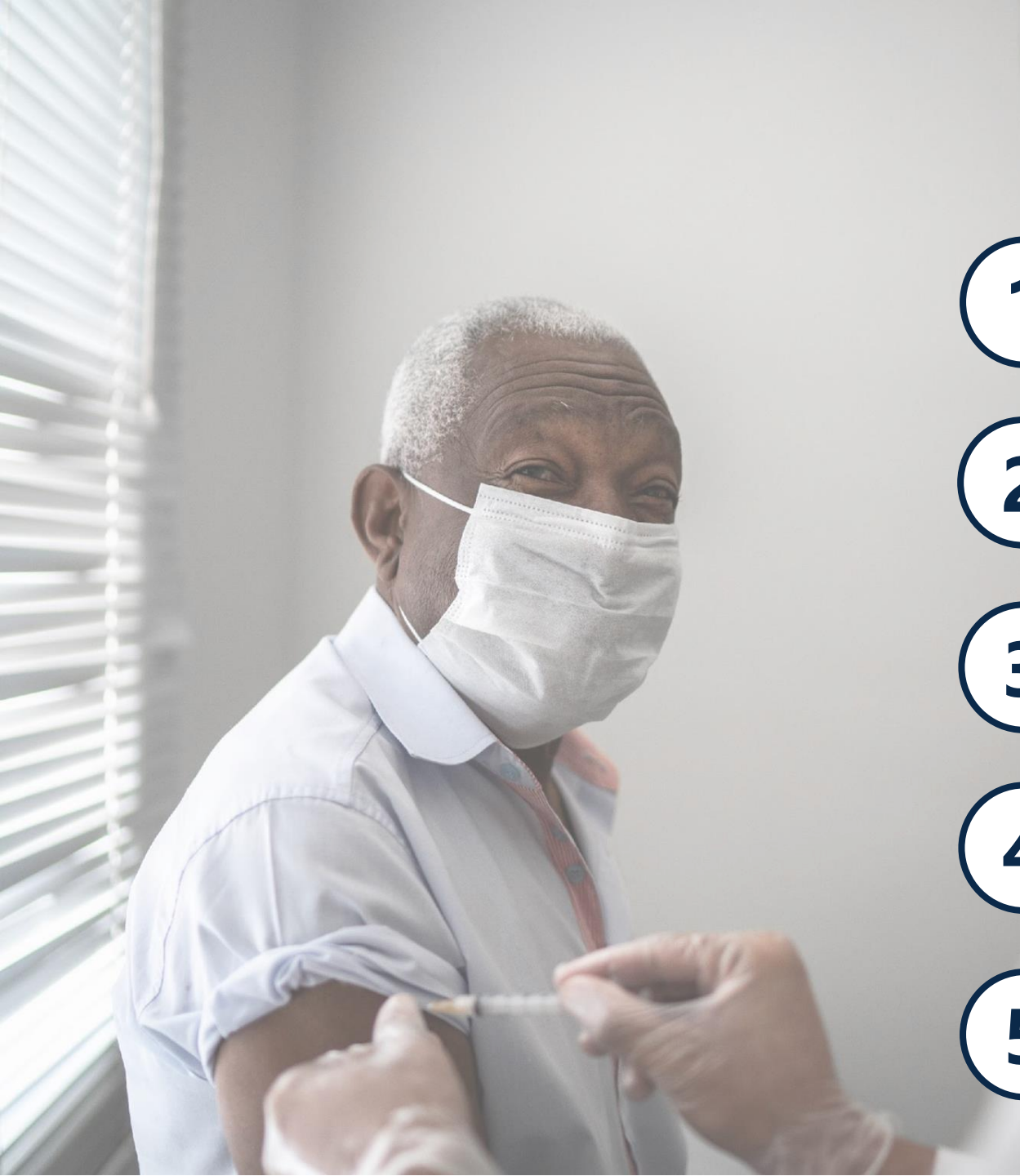


# Equity-First Vaccination Initiative

## Covid-19 Vaccination Pulse Survey Insights

Final report on data from  
July 2021 – April 2022





# Insights and interpretation

- 1 Overview and data interpretation
- 2 Survey insights: cross-city comparisons
- 3 Cross-city supplemental data
- 4 Survey insights by city
- 5 City supplemental data

# 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

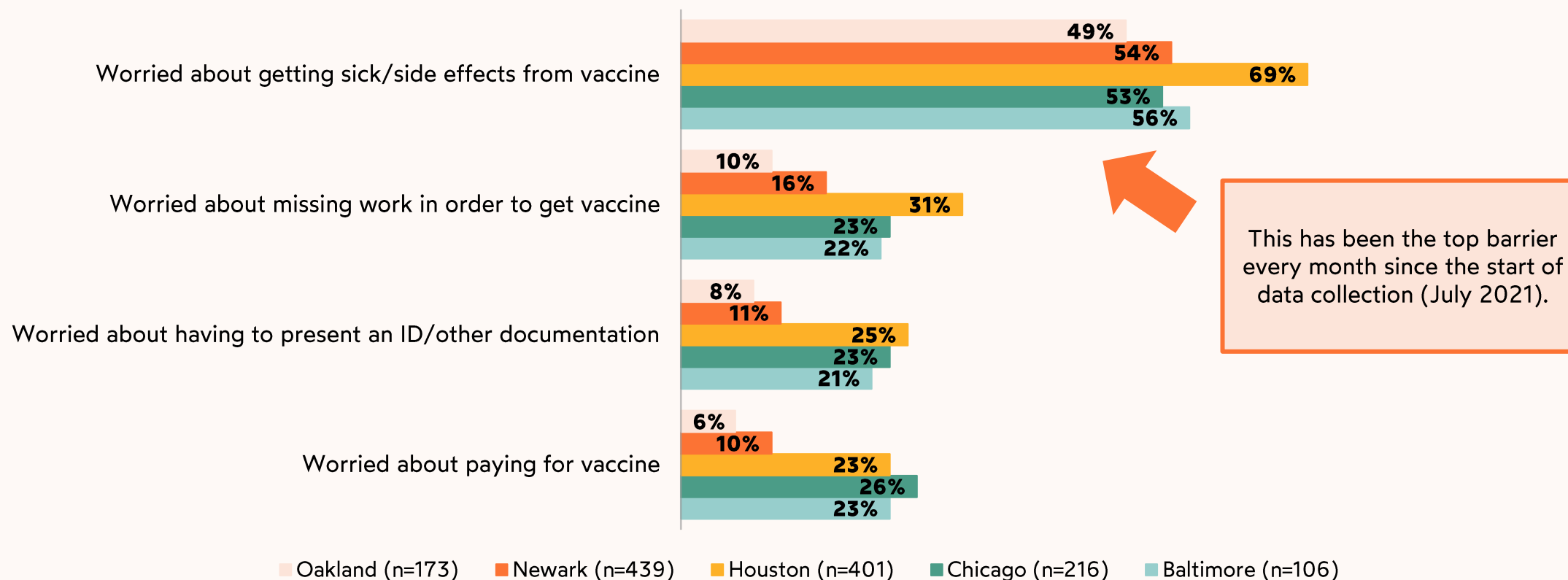
- Top barriers, motivators, beliefs, and trusted messengers reported by unvaccinated respondents in each city (Cumulative)
- Parent-reported child vaccination data combined across all cities (Cumulative)

*Note: While the data presented in these slides was collected between July 2021 through April 2022, data collection timelines varied slightly from city to city. Houston, Chicago, and Baltimore did not start their full survey effort until August 2021; Baltimore did not collect any data in January or February 2022; Newark did not collect any data in February 2022.*

# Top concerns serving as barriers for unvaccinated respondents

July 2021-April 2022:  
Cumulative data

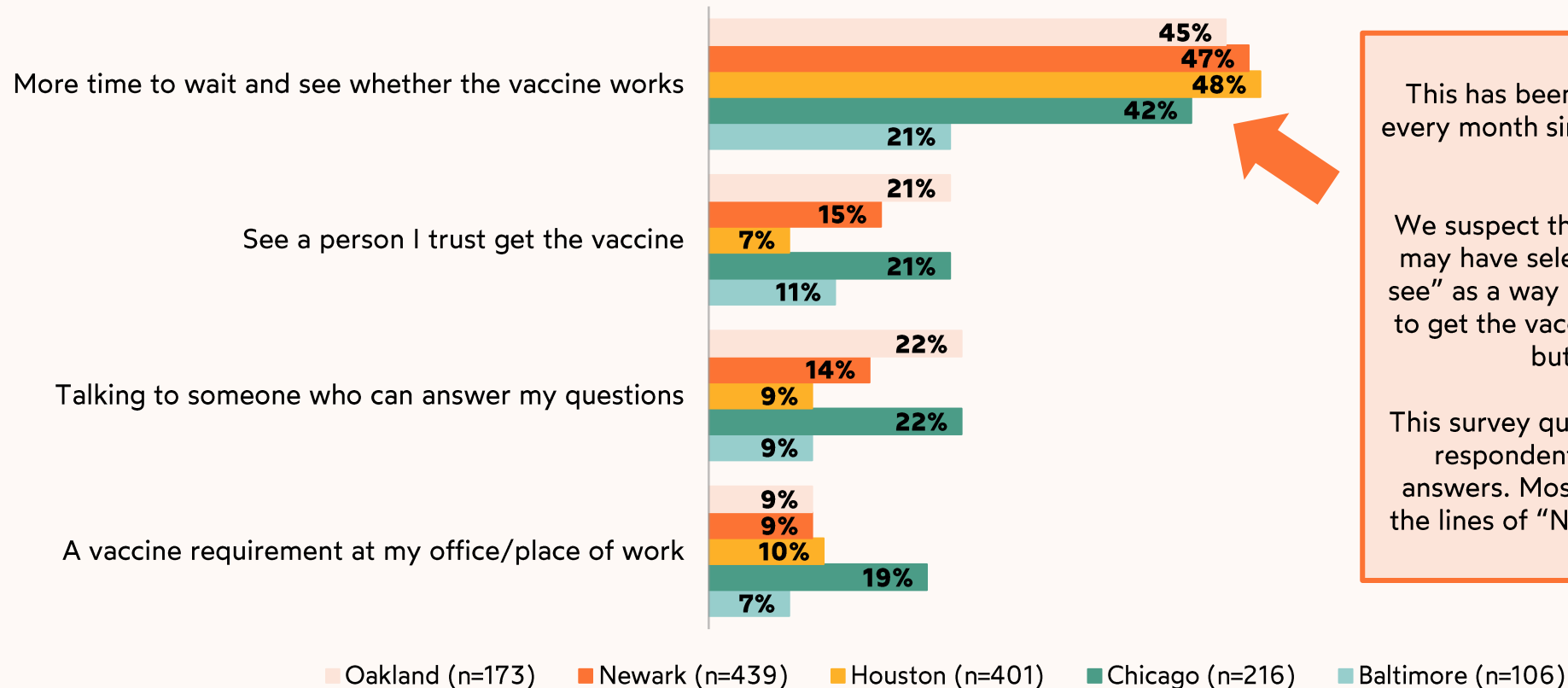
Across all five cities, the most commonly reported barrier for unvaccinated respondents surveyed between July 2021 and April 2022 was being **worried about getting sick or experiencing side effects** from the vaccine.



# Top potential motivators for unvaccinated respondents

July 2021-April 2022:  
Cumulative data

The most commonly reported potential motivator for unvaccinated respondents surveyed between July 2021 and April 2022 to get vaccinated was **more time to wait and see whether the vaccine works**. Fewer respondents said the other things might convince them to get vaccinated (such as vaccine requirements or seeing someone they trust get the vaccine), although Chicago's respondents seemed more open to them compared to other cities.



This has been the top potential motivator every month since the start of data collection (July 2021).

We suspect that at least some respondents may have selected "more time to wait and see" as a way of just saying "We don't want to get the vaccine... at least not right now... but maybe not ever".

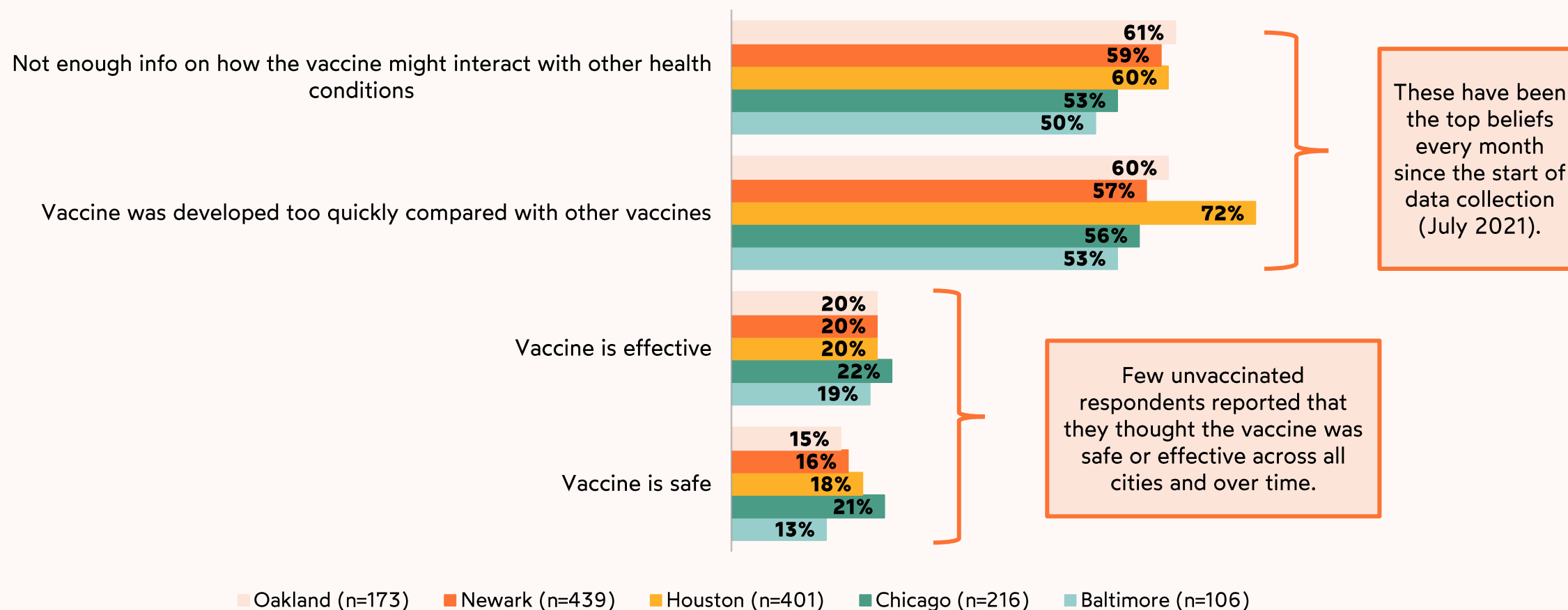
This survey question also had a place where respondents could write in their own answers. Most of the write-ins were along the lines of "Nothing... never... more time..."



## Top beliefs reported by unvaccinated respondents

July 2021-April 2022:  
Cumulative data

Across all cities, a large share of unvaccinated respondents surveyed between July 2021 and April 2022 believed there was **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**; over half of the respondents reported these beliefs.

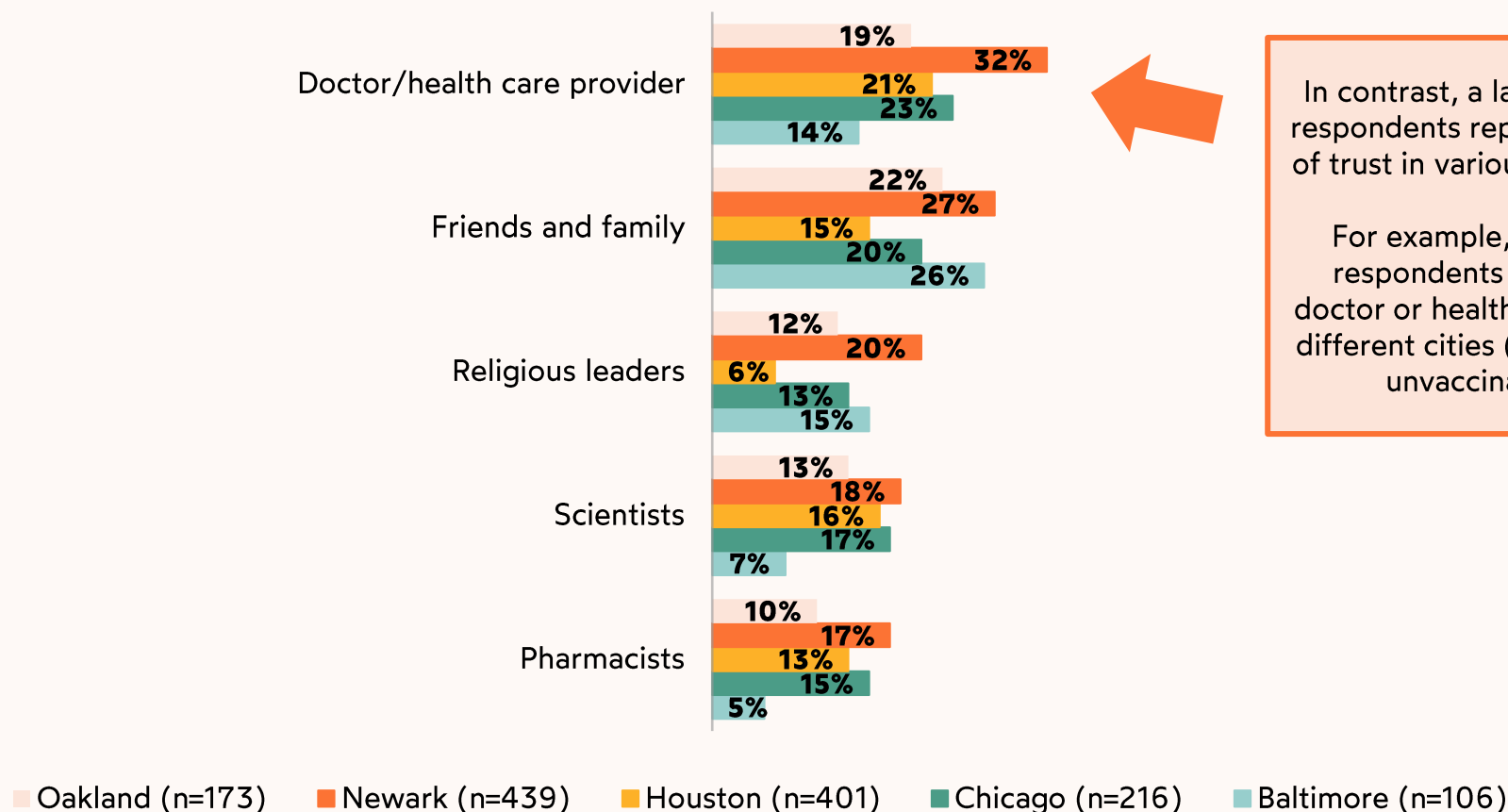


**July 2021-April 2022:**  
Cumulative data

## Top trusted messengers reported by unvaccinated respondents

A small share of unvaccinated respondents surveyed between July 2021 and April 2022 reported having a great deal of trust in various “messengers” as sources of information about the vaccine.

**Less than one third of unvaccinated respondents reported trusting each of these messengers.**



In contrast, a larger share of vaccinated respondents reported having a great deal of trust in various sources of information.

For example, 41-62% of vaccinated respondents reported trusting their doctor or health care provider across the different cities (compared to 14-32% for unvaccinated respondents).

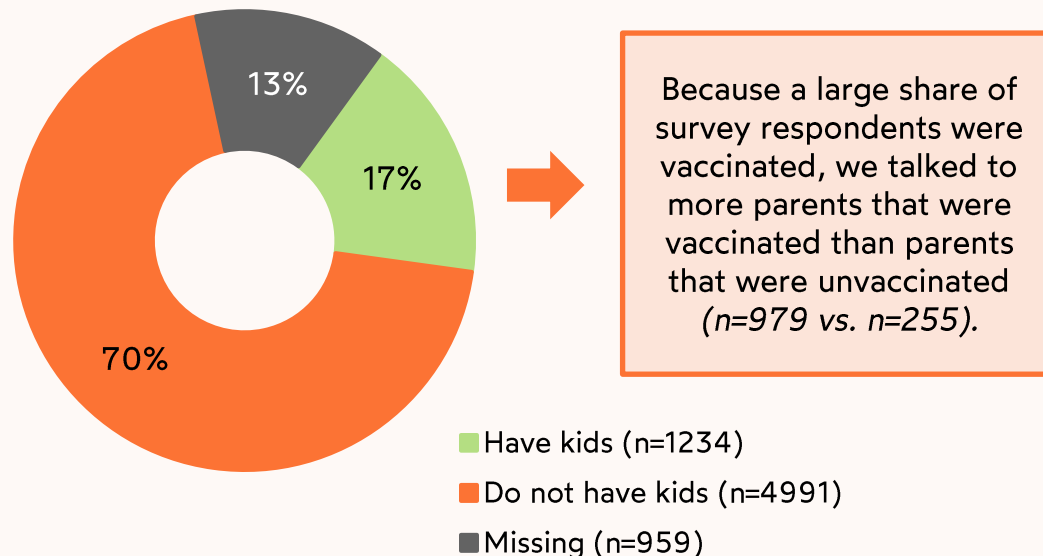
# Parental reports on child vaccination status

December 2021 – April 2022: Cumulative data

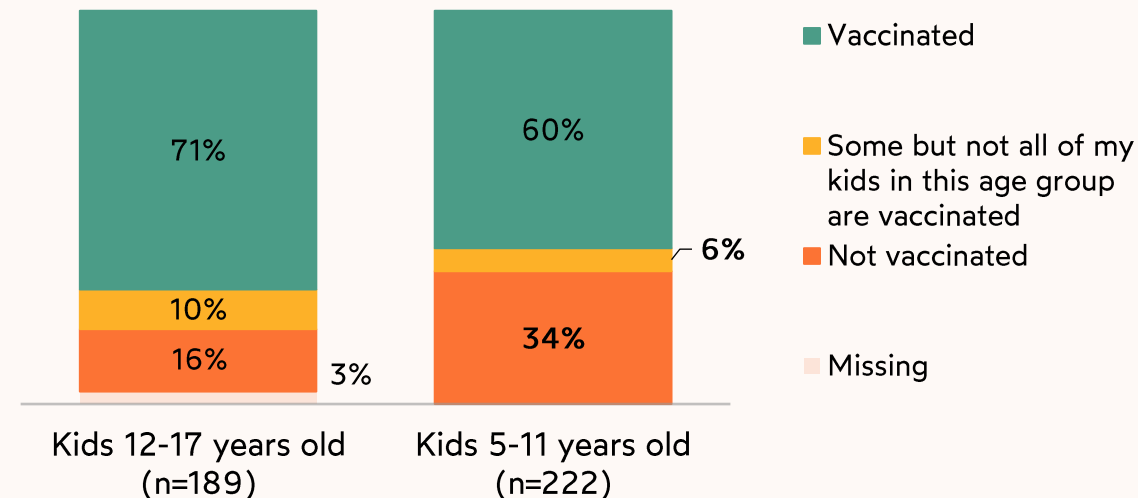
- **Seventeen percent** of respondents reported that they are **the parent/guardian of at least one child under the age of 18**.
- **Of vaccinated parents, 81% have gotten at least one of their 12–17-year-old children vaccinated**, and **66% have gotten at least one of their 5–11-year-old children vaccinated**.
- In contrast, only 5 out of 42 of unvaccinated parents have gotten at least one of their 12–17-year-old children vaccinated, and only 4 out of 59 unvaccinated parents have gotten at least one of their 5–11 years old vaccinated.

*Due to the small number of parents we talked to, we are presenting the data here across all five cities instead of separately by city.*

## Percent of respondents that have children under the age of 18 (all cities)



## Vaccination status\*\* among children of vaccinated parents



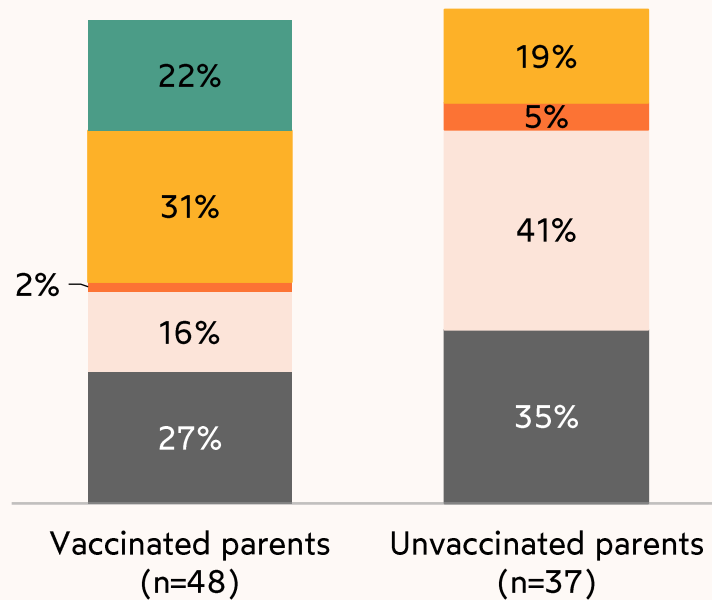
\*Survey questions 8.4, 8.5, 8.6, 8.8 \*\*Note, the CDC approved Covid-19 vaccines for ages 12-17 in May 2021 and for ages 5-11 in November 2021.

# Parent reports on vaccination intentions for their children

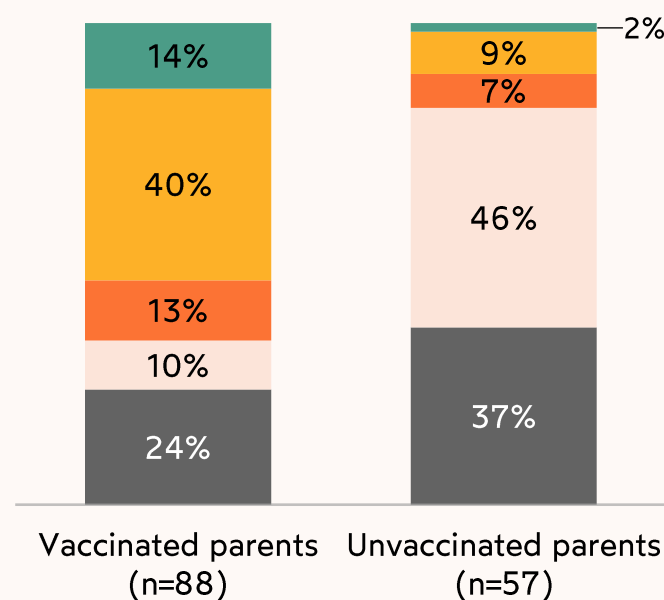
December 2021 – April 2022:  
Cumulative data

Parents had a diverse ranges of vaccine intentions for their unvaccinated children across all age groups, regardless of parental vaccination status. Overall, **a much larger share of vaccinated parents said they would like to get their children vaccinated right away**, and **a larger share of unvaccinated parents said they would definitely not get their children vaccinated** across all child age groups.

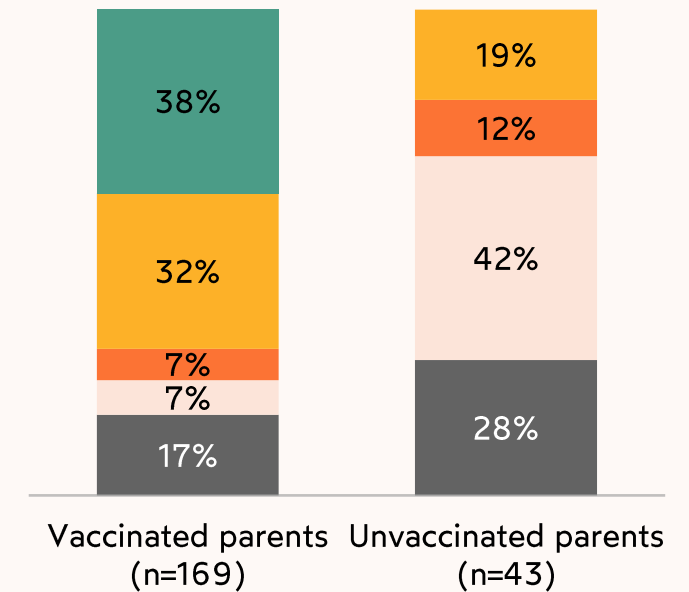
## Vaccine intentions for children 12-17 years old



## Vaccine intentions for children 5-11 years old



## Vaccine intentions for children less than 5 years old



Get them vaccinated right away

Wait a while to see how the vaccine is working

Only get child/children vaccinated if their school requires it

Definitely not get them vaccinated

Don't know

Missing

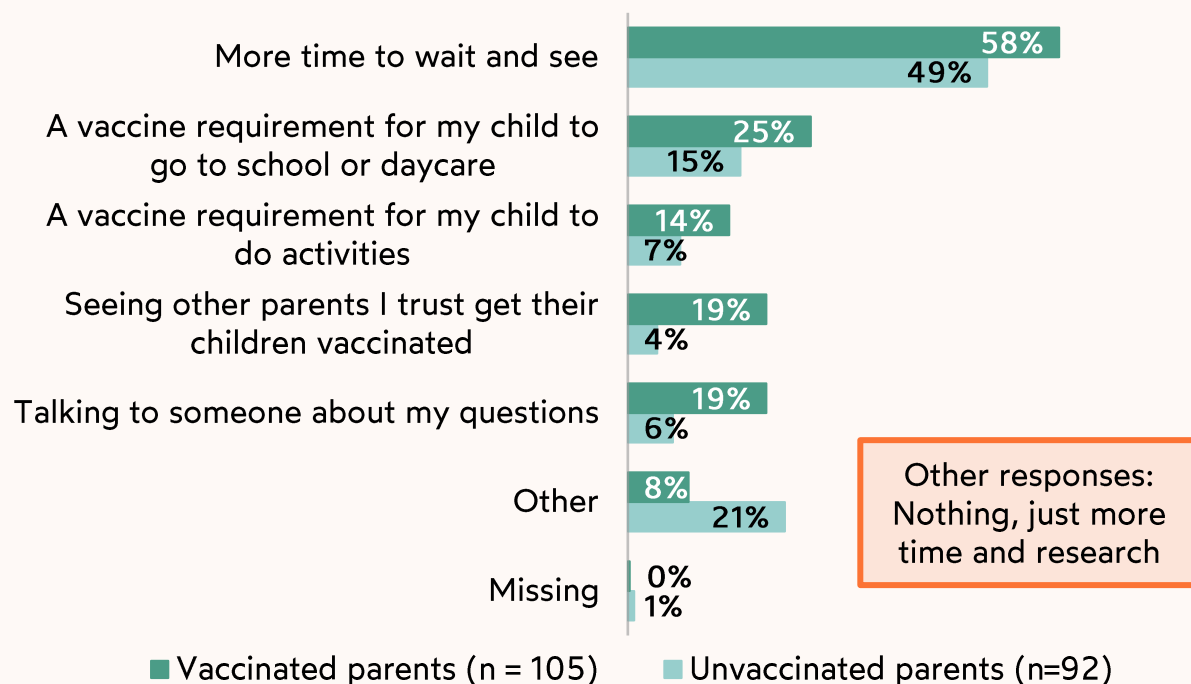


# Child vaccination motivators, attitudes, and beliefs

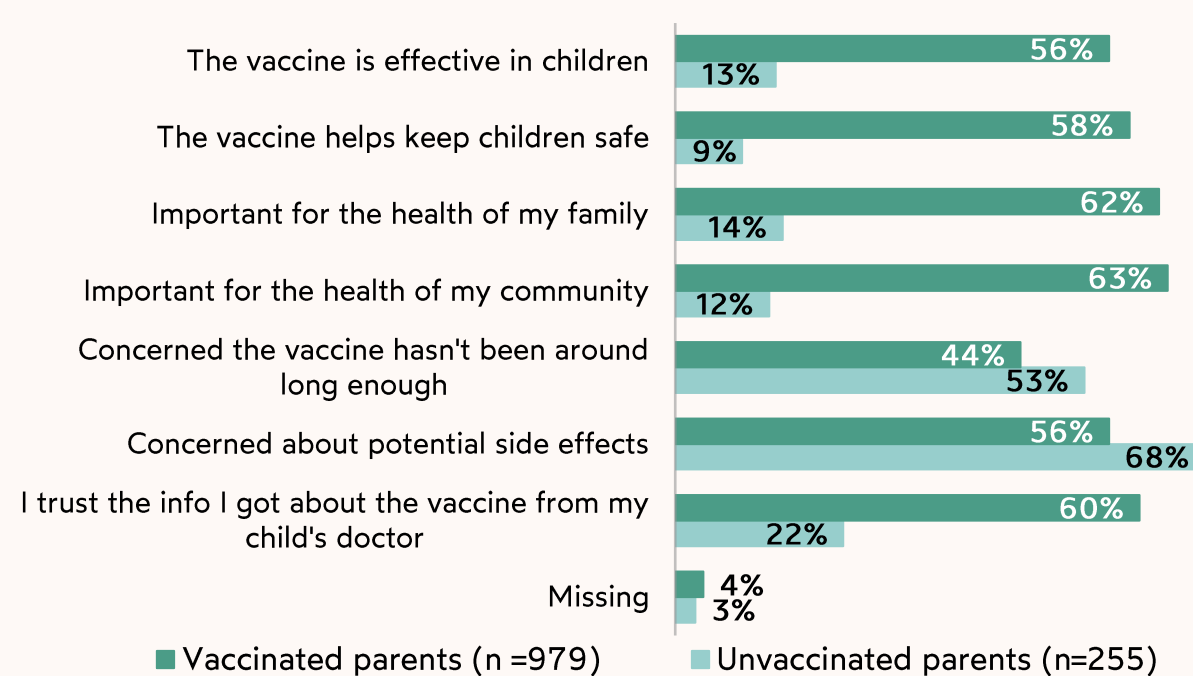
December 2021 – April 2022:  
Cumulative data

- When parents with unvaccinated children were asked what might motivate them to get their children vaccinated, **more time to wait and see was the top response for both vaccinated and non-vaccinated parents (58% and 49%)**.
- While all parents expressed some concerns about the Covid-19 vaccine in children, especially around side effects and how new it is, **over half of vaccinated parents believe that the vaccine is effective for children, helps to keep children safe, and is important for protecting their families and communities**; less than 14% of unvaccinated parents had those same beliefs.

## Potential child vaccination motivators for respondents with unvaccinated children (n=197)



## Child vaccination attitudes and beliefs of all respondents with children (n=1234)

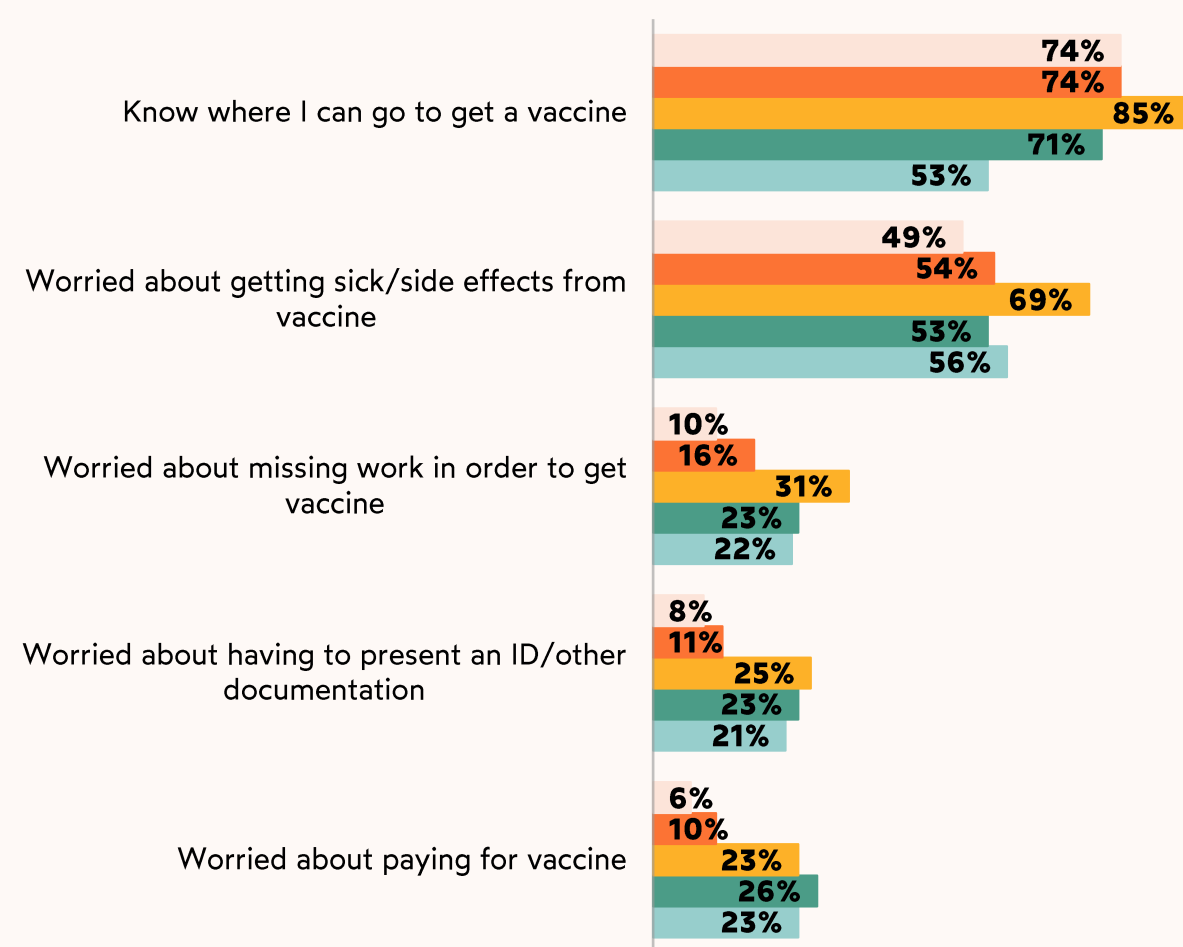


# **Cross-site supplemental slides**

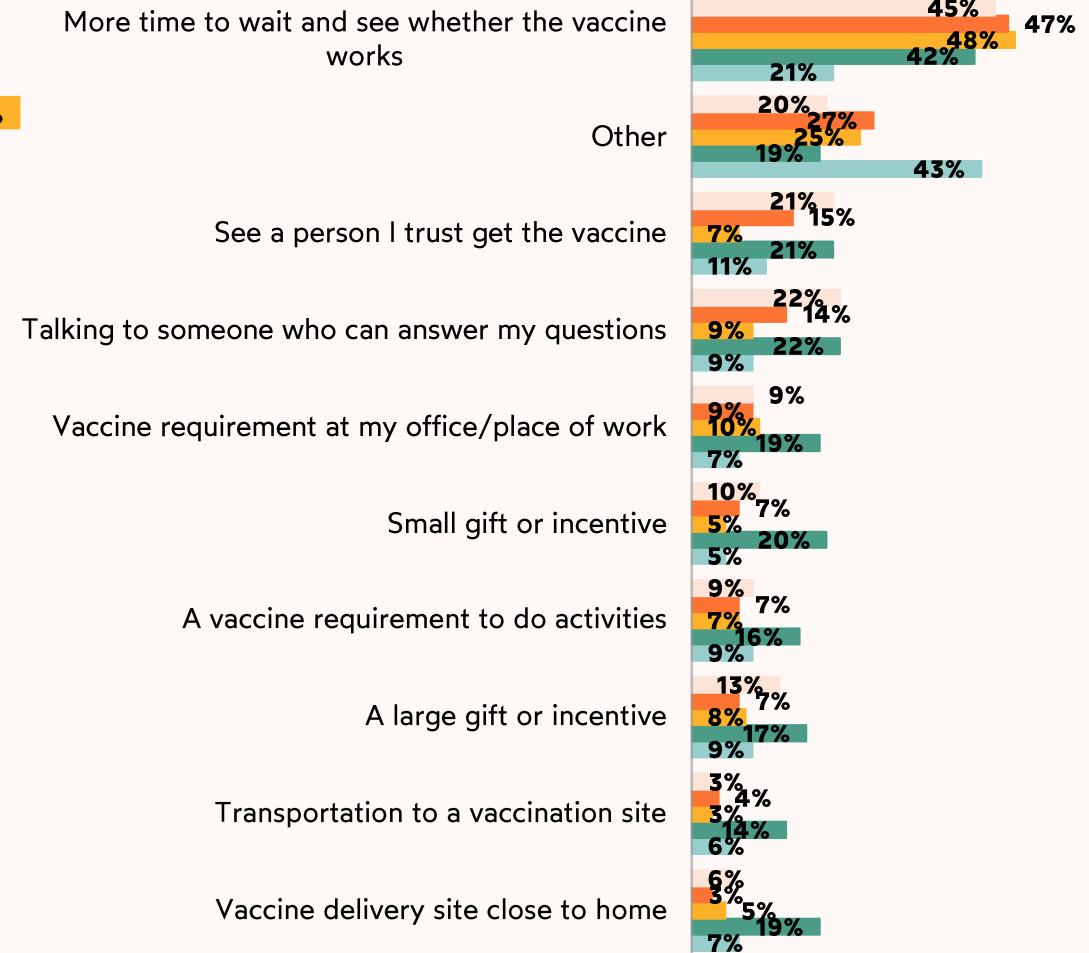
# Cross-site supplemental slides – unvaccinated respondents

July 2021-April 2022:  
Cumulative data

## Barriers/Enablers



## Motivators

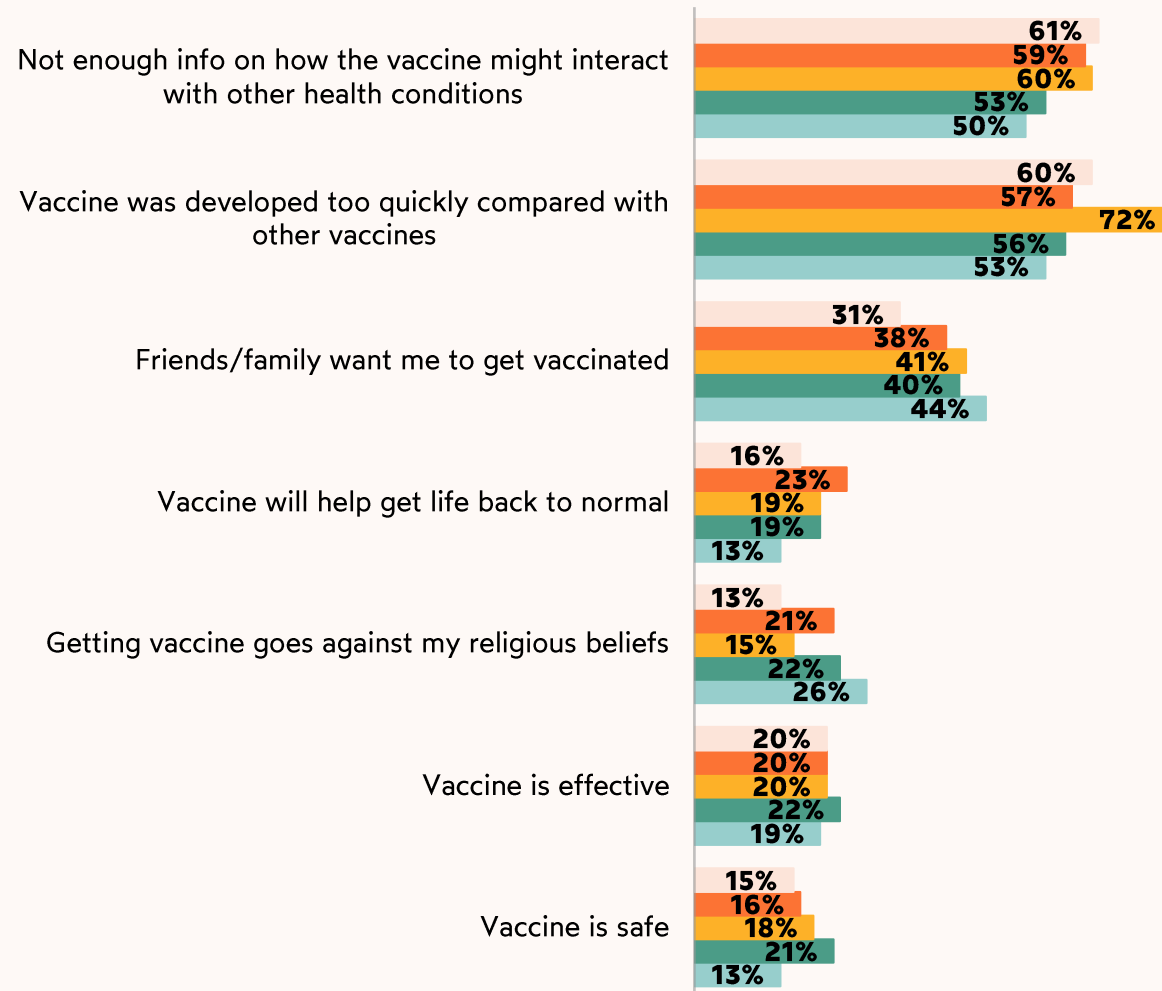


■ Oakland (n=173) ■ Newark (n=439) ■ Houston (n=401) ■ Chicago (n=216) ■ Baltimore (n=106)

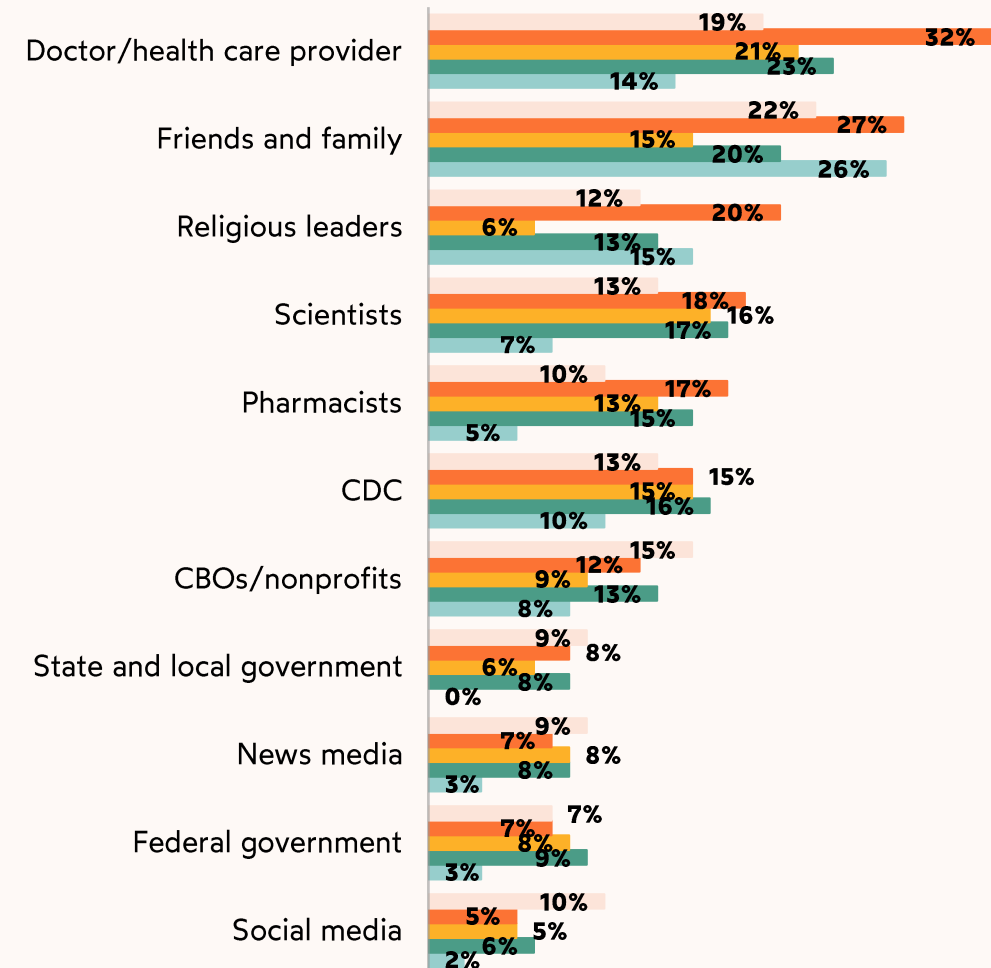
# Cross-site supplemental slides – unvaccinated respondents

July 2021-April 2022:  
Cumulative data

## Beliefs



## Trusted Messengers



Oakland (n=173) Newark (n=439) Houston (n=401) Chicago (n=216) Baltimore (n=106)



# ***Contact Information***

Brianna Sullivan, MPH  
Health Survey Researcher at Mathematica, Inc.  
Email: [bsullivan@mathematica-mpr.com](mailto:bsullivan@mathematica-mpr.com)

# **Survey insights by city: Baltimore**

# Overview

- Methodology
- Respondents' vaccination status and intentions (*cumulative data*)
- Respondents' Covid-19 testing history (*cumulative data*)
- Characteristics among vaccinated respondents (*cumulative data*)
- Trends among vaccinated respondents (*bi-monthly data trends*)
- Characteristics among unvaccinated respondents (*cumulative data*)
- Trends among unvaccinated respondents (*bi-monthly data trends*)
- Summary and next steps

# Methodology

The main partner leading this effort is **Open Society Foundations**.

