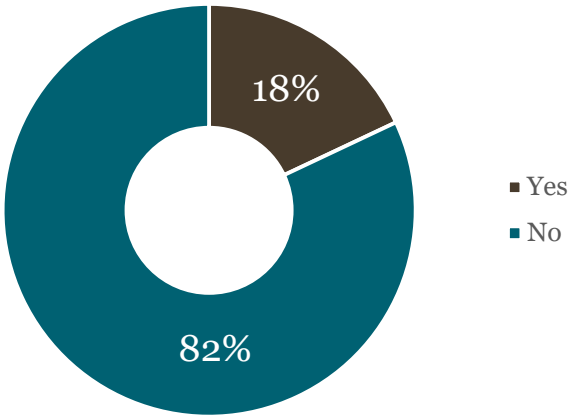
Vaccination in Michigan

The childhood (age 19-35 months) combined 7-vaccine series (4313314), includes 4 doses of the DTaP (diphtheria-tetanus-acellular pertussis) vaccine, 3 doses of the polio vaccine, 1 dose of the MMR (measles-mumps-rubella) vaccine, 3 doses of the Hib (Haemophilus influenzae B) vaccine, 3 doses of the hepatitis B vaccine, 1 dose of the varicella (Chickenpox) vaccine, and 4 doses of the PCV (pneumococcal) vaccine.

The adolescent (age 13-17 years) combined 6-vaccine series (132321), includes 1 dose of the Tdap (tetanus-diphtheria-acellular pertussis) vaccine, 3 doses of the polio vaccine, 2 doses of the MMR vaccine, 3 doses of the hepatitis B vaccine, 2 doses of the varicella vaccine, and 1 dose of the meningitis A vaccine.[2]

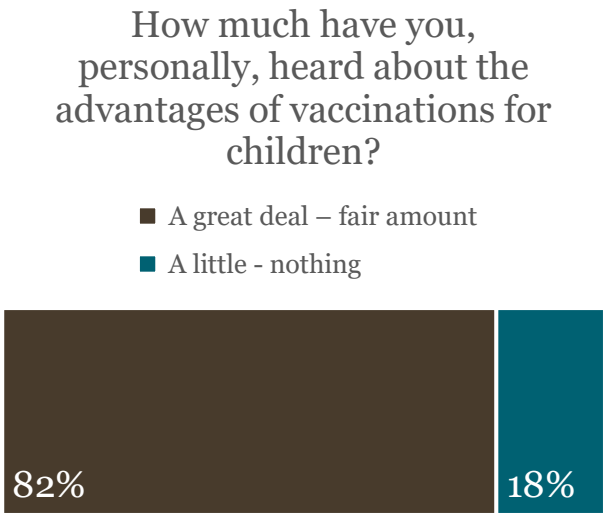
In Michigan, proof of vaccination is required for children to enter group childcare, preschool and school. Based on age, appropriate doses of the following are required: DTap, PCV, Hib, Polio, MMR, Hepatitis B, and Varicella. Michigan allows for medical, religious, and philosophical exemptions.[9]

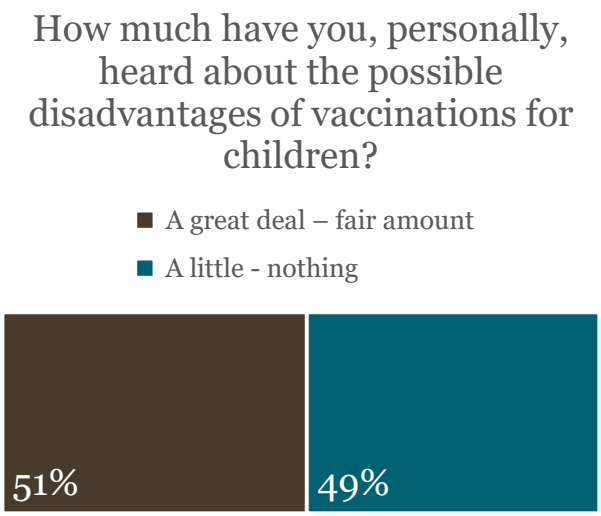
Do you think vaccines are more dangerous than the diseases they are designed to prevent?



Nonetheless, the results highlight skepticism and uncertainty among some Michiganders. Nearly one in five respondents believe vaccines may be more dangerous than the diseases they prevent. Additionally, despite ample research showing no connections between vaccines and autism, 13% of respondents believed vaccines caused autism and over a quarter reported being unsure about whether vaccination was linked with autism. While most have heard a great deal about the advantages of vaccination, nearly half report limited exposure to information about potential risks. These findings underscore the need for communication strategies grounded in evidence about the safety, efficiacy and effectiveness about vaccines while also addressing persistant misinformation and gaps in knowledge.