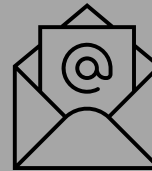
Partnered with

**OSI, Baltimore Corps and the Franciscan Center** collected data in different ways.

**1055** total surveys collected!\*

## OPEN SOCIETY FOUNDATIONS

The Open Society Foundations are active in more than 120 countries around the world. Our national and regional foundations and thematic programs give thousands of grants every year towards building inclusive and vibrant democracies. Our vision is a call for change—change in the way we think about others, and in the ways we work together—changes now more pressing than ever amid the challenges of the COVID-19 pandemic.



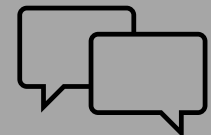
OSI engaged community members using its 8,500-person client list through email, which provides a web link for members to complete the survey.

Data collected:  
July 2021 – Dec 2021



Baltimore Corps recruited community members participation through phone banking coordinated at their neighborhood hubs.

Data collected:  
July 2021 – Dec 2021



The Franciscan Center recruited community members to complete the survey in person on paper through their outreach efforts.

Data collected:  
Mar 2022 – Apr 2022



BALTIMORE

CHICAGO

HOUSTON

NEWARK

OAKLAND

# Vaccination status and intention ( $n = 1,047$ )

July 2021-April 2022: Data trends

The share of respondents who had received at least one dose of the COVID-19 vaccine varied slightly between months



## At least one dose of vaccine



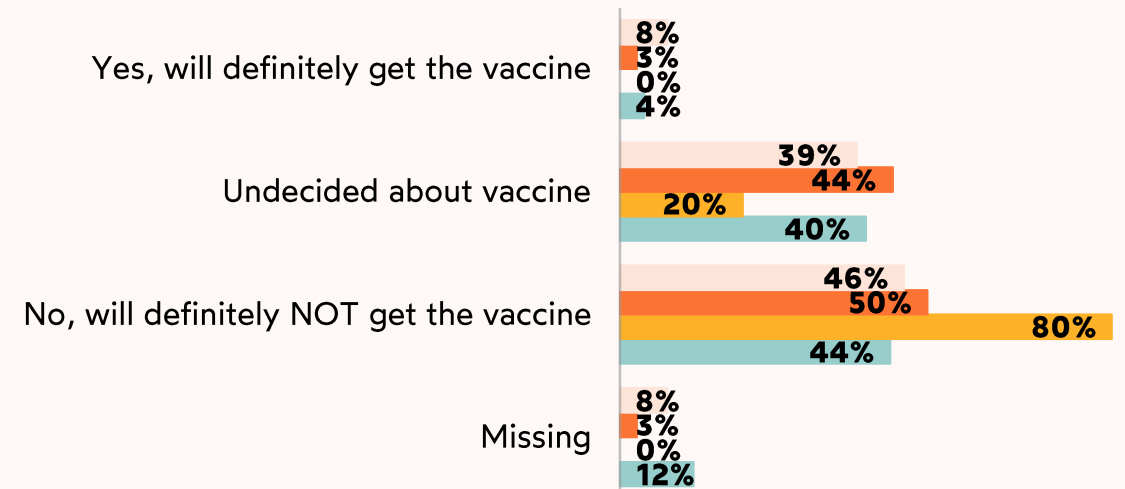
July/Aug (n=207) Sept/Oct (n=319) Nov/Dec (n=179) Mar/Apr (n=341)

—●— % of respondents vaccinated

Across months, there were few unvaccinated respondents who noted they would definitely get the vaccine (<10%). The share of respondents who reported they will definitely NOT get the vaccine did not vary much between July 2021 and April 2022\*



## Intent to get vaccinated



\*There was a difference in Nov/Dec, we only talked to 5 unvaccinated respondents during that time, so we should not give too much weight to that difference.

July/Aug (n=13) Sept/Oct (n=36) Nov/Dec (n=5) Mar/Apr (n=52)

BALTIMORE

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HOUSTON

NEWARK

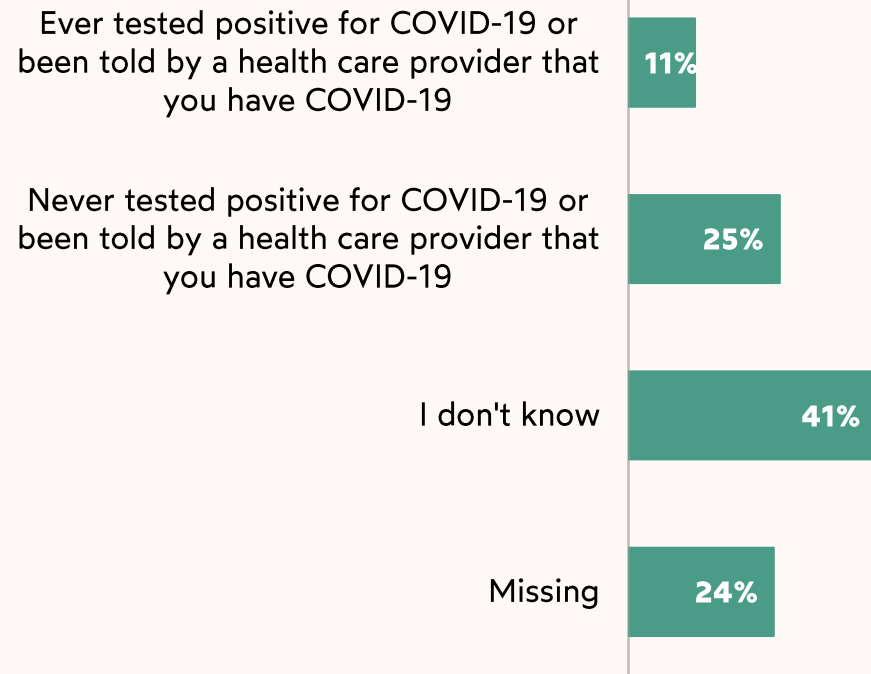
OAKLAND

## Respondents' personal experience with Covid-19 ( $n=1047$ )

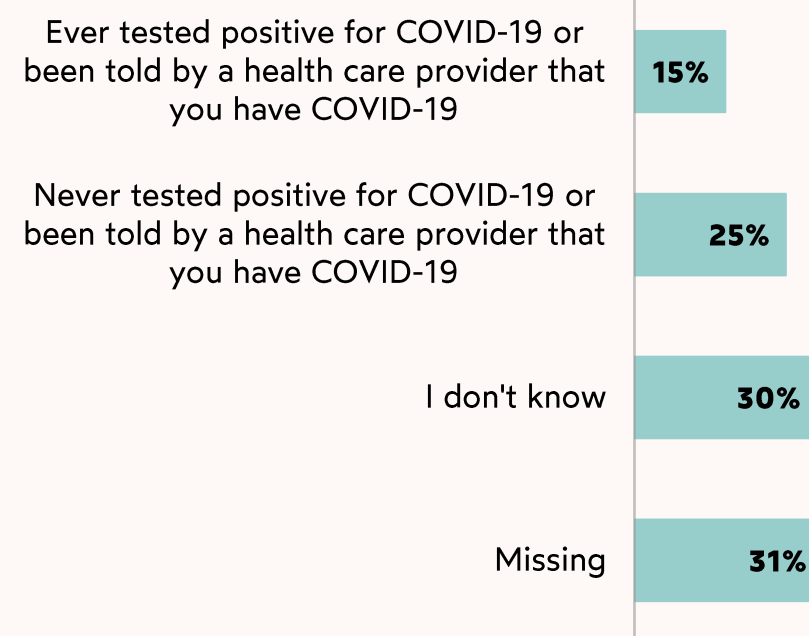
October 2021 to April 2022: Cumulative data

A **similar share** of vaccinated and unvaccinated respondents surveyed between October 2021 and April 2022 **reported ever having testing positive for Covid-19 or being told that they had Covid-19 by a health care provider (11% vs 15%).**

### VACCINATED RESPONDENTS ( $n= 941$ )



### UNVACCINATED RESPONDENTS ( $n= 106$ )

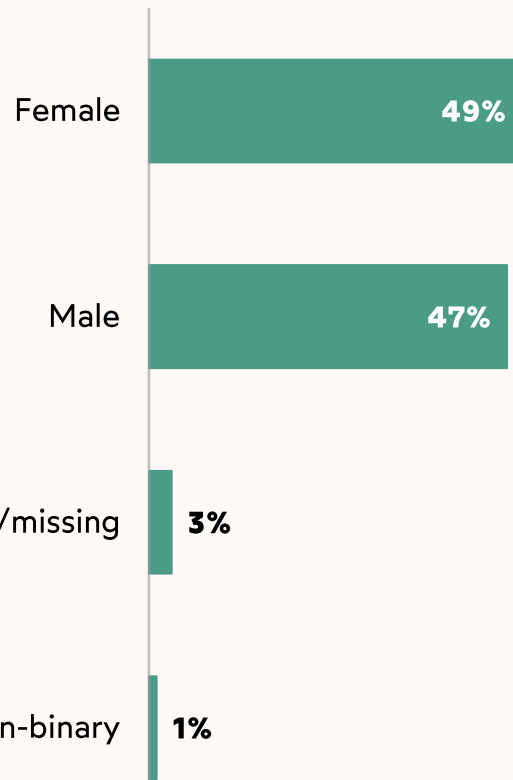


July 2021-April 2022: Cumulative data

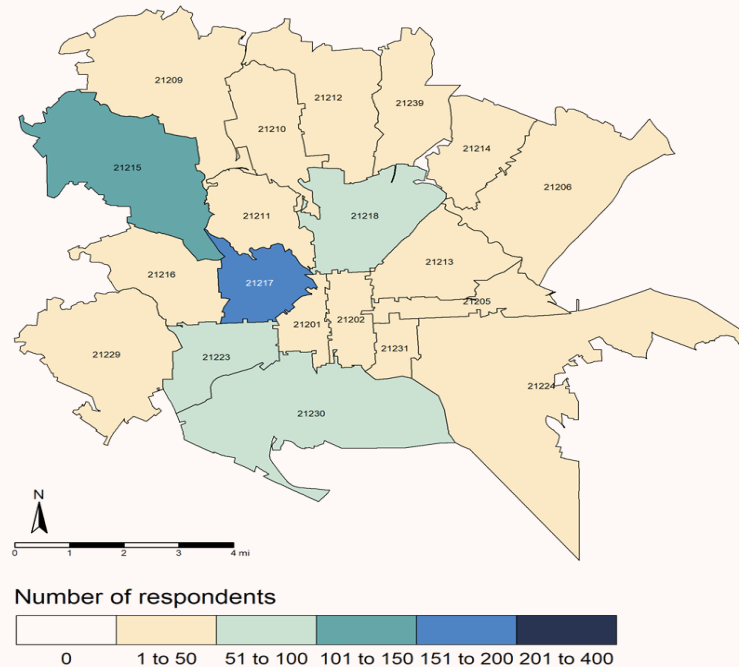
# Who are the vaccinated respondents? ( $n=941$ )

Of the vaccinated respondents surveyed between July 2021 and April 2022 **about half (49%) were female, 71% were African American or Black**, and many were from zip codes **21217 and 21215**.

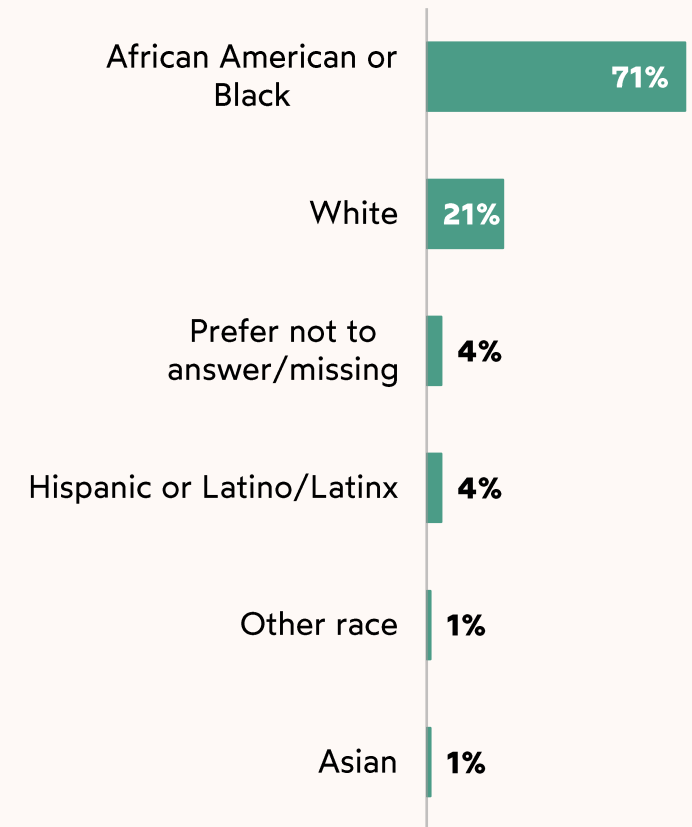
**Gender**  
(select all that apply)



**Where respondents live**  
(by zip code)



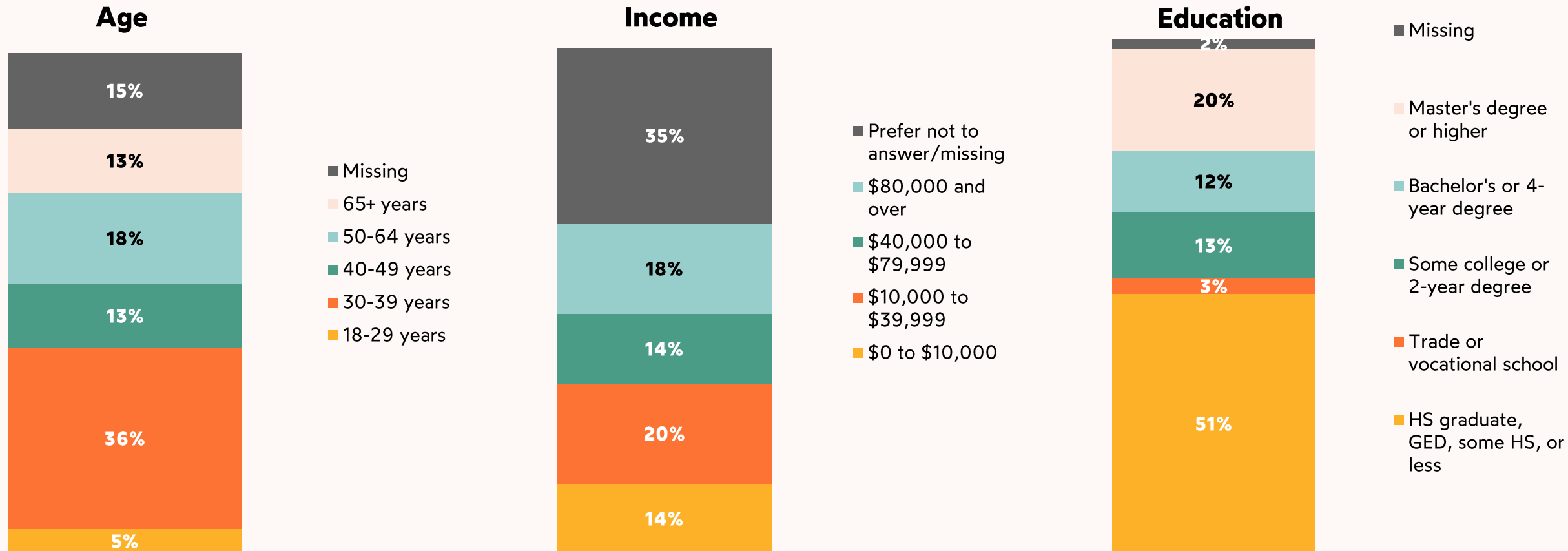
**Race/Ethnicity**  
(select all that apply)



July 2021-April 2022: Cumulative data

# Who are the vaccinated respondents? (n=941)

The largest share of vaccinated respondents surveyed between July 2021 and April 2020 were between ages 30-39 (36%) and had a HS diploma or GED (51%).\*\*



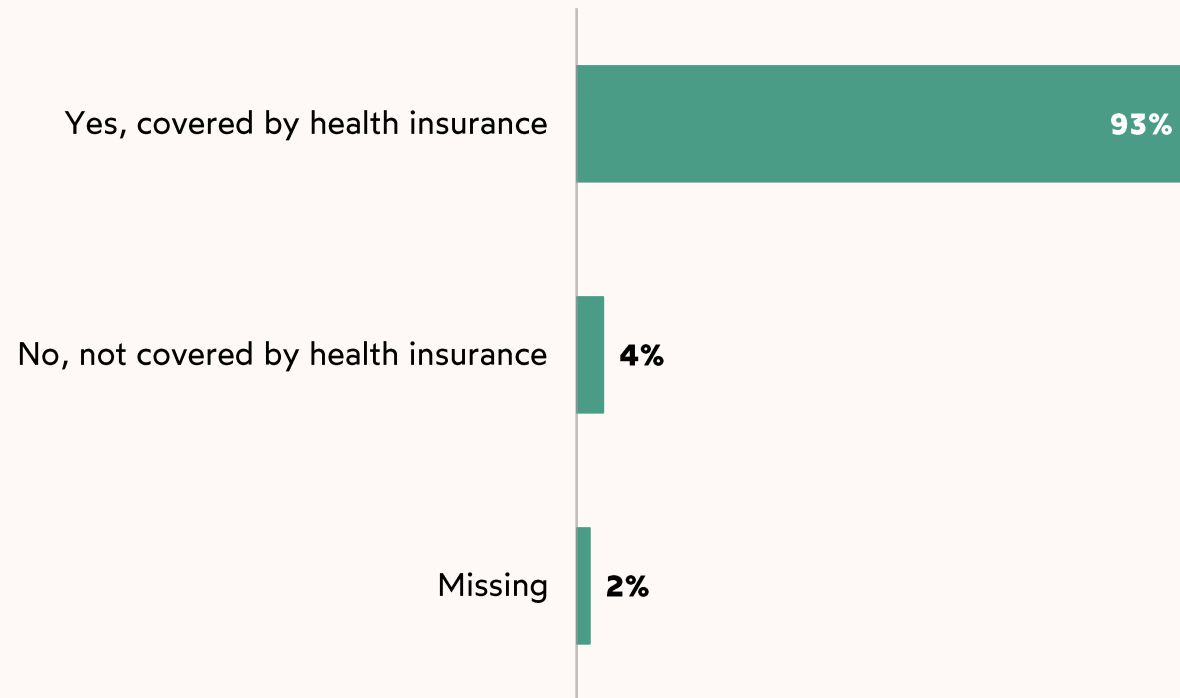
\*Survey questions 9a, 12, and 13. \*\*With such a high % of missing income responses it is difficult to accurately describe the typical income of a vaccinated respondent in this wave.

July 2021-April 2022: Cumulative data

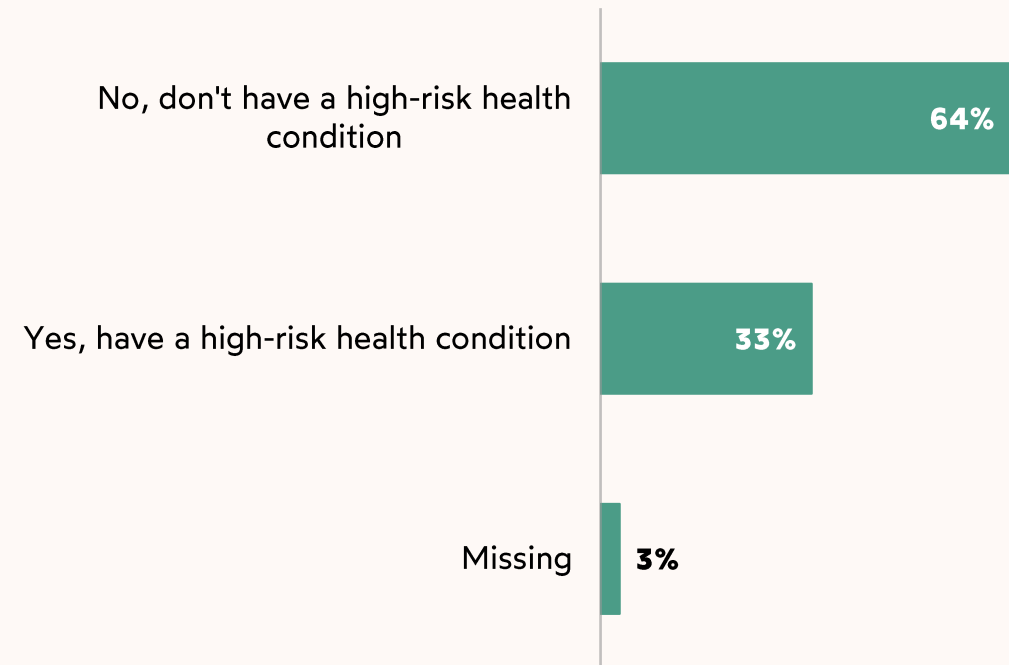
# Who are the vaccinated respondents? ( $n=941$ )

Of the vaccinated respondents surveyed between July 2021 and April 2022, **93% were covered by health insurance and almost two-thirds (64%) did not report having any high-risk health conditions.**

## 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.**

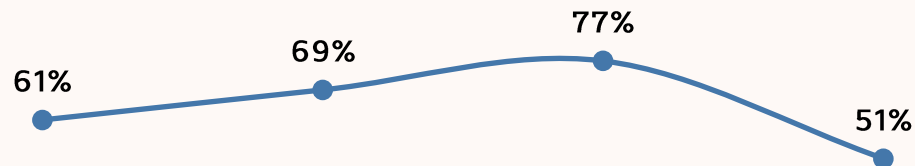
July 2021-April 2022: Data trends

# Access over time (vaccinated)

Reported ease of accessing vaccines varied across respondents surveyed over time. Between 51% and 77% of vaccinated respondents said it took them 20 minutes or fewer to get to their vaccine location, and between 69% and 86% said it was “very easy” or “somewhat easy” to make an appointment.

## Access

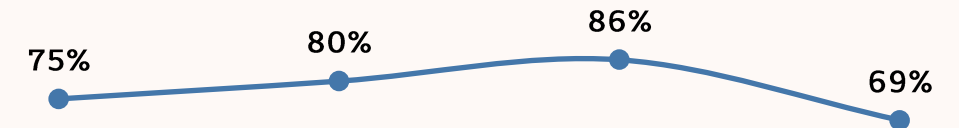
Twenty minutes or fewer to get to vaccine location



July/Aug (n=194) Sept/Oct (n=283) Nov/Dec (n=174) Mar/Apr (n=288)

—●— % responding 20 minutes or less

Very easy or somewhat easy to make vaccine appointment



July/Aug (n=194) Sept/Oct (n=283) Nov/Dec (n=174) Mar/Apr (n=288)

—●— % responding 'Very easy' or 'Somewhat easy' to get vaccine

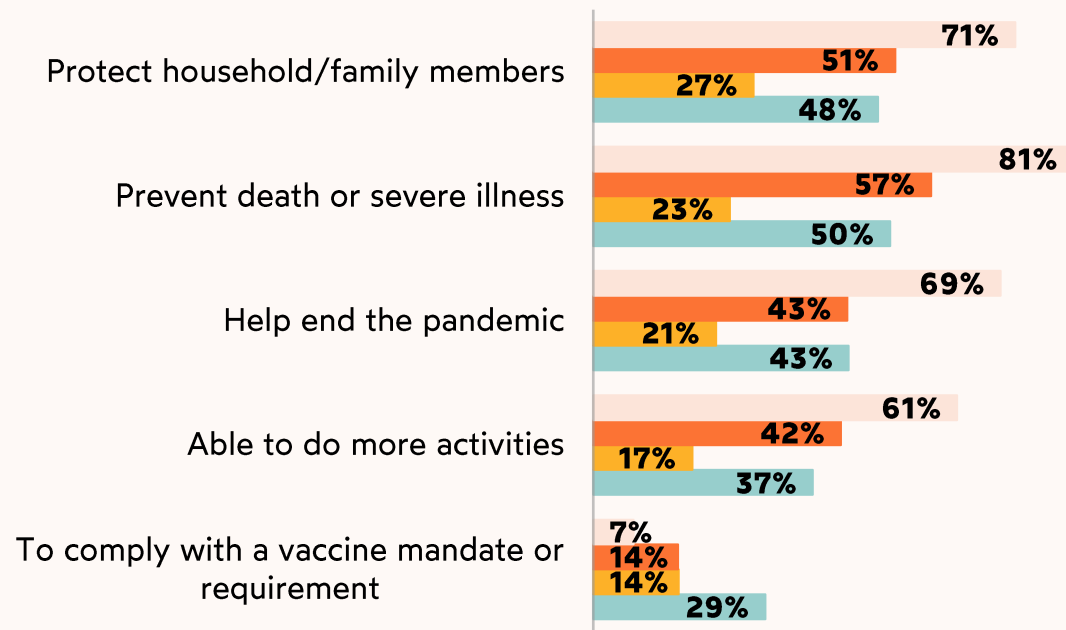
**Note: the smaller share of respondents reporting easy access in Mar/Apr 2022 could potentially be related to the change in sampling approach when the Franciscan center took over data collection.**

July 2021-April  
2022: Data trends

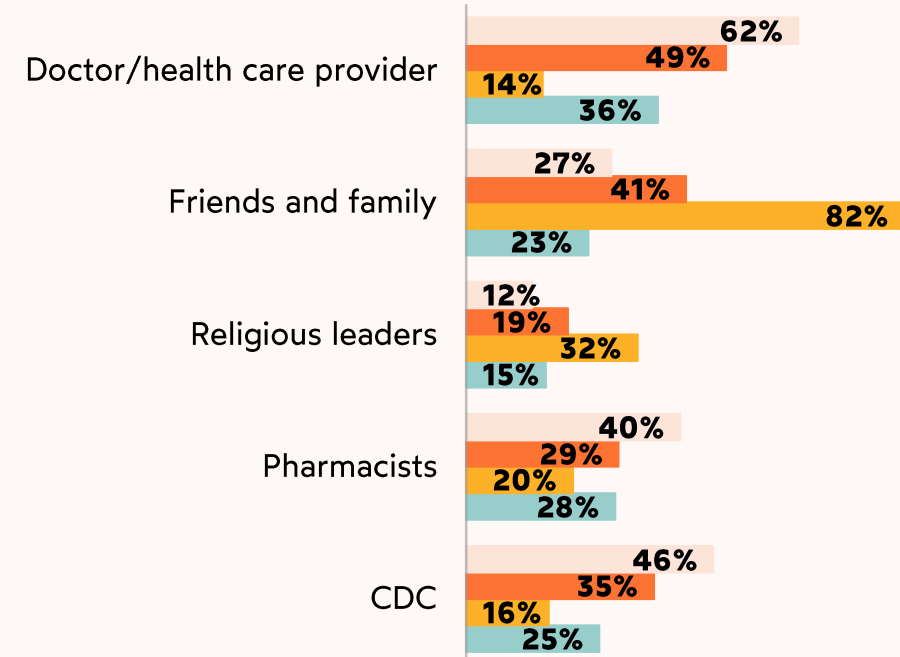
# Motivators and trusted messengers over time (vaccinated)

- Fairly consistent across all months, vaccinated respondents noted that **the vaccine preventing death/severe illness and protecting household/family members were motivators to get the vaccine.**
- While **doctor's/health care providers** remained one of the top trusted messengers, respondents reported lower trust for them in November/December 2021 and March/April 2022.

## Motivators



## Trusted Messengers



July/Aug (n=194) Sept/Oct (n=283) Nov/Dec (n=174) Mar/Apr (n=289)

BALTIMORE

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HOUSTON

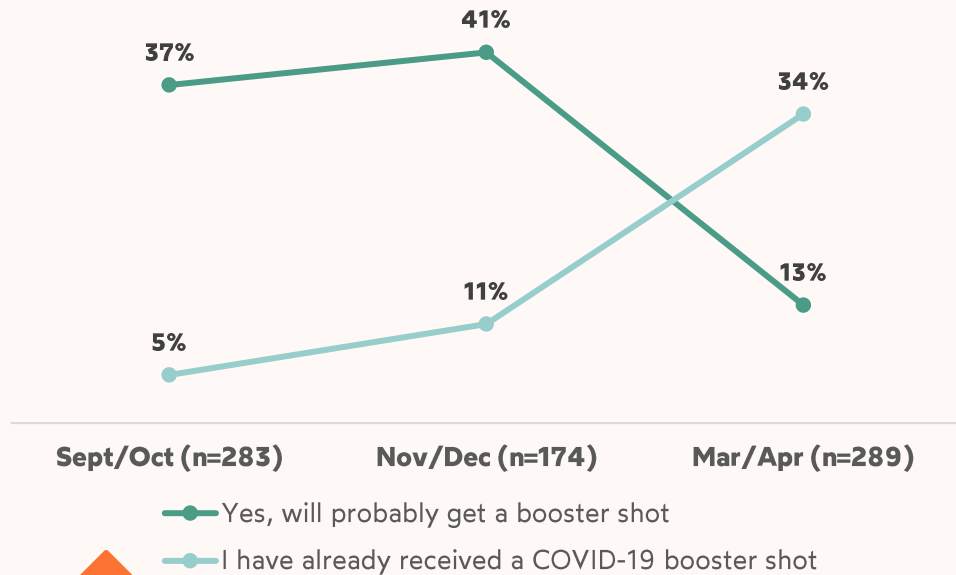
NEWARK

OAKLAND

# Booster shot trends (vaccinated)

September 2021-April 2022: Data trends

## Booster shot status and intention



Each month, a larger share of respondents noted they had already received their booster shot, reaching 34% by March/April 2022.

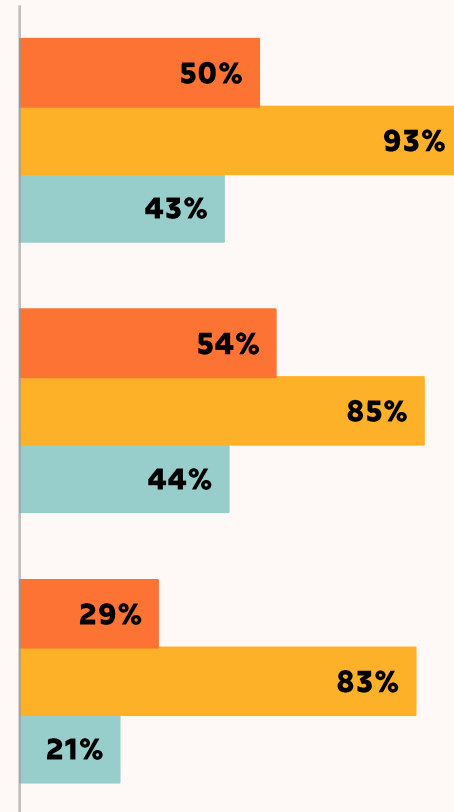
Confidence about booster shots protecting household members and preventing death or severe illness was higher in Nov/Dec than in Sept/Oct or Mar/Apr.

## Booster shot attitudes

Getting a booster shot will help prevent death or severe illness

Will help protect my household/family members

Worried about getting sick/experiencing side effects



■ Sept/Oct (n=283) ■ Nov/Dec (n=174) ■ Mar/Apr (n=289)

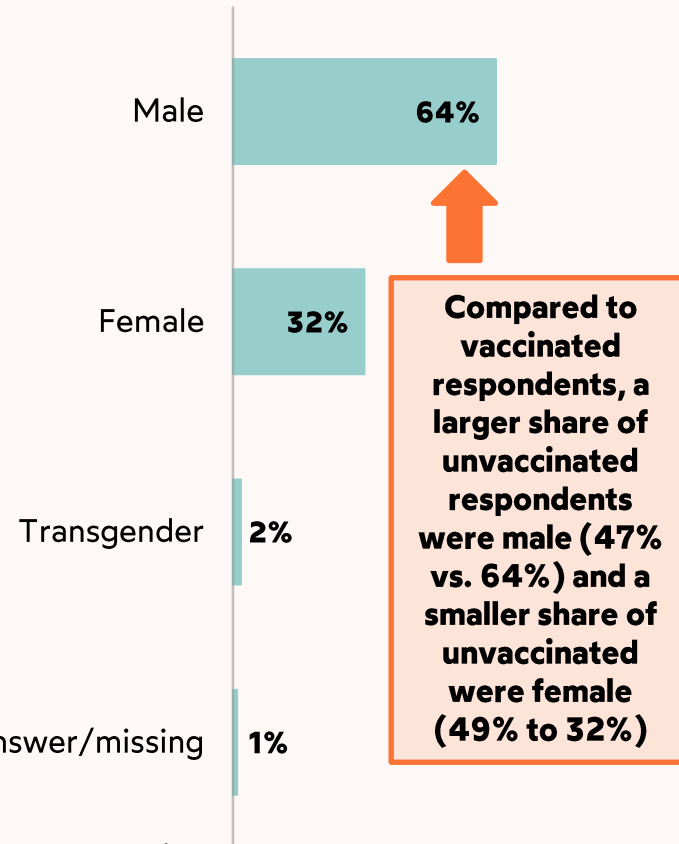


July 2021-April 2022: Cumulative data

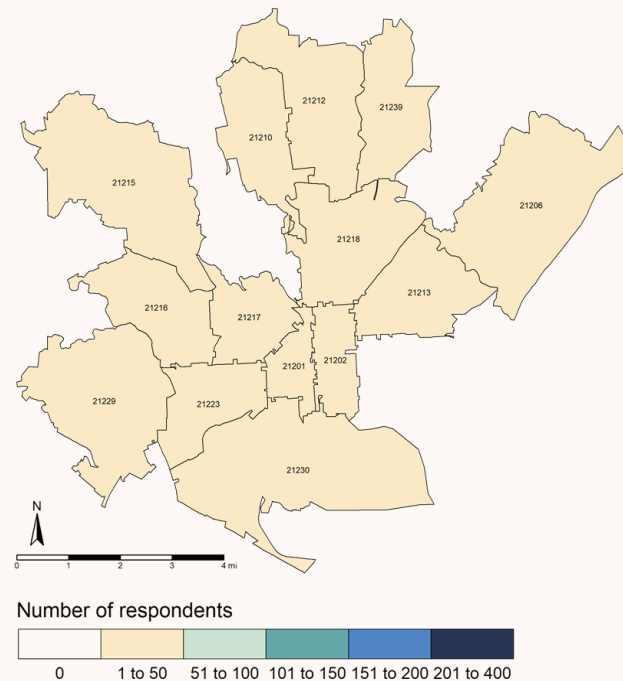
# Who are the unvaccinated respondents? ( $n=106$ )

Among the unvaccinated respondents surveyed between July 2021 and April 2022, **64% were male and 80% were African American or Black**. Respondents were evenly distributed across different ZIP codes in the city.

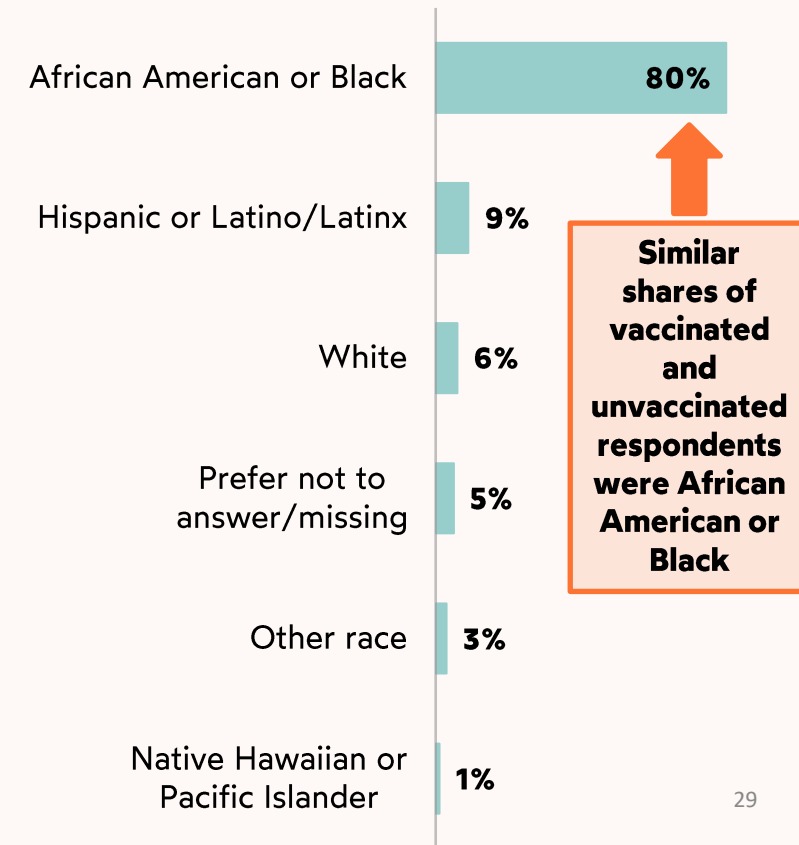
**Gender**  
(select all that apply)



**Where respondents live**  
(by zip code)



**Race/Ethnicity**  
(select all that apply)



BALTIMORE

CHICAGO

HOUSTON

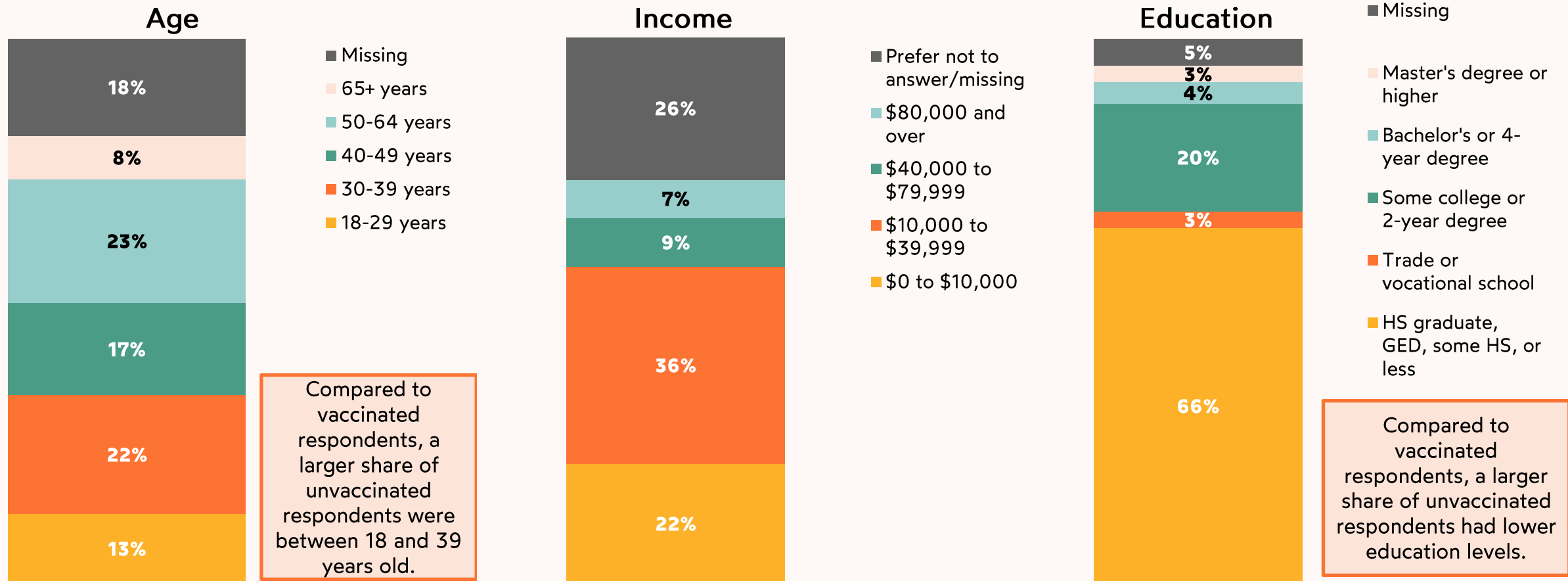
NEWARK

OAKLAND

# Who are the unvaccinated respondents? (n=106)

July 2021-April 2022: Cumulative data

Unvaccinated respondents surveyed between July 2021 and April 2022 were **fairly evenly distributed between ages 30-64**, with the largest share (23%) between ages 50-64. **Two-thirds of unvaccinated respondents had a HS diploma or GED.\*\***

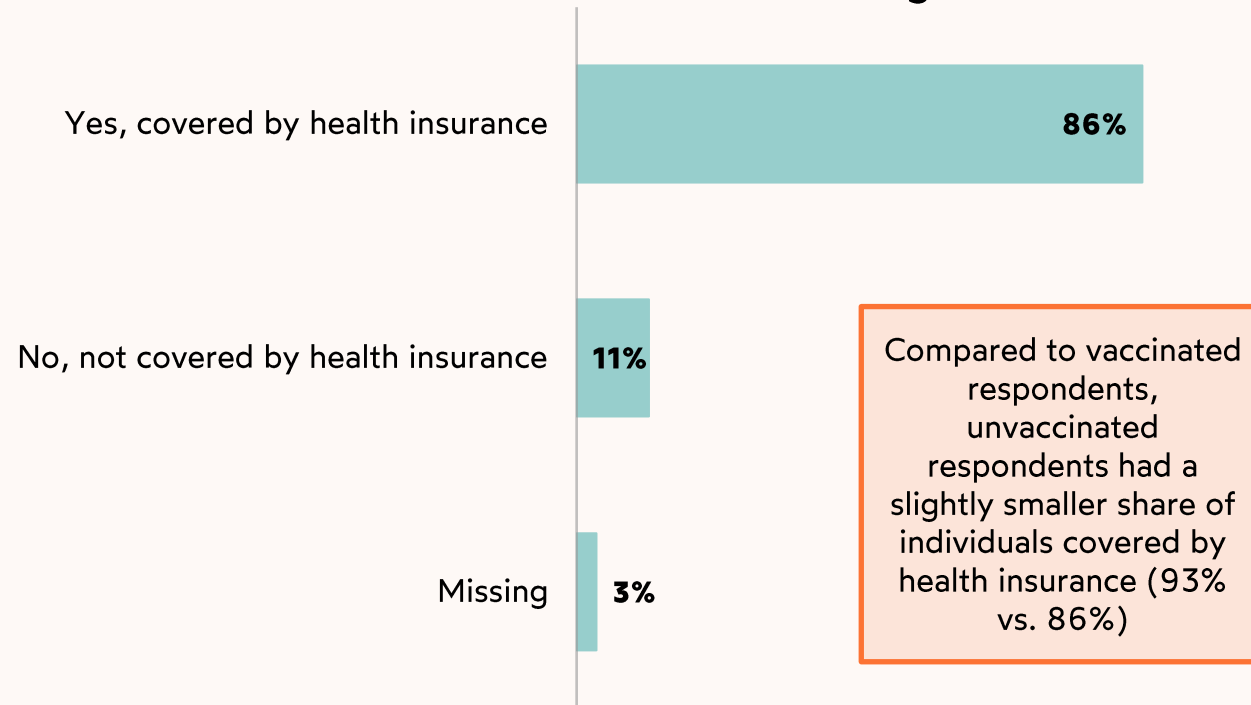


# Who are the unvaccinated respondents? ( $n=106$ )

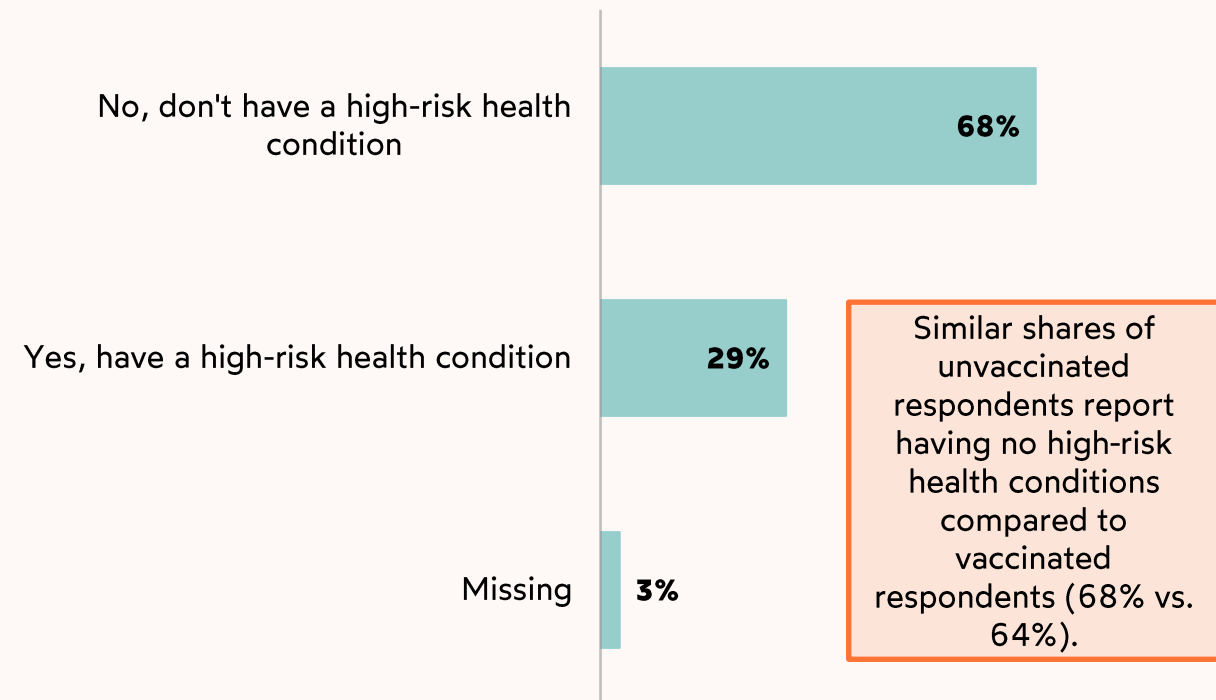
July 2021-April 2022: Cumulative data

Among the unvaccinated respondents surveyed between July 2021 and April 2022, **over four-fifths were covered by health insurance (86%)** and **68% did not report having any high-risk health conditions**.