Data source: Cover Michigan 2025

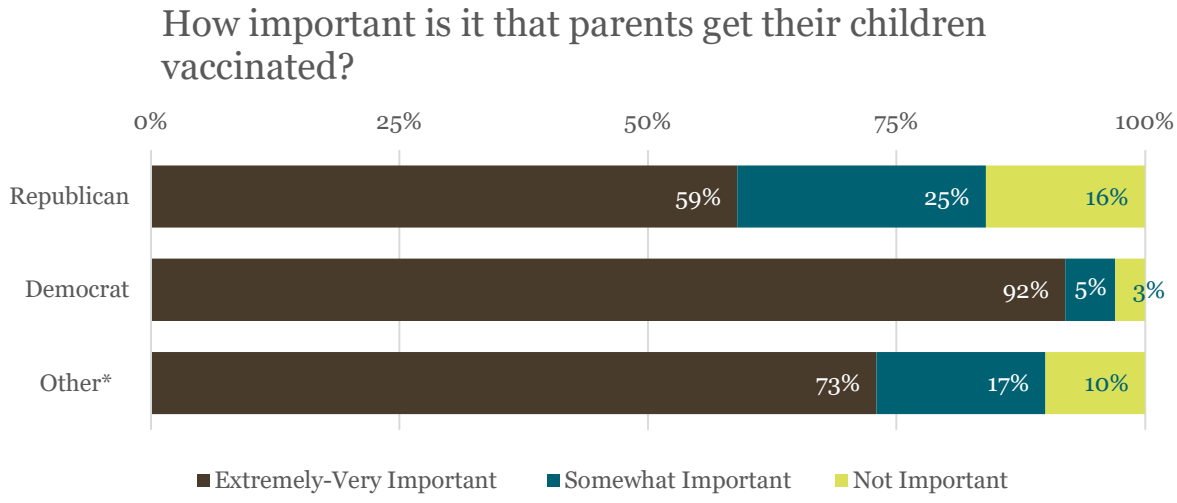




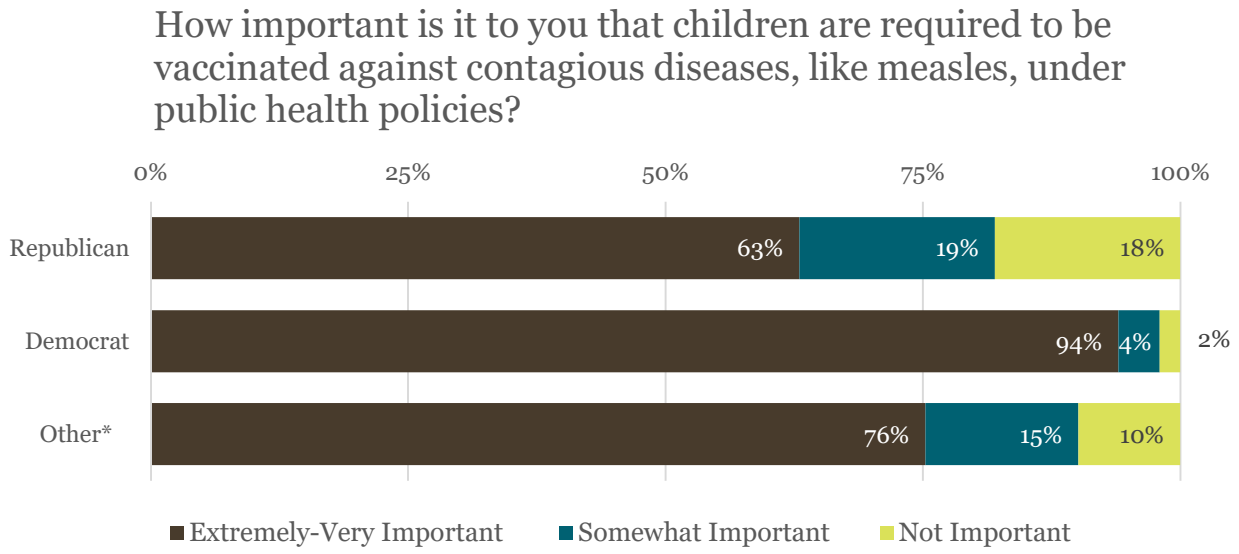
Data source: Cover Michigan 2025

Analyzing the Cover Michigan data through the lenses of political alignment, rurality, educational attainment, and race/ethnicity reveals significant demographic variations in vaccine confidence and acceptance, reflecting the complex psychological, social, and systemic factors that drive vaccine hesitancy.

Political Alignment

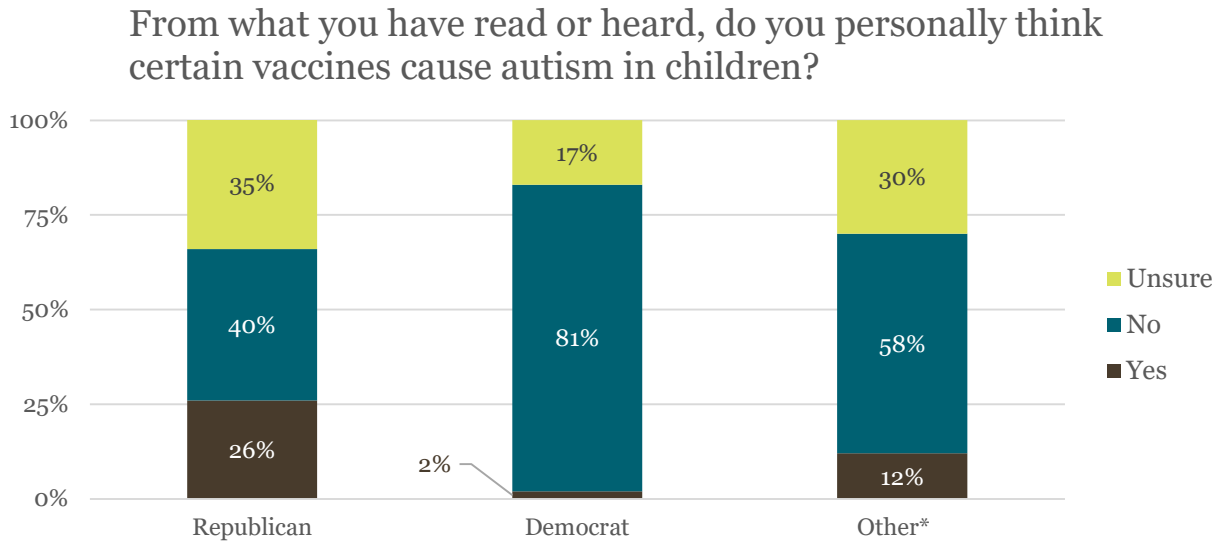


Data source: Cover Michigan 2025
*Other includes responses for Independent, another party, third party, etc.



Data source: Cover Michigan 2025
*Other includes responses for Independent, another party, third party, etc.

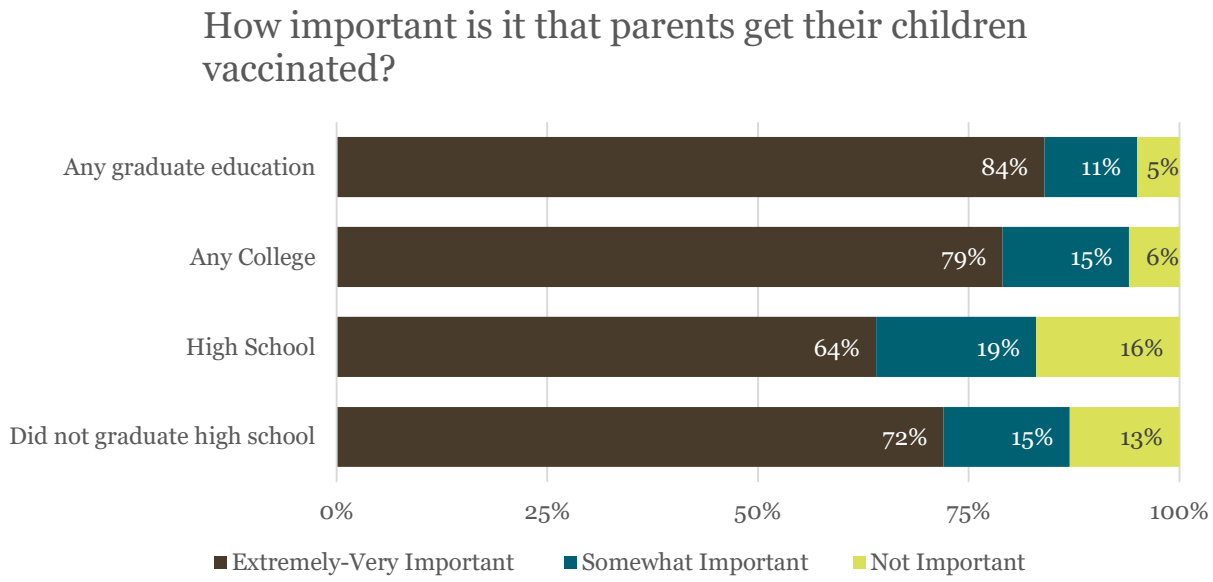
The Cover Michigan survey data reveals a sharp divide among respondents based on political affiliation regarding childhood vaccination beliefs, aligning with national trends.[8] Support for childhood vaccination is highest among Democrats (92% find it extremely or very important), compared to 73% of those identifying as "Other" and just 59% of Republican respondents. The desire for public health policies that require children to be vaccinated against contagious diseases, like measles, shows a similar gap, with 94% of Democrats supporting requirements compared to 63% of Republicans. Nationally, Democrats are significantly more likely to believe the government should require vaccines compared to Republicans.[8]



Data source: Cover Michigan 2025
*Other includes responses for Independent, another party, third party, etc.

Vaccine skepticism is highest among Republican respondents. Thirty-two percent (32%) of Republicans believe that vaccines are more dangerous than the diseases they are designed to prevent, compared to only 7% of Democrats. Overall, 61% of respondents in Michigan believe in the research finding no credible link between vaccinations and autism in children. The majority of Republican respondents are either unsure (35%) or believe certain vaccines do cause autism (26%). Among Democrats, only 17% are unsure and 2% believe certain vaccines cause autism. These stark partisan differences in Michigan reflect a wider political polarization over vaccines, where respondents identifying as Republicans expressed greater skepticism toward vaccines in general and are much more likely than Democrats to believe claims linking vaccines to autism.[8]