## 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.

BALTIMORE

CHICAGO

HOUSTON

NEWARK

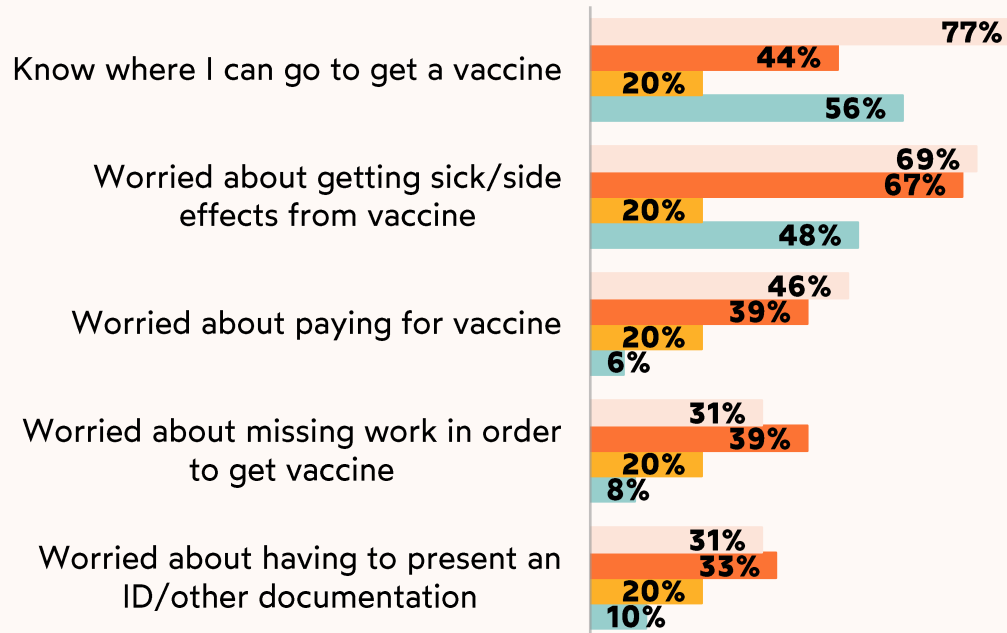
OAKLAND

July 2021-April 2022:  
Data trends

# Barriers/enablers and beliefs over time (unvaccinated)

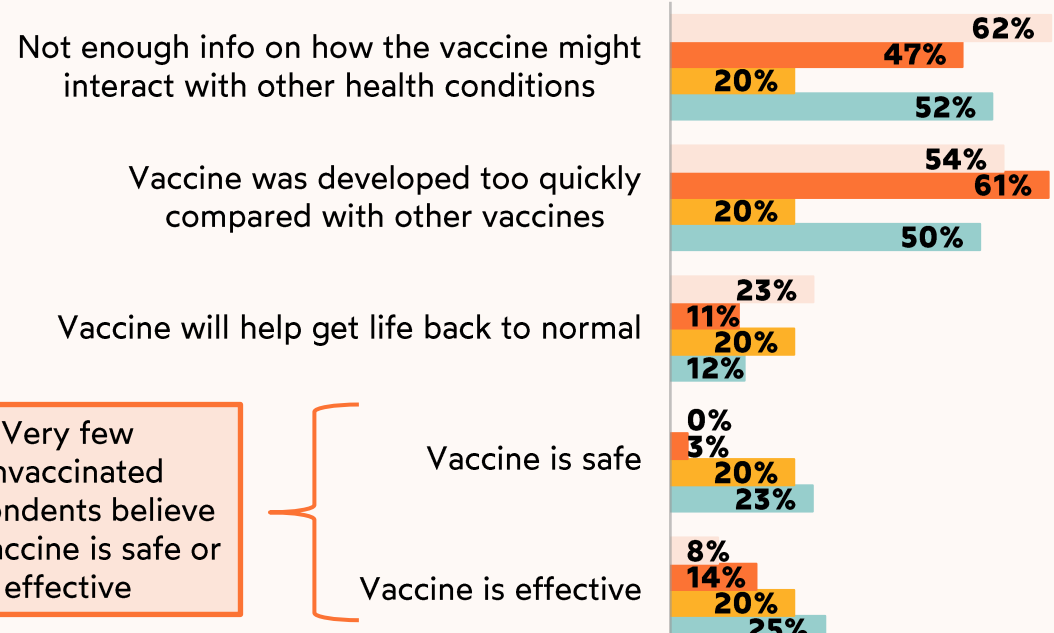
- Many unvaccinated respondents in July through October 2021 (44-77%) and March/April 2022 (56%) **knew where they could go to get a vaccine.**
- However, many unvaccinated respondents in July through October 2021 (67-69%) and March/April 2022 (48%) are **concerned about getting sick/side effects from the vaccine.**
- Many respondents in July through October 2021 (47-62%) and March/April 2022 (52%) reported believing there was **not enough info on how the vaccine interacts with other health conditions.** There were similar shares for beliefs about **the vaccine being developed too quickly** (54-61% for July through October 2021; 50% in Mar/Apr 2022).

## Barriers/Enablers\*\*



Very few unvaccinated respondents believe the vaccine is safe or effective

## Beliefs\*\*



July/Aug (n=13) Sept/Oct (n=36) Nov/Dec (n=5) Mar/Apr (n=52)

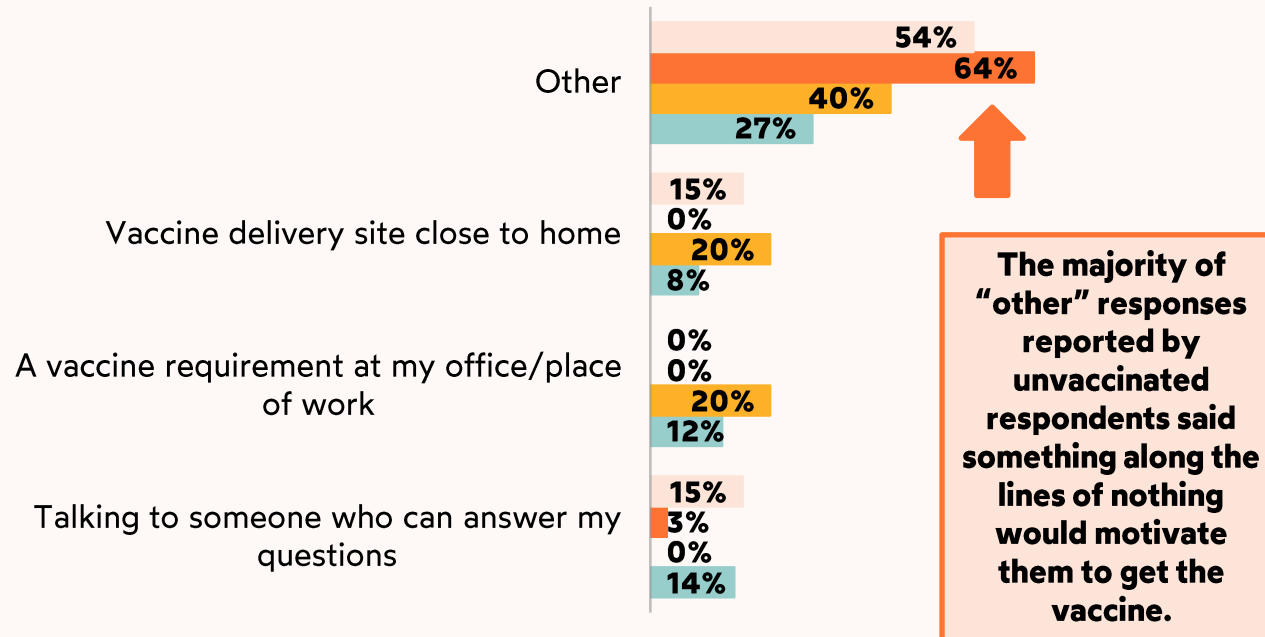
\*Survey questions 6b and 7; \*\*Given the small sample sizes, it is important not to overinterpret these differences.

July 2021-April 2022: Data trends

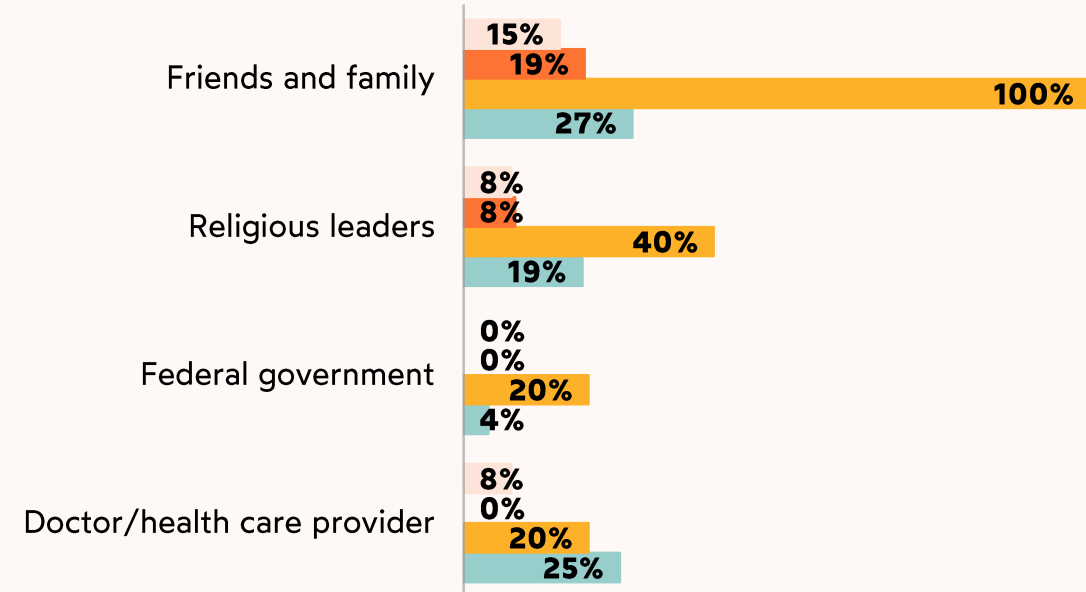
## Motivators and trusted messengers over time (unvaccinated)

- Across months, many unvaccinated respondents mentioned that “nothing” will motivate them to get the vaccine
  - Overall, trust in listed messengers was low among unvaccinated respondents In July thru October 2021 and March/April 2022.
- Note: There was a difference in trusted messengers reported in Nov/Dec 2021, but we only talked to 5 unvaccinated respondents during that time, so we should not give too much weight to that difference.*

### Motivators\*\*



### Trusted Messengers\*\*



July/Aug (n=13) Sept/Oct (n=36) Nov/Dec (n=5) Mar/Apr (n=52)

From July 2021-April 2022

# Summary of key findings

## KEY CHARACTERISTICS ABOUT SAMPLE

### VACCINATED VS UNVACCINATED\*

- Compared to vaccinated respondents, a larger share of unvaccinated respondents were between 18 and 39 years old.
- Compared to vaccinated respondents, a larger share of unvaccinated respondents were male, and a smaller share were female. Similar shares of vaccinated and unvaccinated respondents were African American or Black
- Compared to vaccinated respondents, a larger share of unvaccinated respondents had lower education levels.

## KEY TAKEAWAYS

### VACCINATED RESPONDENTS

- In July thru October 2021 and March/April 2022, vaccinated respondents said that the vaccine preventing death/severe illness and protecting household/family members was a motivator to get the vaccine.
- Many respondents reported it was easy to make a vaccine appointment and it didn't take long to get to their vaccine location.
- Each month, a larger share of respondents reported having received their booster shot; respondents reported thinking that booster shots prevents death/severe illness and protects household/family members were motivators to get the booster.

## KEY TAKEAWAYS

### UNVACCINATED RESPONDENTS

- Across all months, many unvaccinated respondents reported:
  - Being worried about getting sick/side effects as a top barrier to getting vaccinated.
  - That there was not enough information on how the vaccine interacted with other health conditions.
  - That they do not believe the vaccine is safe or effective.
- Overall, trust in various messengers remained low across all months, and several respondents noted that "nothing" will motivate them to get the vaccine.

## Next steps: how can you continue to think about and use the data?

- 1) Use data to continue to inform changes to vaccine distribution and marketing campaigns in Oakland
- 2) Use data to guide conversations in your communities (conducting listening sessions or focus groups on main points or findings, such as many unvaccinated respondents believing the vaccine was developed too quickly, or believing the vaccine was not safe or effective)
- 3) Leverage your data to apply for other sources of funding (your data demonstrates a specific need in your community)
- 4) Use the experience and capacity you gained from collecting this data to collect data again in the future to assess other needs in your community!

# Baltimore: Supplemental data

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



BALTIMORE

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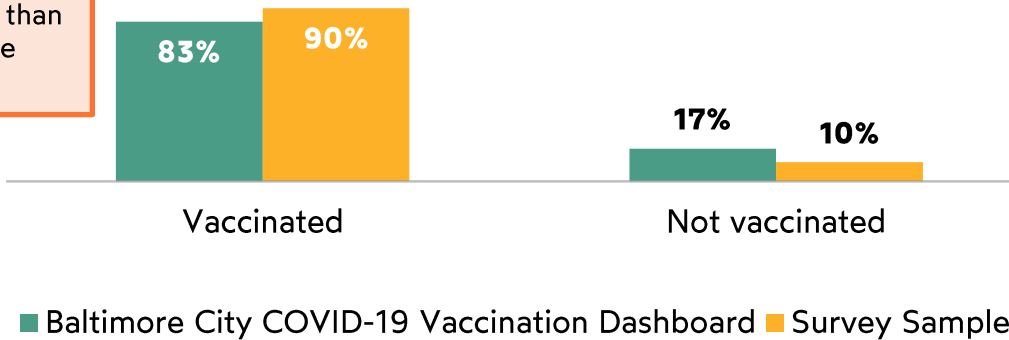
OAKLAND

From July 2021 to April 2022

# Survey respondent demographics vs. Baltimore city BIPOC demographics

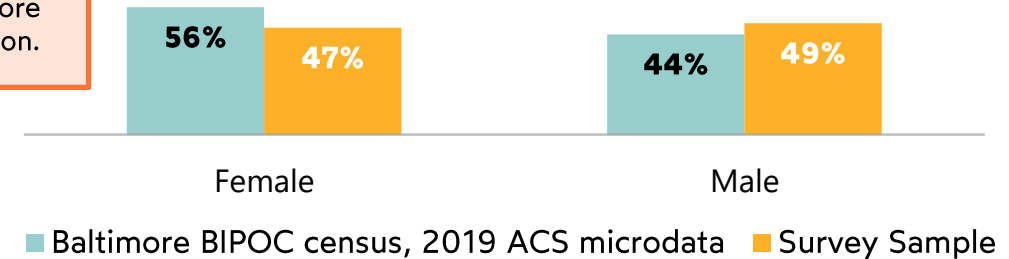
## Vaccination status (at least one dose): Baltimore vs. Survey Sample (n = 1047)

Survey respondents have a slightly higher vaccination rate than the Baltimore population.

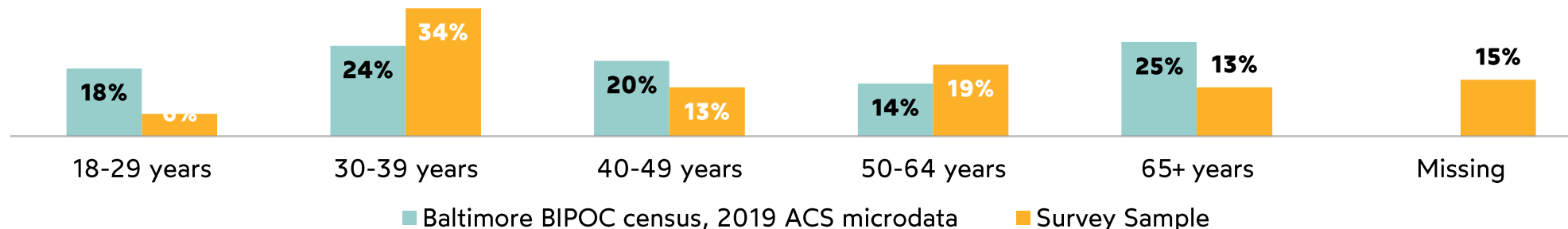


The survey sample has a slightly larger share of male respondents and a smaller share of female respondents than the Baltimore BIPOC population.

## Gender: Baltimore vs. Survey Sample (n = 1047)



## Age: Baltimore vs. Survey Sample (n = 1047)



Compared to Baltimore BIPOC population, the survey population had smaller shares of respondents ages 18-29, 40-49 and over 65, but larger shares of respondents ages 30-39 and 50-64

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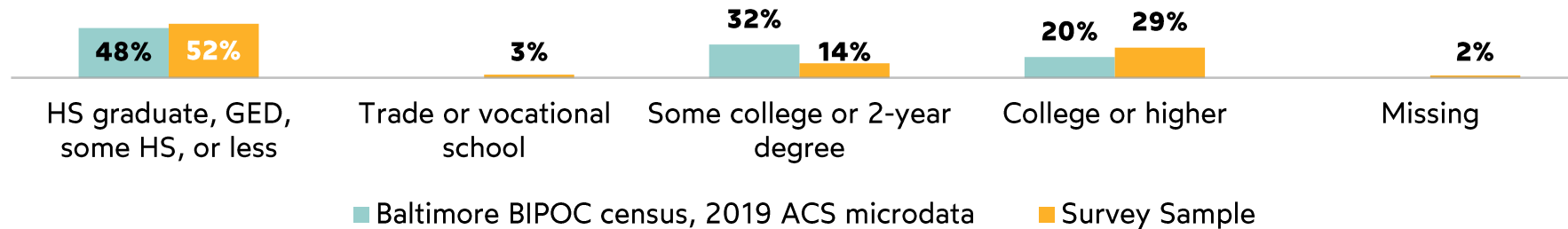
NEWARK

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From July 2021-April 2022

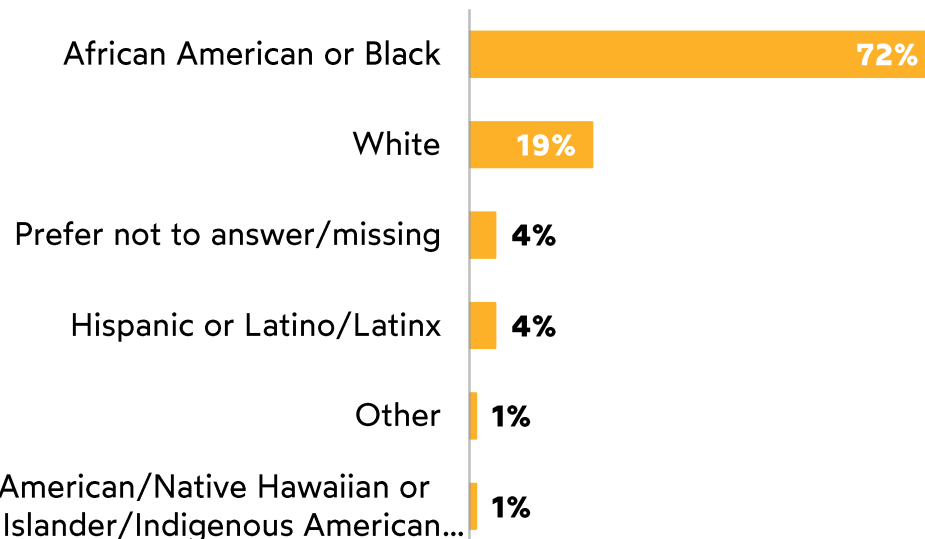
# Survey respondent demographics vs. Baltimore city BIPOC demographics

## Education: Newark vs. Survey Sample (n = 1047)



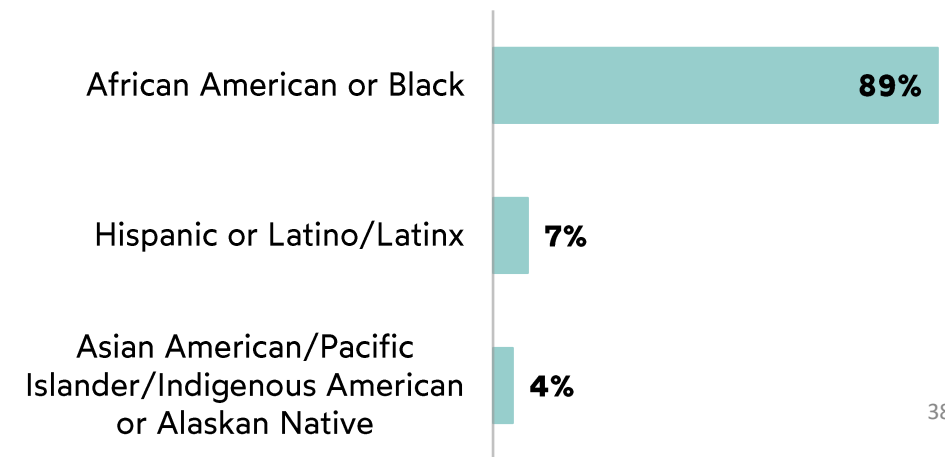
Compared to Baltimore's BIPOC population, the survey sample has a slightly larger share of respondents with a high school education or less or college degree or higher, and a smaller share of respondents with some college or a 2-year degree.

## Race/ethnicity (n = 1047)



Compared to Baltimore's BIPOC population, the survey had a smaller share of African American or Black respondents (72% vs 89%).

## Baltimore BIPOC census, 2019 ACS microdata BIPOC race/ethnicity



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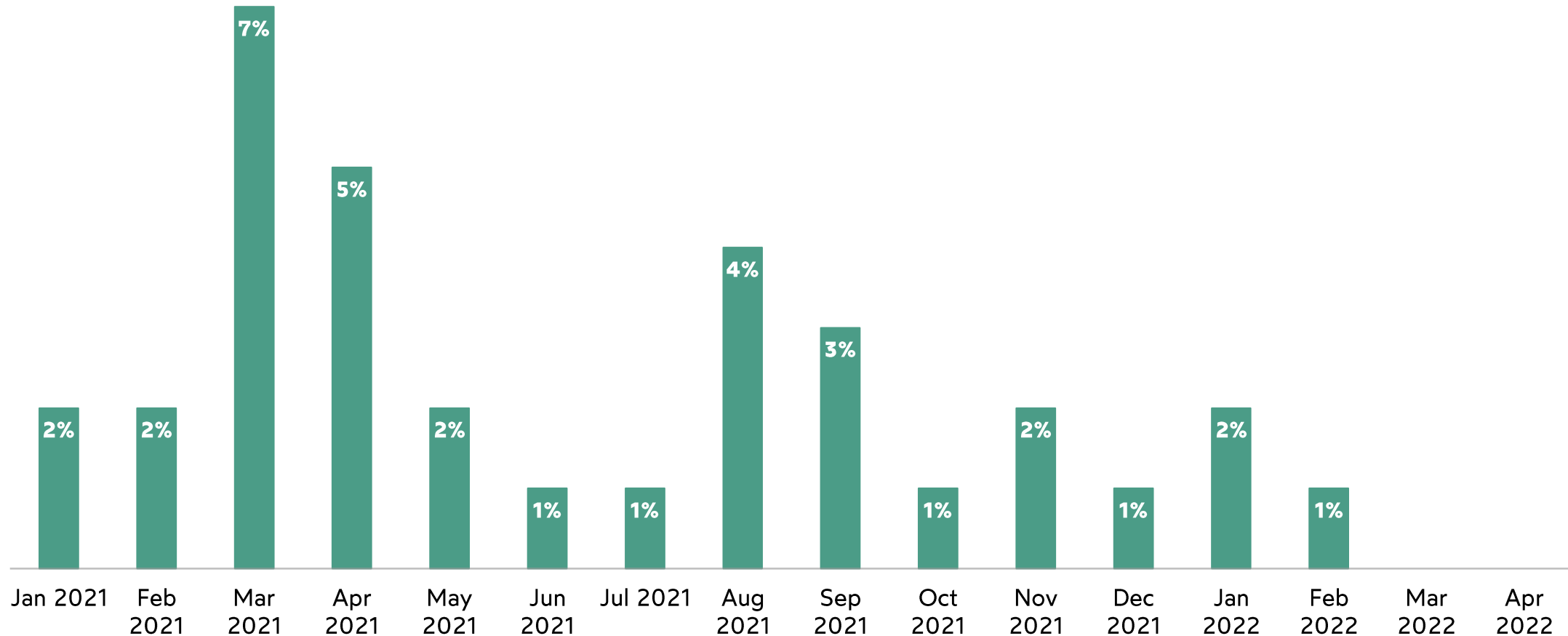
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From July 2021-April 2022

# Date respondents got their first vaccination (n=941)

The vaccinated respondents received their first dose of the vaccine largely during the period from **March and April 2021**



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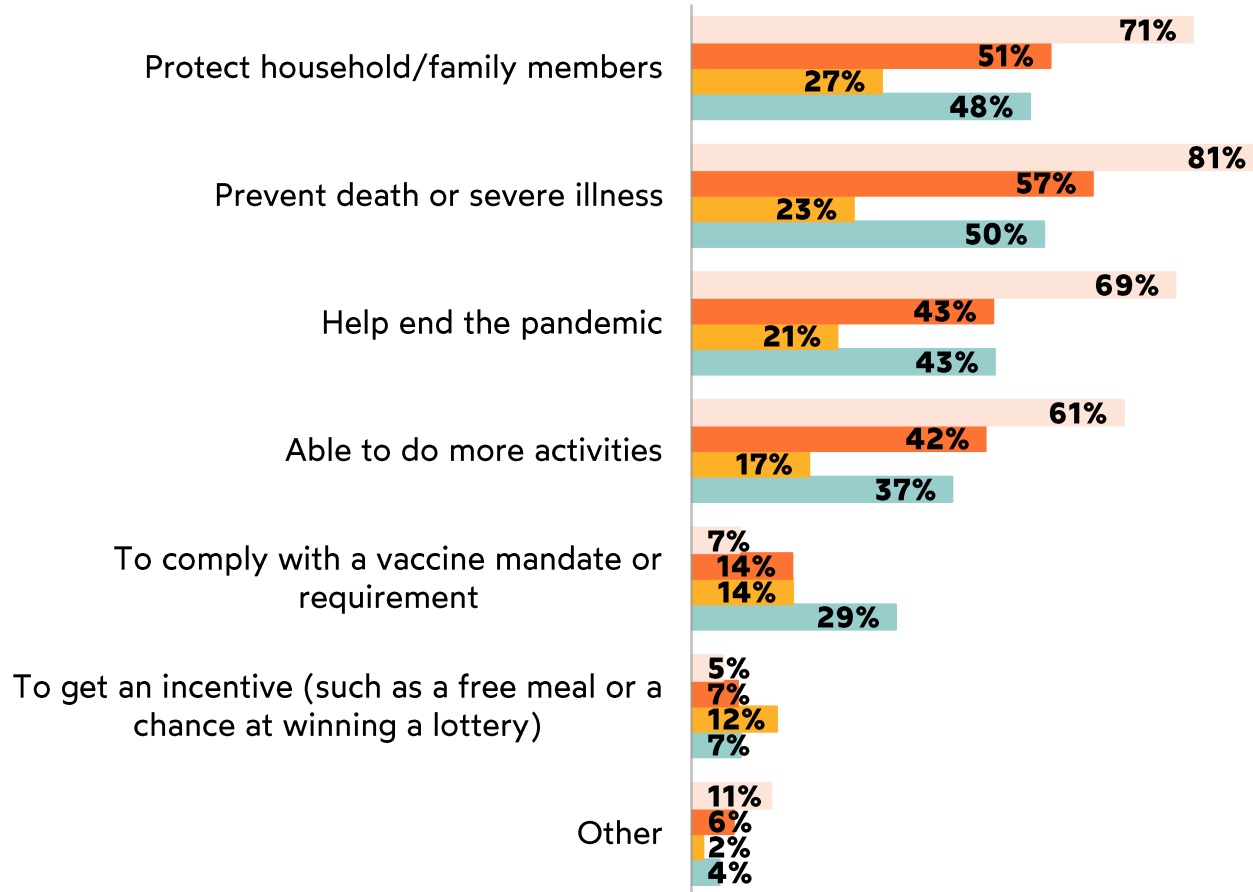
NEWARK

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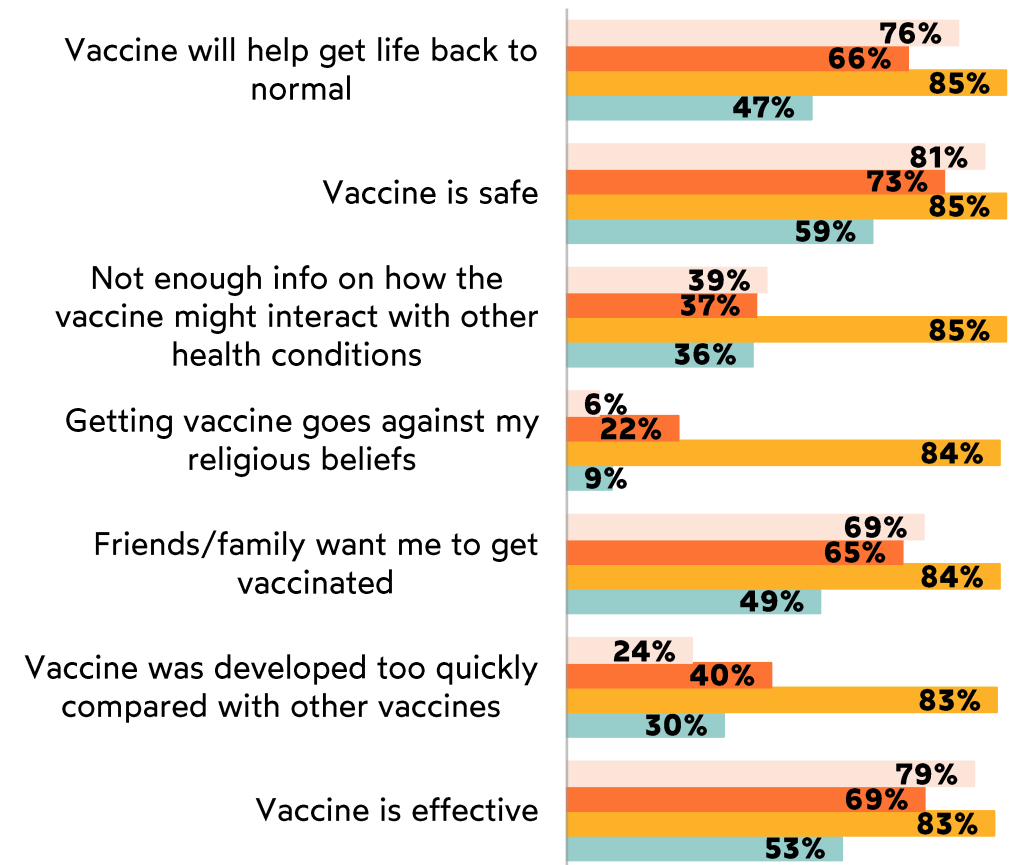
# Among vaccinated respondents ( $n = 941$ )

From July 2021-April 2022

## Motivators



## Beliefs



July/Aug (n=194) Sept/Oct (n=283) Nov/Dec (n=174) Mar/Apr (n=289)

\*\*Response option was not asked in Jul/Aug

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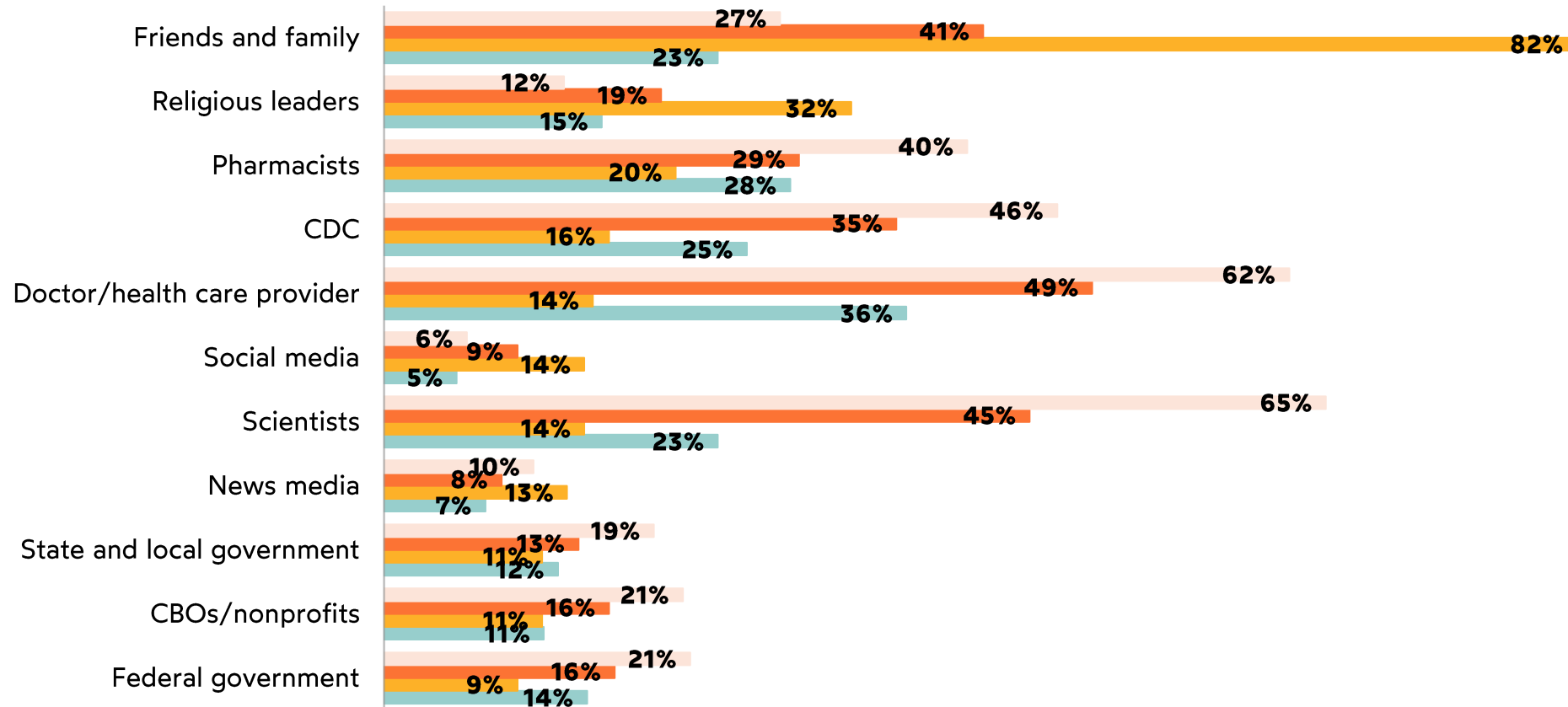
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From July 2021-April 2022

# Among vaccinated respondents ( $n = 941$ )

## Trusted Messengers



July/Aug (n=194) Sept/Oct (n=283) Nov/Dec (n=174) Mar/Apr (n=289)

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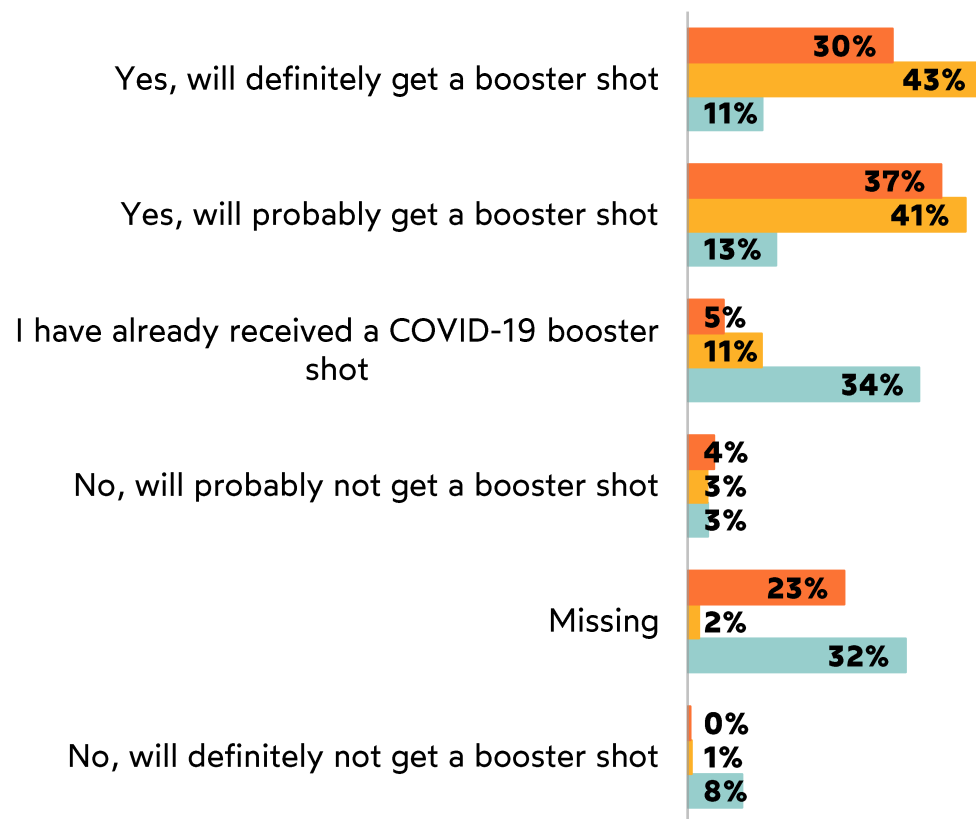
NEWARK

OAKLAND

From September 2021-April 2022

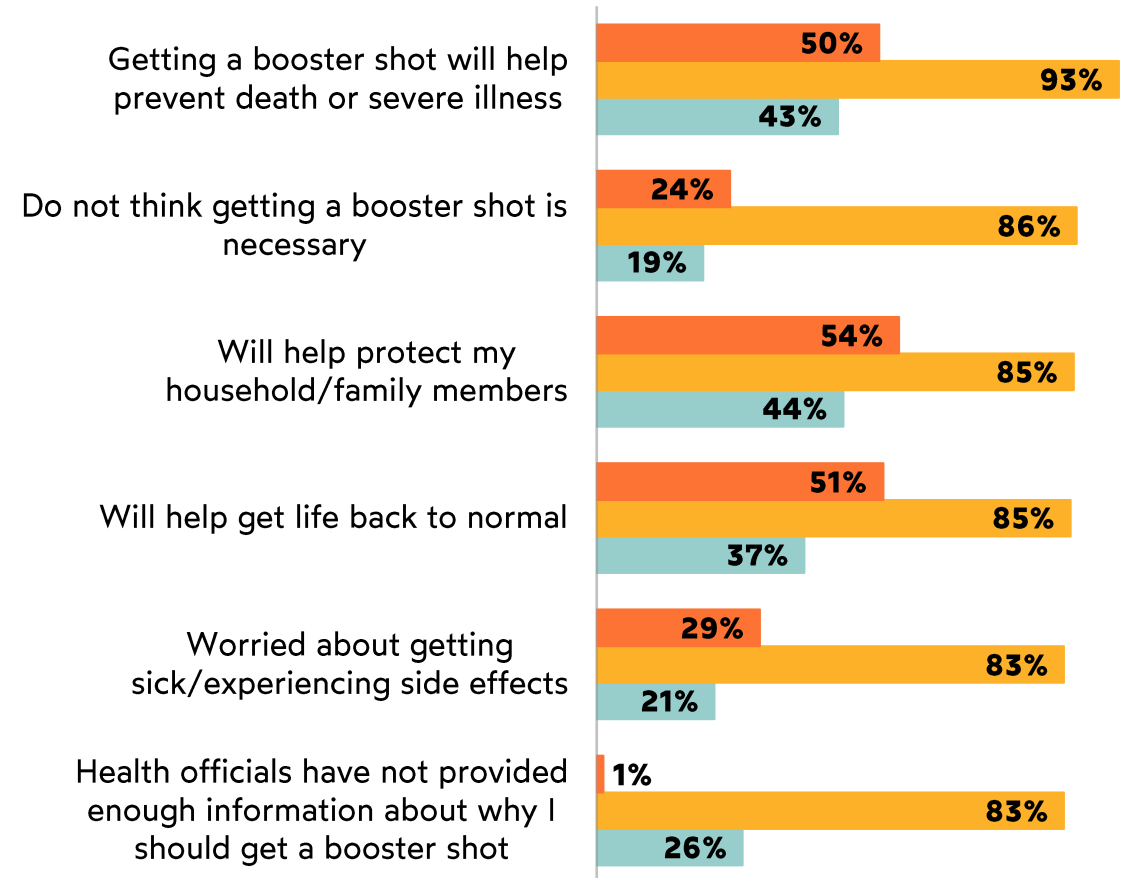
# Among vaccinated respondents (n=586)