Level of Education



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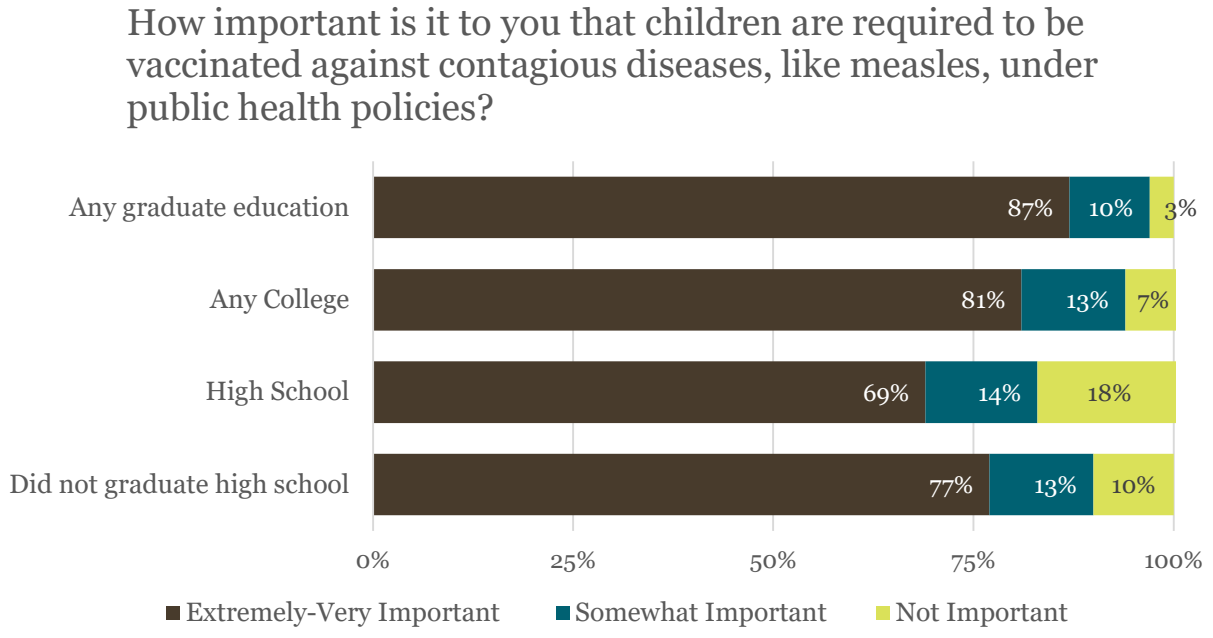
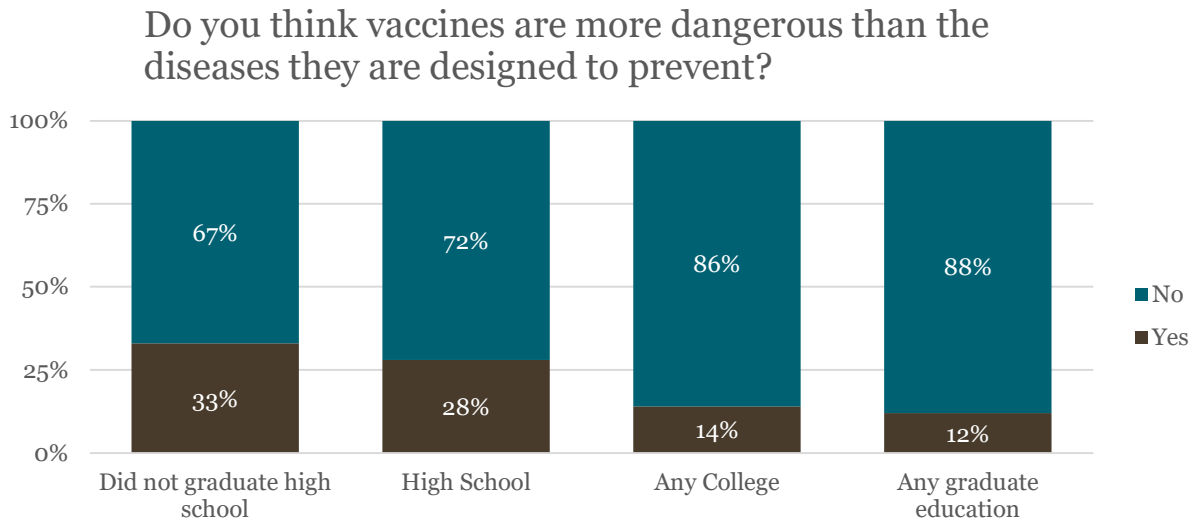


Data source: Cover Michigan 2025

Socioeconomic factors like lower income and lower educational attainment are also associated with vaccine hesitancy.[3] The Cover Michigan data demonstrates a clear association between a respondent's level of education and their attitudes toward childhood vaccines, generally indicating that skepticism decreases as educational attainment increases. Respondents with any graduate education show the highest levels of support for vaccination, with 84% deeming it extremely or very important for parents to vaccinate their children, and 87% supporting requirements under public health policies. Support is lowest among those reporting a high school education, with only 64% believing it is extremely or very important for parents to vaccinate their children.



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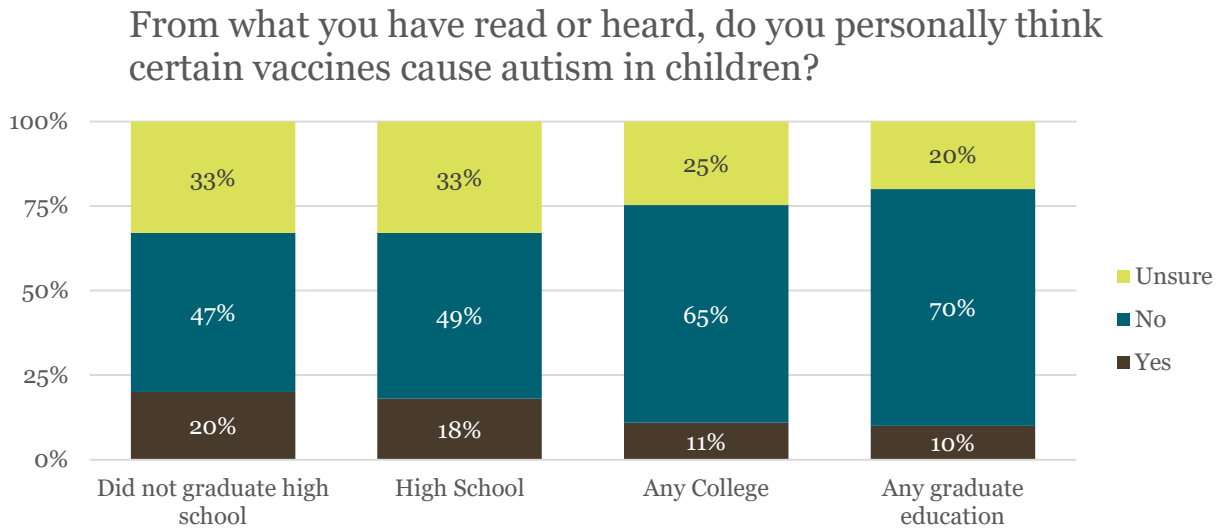
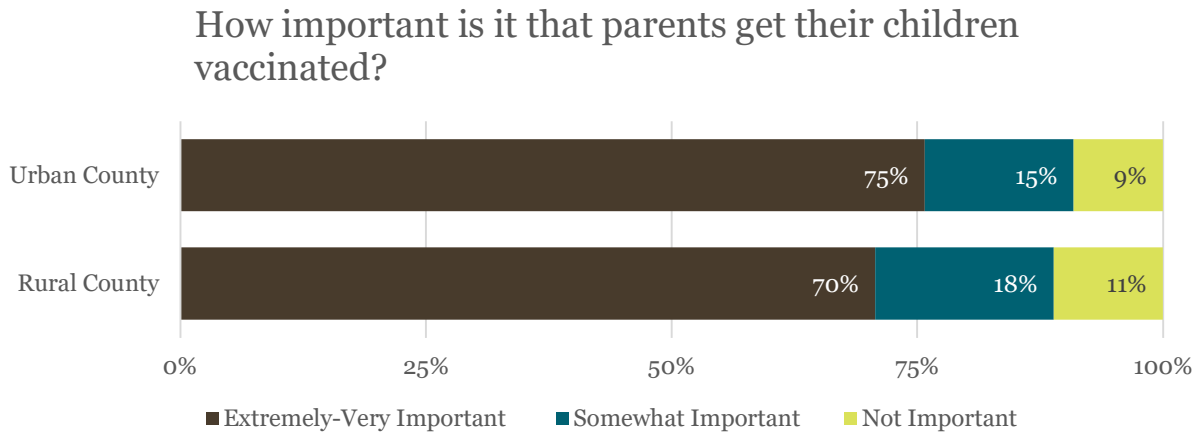


Data source: Cover Michigan 2025

Belief that vaccines are more dangerous than the diseases they prevent is highest among those who did not graduate high school (33%) and those with a high school degree (28%), while this belief drops significantly among those with any college (14%) or any graduate education (12%). Similarly, uncertainty about the link between vaccines and autism is highest (33% for both groups) among respondents who did not graduate high school or only have a high school education. This uncertainty declines notably among those with any college (25%) and those with graduate education (20%).

These findings highlight that lower educational attainment is associated with greater skepticism regarding vaccine safety and importance, suggesting that targeted education/outreach efforts may be most crucial for individuals in lower educational groups.

Urban and Rural Counties



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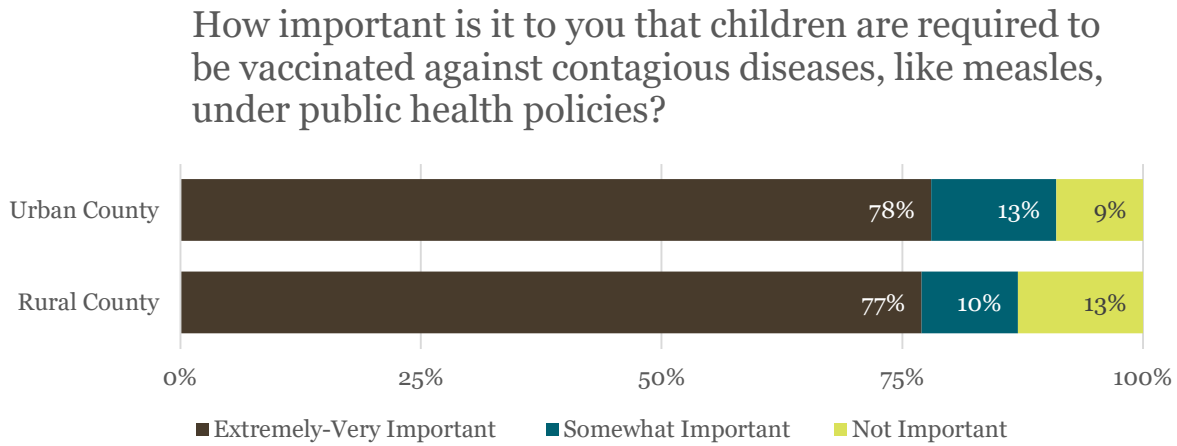
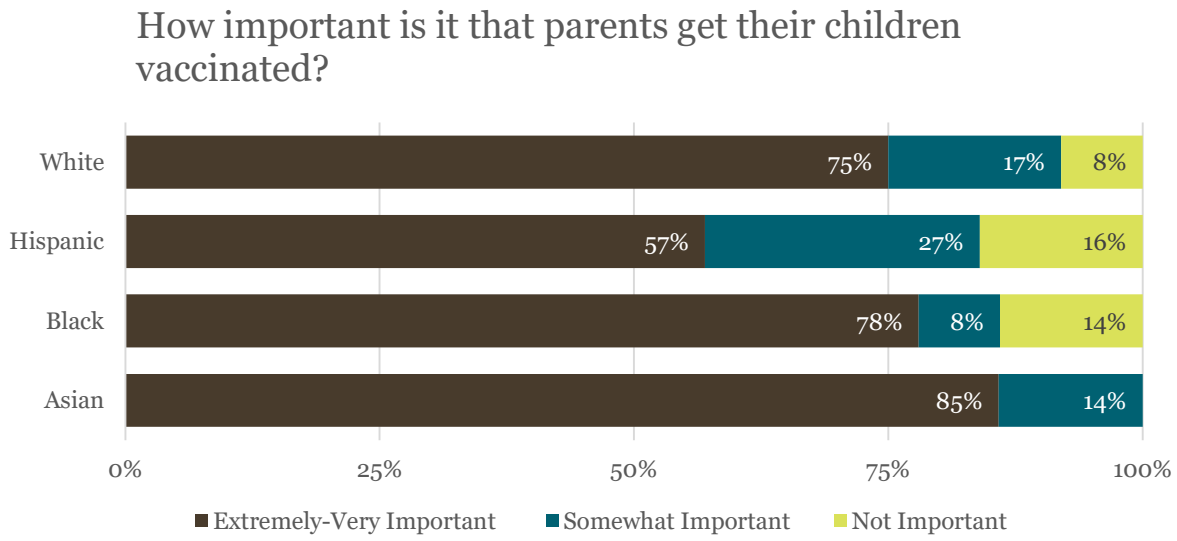