## Booster shot status



■ Sept/Oct (n=283) ■ Nov/Dec (n=174) ■ Mar/Apr (n=289)

## Booster shot attitudes



■ Sept/Oct (n=283) ■ Nov/Dec (n=174) ■ Mar/Apr (n=289)

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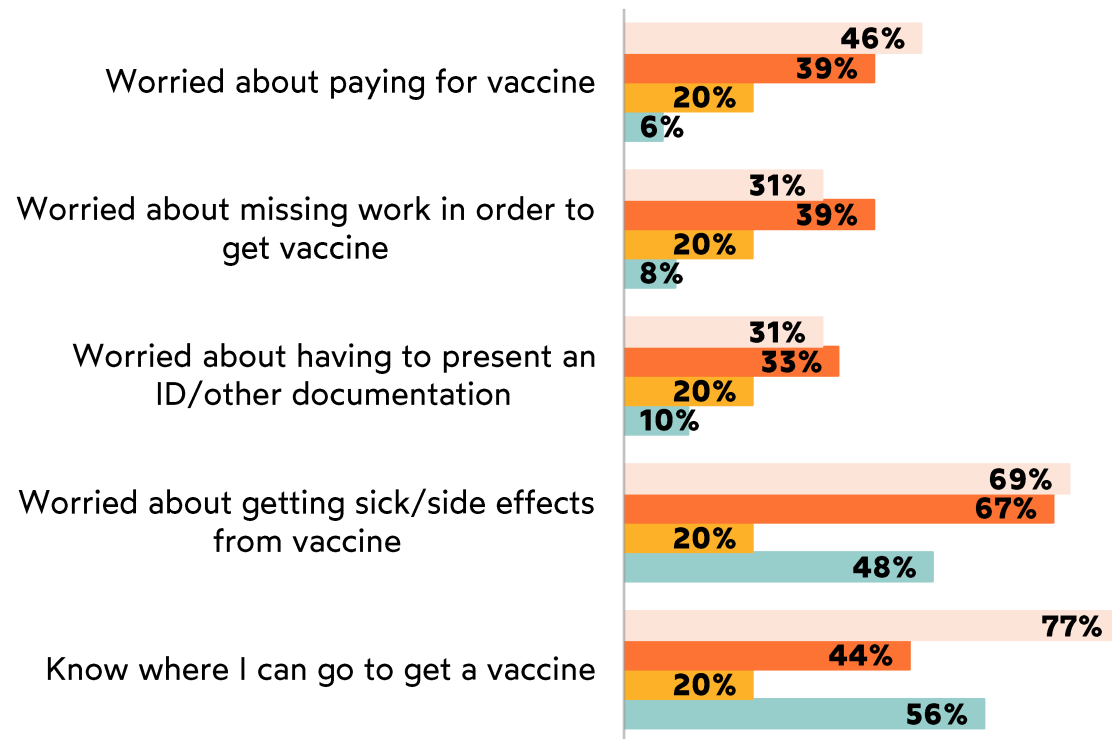
NEWARK

OAKLAND

From July 2021-April 2022

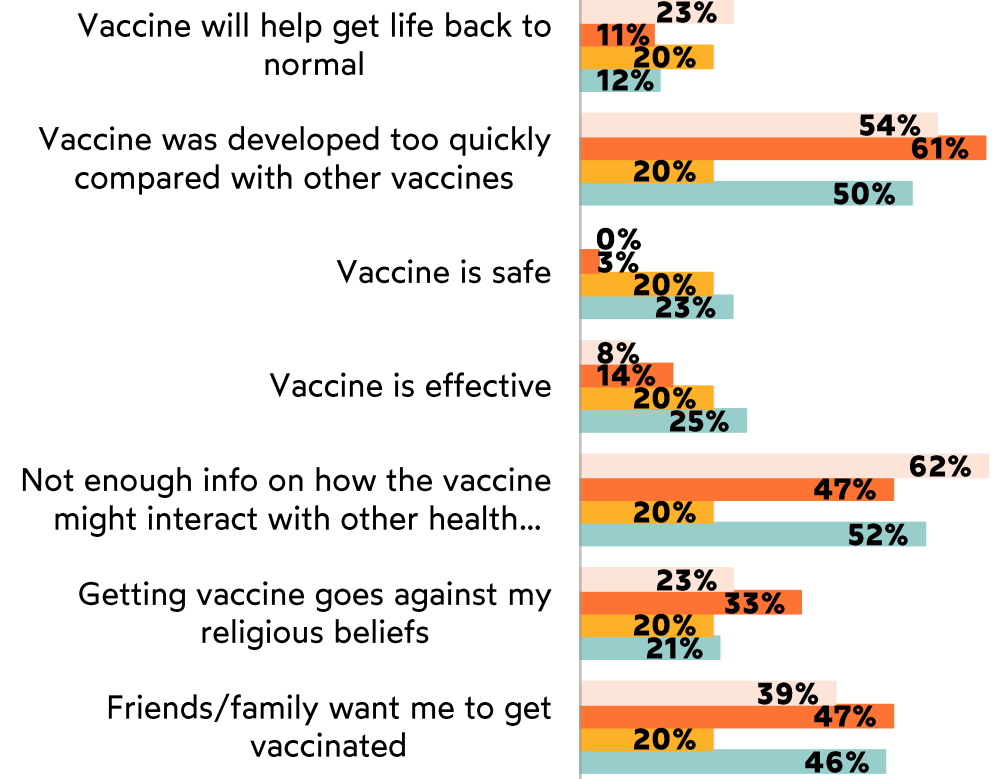
# Among unvaccinated respondents ( $n = 106$ )

## Barriers/Enablers



July/Aug (n=13) Sept/Oct (n=36) Nov/Dec (n=5) Mar/Apr (n=52)

## Beliefs



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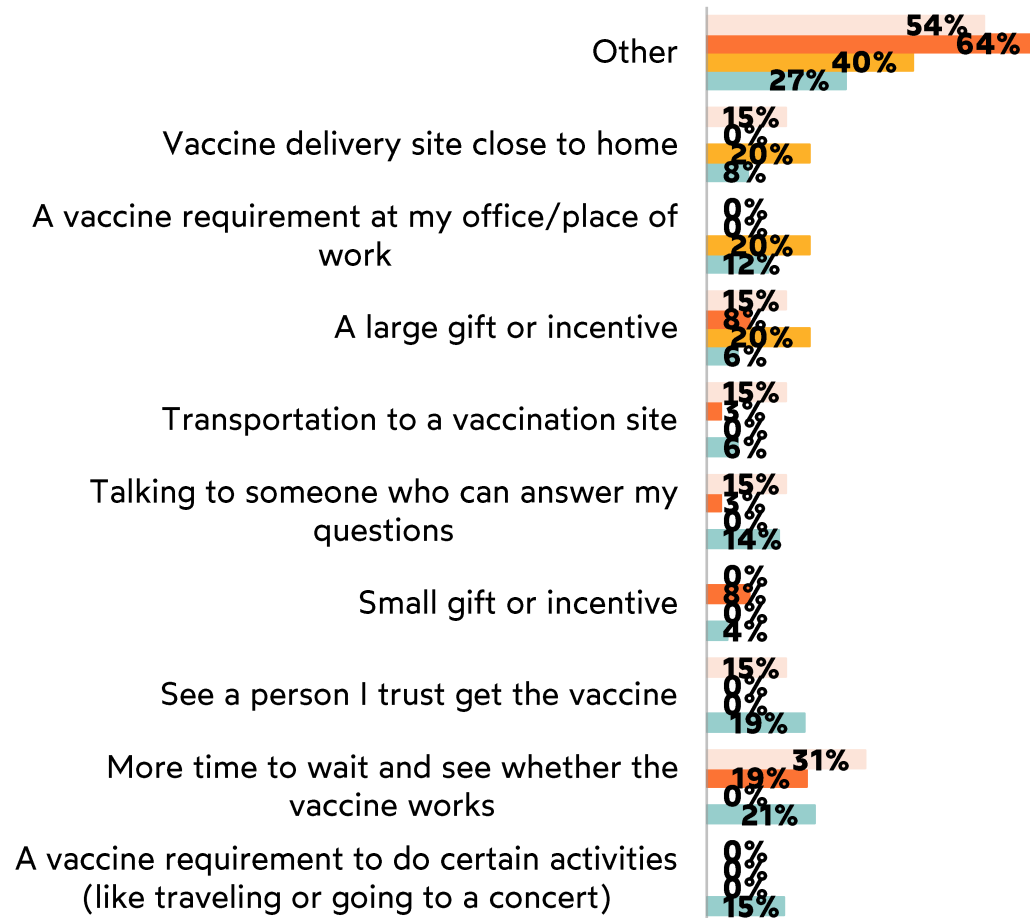
NEWARK

OAKLAND

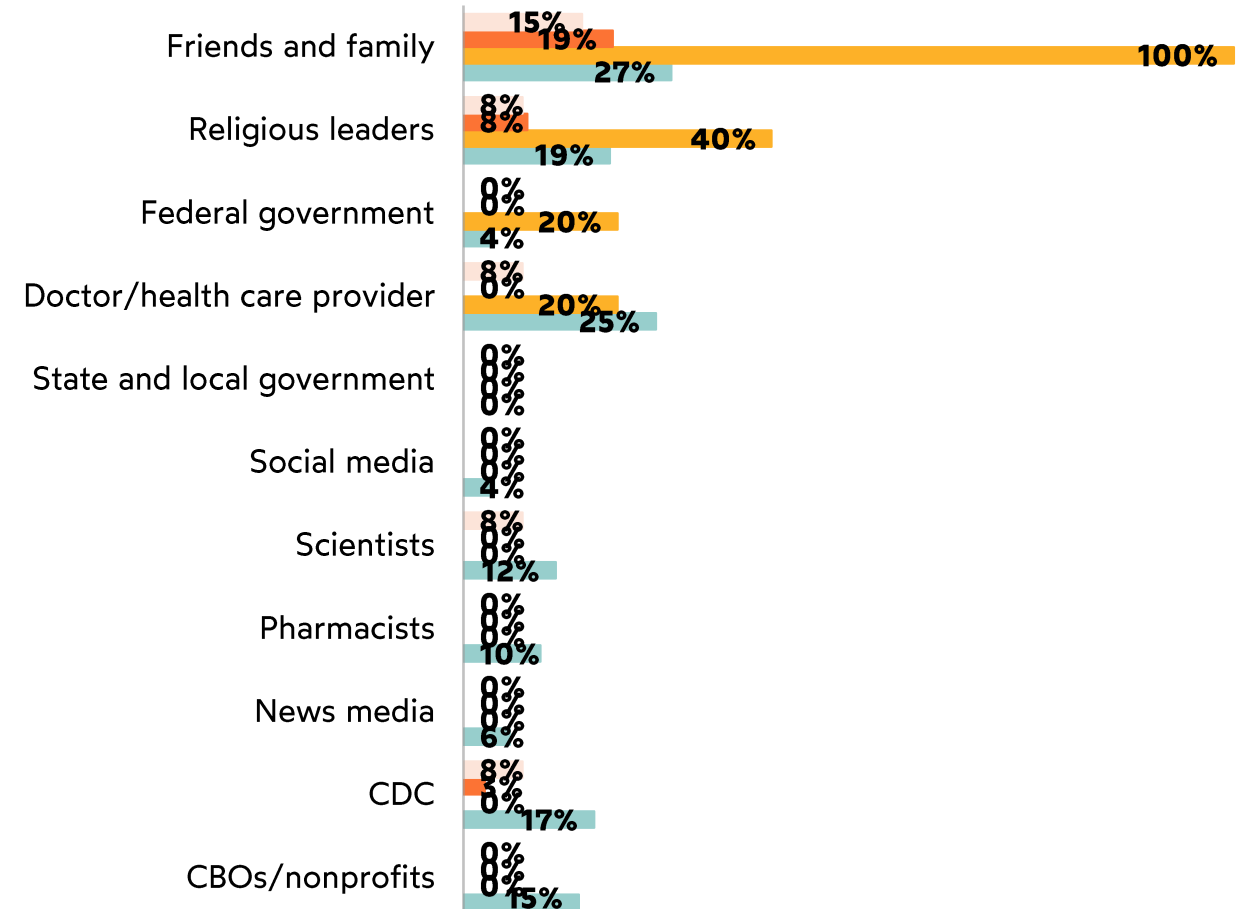
From July 2021-April 2022

# Among unvaccinated respondents ( $n = 106$ )

## Motivators



## Trusted Messengers



July/Aug (n=13) Sept/Oct (n=36) Nov/Dec (n=5) Mar/Apr (n=52)

\*\*Response option was not asked in Jul/Aug



# **Survey insights by city: Chicago**

# Overview

- Methodology
- Respondents' vaccination status and intentions (*cumulative data*)
- Respondents' Covid-19 testing history (*cumulative data*)
- Characteristics among vaccinated respondents (*cumulative data*)
- Trends among vaccinated respondents (*bi-monthly data trends*)
- Characteristics among unvaccinated respondents (*cumulative data*)
- Trends among unvaccinated respondents (*bi-monthly data trends*)
- Summary and next steps

# Methodology



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

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

Partnered with

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

**1426**  
total  
surveys  
collected!



THE CHICAGO  
COMMUNITY TRUST  
AND AFFILIATES

**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.

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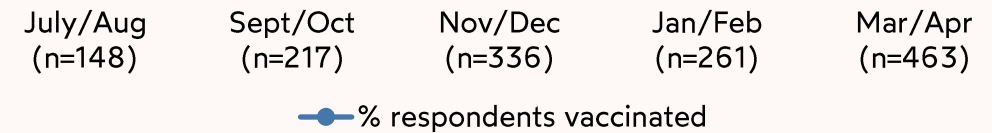
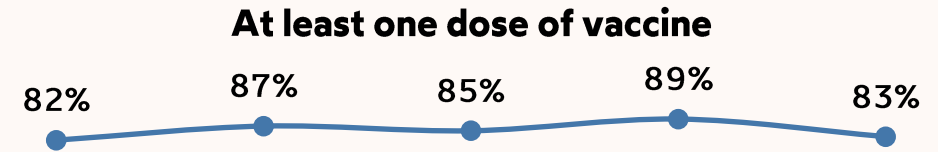
NEWARK

OAKLAND

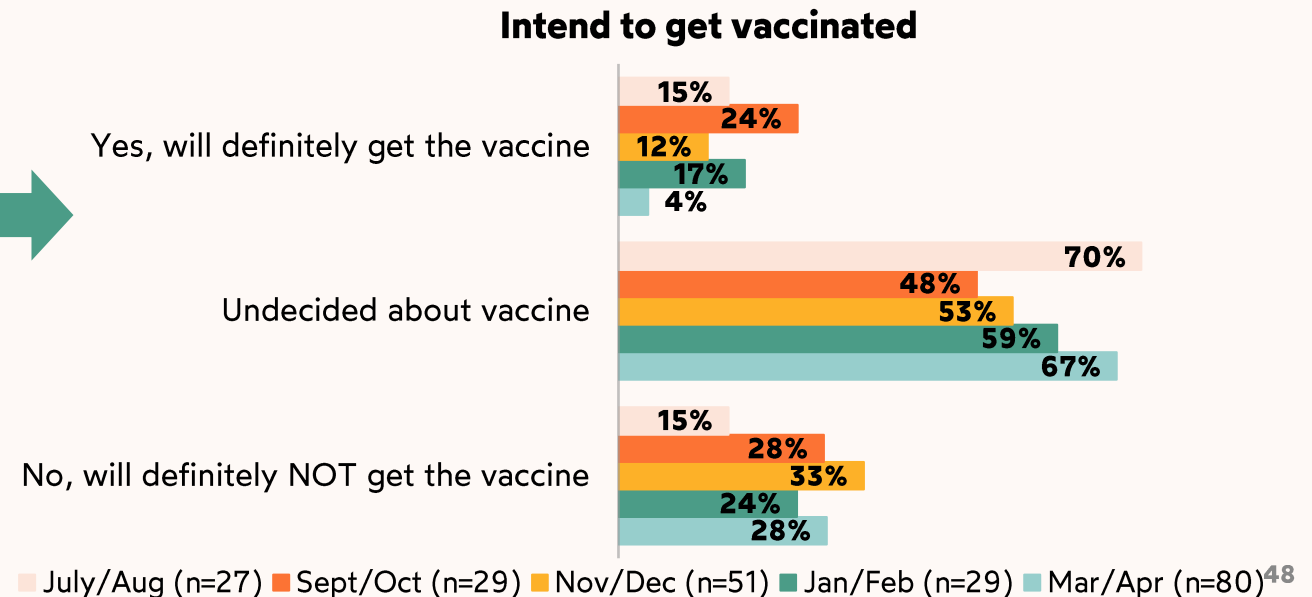
# Vaccination status and intention ( $n = 1426$ )

July 2021 – April 2022: Data trends

The share of respondents who received at least one dose of the Covid-19 vaccine ranged between 82-89% from July/August 2021 to March/April 2022.



Across months, only a small share of unvaccinated respondents said they would definitely get the vaccine (<24%). Similarly, a small share of unvaccinated respondents said they would definitely NOT get the vaccine (<33%). From November/December 2021 to March/April 2022, over half of unvaccinated respondents were undecided.



## Respondents' personal experience with Covid-19 ( $n = 1172$ )

October 2021 – April 2022:  
Cumulative data

An **equal share** of vaccinated and unvaccinated respondents surveyed between October 2021 and April 2022 **reported never having testing positive for Covid-19 or being told that they had Covid-19 by a health care provider (69%).**

### VACCINATED ( $n = 996$ )

Never tested positive for COVID-19  
or been told by a health care  
provider that you have COVID-19

69%

Ever tested positive for COVID-19  
or been told by a health care  
provider that you have COVID-19

25%

I don't know

3%

Missing

3%

### UNVACCINATED ( $n = 176$ )

Never tested positive for COVID-19  
or been told by a health care  
provider that you have COVID-19

69%

Ever tested positive for COVID-19  
or been told by a health care  
provider that you have COVID-19

17%

I don't know

11%

Missing

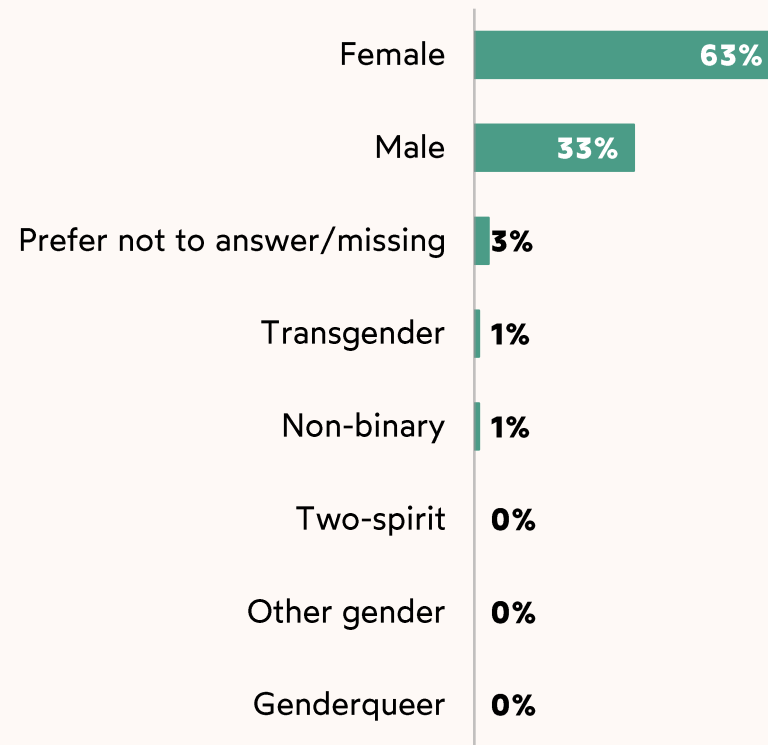
3%

July 2021 – April 2022:  
Cumulative data

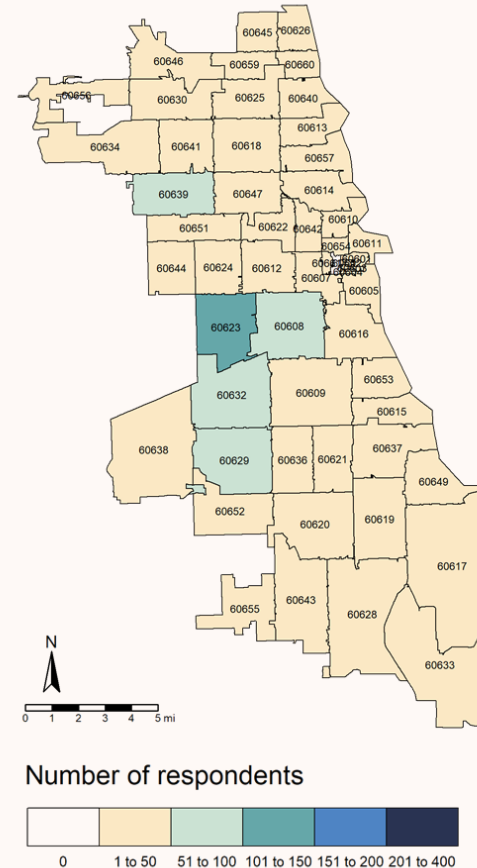
# Who are the vaccinated respondents? ( $n = 1210$ )

Of the vaccinated respondents surveyed between July 2021 and April 2022, **nearly two-thirds (63%)** were **female**, **41% were Hispanic or Latinx**, and **37% were African American**. Many were from zip code **60623**.

## Gender (select all that apply)



## Where respondents live (by zip code)



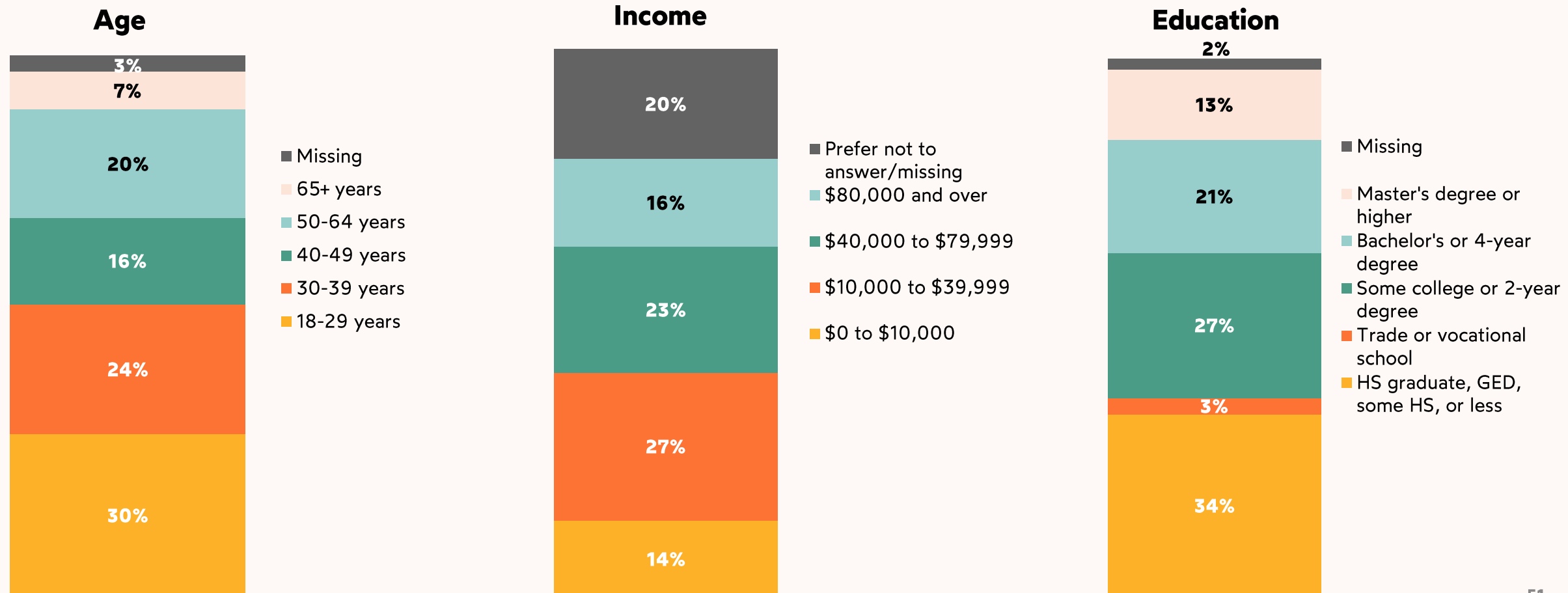
## Race/ethnicity (select all that apply)



July 2021 – April 2022:  
Cumulative data

# Who are the vaccinated respondents? ( $n = 1210$ )

The largest shares of vaccinated respondents surveyed between July 2021 and April 2022 were in **age groups 18-29 (30%) and 30-39 (24%)** and **61% reported some college or a 2-year degree or higher.\*\***

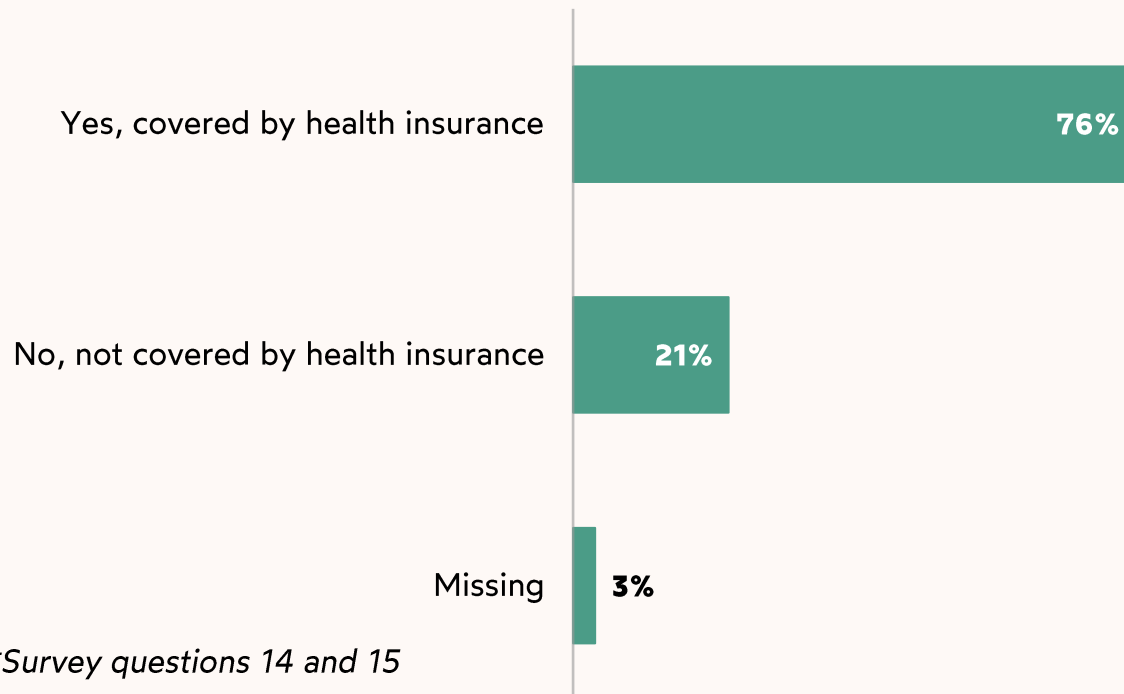


July 2021 – April 2022:  
Cumulative data

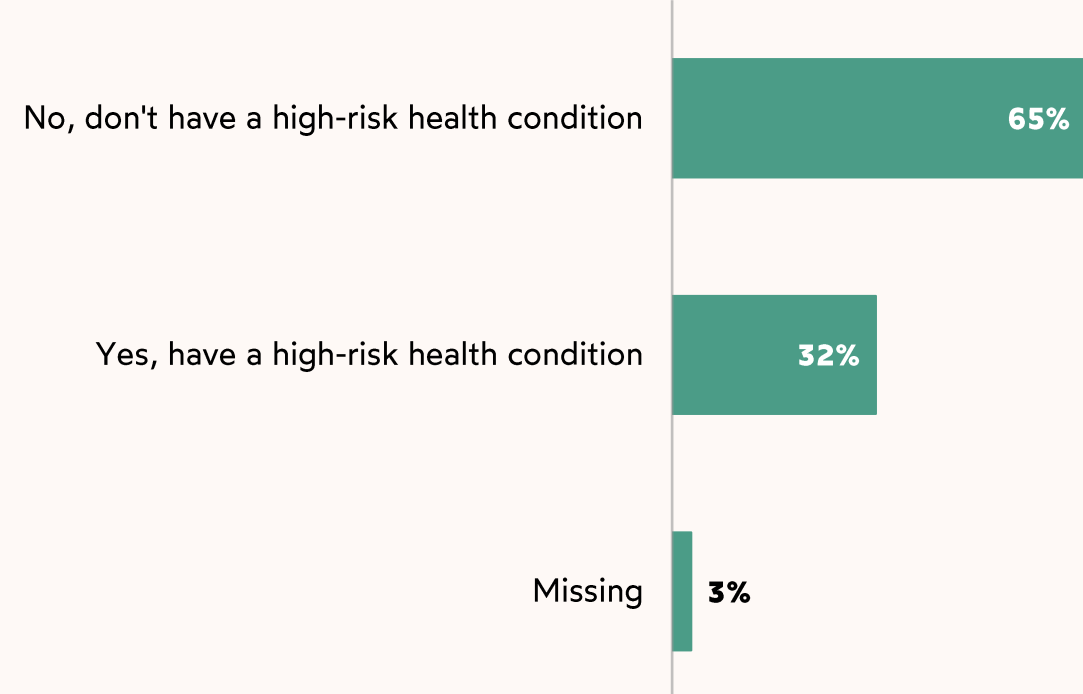
# Who are the vaccinated respondents? ( $n = 1210$ )

**Over three-quarters** of vaccinated respondents surveyed between July 2021 and April 2022 reported that they have **health insurance coverage (76%)** and **almost two-thirds** reported that they have **no high-risk health conditions (65%)**.

## 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.



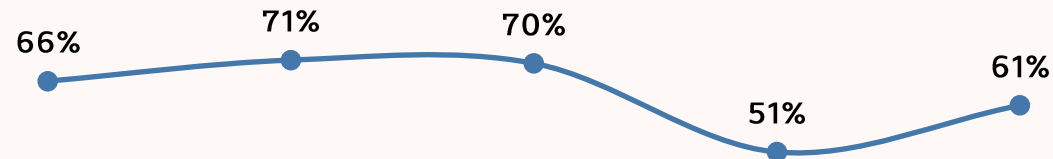
July 2021 – April 2022: Data trends

## Access over time (vaccinated)

Reported ease of accessing vaccines varied across respondents surveyed over time. Between **51% and 71%** of vaccinated respondents said it took them **20 minutes or fewer** to get to their vaccine location, and between **82% and 92%** said it was **“very easy”** or **“somewhat easy”** to make an appointment.

### Access

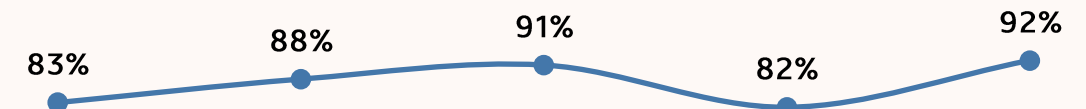
Twenty minutes or fewer to get to vaccine location



July/Aug (n=121)    Sept/Oct (n=188)    Nov/Dec (n=285)    Jan/Feb (n=232)    Mar/Apr (n=383)

—●— % responding 20 minutes or fewer

Very easy or somewhat easy to make vaccine appointment



July/Aug (n=121)    Sept/Oct (n=188)    Nov/Dec (n=285)    Jan/Feb (n=232)    Mar/Apr (n=383)

—●— % respondents responding 'Very easy' or 'Somewhat easy' to get vaccine

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NEWARK

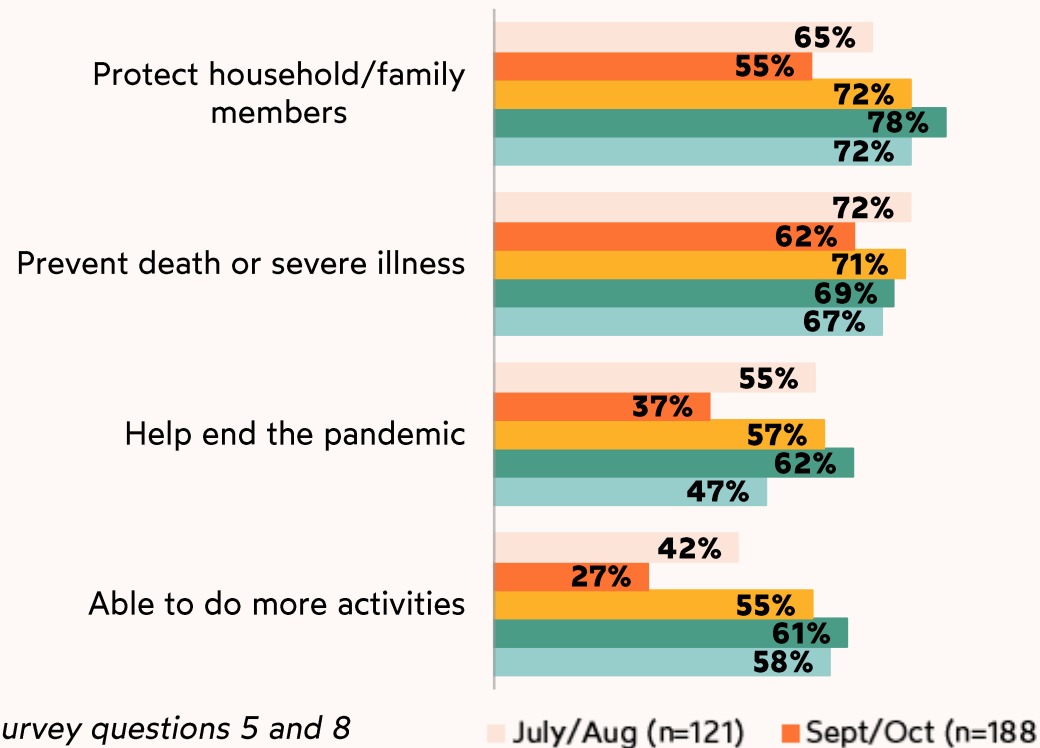
OAKLAND

# Motivators and trusted messengers over time (vaccinated)

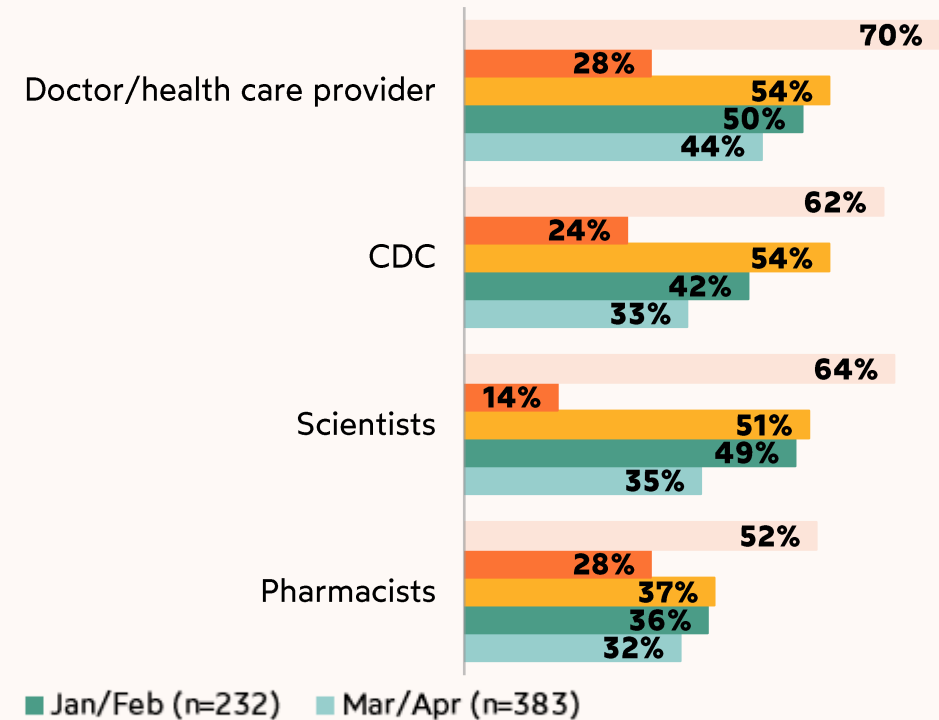
July 2021 – April 2022: Data trends

- Fairly consistent across all months, vaccinated respondents noted that **protecting household/family members** and **preventing death/severe illness and protecting household/family members** were their main motivators to get the vaccine.
- The share of respondents who said they were motivated to get the vaccine in order to **do more activities** was higher between January and April than previous months.
- Doctors/health care providers**, the **CDC**, and **scientists** were among the most trusted messengers across months. The share of respondents who reported trusting these groups was higher in July/August and lower in September/October.

## Motivators



## Trusted Messengers



\*Survey questions 5 and 8

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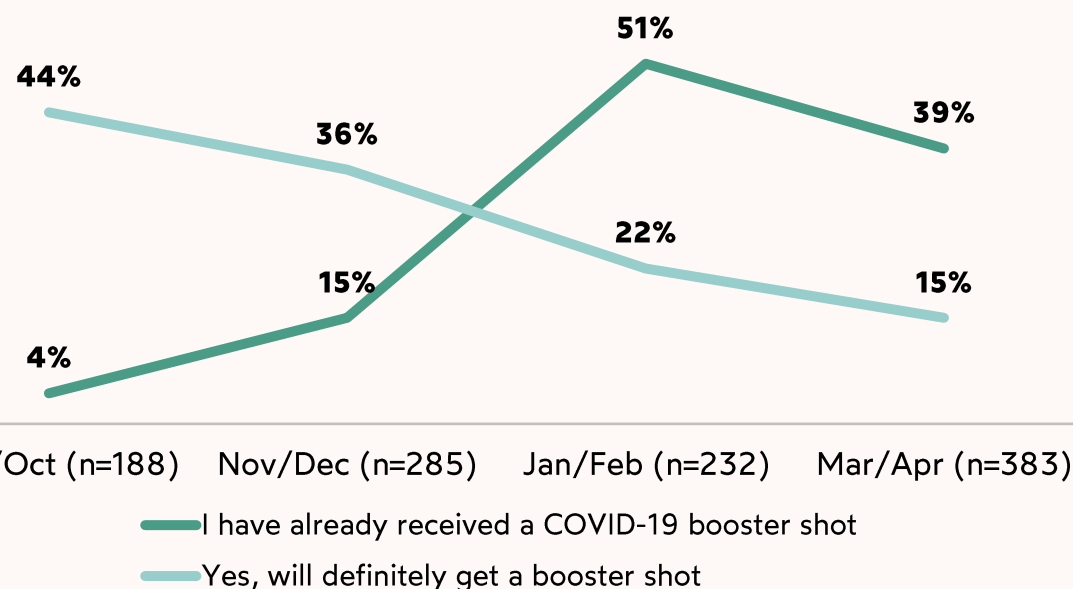
NEWARK

OAKLAND

# Booster shot trends (vaccinated)

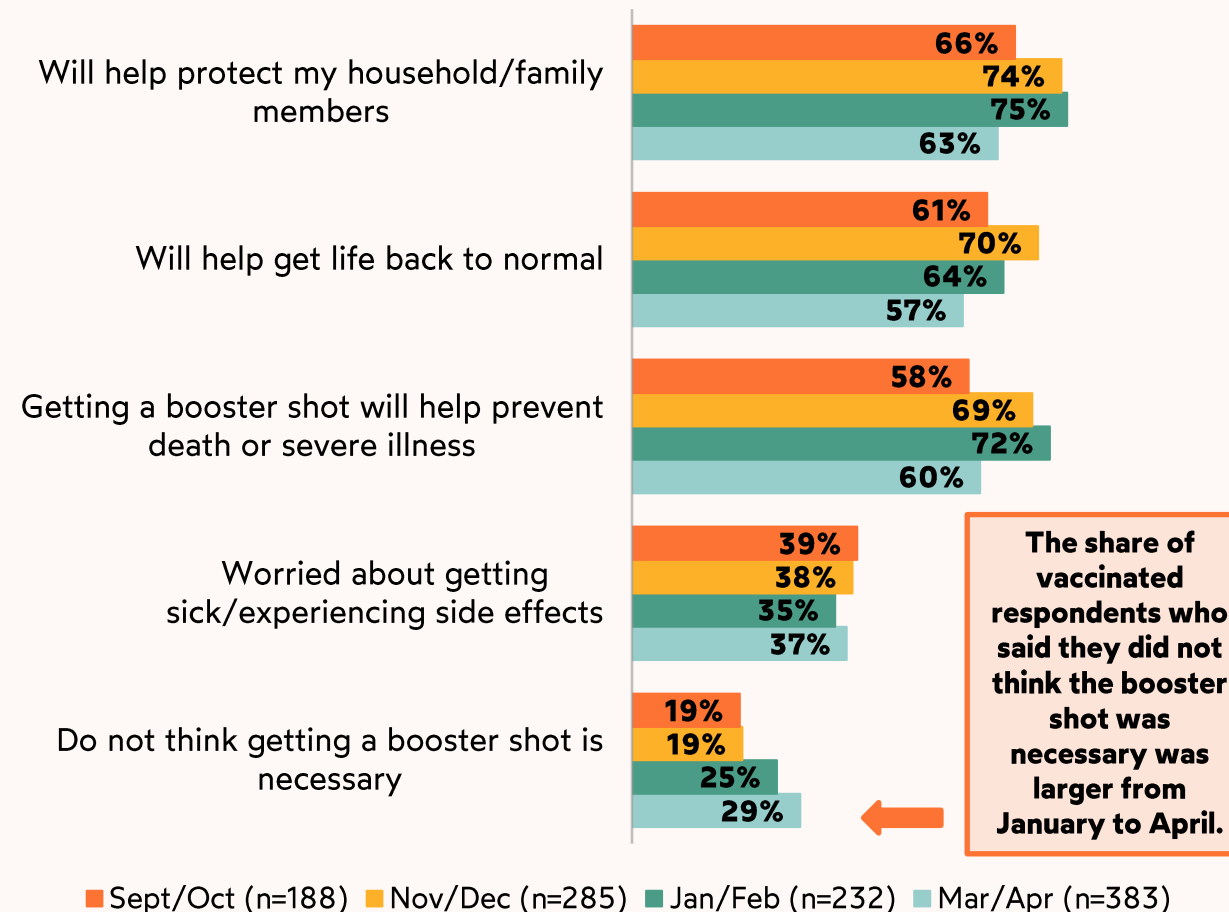
September 2021 – April 2022: Data trends

## Booster shot status and intention



Over time, fewer respondents noted that they would definitely get a booster shot.

## Booster shot attitudes



July 2021 – April 2022:  
Cumulative data

# Who are the unvaccinated respondents? ( $n = 216$ )

Of the unvaccinated respondents surveyed between July 2021 and April 2022, **60%** were **female**, **over half were African American (53%)**, and many were from zip codes **60608**, **60620**, and **60601**.

## Gender (select all that apply)

Female **60%**

Male **33%**

Prefer not to answer/missing **7%**

Two-spirit **0%**

Transgender **0%**

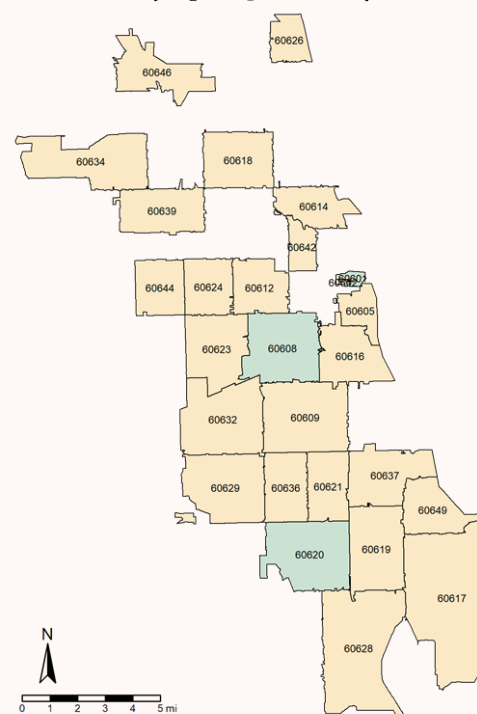
Other gender **0%**

Non-binary **0%**

Genderqueer **0%**

The gender distributions were similar among unvaccinated and vaccinated respondents (60% female & 33% male for unvaccinated respondents vs 63% female & 33% male for vaccinated respondents)

## Where respondents live (by zip code)



## Race/Ethnicity (select all that apply)

African American or Black **53%**

Hispanic or Latino/Latinx **27%**

White **20%**

Asian **3%**

Prefer not to answer/missing **2%**

Other race **1%**

Native Hawaiian or Pacific Islander **1%**

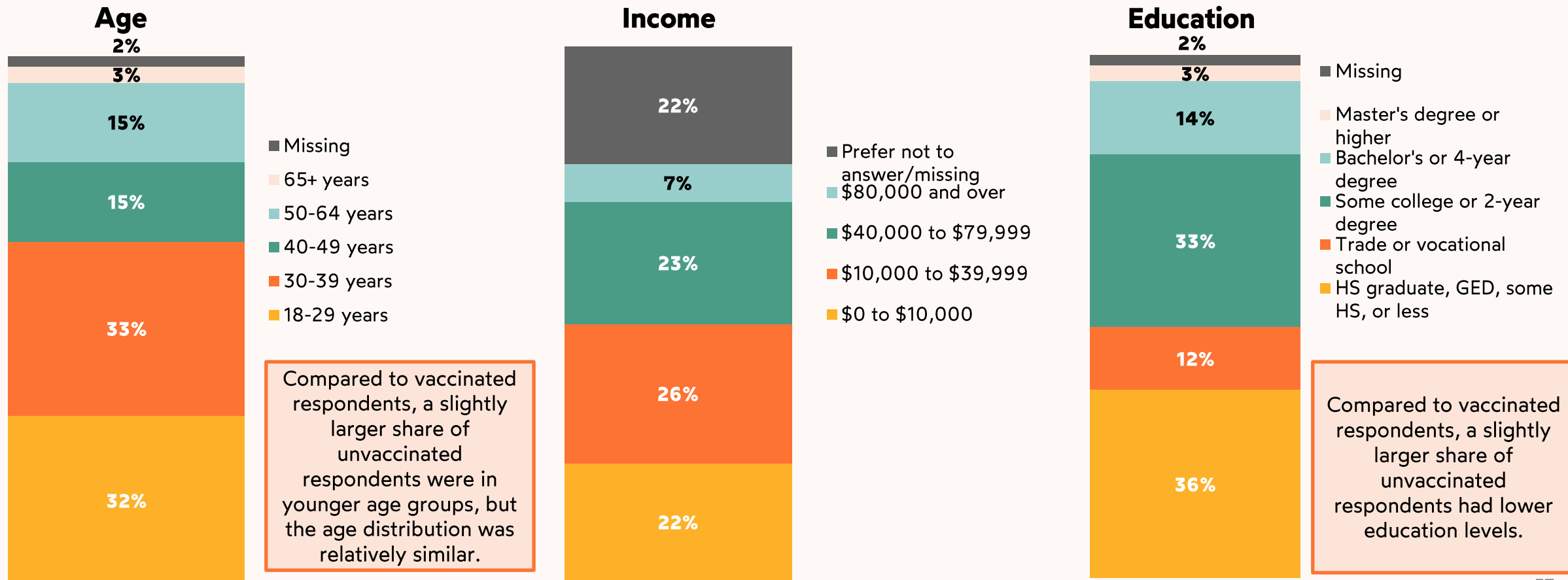
Indigenous American or Alaskan Native **1%**

A larger share of unvaccinated respondents were African American or Black compared to vaccinated respondents (53% vs 37%). However, a smaller share of unvaccinated respondents were Hispanic or Latino/Latinx (27% vs 41%).

July 2021 – April 2022:  
Cumulative data

# Who are the unvaccinated respondents? ( $n = 216$ )

The largest shares of vaccinated respondents surveyed between July 2021 and April 2022 were in age groups **18-29 (32%)** and **30-39 (33%)** and **half** reported **some college or a 2-year degree or higher (50%).**\*\*

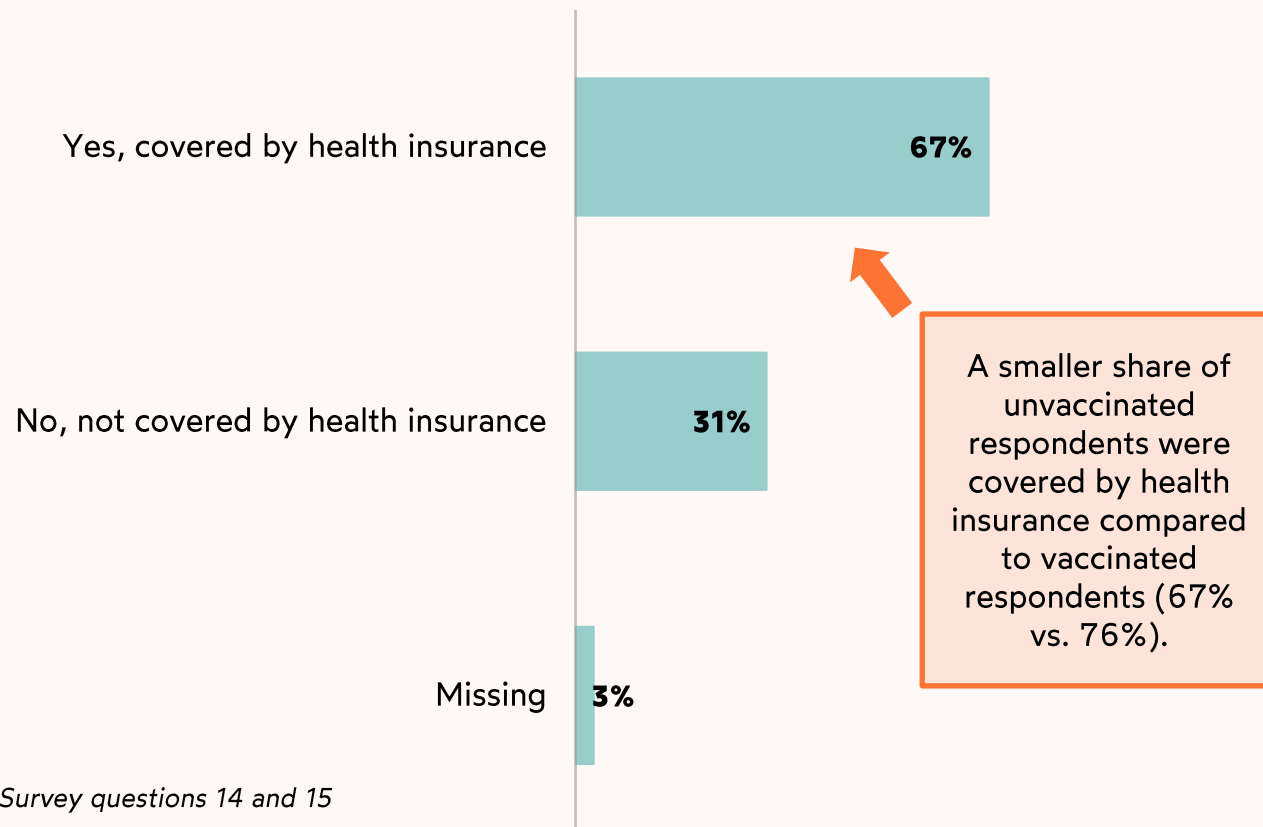


July 2021 – April 2022:  
Cumulative data

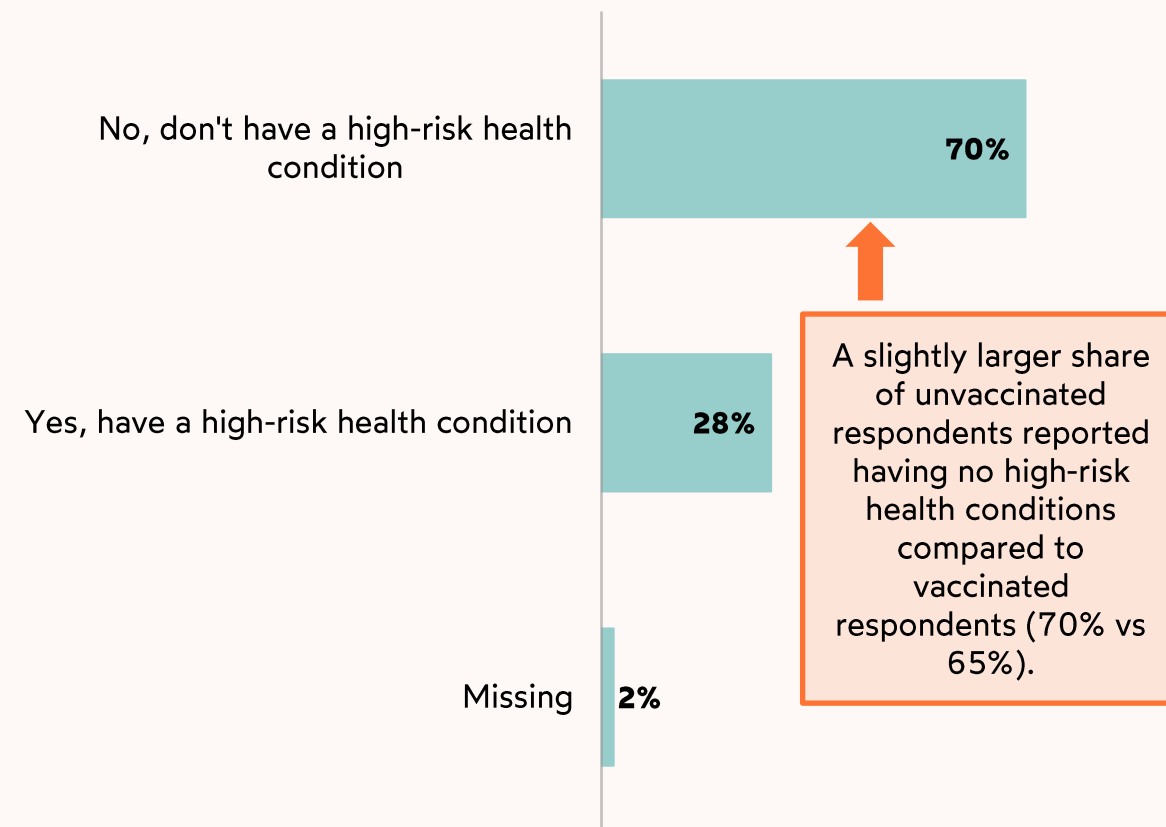
# Who are the unvaccinated respondents? ( $n = 216$ )

**Over two-thirds** of unvaccinated respondents surveyed between July 2021 and April 2022 reported that they had **health insurance coverage (67%)** and **70%** reported that they **did not have high-risk health conditions**.

## Health insurance coverage



## High-risk medical conditions\*\*



\*Survey questions 14 and 15

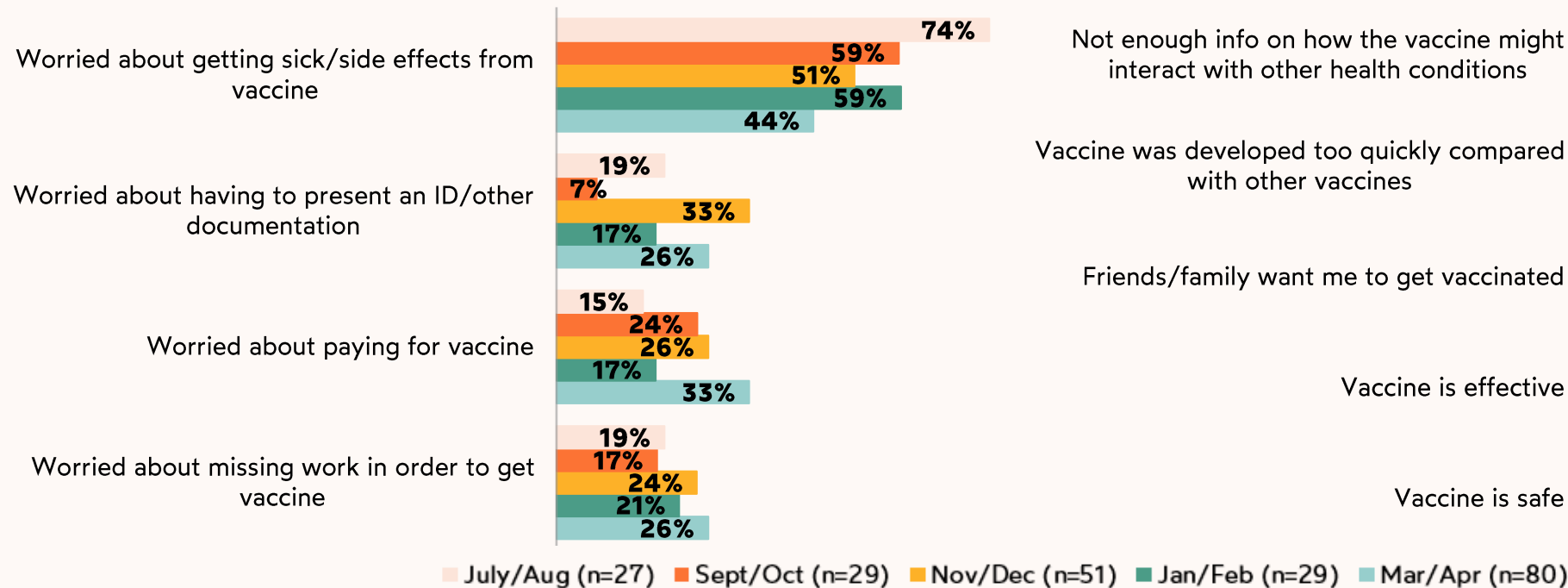
\*\*High-risk health conditions include smoking, heart conditions (including high blood pressure), diabetes, obesity, lung disease (including asthma or COPD), kidney disease, cancer, pregnancy, sickle cell disease, HIV, other chronic diseases, or any condition that impairs your immune system.

## Barriers and beliefs over time (unvaccinated)

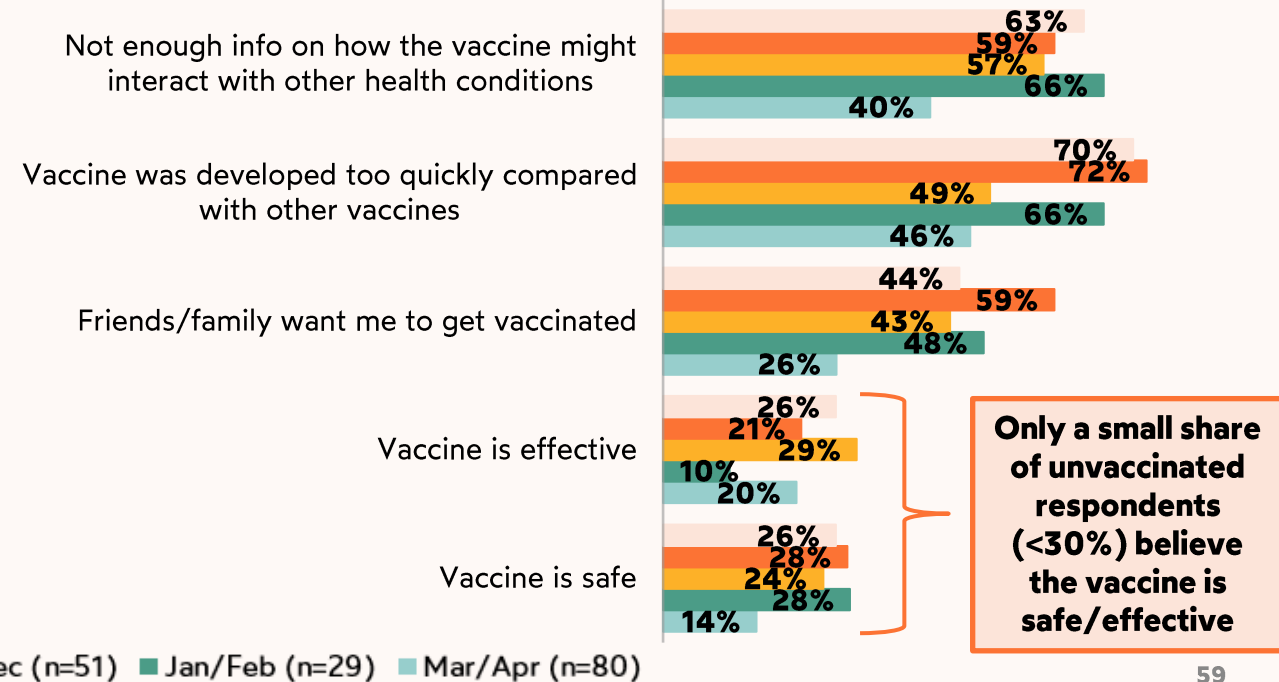
July 2021 – April 2022: Data trends

- The top barrier across months was being **worried about getting sick/side effects**. The share of respondents who reported this concern was lower in March/April relative to other months.
- In March/April, between 26% to 33% of respondents worried about the **logistics of getting the vaccine** (e.g., presenting ID, paying for vaccine).
- Consistent across months, unvaccinated respondents noted that **there was not enough info on how the vaccine interacts with other conditions** and **the vaccine was developed too quickly compared with other vaccines**. A smaller share of respondents reported this concern in March/April compared to previous months.

### Barriers



### Beliefs

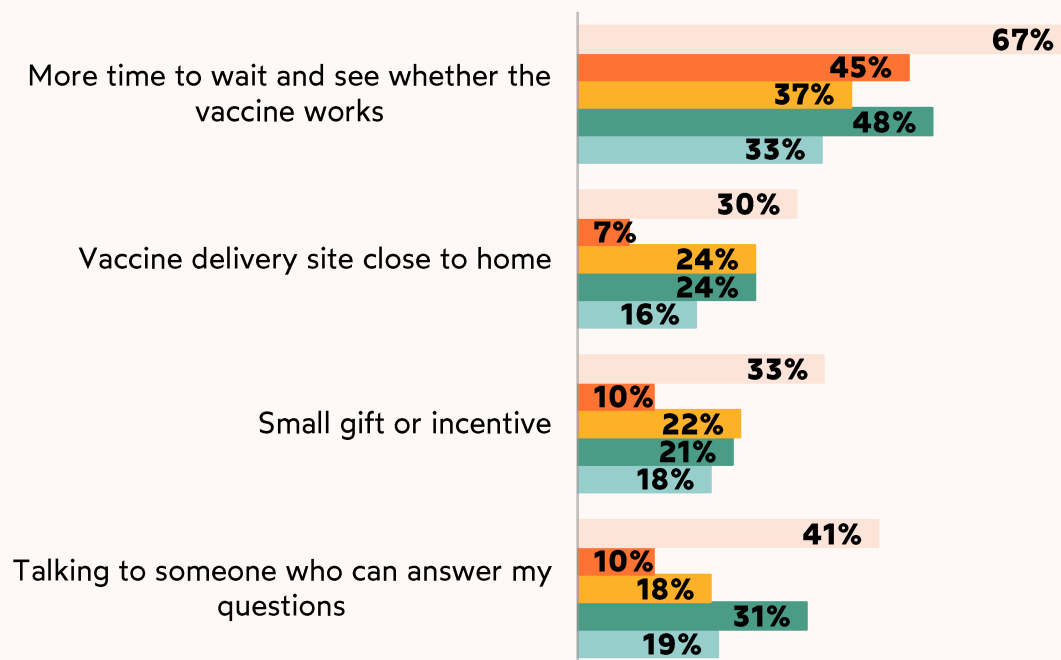


# Motivators and trusted messengers over time (unvaccinated)

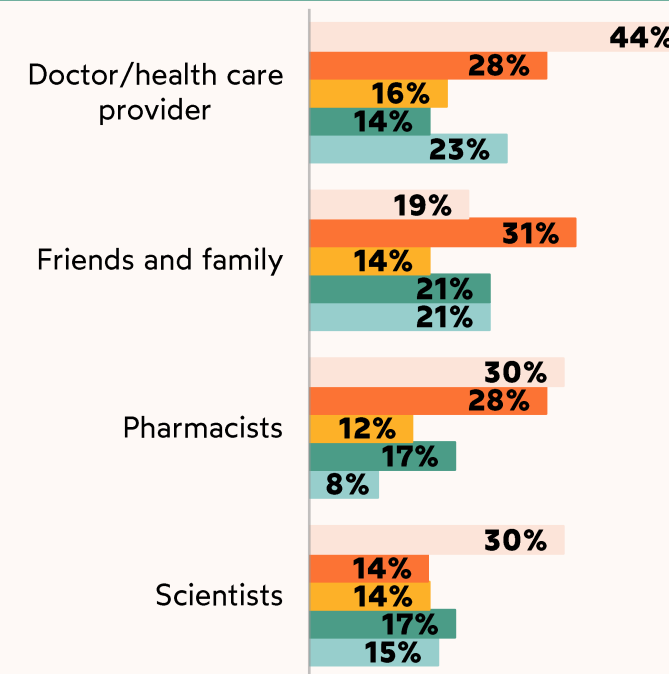
July 2021 – April 2022:  
Data trends

- The top motivator among unvaccinated respondents was **more time to wait and see whether the vaccine works**. In March/April, the share of respondents who reported needing more time was smaller compared to previous months.
- Across months, only a small share of unvaccinated respondents reported trusting any of the listed messengers as a source of information about Covid-19 information.

## Motivators



## Trusted Messengers



July/Aug (n=27) Sept/Oct (n=29) Nov/Dec (n=51) Jan/Feb (n=29) Mar/Apr (n=80)

\*Survey questions 6c and 8; \*\*Given the small sample sizes, it is important not to overinterpret these differences.



# Summary of key findings

From July 2021 – April 2022

## KEY CHARACTERISTICS ABOUT SAMPLE

### VACCINATED VS UNVACCINATED\*

- The gender distributions among unvaccinated and vaccinated respondents were similar. For both groups, a third were male and two-thirds were female.
- Compared to vaccinated respondents, a larger share of unvaccinated respondents were **African American or Black** and a smaller share were **Hispanic or Latino**.
- Compared to vaccinated respondents, a slightly larger share of unvaccinated respondents had lower education levels.

## KEY TAKEAWAYS

### VACCINATED RESPONDENTS

- Across all months, vaccinated respondents believed that:
  - **preventing death/severe illness and protecting household/family members was a motivator to get the vaccine.**
- The share of vaccinated respondents who said they got the vaccine to **do more activities** was largest between January and April.
- Fewer respondents over time said that they would **definitely get a booster shot**.

## KEY TAKEAWAYS

### UNVACCINATED RESPONDENTS

- Across all months, respondents believed that there was **not enough info on how the vaccine interacts with other conditions** and **the vaccine was developed too quickly compared with other vaccines**.
- Across all months, a small share of respondents believed **the vaccine was safe or effective**.
- In March/April, a smaller share of unvaccinated respondents reported needing **more time to wait and see if the vaccine works** compared to previous months.
- **Trust in various sources of Covid-19 information remained low** across all months.

## Next steps: how can you continue to think about and use the data?

- 1) Continue to use data to **inform changes to vaccine distribution and marketing campaigns in Oakland**
- 2) Use data to **guide additional conversations in your communities** (conducting listening sessions or focus groups on main points or findings, such as many unvaccinated respondents believing the vaccine was developed too quickly, or believing the vaccine was not safe or effective)
- 3) Leverage your data to **apply for other sources of funding** (your data demonstrates a specific need in your specific community)
- 4) Use the experience and capacity you gained from collecting this data to **collect data again in the future to assess other needs in your community!**

# Chicago: Supplemental data

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

BALTIMORE

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HOUSTON

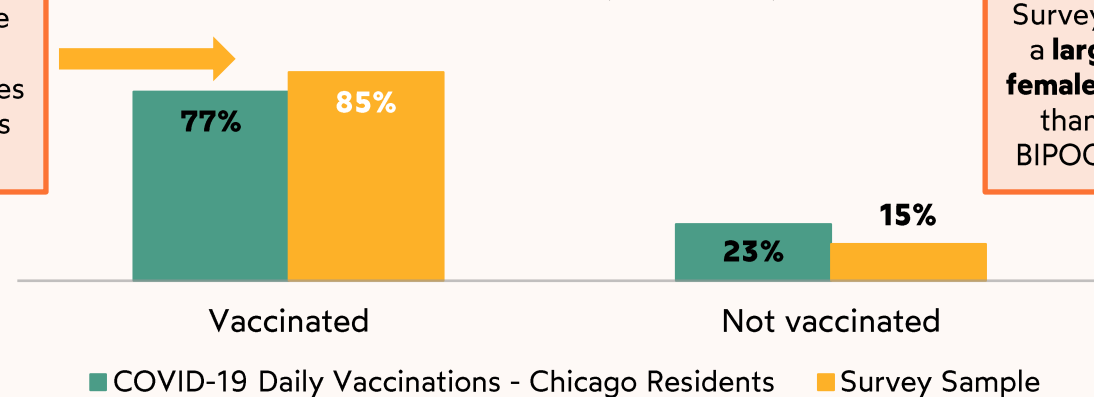
NEWARK

OAKLAND

# Survey respondent demographics vs. Chicago city BIPOC demographics

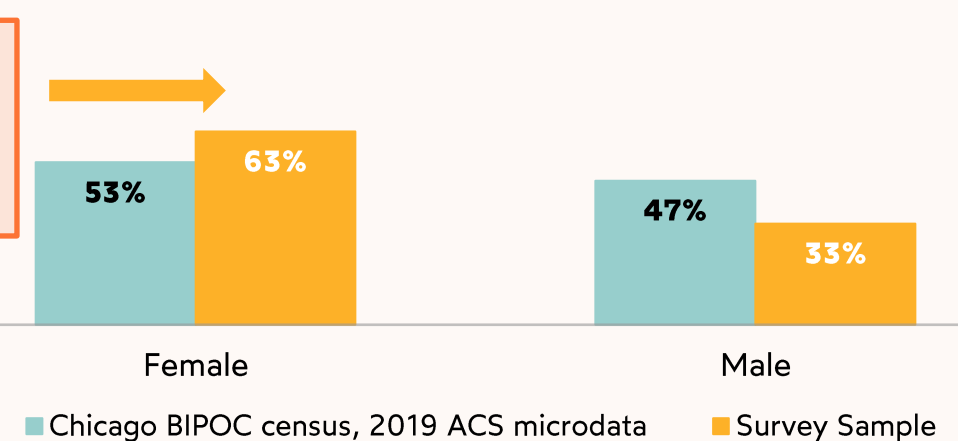
From July 2021 – April 2022:  
Cumulative data

### Vaccination status (at least one dose): Chicago vs. Survey Sample (n = 1426)

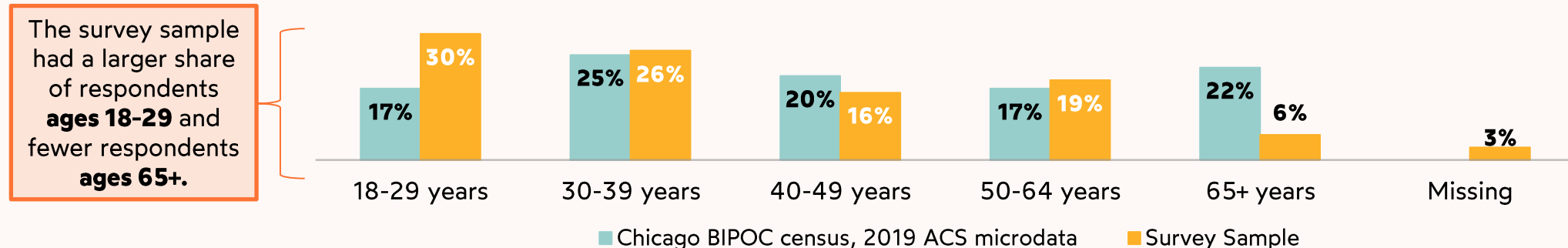


Note: Vaccination rates are not reflective of the Chicago BIPOC population. Unlike other demographics shown in this slide.

### Gender: Chicago vs. Survey Sample (n = 1426)



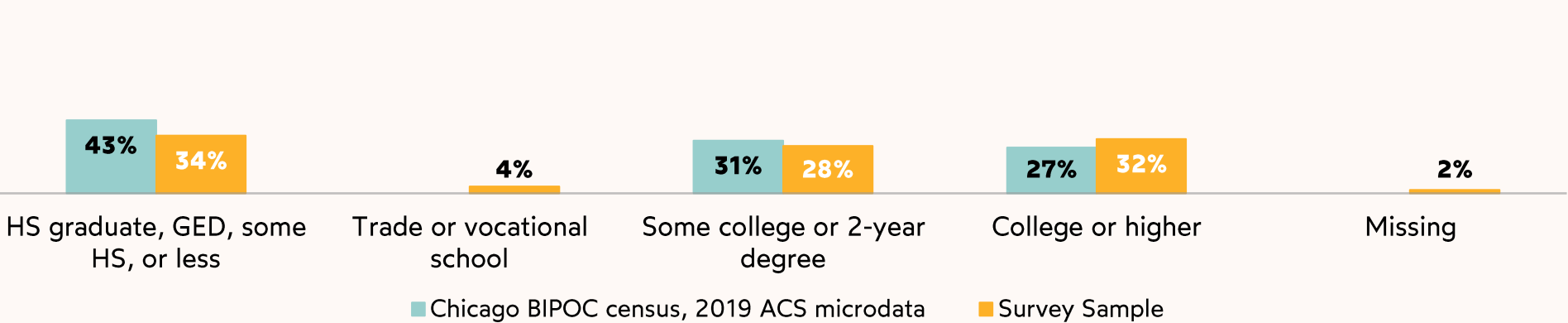
### Age: Chicago vs. Survey Sample (n = 1426)



# Survey respondent demographics vs. Chicago city BIPOC demographics

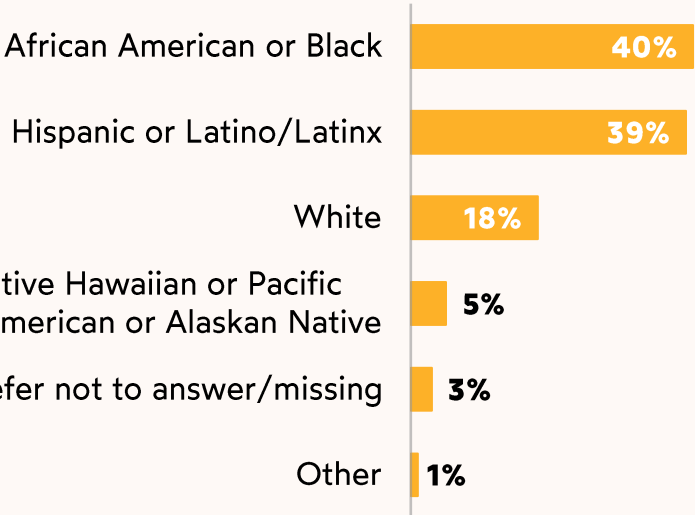
From July 2021 – April 2022:  
Cumulative data

Education: Chicago vs. Survey Sample (n = 1426)



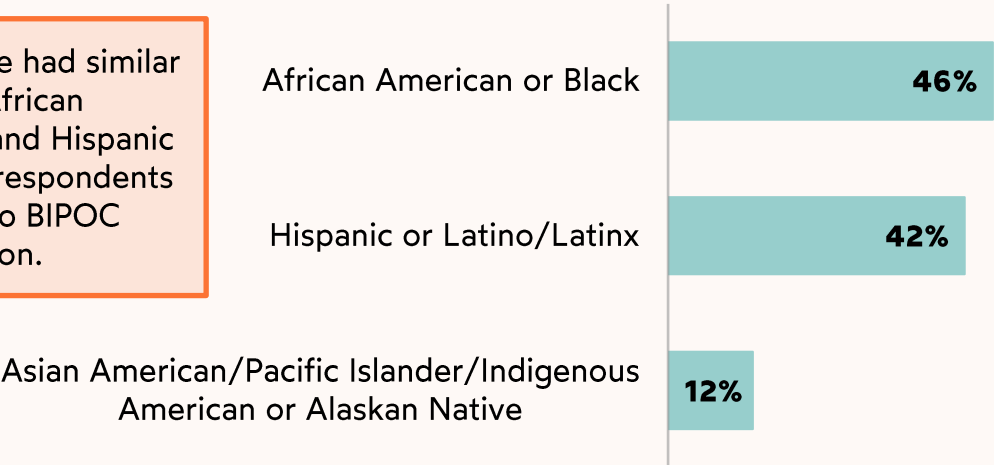
The survey sample was slightly more educated than the overall Chicago BIPOC population.

Survey Sample Q11. Race/ethnicity (n = 1426)



The survey sample had similar shares of African American/Black and Hispanic or Latino/Latinx respondents as the Chicago BIPOC population.

Chicago BIPOC census, 2019 ACS microdata BIPOC race/ethnicity



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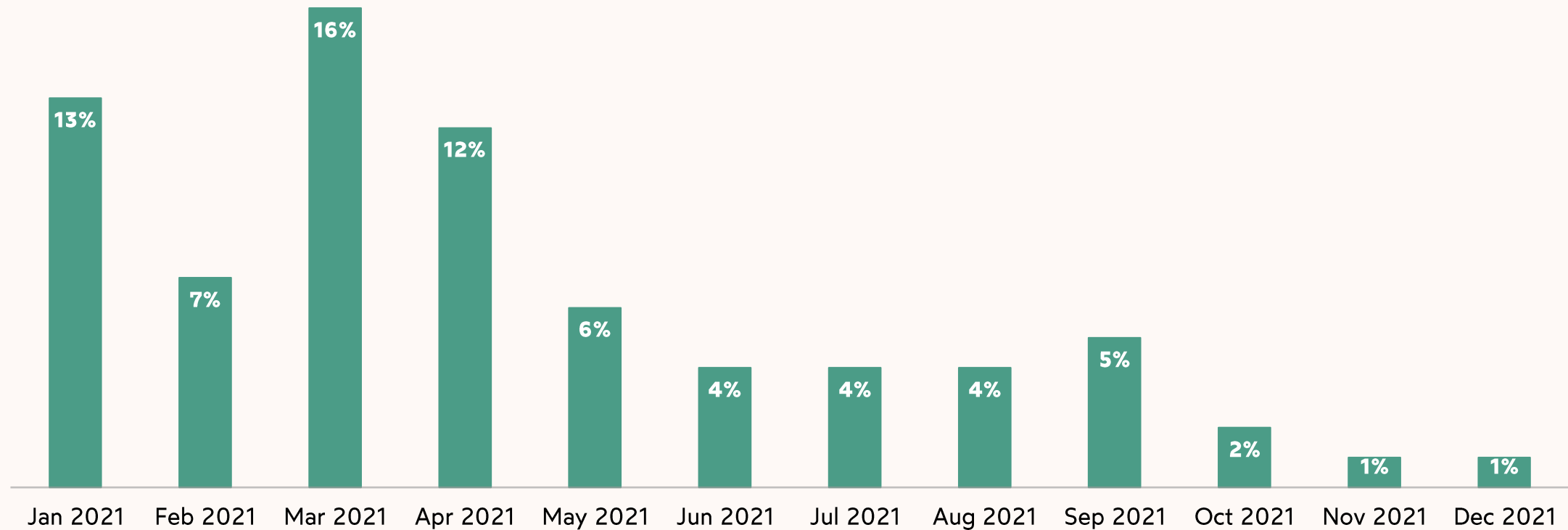
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# Among vaccinated respondents ( $n = 1210$ )

From July 2021 –  
April 2022

## Month first vaccine was received



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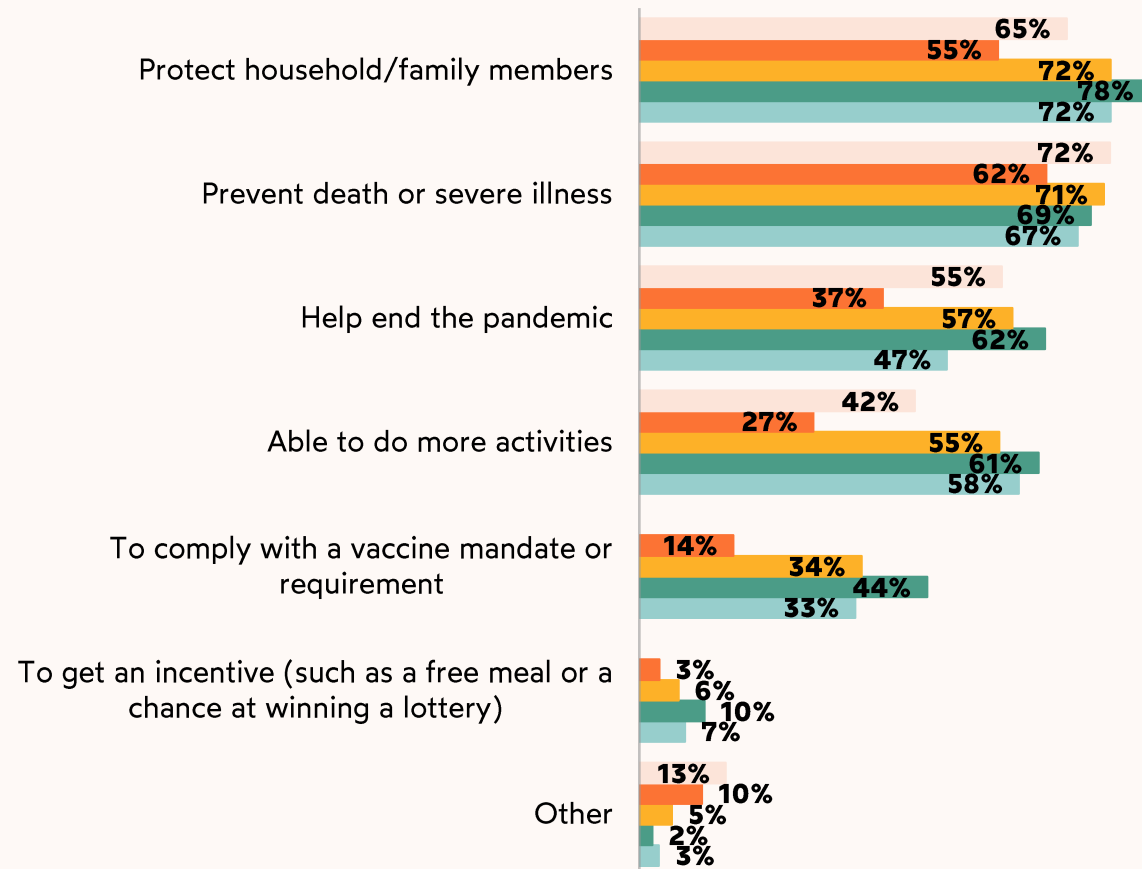
NEWARK

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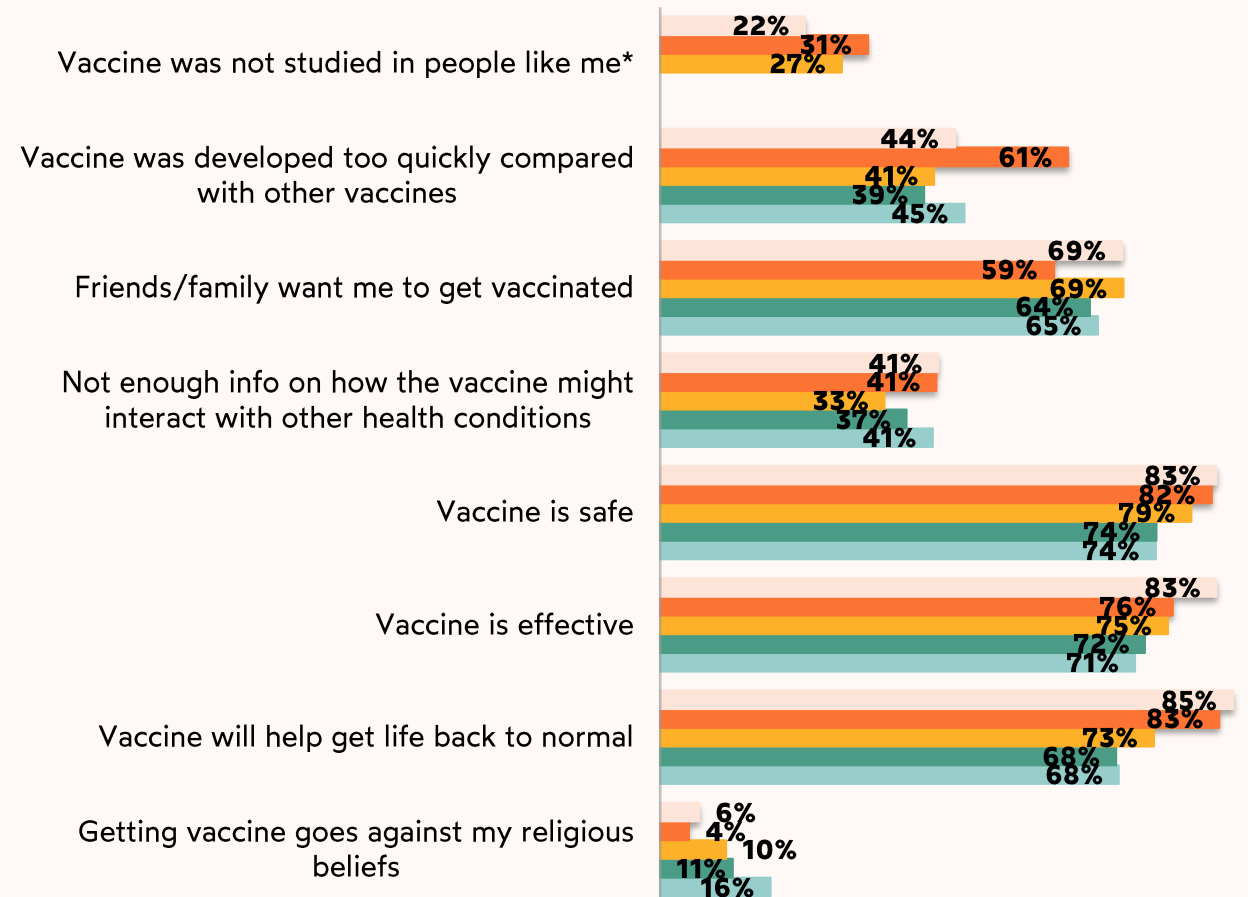
# Among vaccinated respondents ( $n = 1210$ )

July 2021 – April 2022: Data trends

## Motivators



## Beliefs



July/Aug (n=121) Sept/Oct (n=188) Nov/Dec (n=285) Jan/Feb (n=232) Mar/Apr (n=383)

\*Response option was not asked in Jan/Feb or Mar/Apr report

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HOUSTON

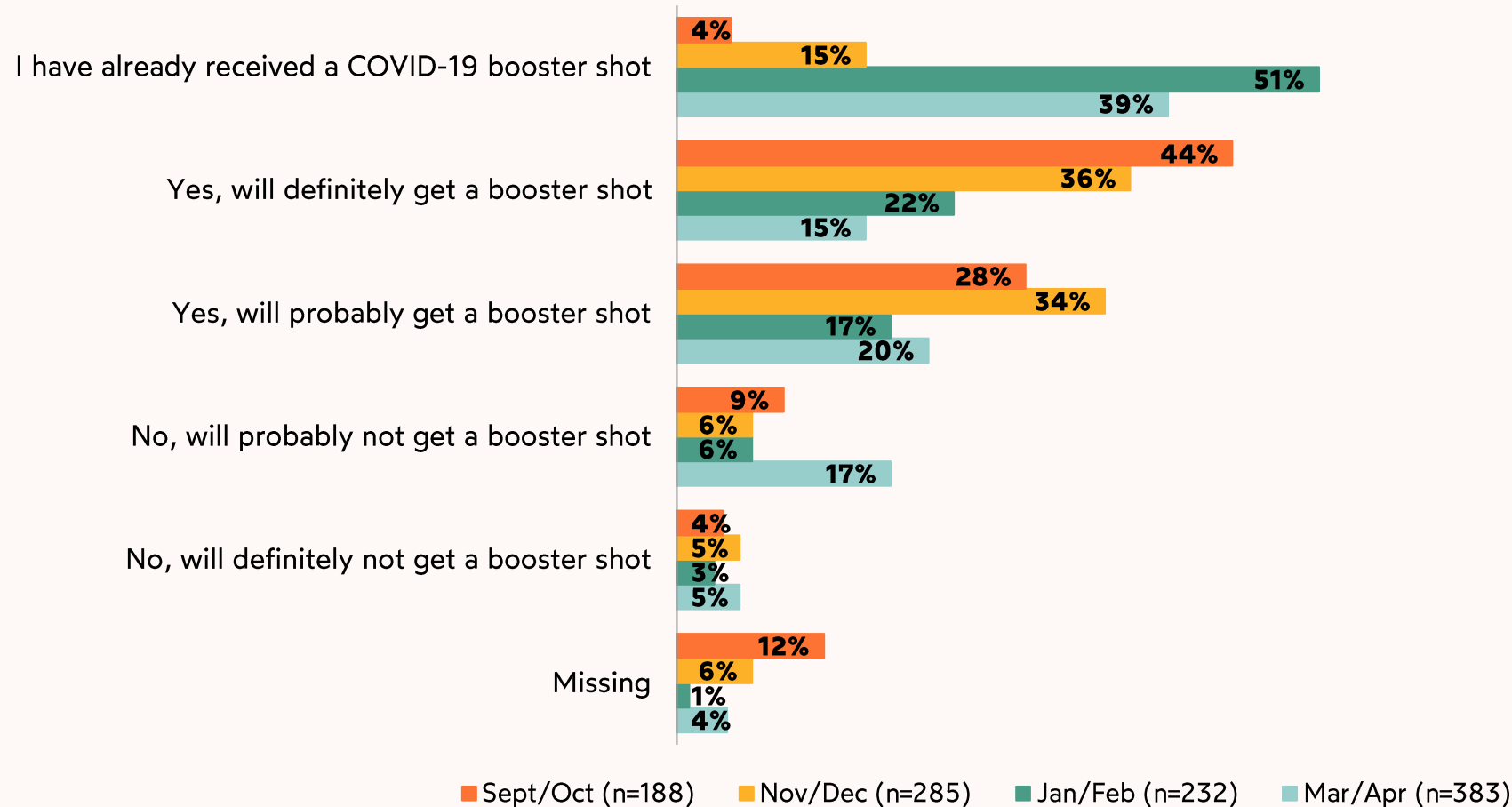
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# Among vaccinated respondents ( $n = 1210$ )