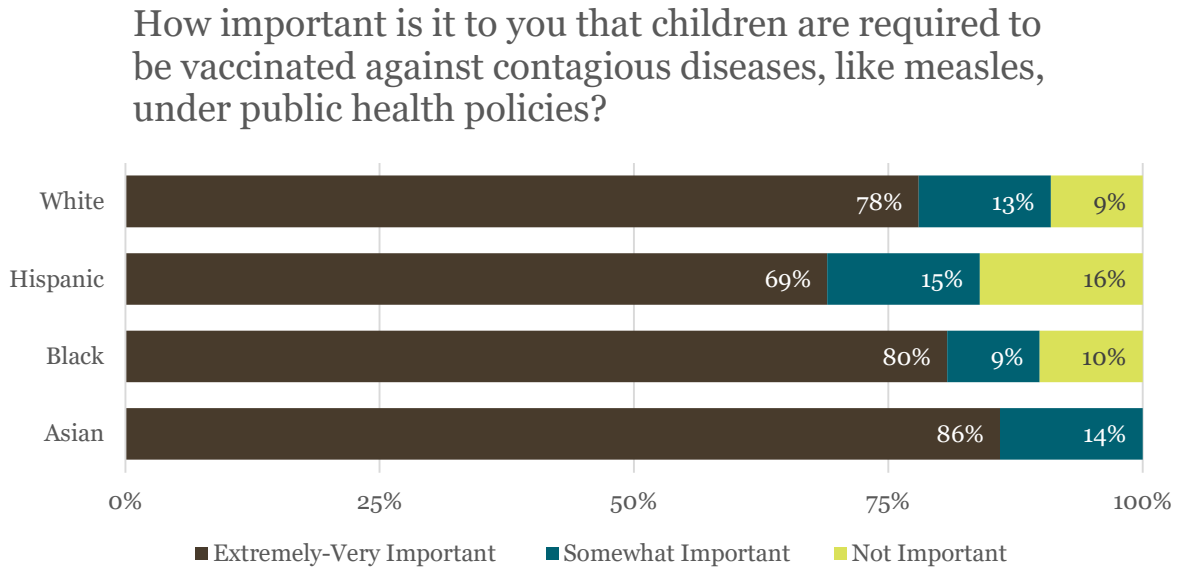
Data source: Cover Michigan 2025

The Cover Michigan survey data indicates little difference in overall vaccine attitudes between rural and urban county residents. Rural respondents were, however, more likely to express slightly greater skepticism. For instance, respondents in rural counties were marginally more likely to believe that vaccines are more dangerous than the diseases they prevent (21%) compared to those in urban counties (19%). Seventeen percent (17%) of rural respondents felt that certain vaccines cause autism compared to 12% of urban respondents. Overall support for parents ensuring that their children are up to date on their vaccinations remains high in both areas, although urban residents were more likely to indicate they felt it extremely or very important (75% versus 70% in rural counties).

Race and Ethnicity

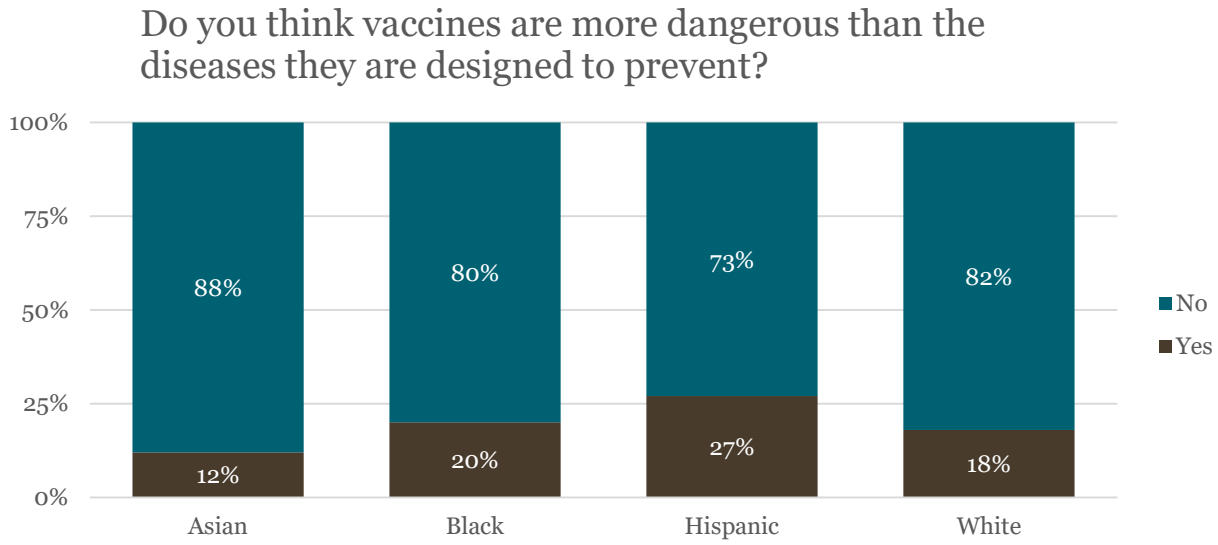


Data source: Cover Michigan 2025
Findings for American Indian or Alaska Native and Middle Eastern or North African were excluded due to sample sizes <10