July 2021 – April 2022: Data trends

## Booster shot intentions





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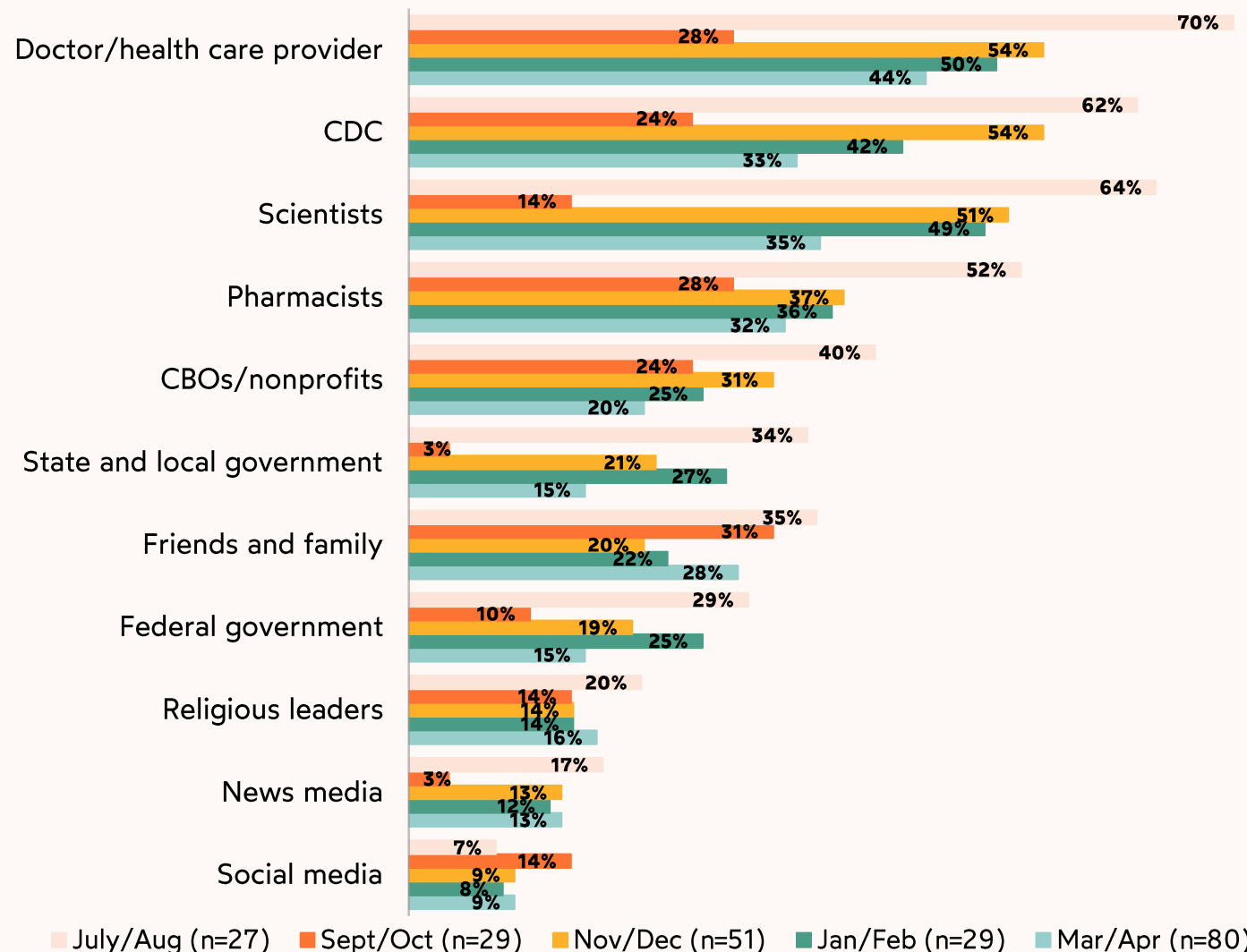
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# Among vaccinated respondents ( $n = 1210$ )

September 2021 – April 2022: Data trends

## Trusted Messengers



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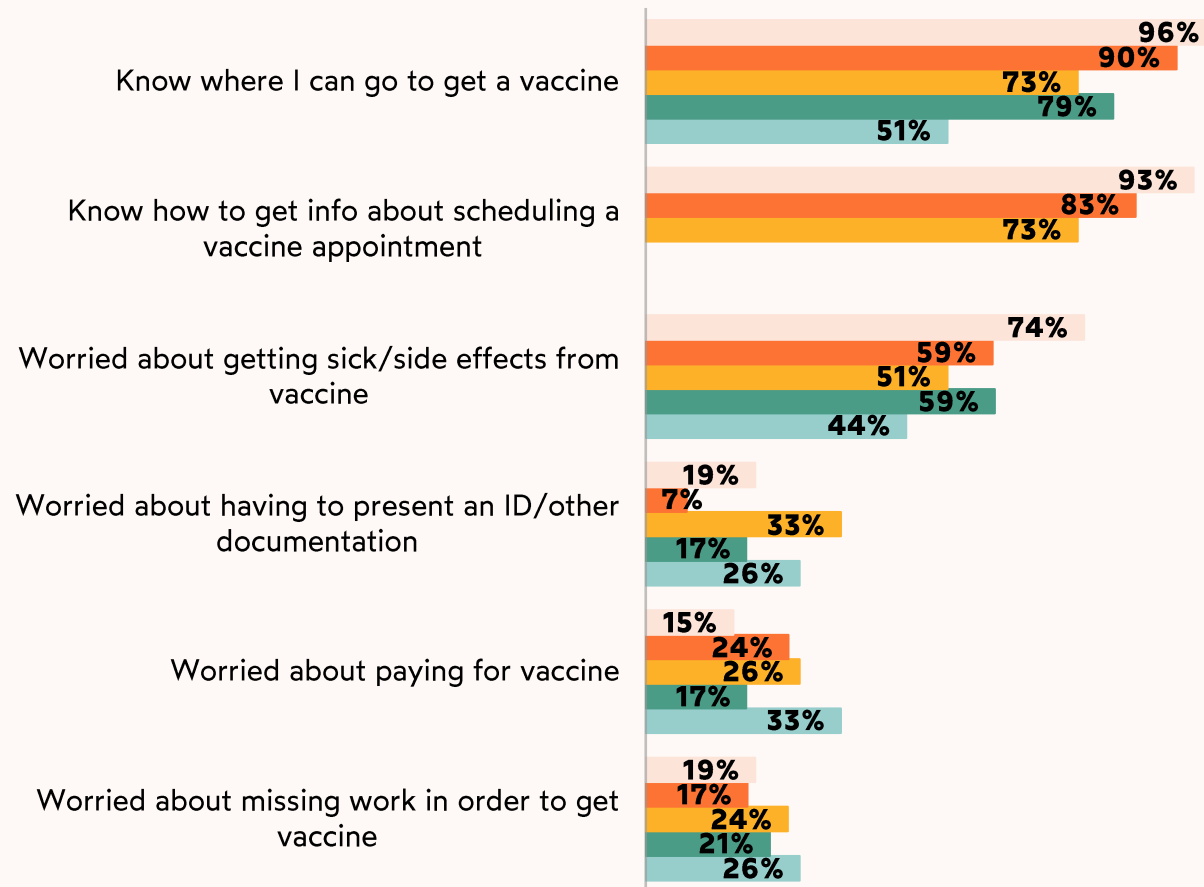
NEWARK

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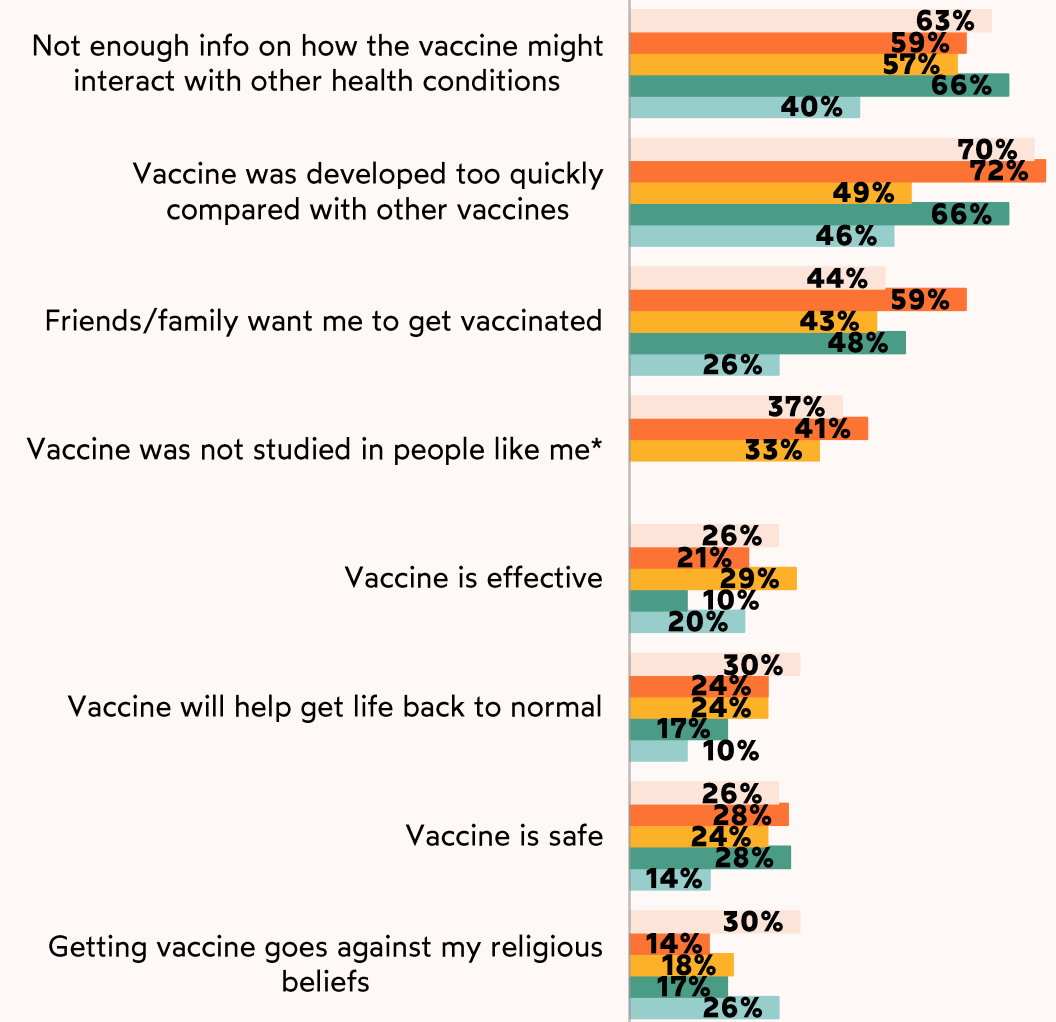
# Among unvaccinated respondents ( $n = 216$ )

July 2021 – April 2022: Data trends

## Barriers/Enablers



## Beliefs



July/Aug (n=27) Sept/Oct (n=29) Nov/Dec (n=51) Jan/Feb (n=29) Mar/Apr (n=80)

\*Response option was not asked in Jan/Feb or Mar/Apr report

BALTIMORE

CHICAGO

HOUSTON

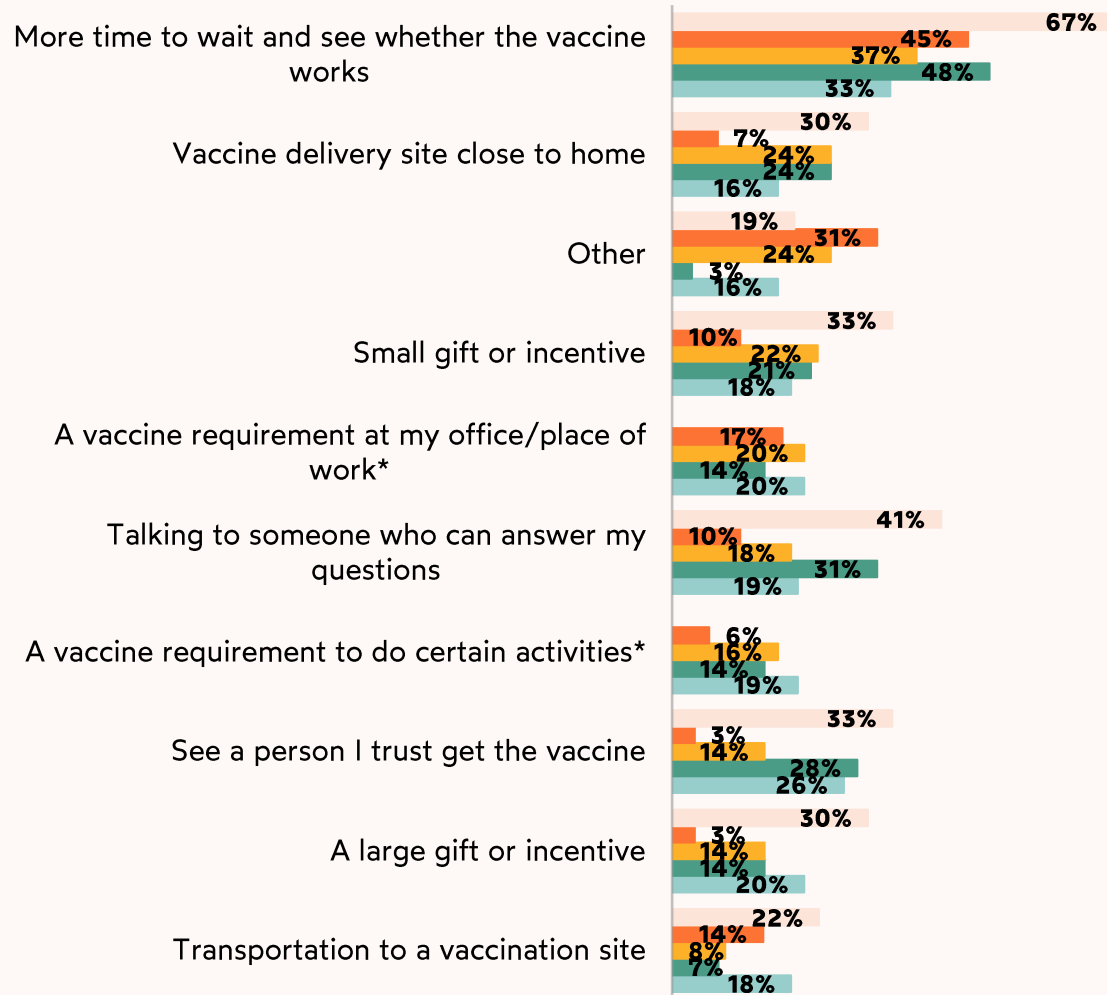
NEWARK

OAKLAND

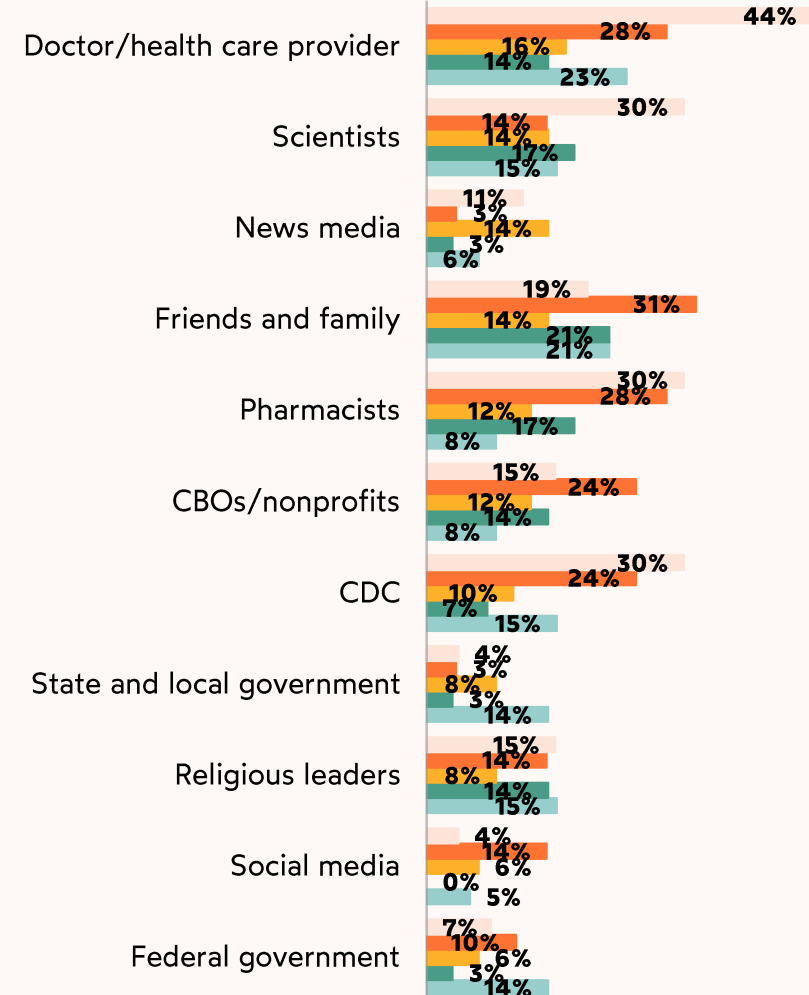
# Among unvaccinated respondents ( $n = 216$ )

July 2021 – April 2022: Data trends

## Motivators



## Trusted Messengers



July/Aug (n=27) Sept/Oct (n=29) Nov/Dec (n=51) Jan/Feb (n=29) Mar/Apr (n=80)

\*Response option was not asked in Jul/Aug

# **Survey insights by city: Houston**

# Overview

- Methodology
- Respondents' vaccination status and intentions (*cumulative data*)
- Respondents' Covid-19 testing history (*cumulative data*)
- Characteristics among vaccinated respondents (*cumulative data*)
- Trends among vaccinated respondents (*bi-monthly data trends*)
- Characteristics among unvaccinated respondents (*cumulative data*)
- Trends among unvaccinated respondents (*bi-monthly data trends*)
- Summary and next steps

# 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.



**2064**  
total  
surveys  
collected!

Methods



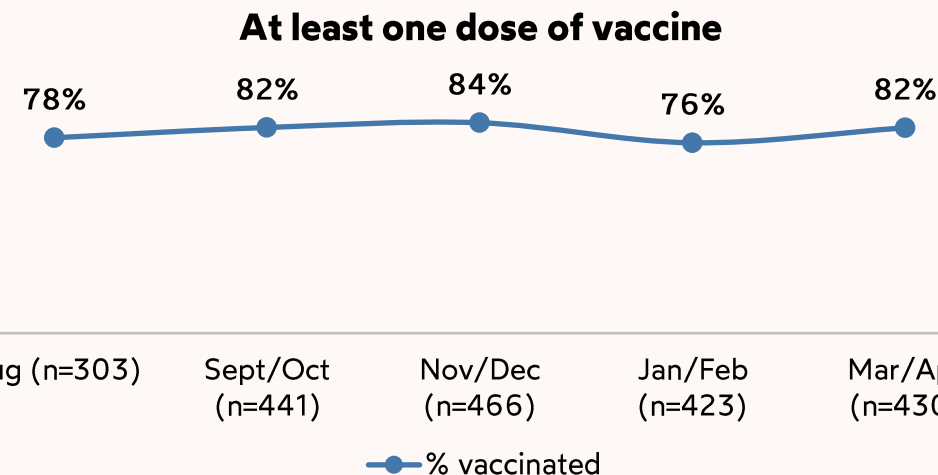
TTB uses tablets in its door-to-door canvassing efforts to capture respondents' answers. It is using census block groups to determine which neighborhoods to reach out to.

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

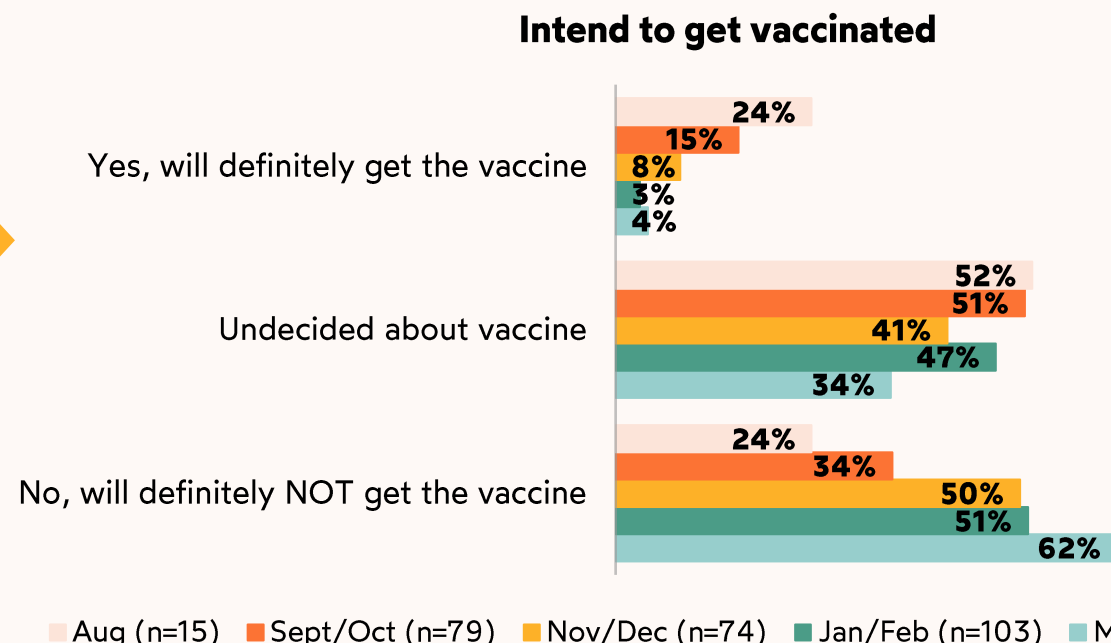
# Vaccination status and intention (n = 2064)

August 2021 – April 2022: Data trends

The share of respondents who received at least one dose of the Covid-19 vaccine ranged between 76-84% from August 2021 to March/April 2022.



Over time, fewer respondents said they would definitely get the vaccine. In contrast, more respondents over time said they would definitely NOT get the vaccine. At least half of unvaccinated respondents surveyed between November 2021 and April 2022 said they would definitely NOT get the vaccine.

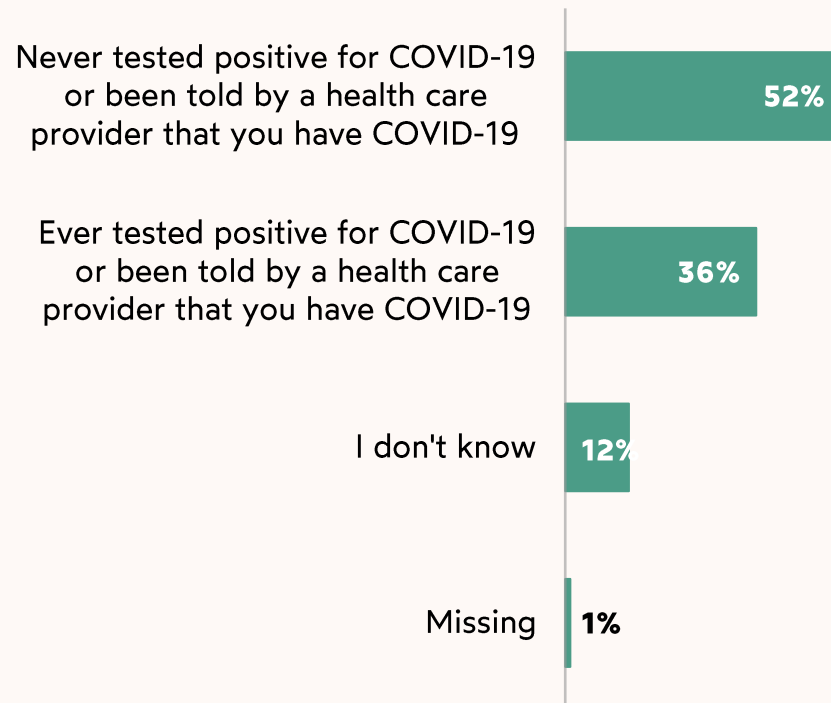


October 2021 – April 2022:  
Cumulative data

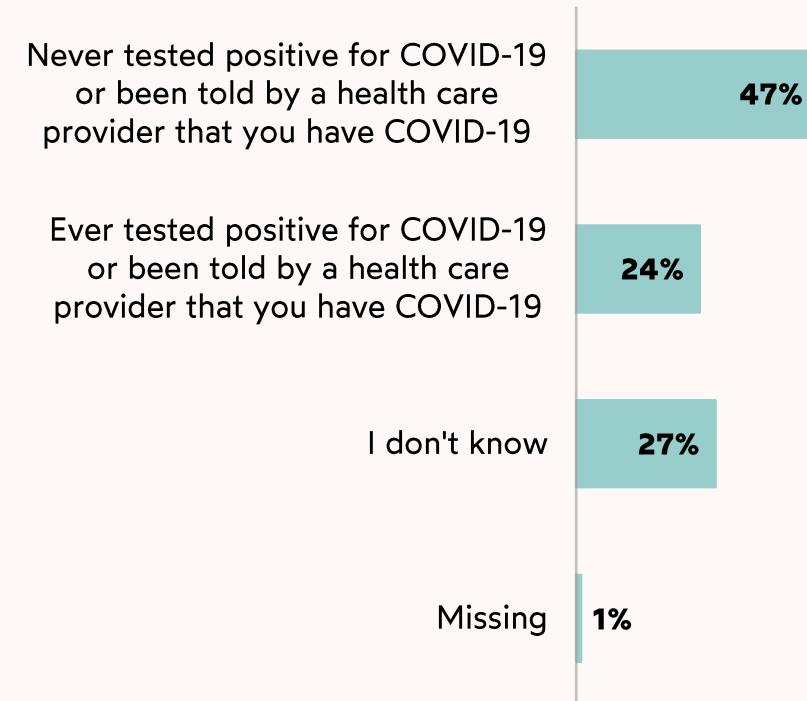
## Respondents' personal experience with Covid-19 ( $n = 1797$ )

**Fifty-two percent** of vaccinated respondents surveyed between October 2021 and April 2022 **reported having tested positive for Covid-19 or being told they have Covid-19** compared to **47%** of unvaccinated respondents. However, a larger share of unvaccinated respondents reported **not knowing if they ever tested positive or were told they have Covid-19 (27% vs 12%)\*\***.

### VACCINATED (n= 1278)



### UNVACCINATED (n= 519)



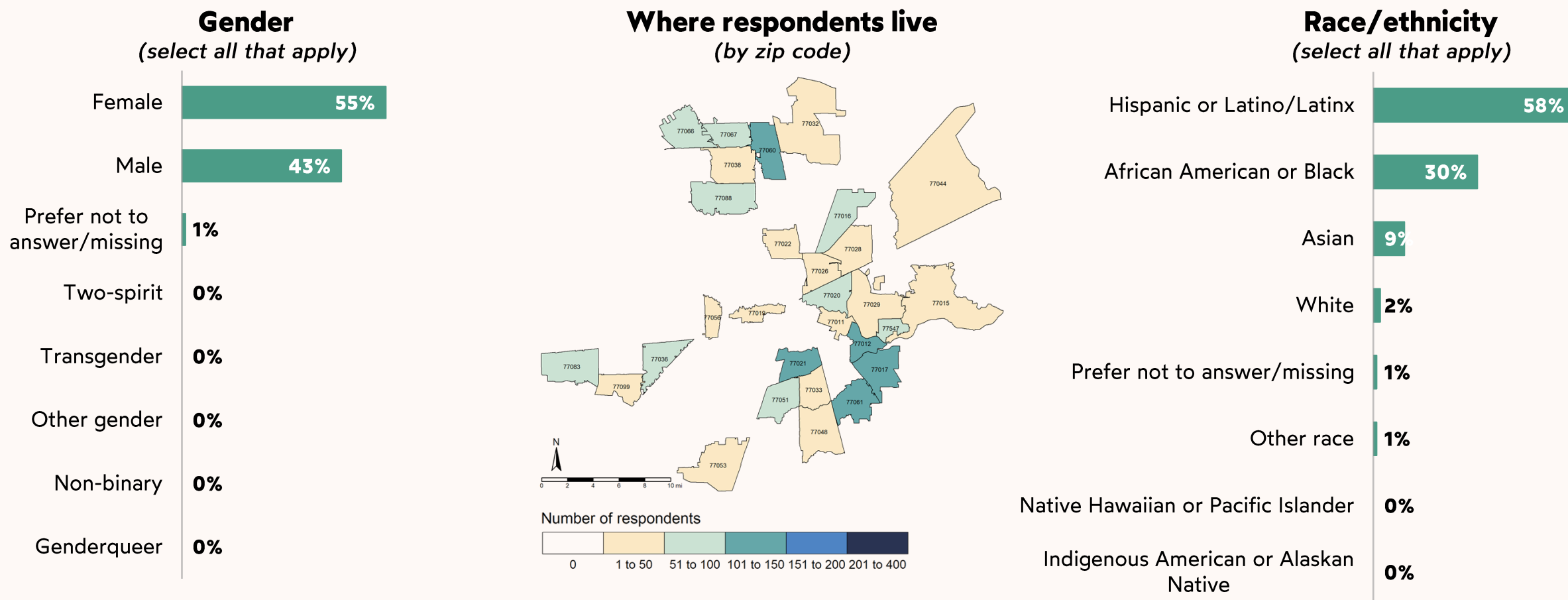
\*Survey question 8.3; \*\*High percentage of don't know responses make it difficult to interpret the differences between vaccinated and unvaccinated respondents accurately in this wave.



# Who are the vaccinated respondents? ( $n = 1663$ )

August 2021 – April 2022:  
Cumulative data

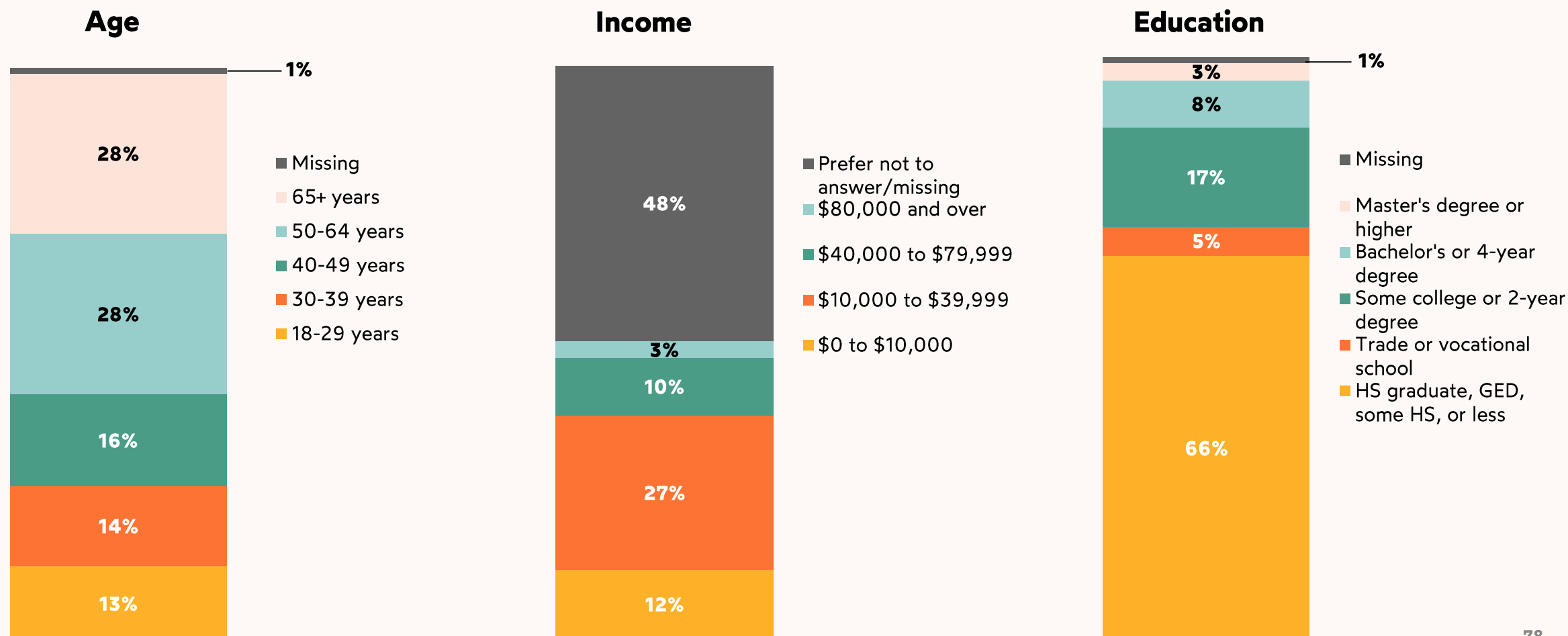
**Over half** of vaccinated respondents surveyed between August 2021 and April 2022 were **female (55%)** and **58%** were **Hispanic or Latino/Latinx**.



# Who are the vaccinated respondents? ( $n = 1663$ )

August 2021 – April 2022:  
Cumulative data

The largest share of vaccinated respondents surveyed between August 2021 and April 2022, were in **age groups 50-64 (28%)** and **65+ (28%)** and **two-thirds** had a **high school diploma/GED or less (66%)**.\*\*



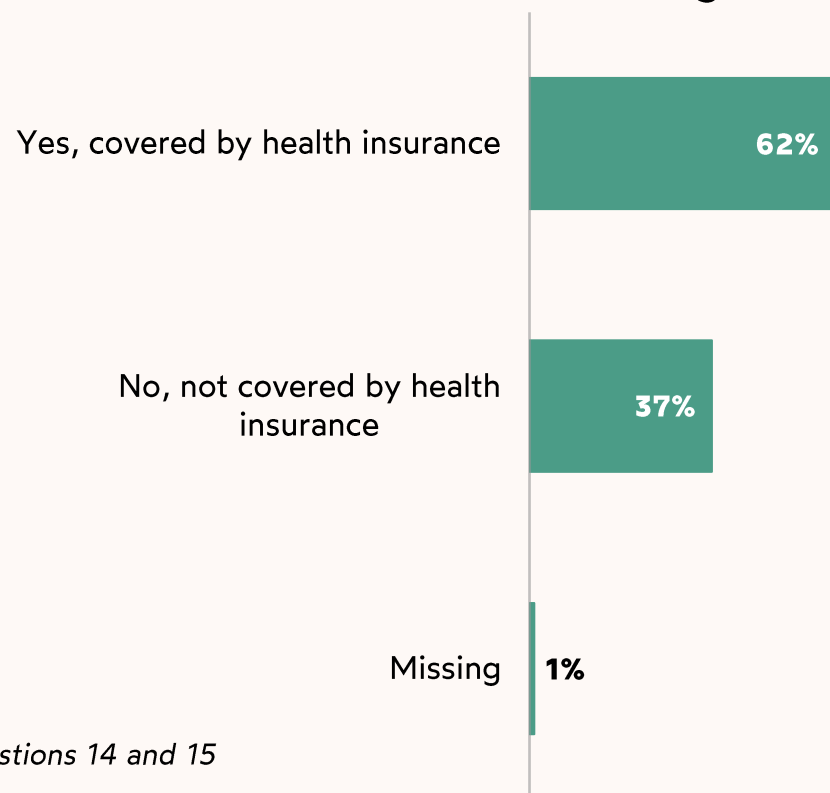
\*Survey questions 9a, 12, and 13; \*\*High percentage of missing income responses make it difficult to describe the typical income of a vaccinated respondent accurately.

August 2021 – April 2022:  
Cumulative data

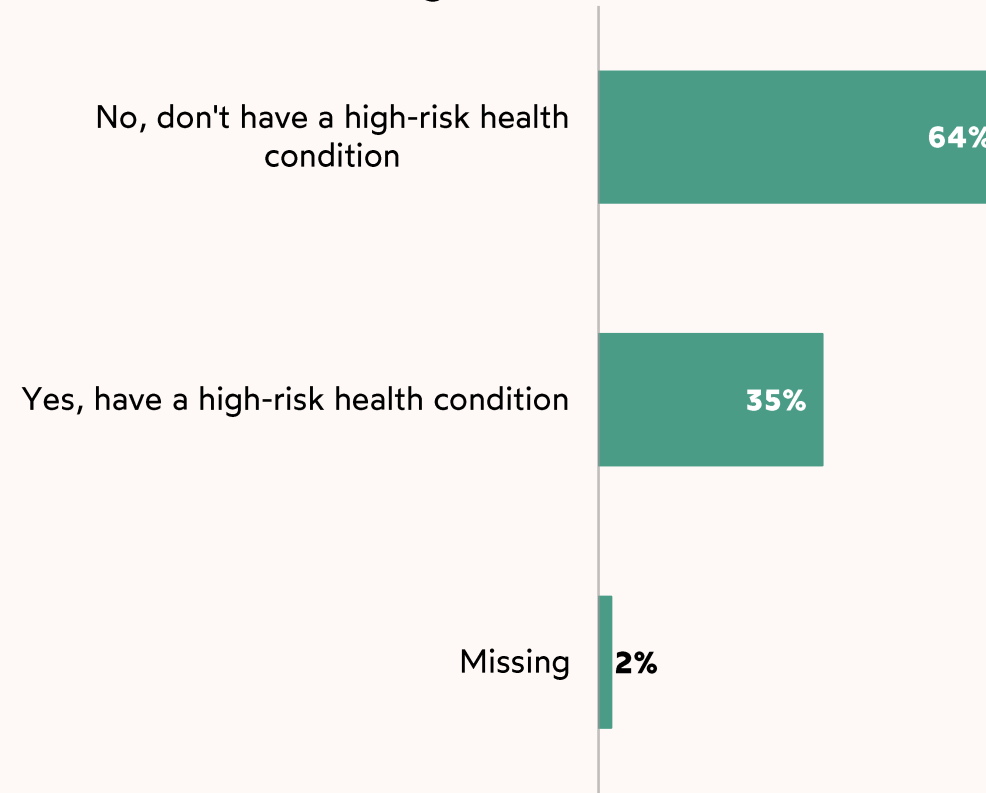
# Who are the vaccinated respondents? ( $n = 1663$ )

**Sixty-two percent** of vaccinated respondents surveyed between August 2021 and April 2022 were **covered by health insurance** and **64%** reported that they have **no 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. 79

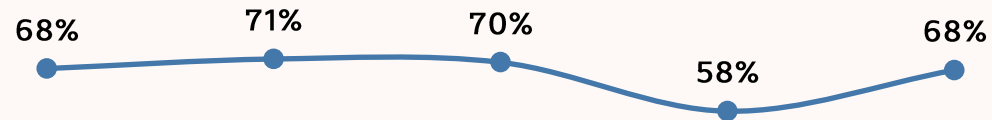
August 2021 – April 2022: Data trends

## Access over time (vaccinated)

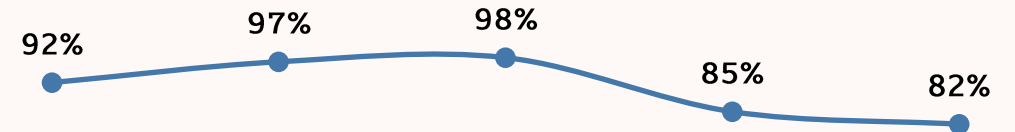
Reported ease of accessing vaccines varied across respondents surveyed over time. Between **58% and 71%** of vaccinated respondents said it took them **20 minutes or fewer** to get to their vaccine location, and between **82% and 98%** said it was **very easy** or **somewhat easy** to make an appointment.

### Access

Twenty minutes or fewer to get to vaccine location



Very easy or somewhat easy to make vaccine appointment



Aug (n=237)    Sept/Oct (n=362)    Nov/Dec (n=392)    Jan/Feb (n=320)    Mar/Apr (n=351)

—●— % responding 20 minutes or fewer

Aug (n=237)    Sept/Oct (n=362)    Nov/Dec (n=392)    Jan/Feb (n=320)    Mar/Apr (n=351)

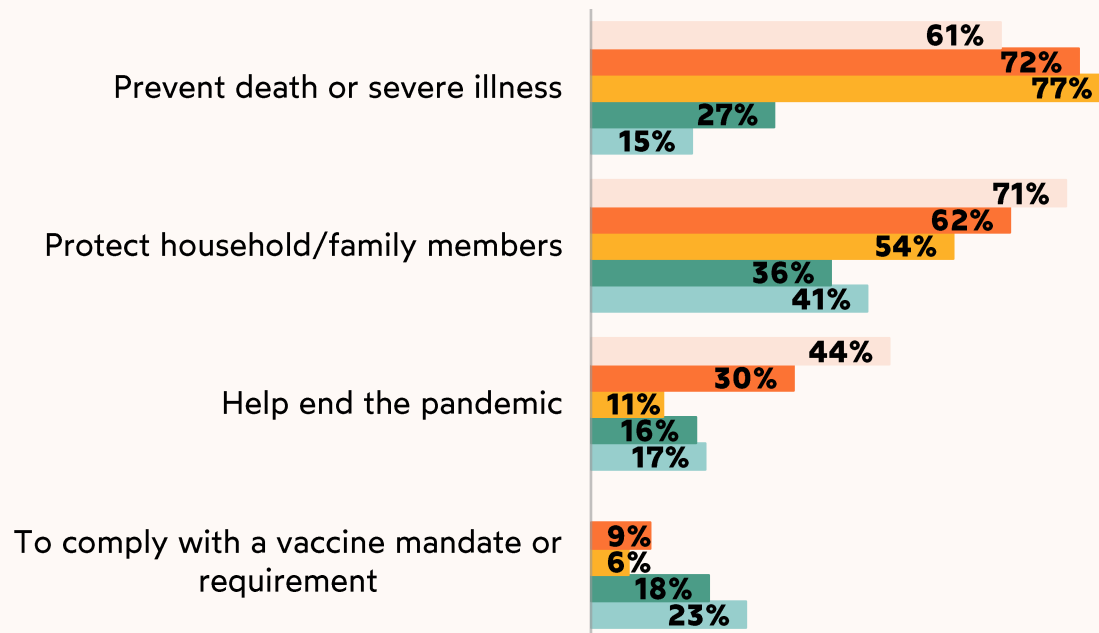
—●— % responding 'Very easy' or 'Somewhat easy' to get vaccine

# Motivators and trusted messengers over time (vaccinated)

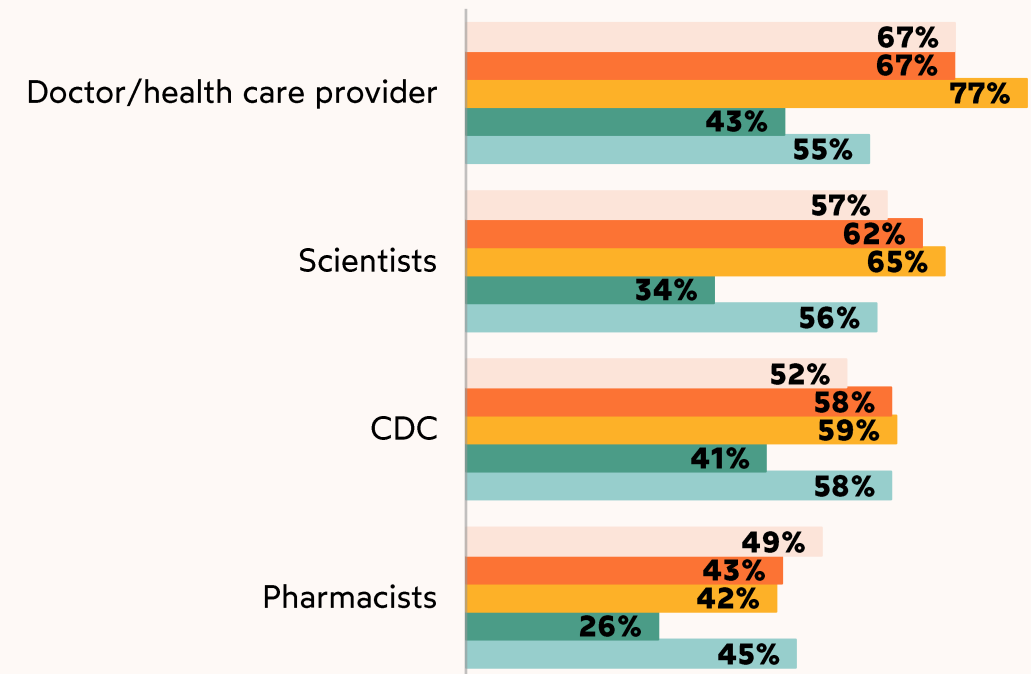
August 2021 – April 2022: Data trends

- In earlier months, vaccinated respondents noted that **the vaccine preventing death/severe illness and protecting household/family members were their top two motivators to get the vaccine**. A smaller share of respondents listed these as motivators from January to April.
- While **doctors/health care providers, scientists, and the CDC** were among the most trusted messengers across months, the share of respondents who reported trusting these groups was lower in January/February.

## Motivators



## Trusted Messengers

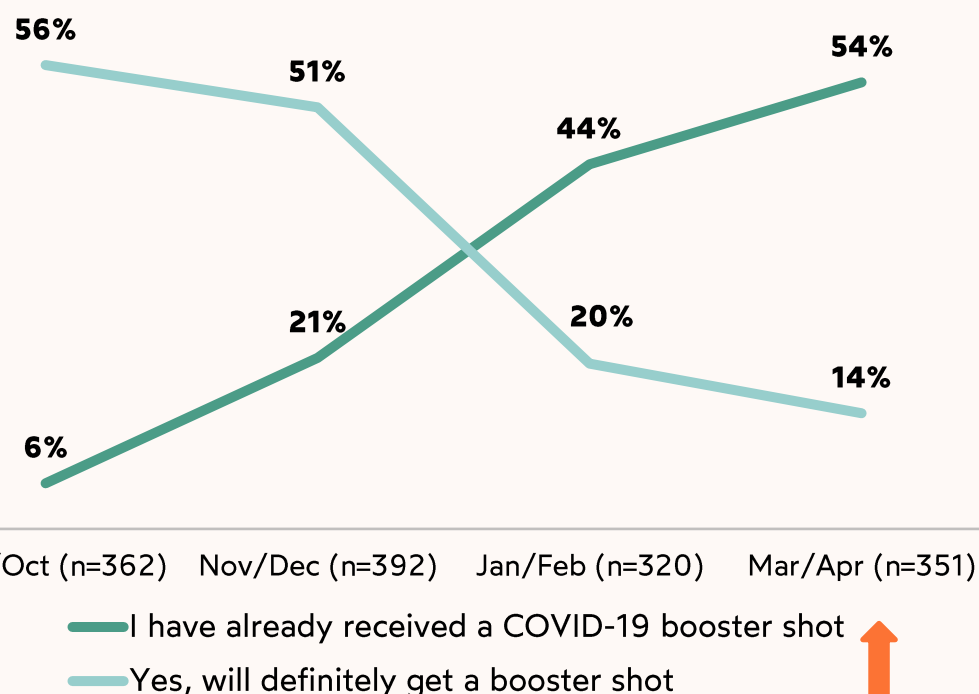


Aug (n=237) Sept/Oct (n=362) Nov/Dec (n=392) Jan/Feb (n=320) Mar/Apr (n=351)

September 2021 – April 2022: Data trends

# Booster shot trends (vaccinated)

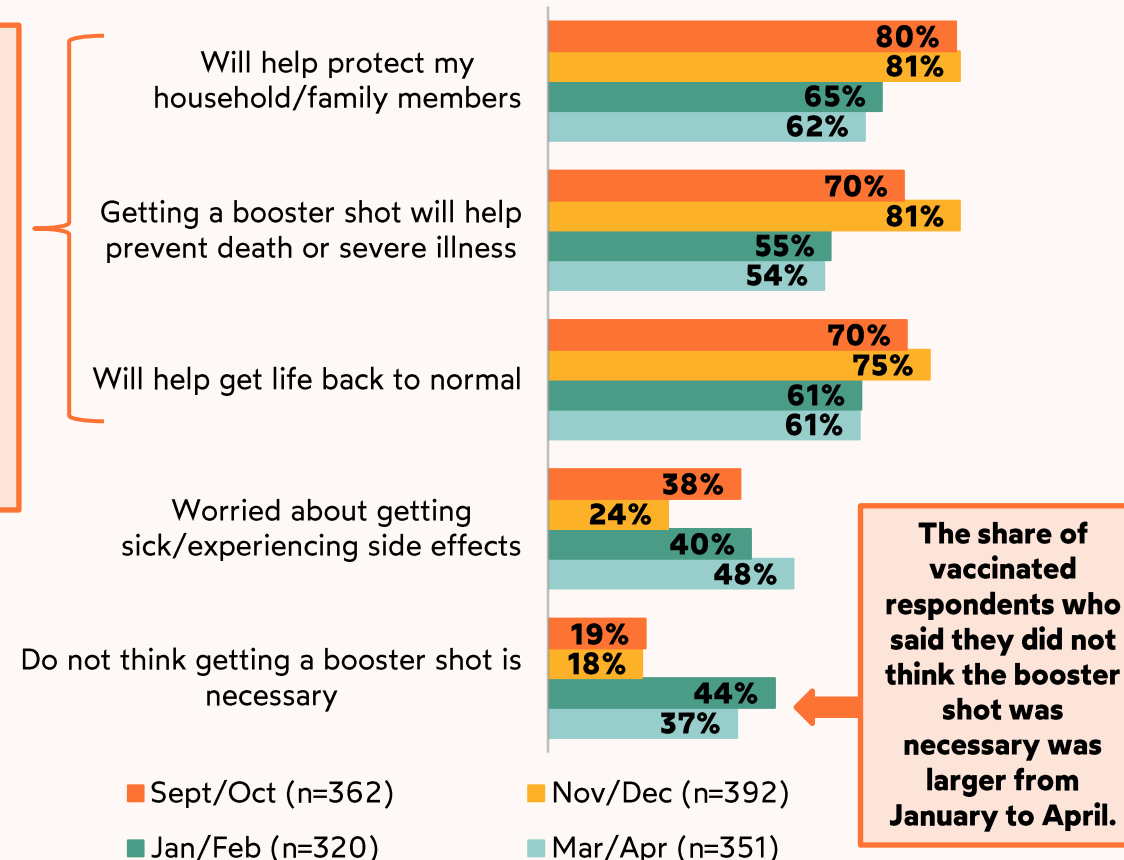
## Booster shot status and intention



Each month, more respondents noted they already received their booster shot (> 50% in March/April) and fewer respondents said they would definitely get a booster shot.

From January to April, confidence about booster shots preventing death/severe illness, protecting household members, and getting life back to normal was lower than previous months.

## Booster shot attitudes

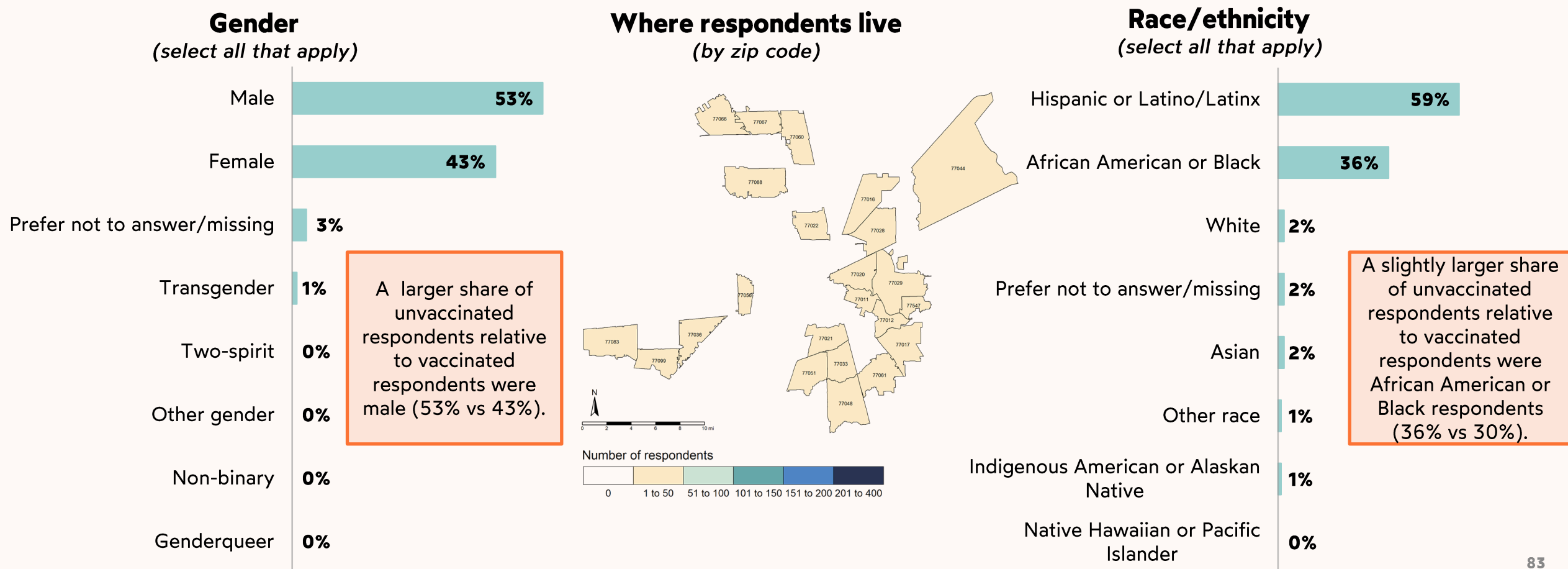


The share of vaccinated respondents who said they did not think the booster shot was necessary was larger from January to April.

# Who are the unvaccinated respondents? ( $n = 401$ )

August 2021 – April 2022:  
Cumulative data

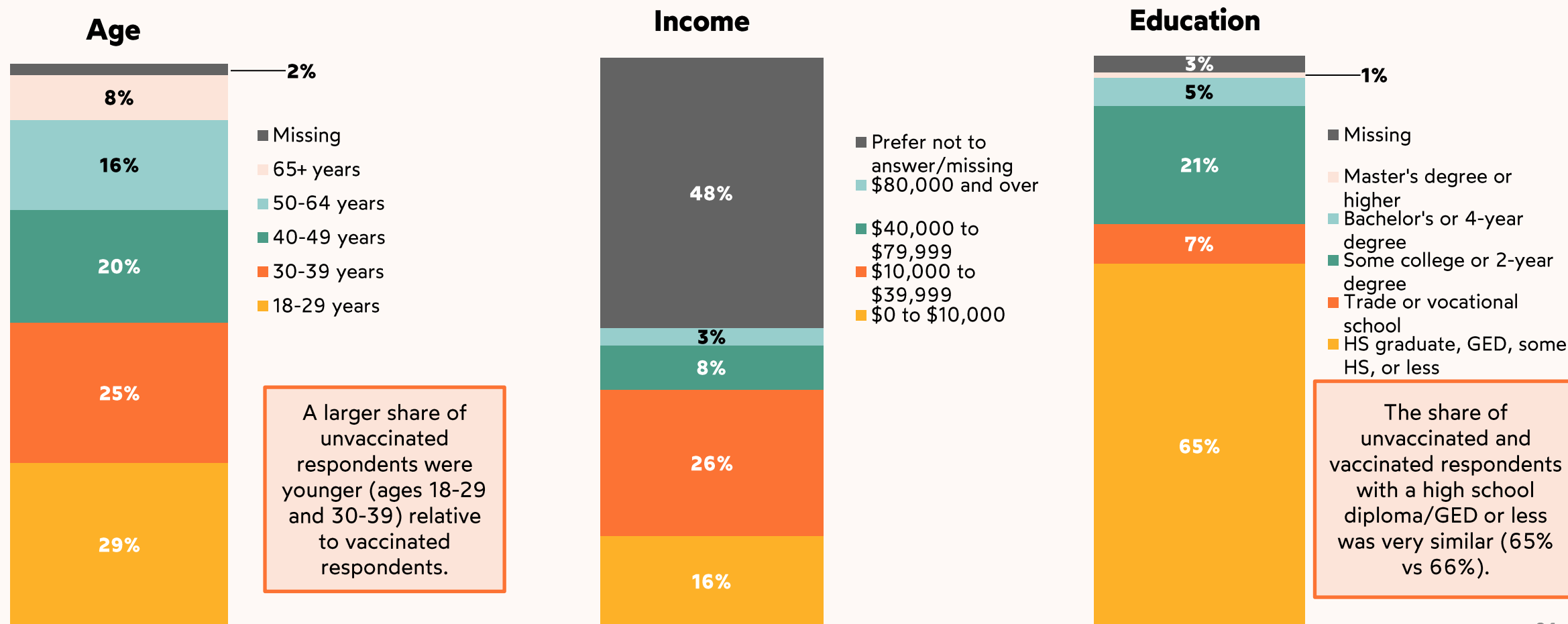
**Over half** of unvaccinated respondents surveyed between August 2021 and April 2022 were **male (53%)** and **59%** were **Hispanic or Latino/Latinx**.



August 2021 – April 2022:  
Cumulative data

# Who are the unvaccinated respondents? ( $n = 401$ )

The largest share of unvaccinated respondents surveyed between August 2021 and April 2022 were in age groups **18–29 (29%)** and **30–39 (25%)** and **almost two-thirds** had a **high school diploma/GED or less (65%)**.\*\*



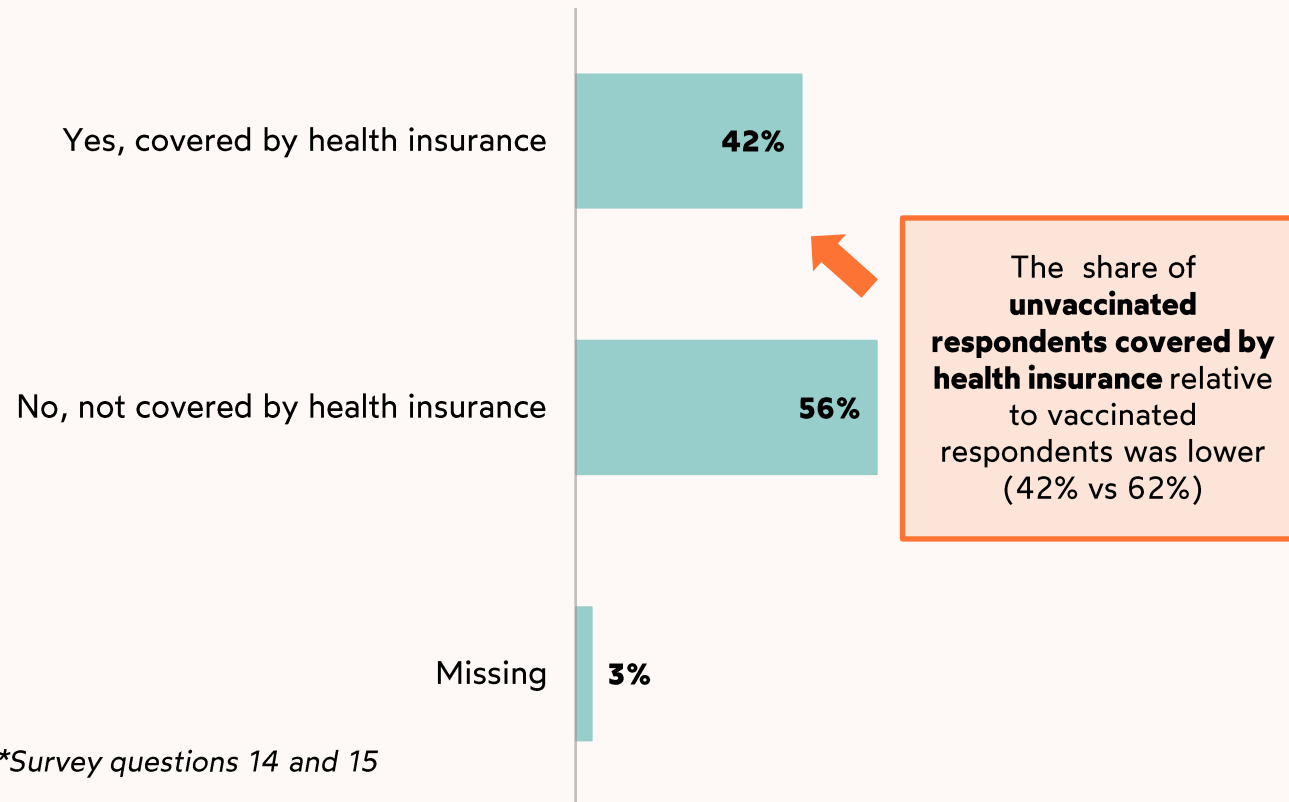


August 2021 – April 2022:  
Cumulative data

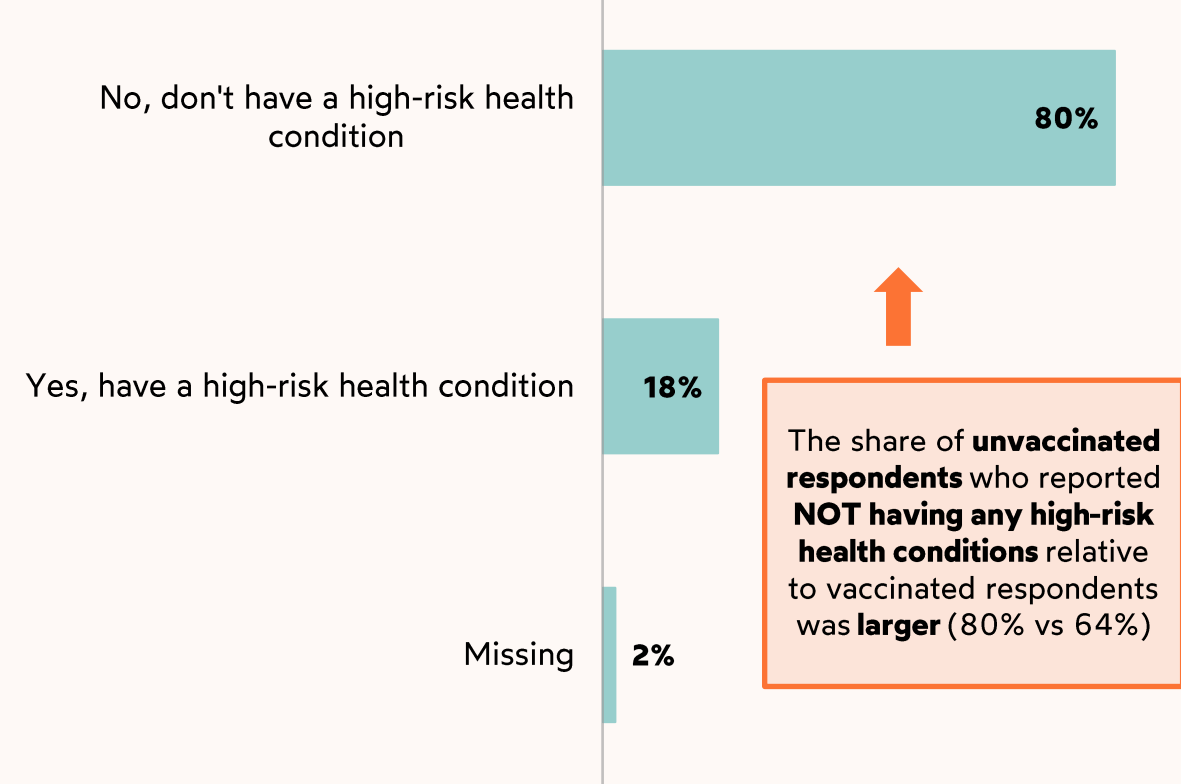
# Who are the unvaccinated respondents? ( $n = 401$ )

**Forty-two percent** of unvaccinated respondents surveyed between August 2021 and April 2022 were **covered by health insurance** and **four-fifths did not report having any high-risk health conditions (80%)**.

## Health insurance coverage



## High-risk medical conditions\*\*



\*Survey questions 14 and 15

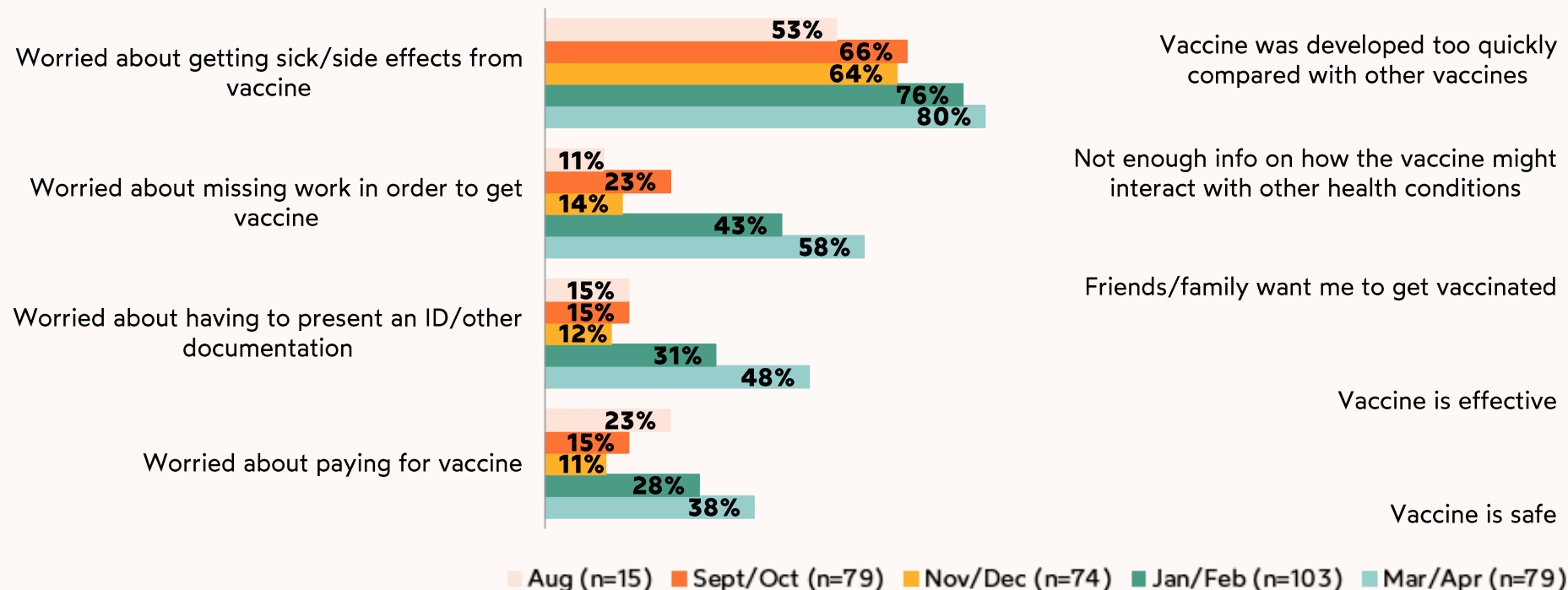
\*\*High-risk health conditions include smoking, heart conditions (including high blood pressure), diabetes, obesity, lung disease (including asthma or COPD), kidney disease, cancer, pregnancy, sickle cell disease, HIV, other chronic diseases, or any condition that impairs your immune system.

# Barriers and beliefs over time (unvaccinated)

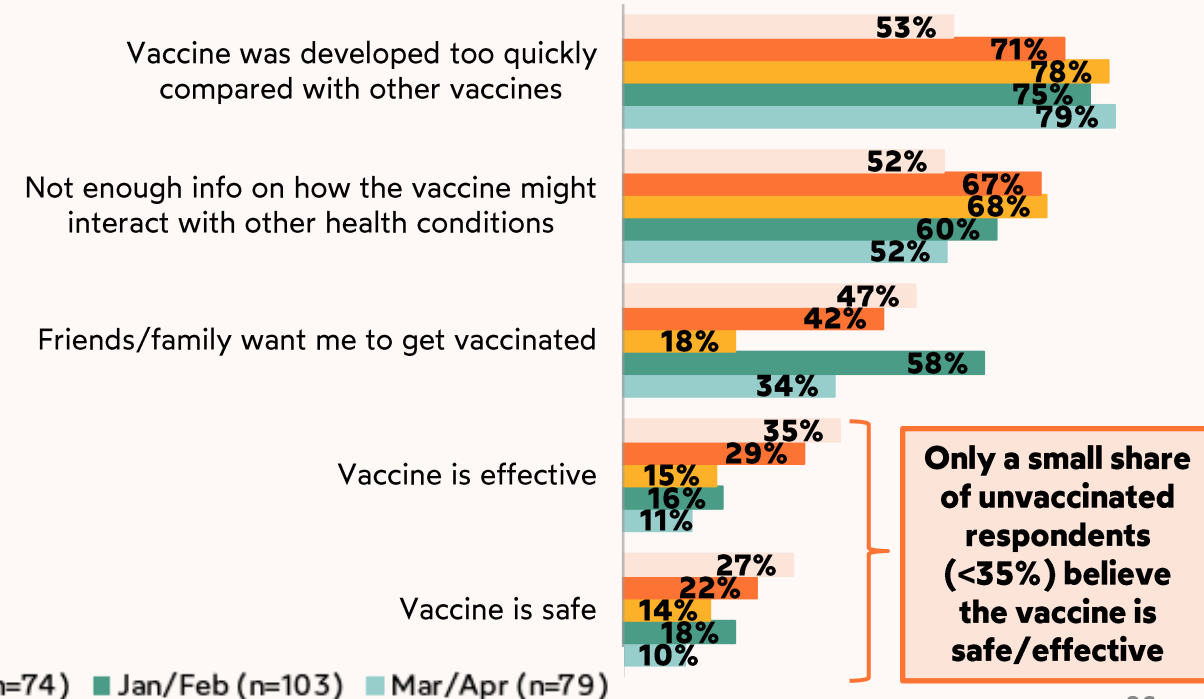
August 2021 – April 2022: Data trends

- The share of respondents that worried about **getting sick/side effects** was smallest in July/August and greater in the following months.
- From January to April, the share of respondents worried about the **logistics of getting the vaccine** (e.g., presenting ID, paying for vaccine) was larger relative to previous months.
- Fairly consistent across months, unvaccinated respondents noted that **there was not enough info on how the vaccine interacts with other conditions** and **the vaccine was developed too quickly compared with other vaccines**.

## Barriers



## Beliefs



Only a small share of unvaccinated respondents (<35%) believe the vaccine is safe/effective

Aug (n=15) Sept/Oct (n=79) Nov/Dec (n=74) Jan/Feb (n=103) Mar/Apr (n=79)

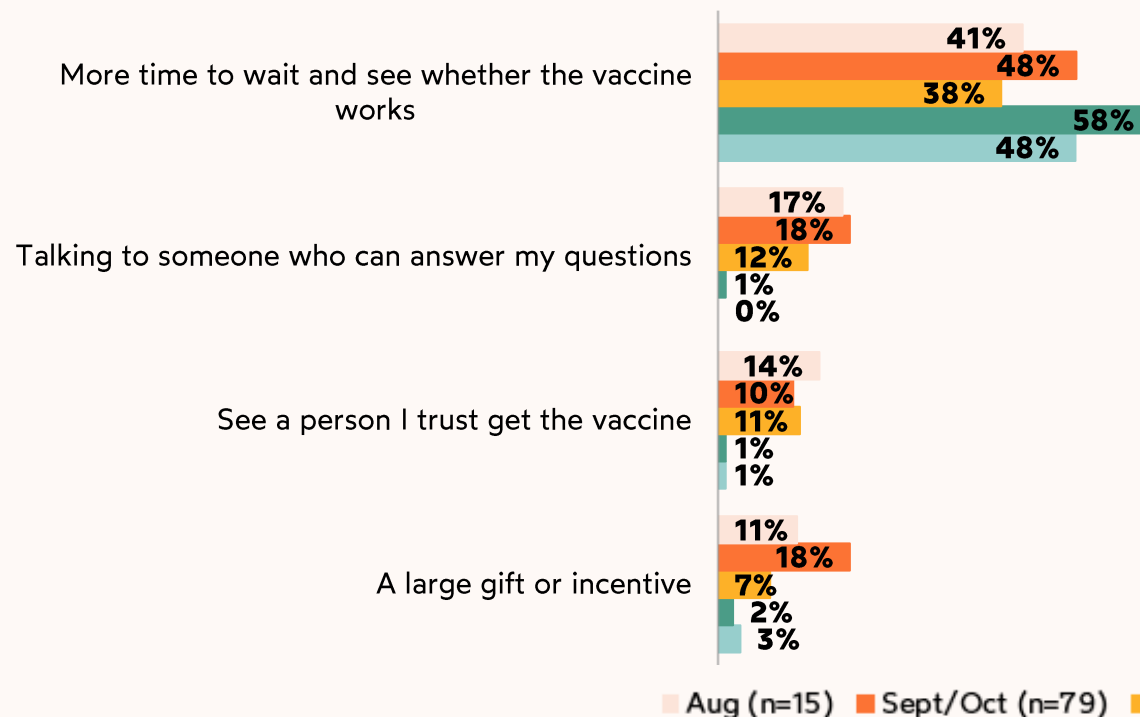
\*Survey questions 6b and 7; \*\*Given the small sample sizes, it is important not to overinterpret these differences.

# Motivators and trusted messengers over time (unvaccinated)

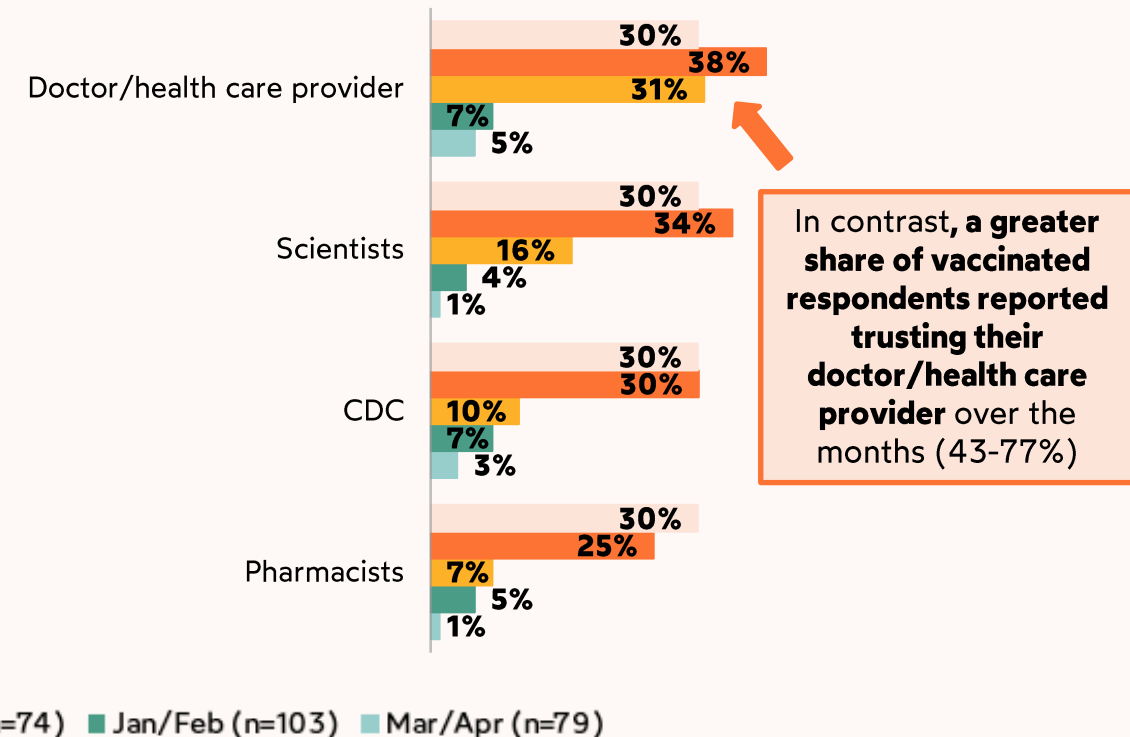
August 2021 – April 2022:  
Data trends

- Unvaccinated respondents' top motivator across all months was **more time to wait and see whether the vaccine works**.
- Overall trust in the listed messengers was low among unvaccinated respondents**, and the share of respondents that trusted any of the listed messengers was smaller from January through April.

## Motivators



## Trusted Messengers



Aug (n=15) Sept/Oct (n=79) Nov/Dec (n=74) Jan/Feb (n=103) Mar/Apr (n=79)

# Summary of key findings

From August 2021 – April 2022

## KEY CHARACTERISTICS ABOUT SAMPLE

### VACCINATED VS UNVACCINATED\*

- A slightly larger share of **unvaccinated respondents were male** compared to vaccinated respondents, and a slightly larger share of unvaccinated respondents were **African American/Black**. The share of Hispanic/Latinx respondents was similar across both groups.
- Unvaccinated and vaccinated respondents were **similarly distributed across education levels** but differed in age. The largest share of unvaccinated respondents were ages 18-39 (54%) compared to ages 50+ for vaccinated respondents (56%).
- Compared to vaccinated respondents, a **larger share** of unvaccinated respondents reported having **no high-risk health conditions** and a **smaller share reported having health insurance**.

## KEY TAKEAWAYS

### VACCINATED RESPONDENTS

- In earlier months, vaccinated respondents noted that **preventing death/severe illness and protecting household/family members** were their top two motivators to get the vaccine. From January through April, only a small share of respondents listed these as motivators.
- From January through April, confidence about booster shots **preventing death/severe illness, protecting household members**, and **getting life back to normal** was lower.
- Each month, more respondents said that they **already received their booster shot** whereas fewer respondents said that they would **definitely get a booster shot**.

## KEY TAKEAWAYS

### UNVACCINATED RESPONDENTS

- Across all months, respondents believed that there was **not enough info on how the vaccine interacts with other conditions** and **the vaccine was developed too quickly compared with other vaccines**.
- Across all months, respondents did not believe **the vaccine was safe or effective**.
- From January to April, the share of respondents worried about **the logistics of getting the vaccine** was much larger. Over half were worried about missing work.
- **Trust in all sources of Covid-19 information remained very low** across all months (below 38%)

\*Please note that some of these differences could be due to sample size differences (vaccinated sample size is 1663 respondents and the unvaccinated sample size is 401 respondents)

## Next steps: how can you continue to think about and use the data?

- 1) Continue to use data to **inform changes to vaccine distribution and marketing campaigns in Oakland**
- 2) Use data to **guide additional conversations in your communities** (conducting listening sessions or focus groups on main points or findings, such as many unvaccinated respondents believing the vaccine was developed too quickly, or believing the vaccine was not safe or effective)
- 3) Leverage your data to **apply for other sources of funding** (your data demonstrates a specific need in your specific community)
- 4) Use the experience and capacity you gained from collecting this data to **collect data again in the future to assess other needs in your community!**

# Houston: Supplemental data

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

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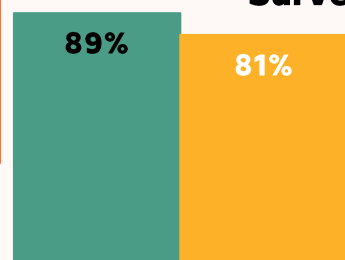
OAKLAND

# Survey respondent demographics vs. Houston city BIPOC demographics

From August 2021 – April 2022: Cumulative data

The survey sample had a lower vaccination rate compared to Houston's population.

## Vaccination status (at least one dose): Houston vs. Survey Sample (n = 2064)



11%

19%

Vaccinated

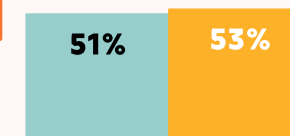
Not vaccinated

■ 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.

The survey sample and Houston's BIPOC population had similar gender distributions

## Gender: Houston vs. Survey Sample (n = 2064)



51%

53%

Female

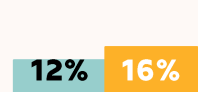
49%

45%

Male

■ Houston BIPOC census, 2019 ACS microdata ■ Survey Sample

## Age: Houston vs. Survey Sample (n = 2064)



18-29 years

30-39 years

40-49 years

50-64 years

65+ years

Missing

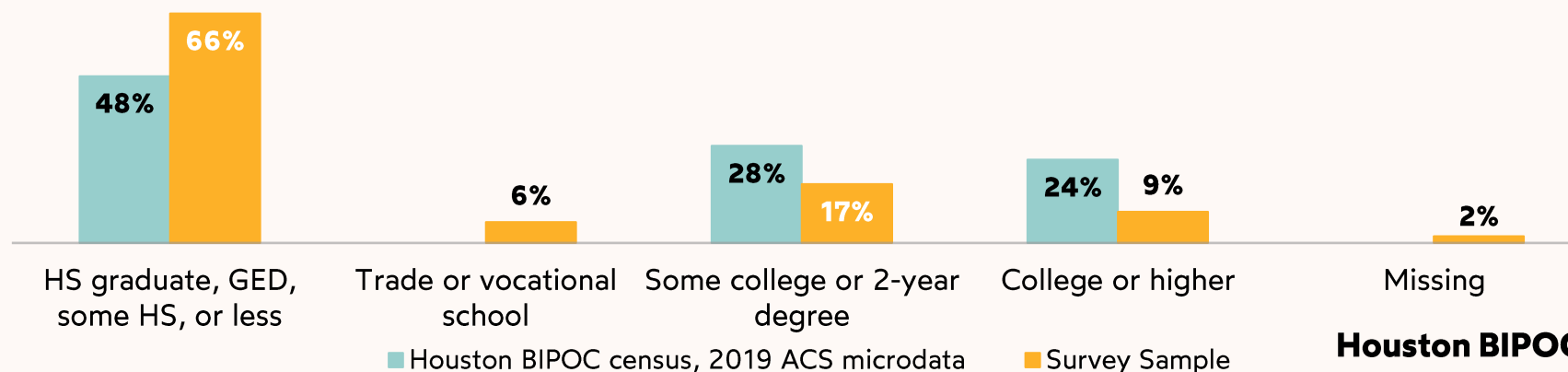
■ Houston BIPOC census, 2019 ACS microdata ■ Survey Sample

The survey sample had a larger share of respondents **ages 50+** and fewer respondents **ages 30-39** relative to the Houston BIPOC population.

# Survey respondent demographics vs. Houston city BIPOC demographics

From August 2021 – April 2022: Cumulative data

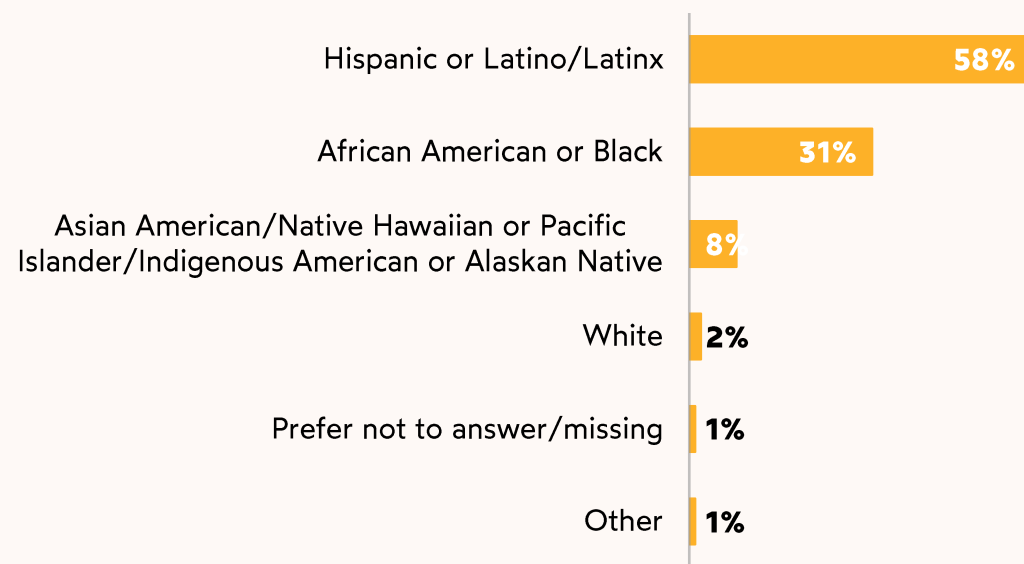
Education: Houston vs. Survey Sample (n = 2064)



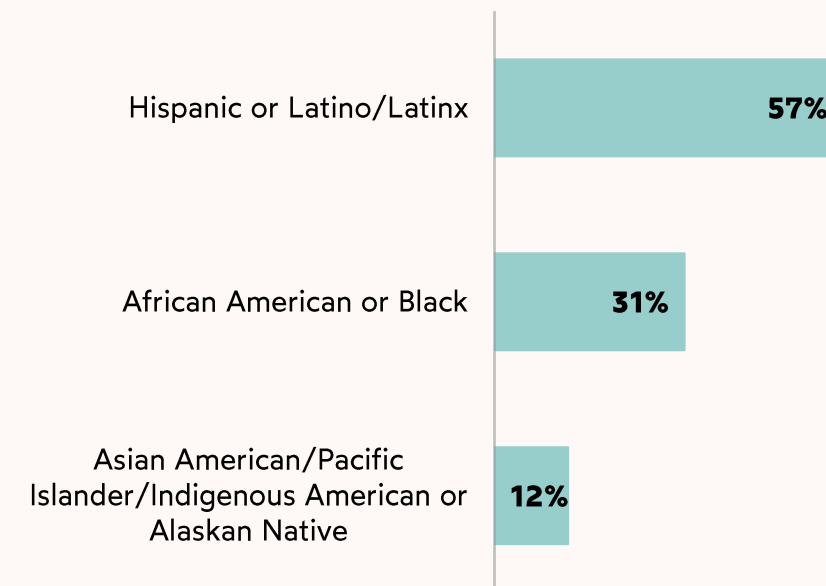
The survey sample **had lower education levels** relative to Houston's BIPOC population.

Houston BIPOC census, 2019 ACS microdata  
BIPOC race/ethnicity

Survey Sample Q11. Race/ethnicity (n = 2064)



Compared with Houston's BIPOC population, the survey sample had similar race/ethnicity distributions.