Data source: Cover Michigan 2025
Findings for American Indian or Alaska Native and Middle Eastern or North African were excluded due to sample sizes <10

The Cover Michigan data reveals variation across different racial and ethnic groups in the state, with greater levels of mistrust and uncertainty reported from Hispanic and Black respondents. Asian American respondents show the highest support for vaccination, with 86% believing it is extremely or very important for parents to vaccinate and 86% supporting vaccine requirements. Hispanic respondents report the lowest overall belief in the importance of childhood vaccination (57%) and the lowest support for public health requirements (69%). Hispanic respondents also report the highest rate of believing that vaccines are more dangerous than the diseases they prevent (27%), compared to 20% of Black respondents, 18% of White respondents, and 12% of Asian American respondents. These results vary slightly from a national survey in which Black parents were less likely to be confident that the Polio and MMR vaccines were safe for children, compared to White and Hispanic parents.[10] Black respondents report the highest level of uncertainty about whether certain vaccines cause autism in children (36%), compared to 26% of White respondents and 22% of Hispanic respondents.



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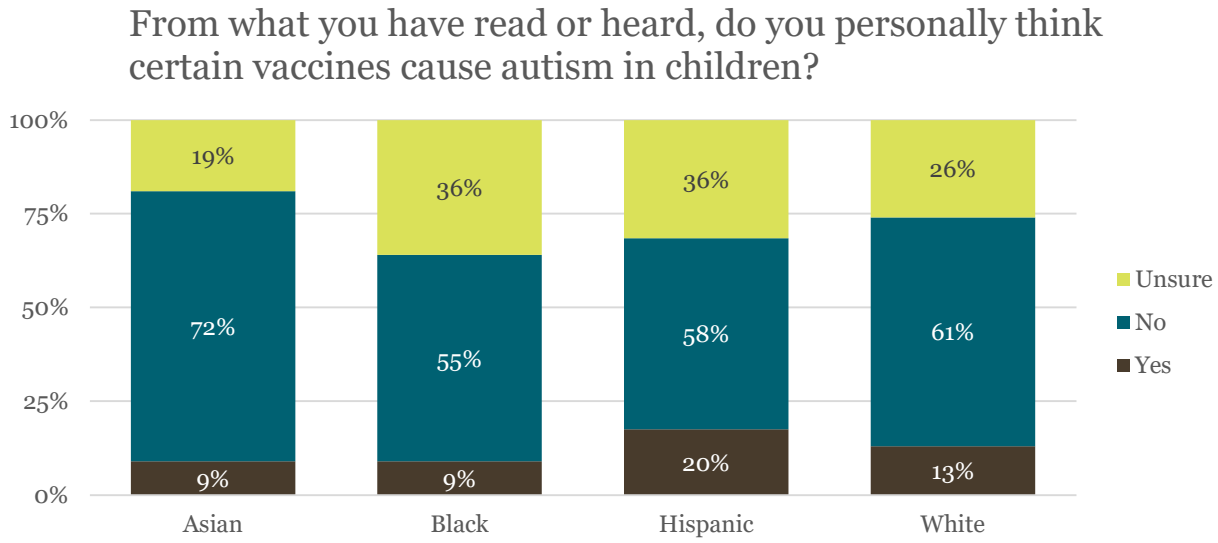

Data source: Cover Michigan 2025
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Differences in attitudes are likely rooted in systemic inequities created and maintained within public health and healthcare *writ large*. This includes well documented instances of historical mistreatment, unconscious bias, and disparate treatment within U.S. healthcare systems of Black patients and other patients of color. Such experiences

have contributed to mistrust of medical providers, barriers to communication between patients and providers, and disparities in healthcare access and care outcomes.[11]

Factors that Can Undermine Vaccination Rates and Public Health

While the Cover Michigan data show Michiganders are more supportive of childhood vaccination than the United States as a whole, ongoing discourse and attacks on the legitimacy of the scientific community threaten to further erode vaccine trust and childhood vaccination completion.

Expansion of Exemption Policies that Undermine Vaccination Mandates: School vaccine mandates, which require children to be vaccinated against certain vaccine-preventable diseases in order to enroll in and attend daycare, preschool, and K-12 education programs are implemented at the state and local level. In the 1960s and 1970s, schools were identified as a major transmission site for measles outbreaks and vaccination mandates were implemented as a public health strategy to reduce disease transmission. Vaccine mandates have played a key role in controlling measles and other vaccine-preventable diseases in the United States by ensuring vaccine coverage rates high enough to provide community immunity.[12] All states allow for medical exemptions to vaccine requirements and some states also allow non-medical exemptions (religious and/or personal/philosophical) to mandate requirements. Michigan is one of 15 states that allows for religious and personal/philosophical exemption.[13] As the rate of non-medical exemptions in the U.S. increases, vaccination coverage rates for vaccine preventable diseases are decreasing. This reduced vaccination coverage has led to a growing number of local outbreaks in recent years of vaccine preventable diseases like measles and pertussis.[14]

Vaccine Requirements in Michigan

In 2014, Michigan had the 4th highest rate of school vaccination exemption in the U.S. To improve vaccination rates for children entering kindergarten, Michigan changed its state administrative rules to require parents/guardians to attend a vaccine education session at their health department before obtaining a non-medical exemption. This reduced exemption rates initially, but in 2024 Michigan exemption rates for kindergarteners surpassed 2013-2014 rates, despite this education requirement still in effect. While religious exemptions have been increasing for the past decade, philosophical exemptions are consistently the most used waiver in Michigan.[15]

Skepticism and Misinformation from Public Figures: The Advisory Committee on Immunization Practices (ACIP) was established in 1964 to provide the Centers for Disease Control and Prevention (CDC) Director with expert opinion and recommendations about the use of vaccines, including childhood immunization schedules. ACIP also has several statutory roles assigned by Congress, including the establishment of the vaccines included in the Vaccines for Children program and establishment of the vaccines health insurance plans must cover under the Affordable Care Act.[16]

In June 2025, the Department of Health and Human Services (HHS) removed all 17 sitting members of ACIP.[17] Medical groups and public health experts have voiced concern over many of the new appointees to ACIP, citing limited experience with immunology and vaccinology and anti-vaccination viewpoints among some members.[18,19,20]

Recent efforts to re-examine and revise childhood vaccine schedule have drawn criticism from organizations including the American Medical Association which has emphasized that for childhood vaccination "the scientific evidence remains unchanged."[4, 21] Administration officials have also amplified public discourse with comments, rejected by scientists and the American Academy of Pediatrics (AAP), suggesting that the number of recommended childhood vaccines has led to a rise in chronic disease, that MMR vaccines can cause autism, and that the measles vaccine causes measles. [4, 22]

Access to Preventive Healthcare: Children and adolescents that are uninsured are less likely to be up to date on vaccinations compared to those with insurance coverage.[23,24,25] Over the next several years, the impacts of H.R.1 and changes to the Affordable Care Act Marketplace are projected to threaten health insurance affordability and accessibility for up to half a million Michiganders.[26] Changes to Medicaid eligibility, renewal and enrollment requirements, and potential loss of Marketplace plan premiums subsidies will increase Michigan's uninsured rate and cause gaps in coverage. The Vaccines for Children (VFC) program, funded by Congress and implemented by the CDC in 1994, is an entitlement program that ensures access to childhood vaccines regardless of health insurance coverage or ability to pay.[27] While VCF ensures affordability for childhood vaccinations, families experiencing gaps in coverage are more likely to delay care and less likely to seek preventative care like pediatric well-child visits, which often include routine, recommended vaccinations.[28]

Recommendations

The results from the Cover Michigan survey highlight that vaccine hesitancy is concentrated along partisan, educational, and racial lines. For example, skepticism about vaccine safety and efficacy is notably higher among individuals with lower levels of education. Political affiliation also plays a significant role, with vaccine hesitancy and belief in misinformation more common among Republican-identifying respondents. Additionally, racial differences are evident, as Black respondents report the highest levels of uncertainty about vaccine safety, reflecting unique challenges and historical factors affecting trust. A multifaceted approach will be needed to successfully address the complex factors that contribute to vaccine hesitancy and reverse declining immunization trends in Michigan.

Ultimately, the choice to vaccinate oneself or one's children is an individual decision with current public policy trending towards greater autonomy and lowering barriers for those seeking to forego routine vaccinations. To improve voluntary compliance, communication strategies should focus on rebuilding confidence and trust among patients with uncertainty and skepticism while supporting autonomy. These include:

Leverage Trusted Messengers. Pediatricians remain the most trusted source of vaccine information among parents, with more than eight in ten (85%) nationally saying they trust their child's pediatrician a "great deal" or "fair amount" to provide reliable information about vaccines.[10] This trust remains high even among parents who report skipping or delaying vaccines for their children, with about two-thirds (64%) of these hesitant parents still trusting their pediatrician, ranking them first among all sources. Healthcare providers should capitalize on this trust to keep hesitant parents engaged in dialogue. Motivational Interviewing (MI), a patient-centered communication technique, is recommended to engage hesitant parents.[3] MI relies on empathy and respecting patient autonomy, which is critical when dealing with political polarization and strong beliefs.

Expand Reach Through Trusted Community Organizations. Partnering with established community organizations—such as faith-based groups, schools, and local service providers—can reinforce the importance of childhood vaccination outside of clinical settings in populations with uncertainty and skepticism. Trusted community members, especially those equipped with culturally competent outreach strategies, can play a vital role in bridging information gaps and addressing specific concerns held by families. Reducing barriers by offering easy access points—for example, walk-in vaccine clinics at familiar community locations—ensures support is available when families are ready to act, ultimately strengthening vaccine acceptance through reliable connections and convenient services.

Advocate to Keep Evidence-based Health Policy Front-and-Center. Strengthening public health policy is crucial for safeguarding community immunity and minimizing access barriers. State and local policies should remain firmly aligned with guidance from medical experts, like the American Academy of Pediatrics, to reassure families that scientific consensus remains consistent even as public debate shifts. Strengthening limits on non-medical exemptions may also be necessary to reduce gaps in coverage and protect vulnerable populations. Altogether, prioritizing evidence-based policy helps mitigate confusion, preserves vaccination standards, and supports long-term progress in protecting children's health.

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