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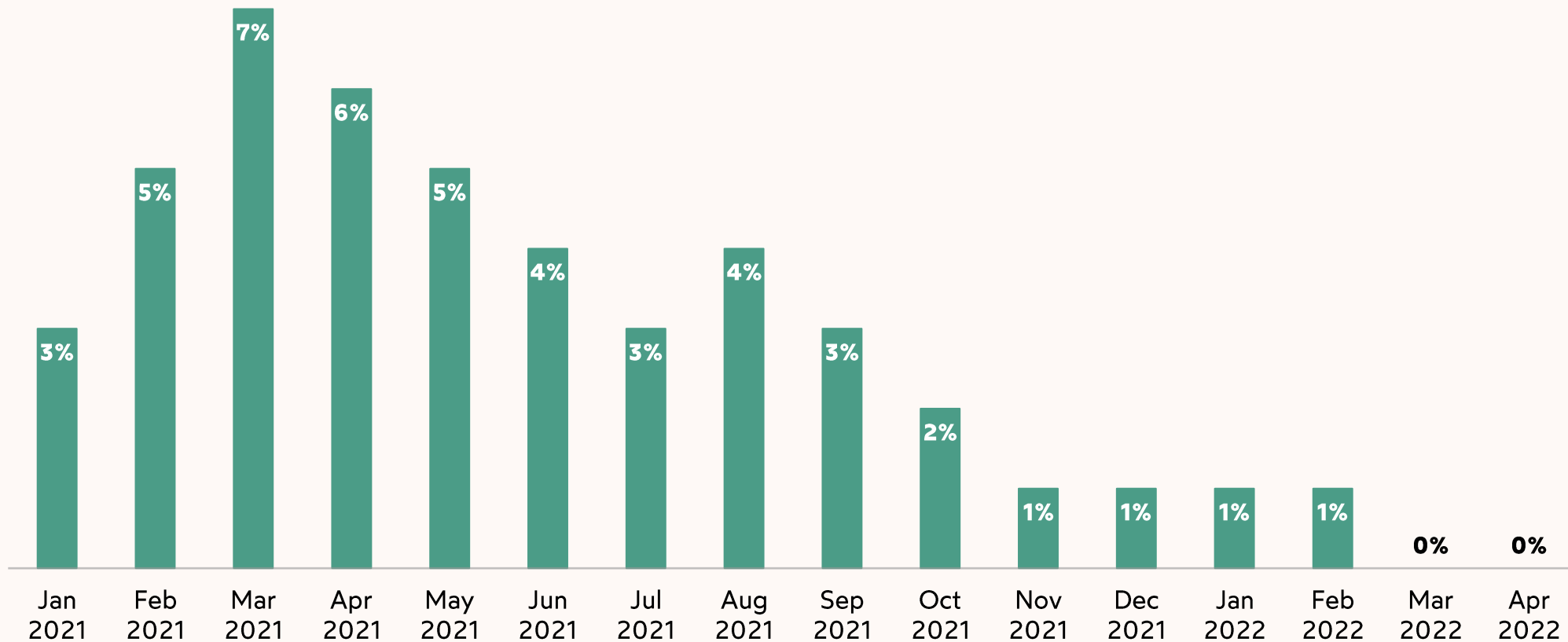
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# Among vaccinated respondents ( $n = 1663$ )

From August 2021 – April 2022: Cumulative data

Month first vaccine was received



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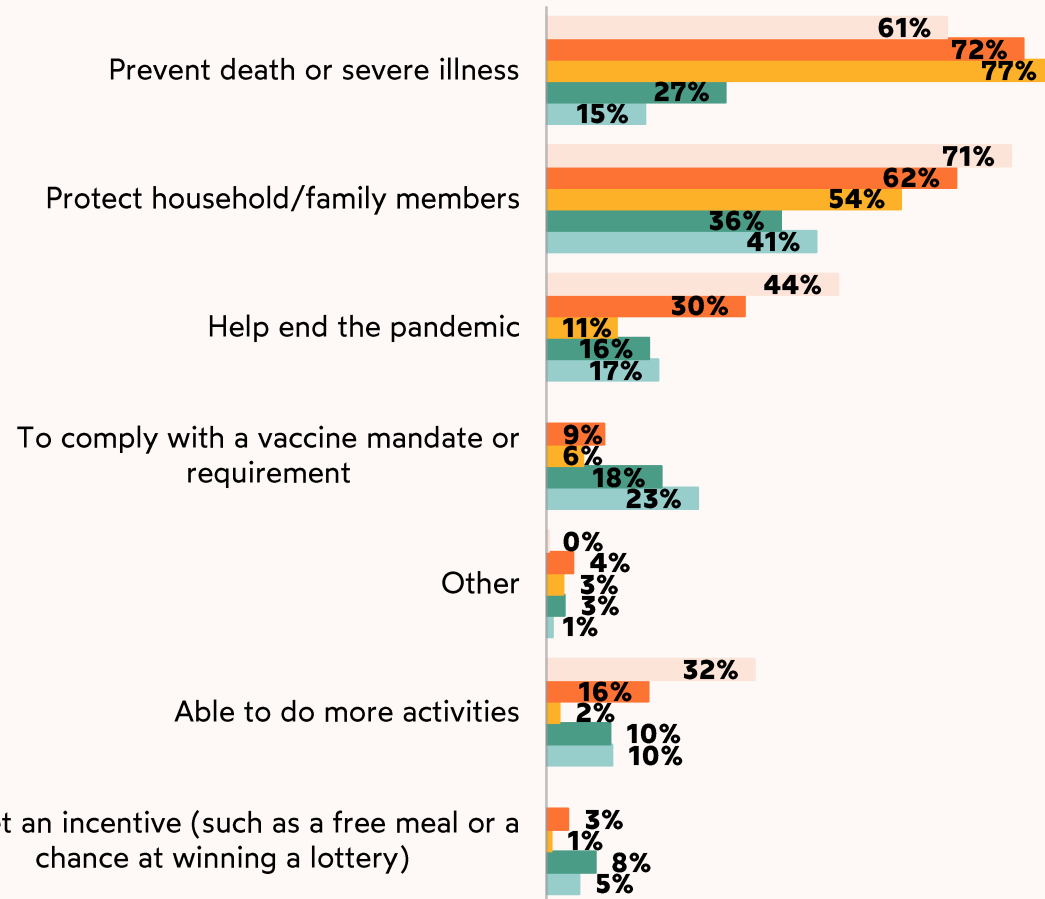
NEWARK

OAKLAND

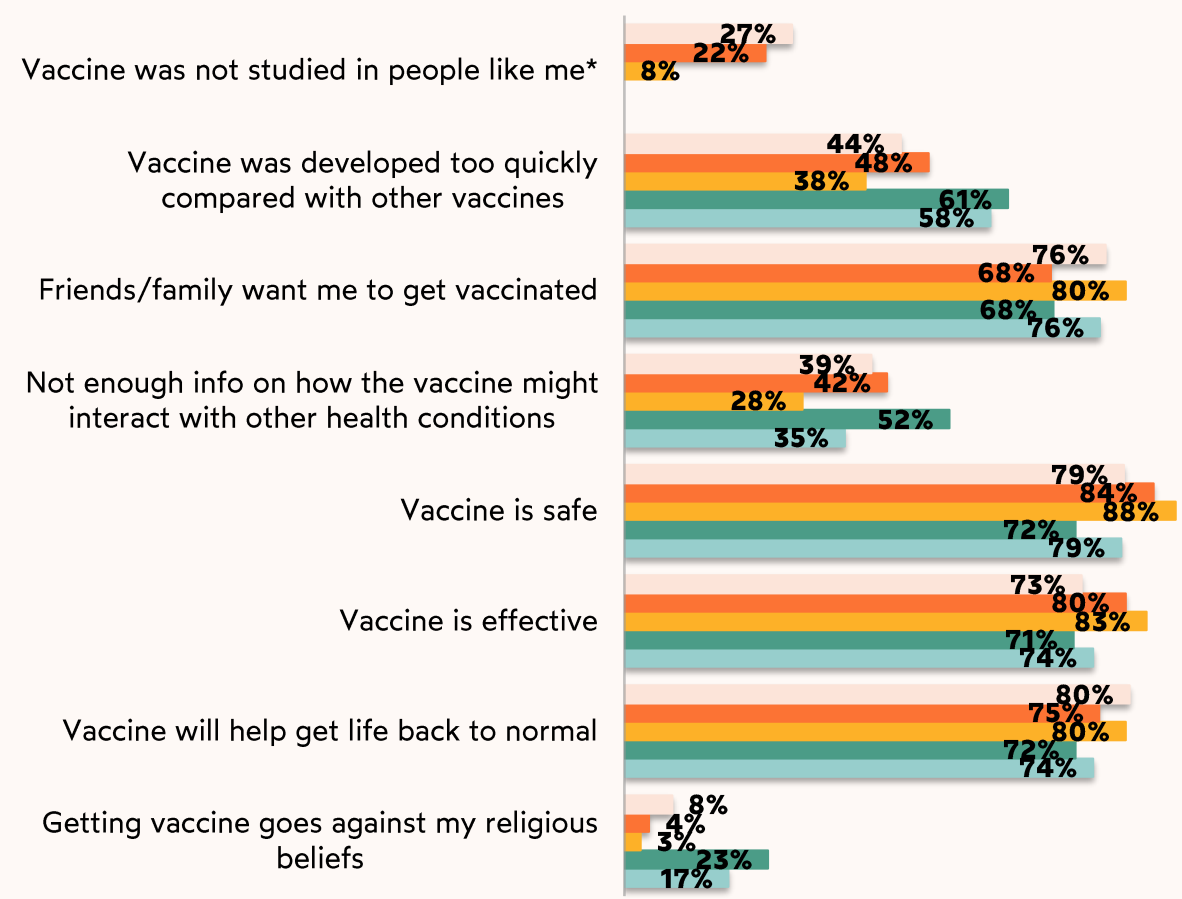
August 2021 – April 2022: Data trends

# Among vaccinated respondents ( $n = 1663$ )

## Motivators



## Beliefs



Aug (n=237) Sept/Oct (n=362) Nov/Dec (n=392) Jan/Feb (n=320) Mar/Apr (n=351)

\*Response option was not asked in Jan/Feb or Mar/Apr report

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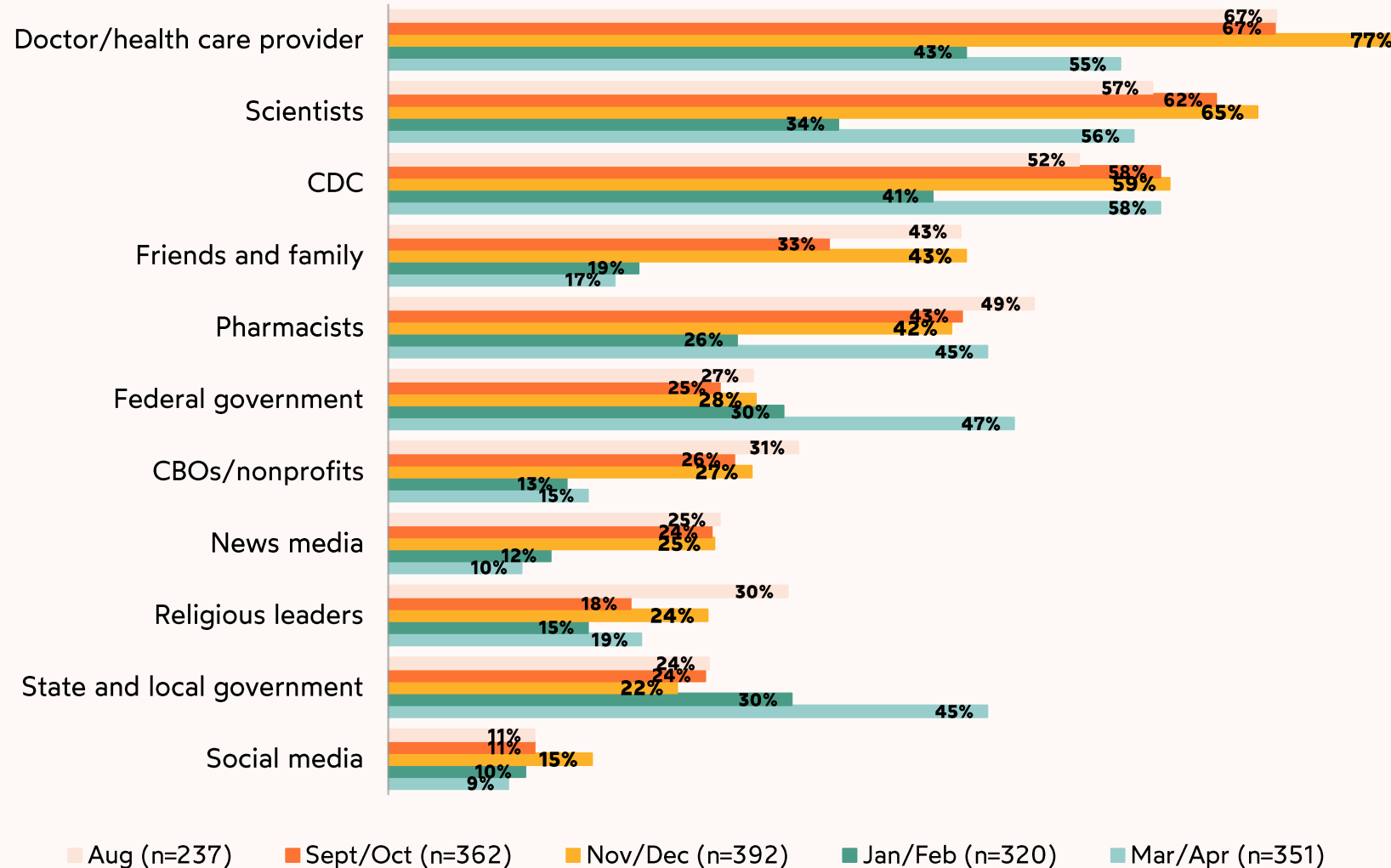
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August 2021 – April 2022: Data trends

# Among vaccinated respondents ( $n = 1663$ )

## Trusted messengers



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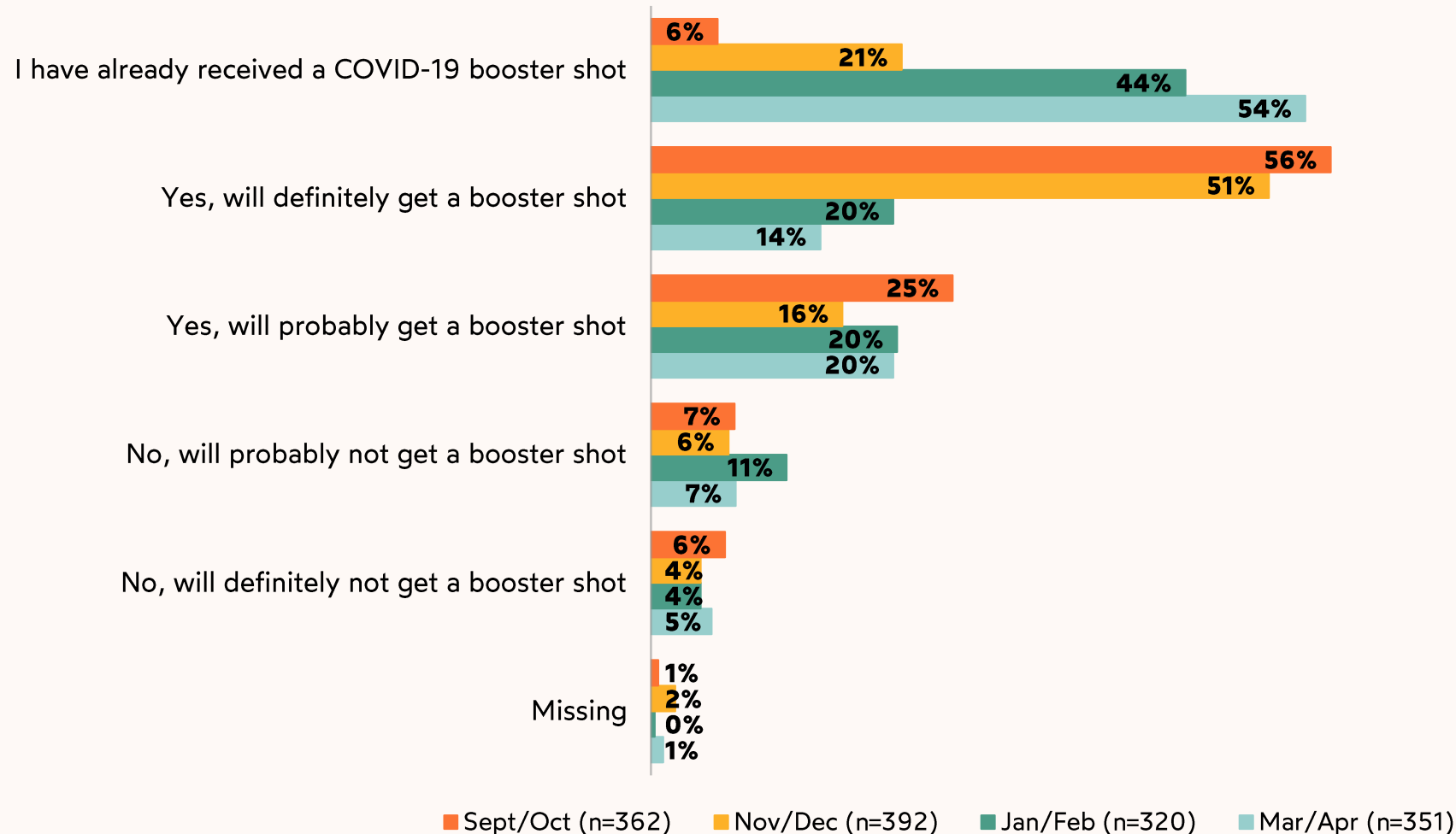
HOUSTON

NEWARK

OAKLAND

September 2021 – April 2022: Data trends

## Among vaccinated respondents ( $n = 1663$ )



BALTIMORE

CHICAGO

HOUSTON

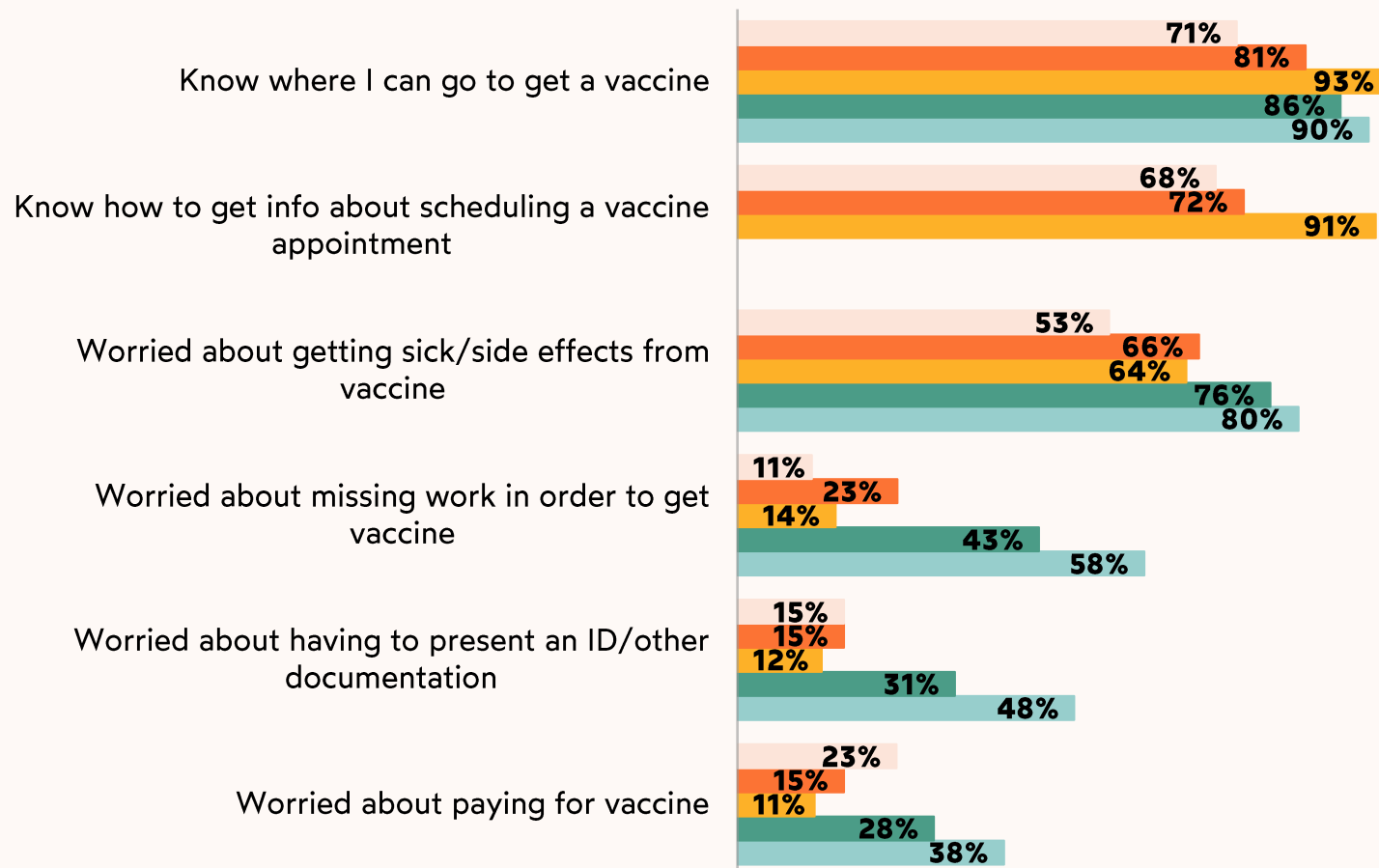
NEWARK

OAKLAND

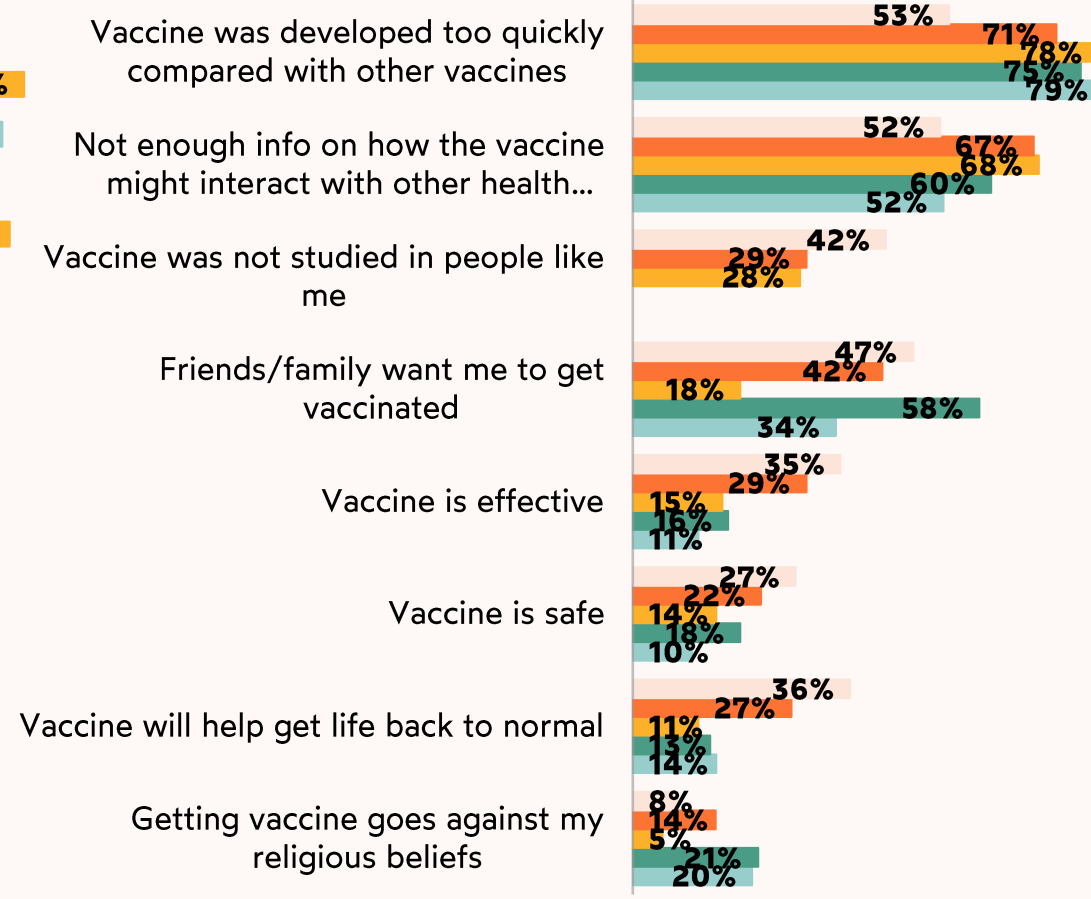
August 2021 – April 2022: Data trends

# Among unvaccinated respondents ( $n = 410$ )

## Barriers/Enablers



## Beliefs



Aug (n=15) Sept/Oct (n=79) Nov/Dec (n=74) Jan/Feb (n=103) Mar/Apr (n=79)

BALTIMORE

CHICAGO

HOUSTON

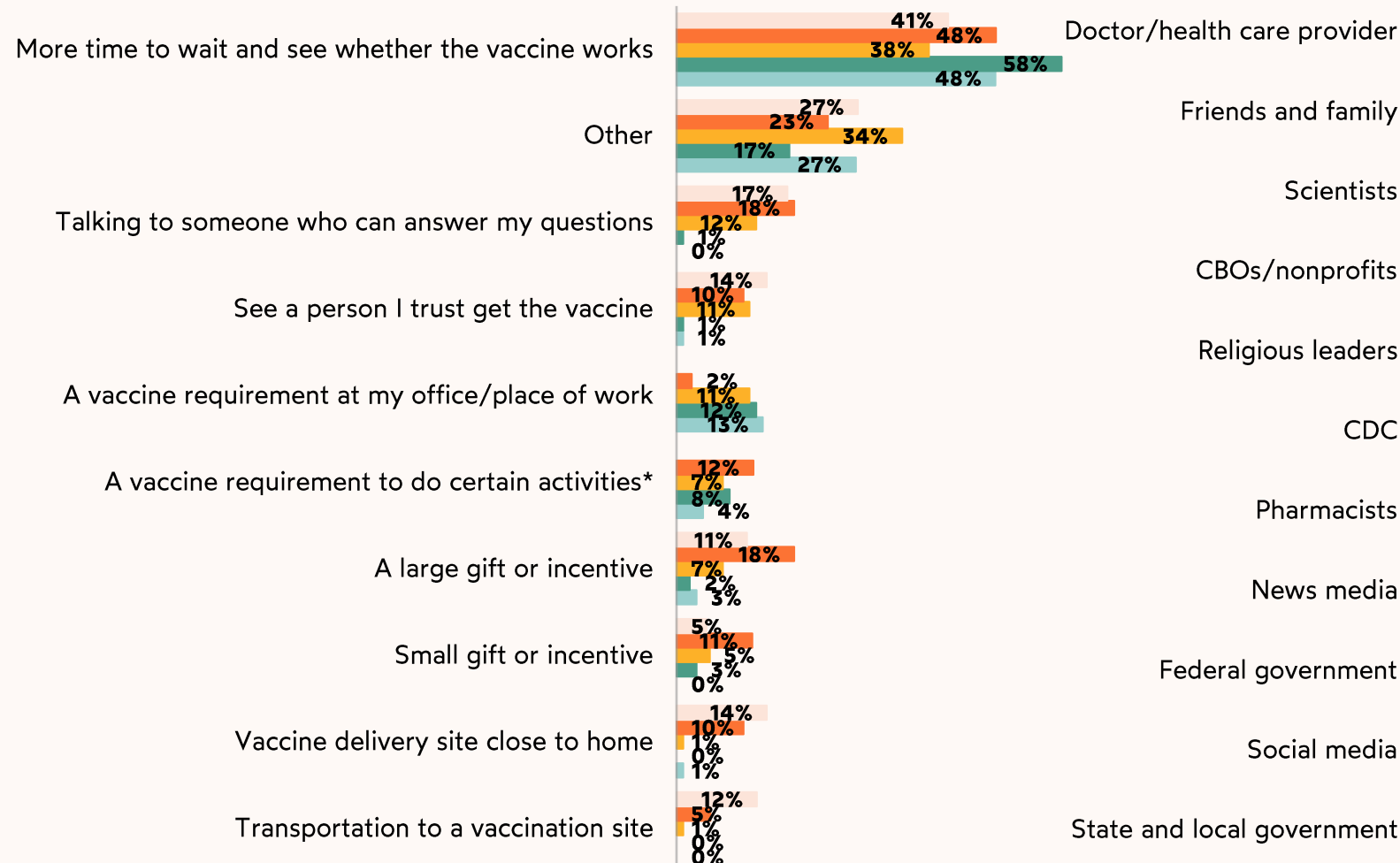
NEWARK

OAKLAND

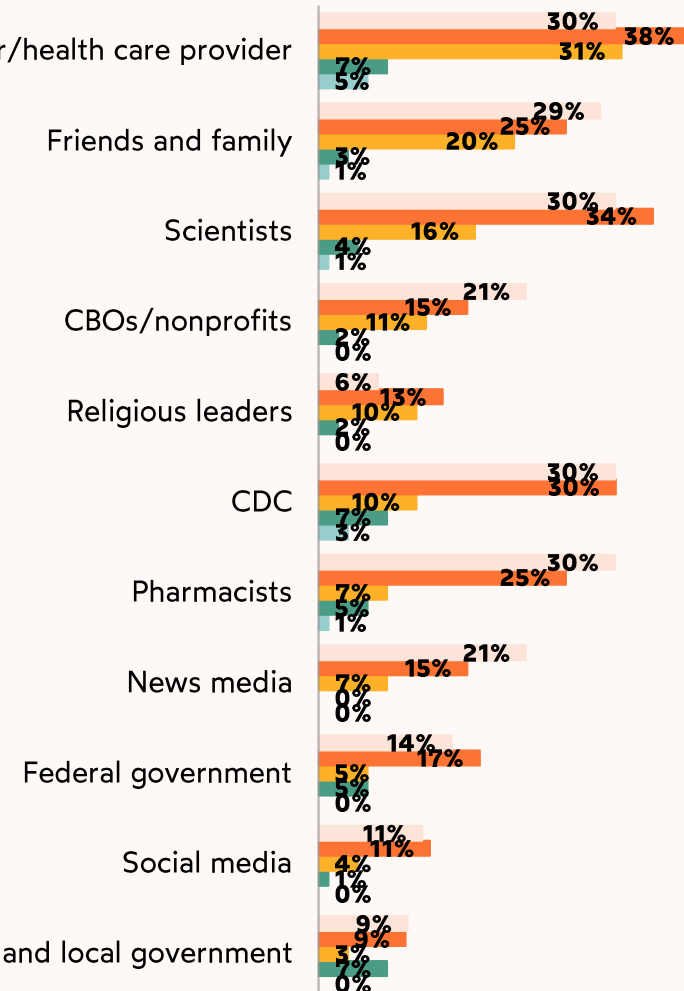
August 2021 – April 2022: Data trends

# Among unvaccinated respondents ( $n = 410$ )

## Motivators



## Trusted Messengers



Aug (n=15) Sept/Oct (n=79) Nov/Dec (n=74) Jan/Feb (n=103) Mar/Apr (n=79)

\*Response option was not asked in Jul/Aug

# **Survey insights by city: Newark**

# Overview

- Methodology
- Respondents' vaccination status and intentions (*cumulative data*)
- Respondents' Covid-19 testing history (*cumulative data*)
- Characteristics among vaccinated respondents (*cumulative data*)
- Trends among vaccinated respondents (*bi-monthly data trends*)
- Characteristics among unvaccinated respondents (*cumulative data*)
- Trends among unvaccinated respondents (*bi-monthly data trends*)
- Summary and next steps



# Methodology

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



Partnered with



**Project Ready leads the data collection efforts.**



**2067** total surveys collected!



Project Ready is conducting the survey through phone banking, pulling from active voter lists and Project Ready's member list. Project Ready is also conducting surveys with community members at in-person events.\*\*

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.

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.

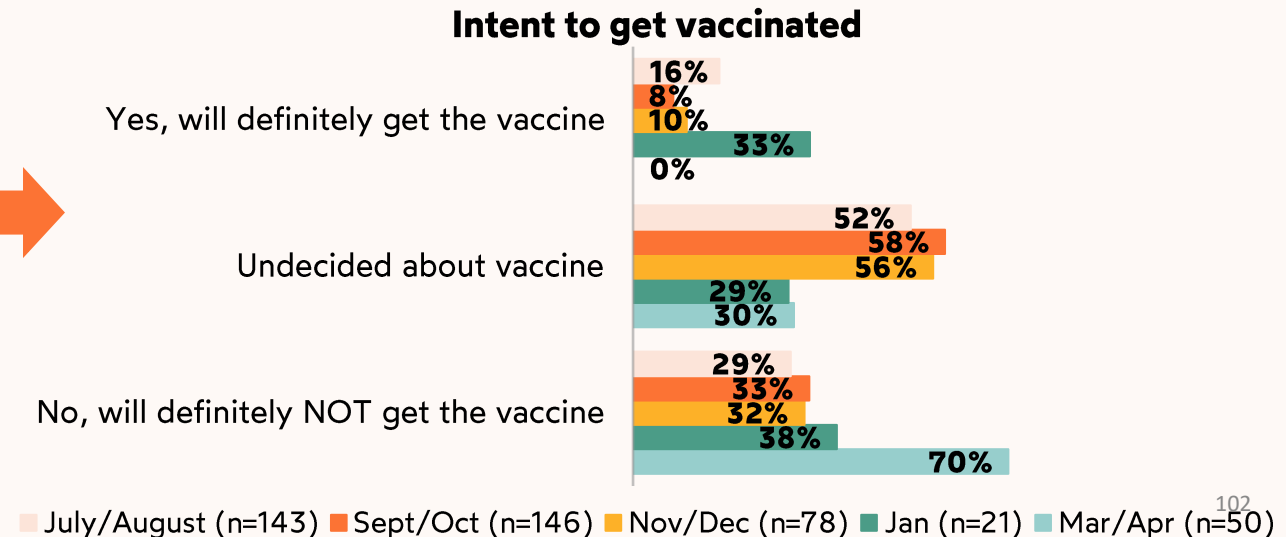
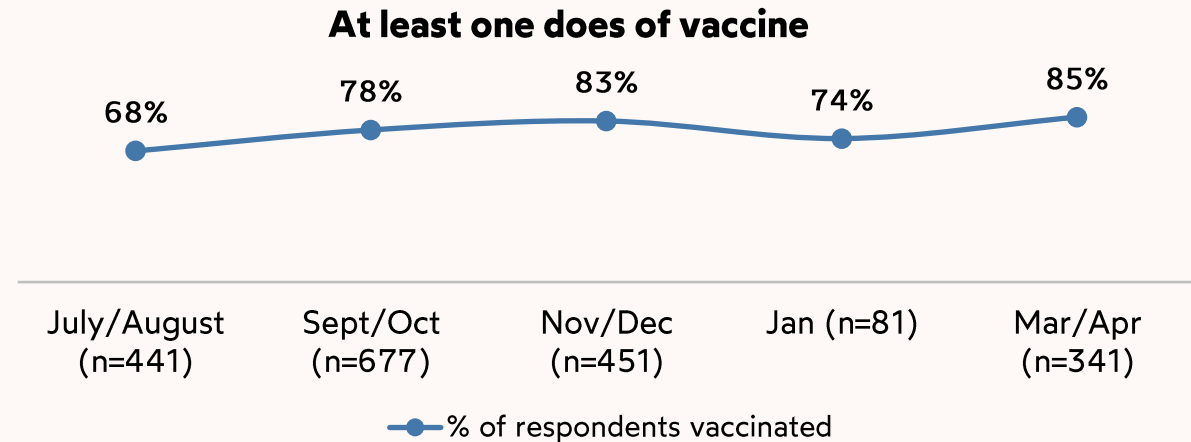
**\*\*Member list consists of 13,000 to 14,000 parents or guardians of school aged children.**

# Vaccination status and intention ( $n = 1991$ )

July 2021-April 2022: Data trends

The share of respondents who had received at least one dose of the COVID-19 vaccine varied slightly between months, but overall, there was an increase from July 2021 to April 2022.

Across months, there were few unvaccinated respondents who noted they would definitely get the vaccine (<16%), except for January where 33% of respondents reported they definitely intended to get the vaccine. The share of respondents who reported they will definitely NOT get the vaccine did not vary much between July 2021 and January 2022 but increased to 70% in March/April.

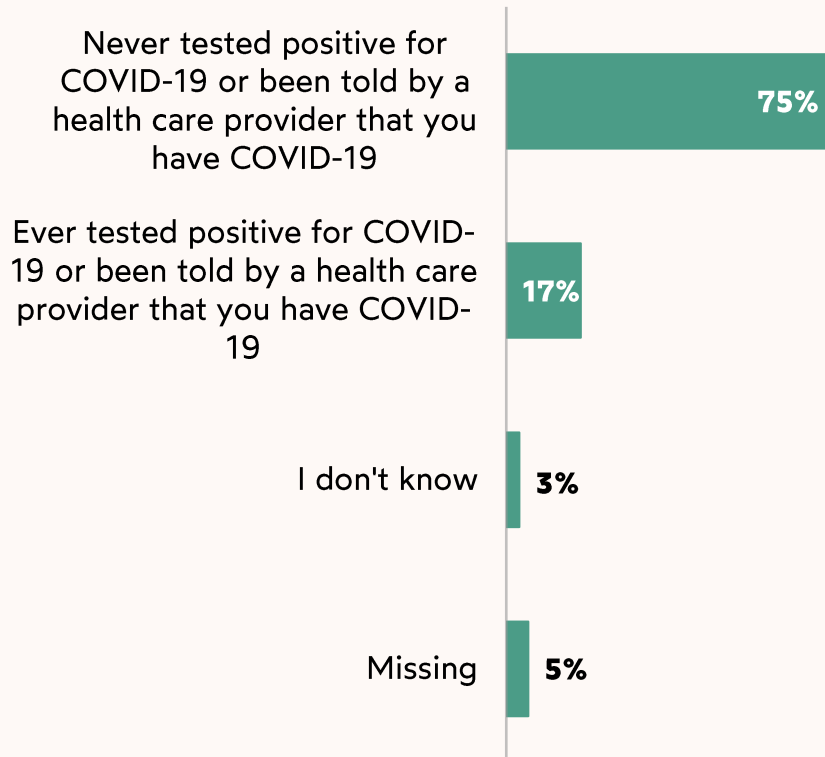


# Respondents' personal experience with Covid-19 ( $n=1189$ )

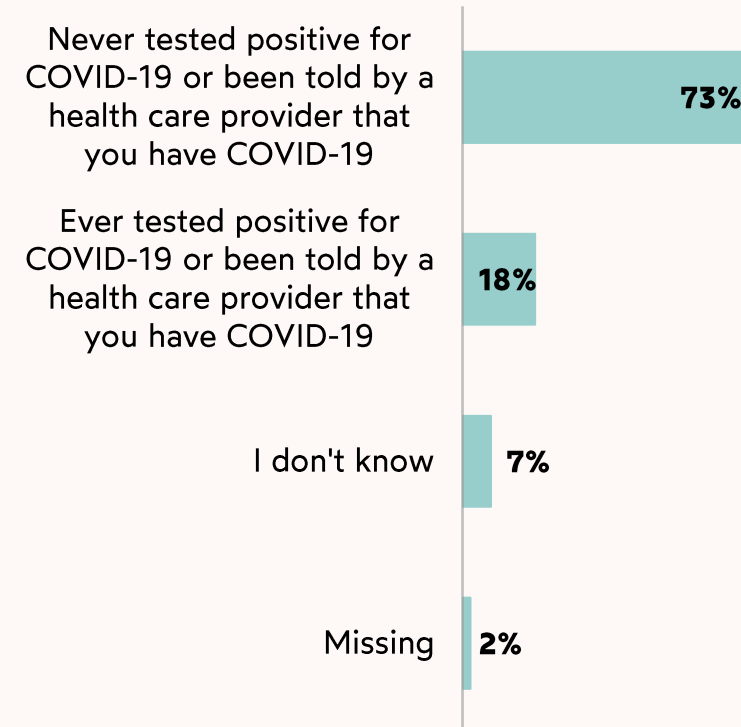
October 2021 to April 2022: Cumulative data

**75% of vaccinated respondents** and **73% of unvaccinated respondents** surveyed between October 2021 and April 2022 said **they have never tested positive for Covid-19** or been told they have Covid-19.

## VACCINATED RESPONDENTS ( $n= 976$ )



## UNVACCINATED RESPONDENTS ( $n= 213$ )

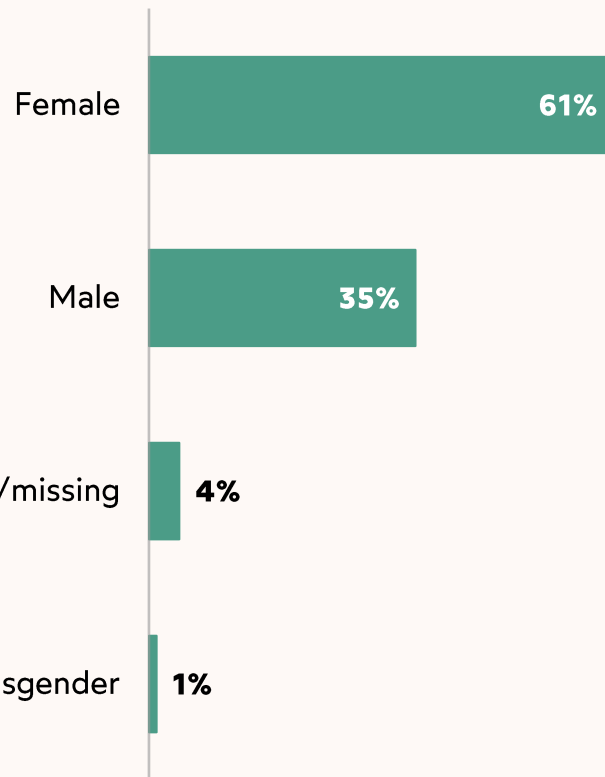


# Who are the vaccinated respondents? (n=1556)

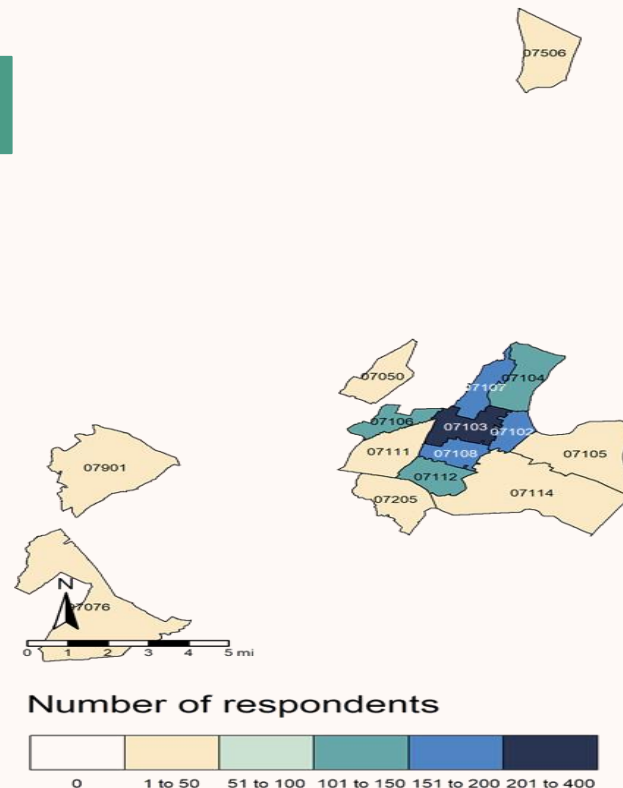
July 2021-April 2022: Cumulative data

**61%** of the vaccinated respondents surveyed between July 2021 and April 2022 were **female**, **72%** were **African American or Black** and many were **from zip codes 07102, 07103, 07107 and 07108**.

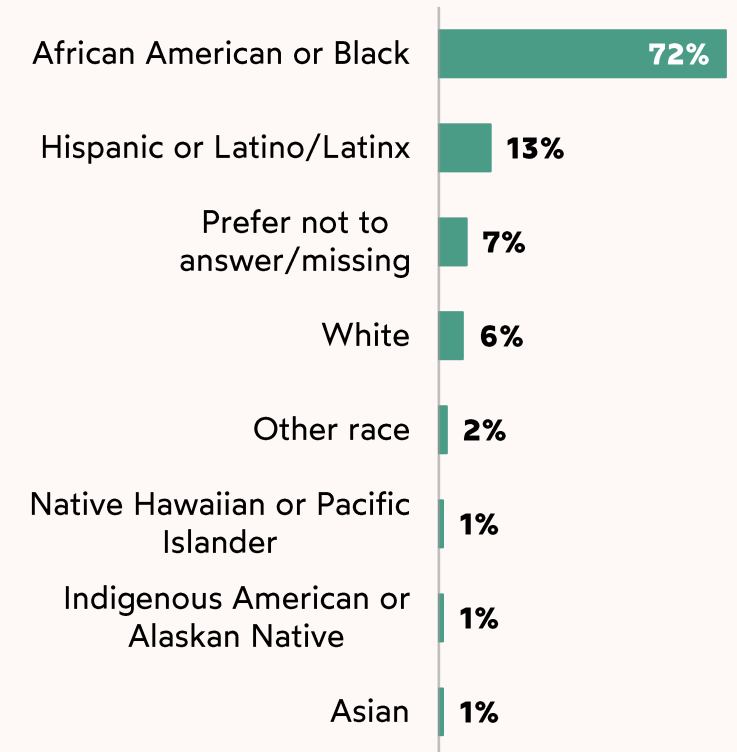
**Gender**  
(select all that apply)



**Where respondents live**  
(by zip code)



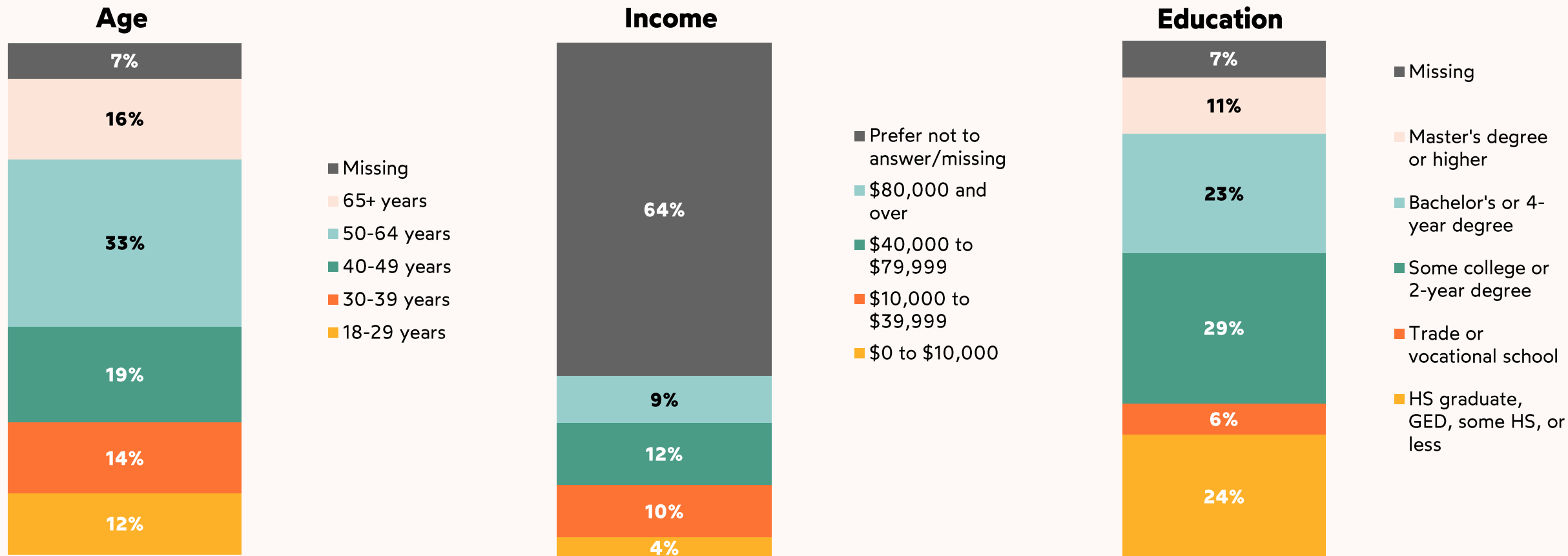
**Race/Ethnicity**  
(select all that apply)



July 2021-April 2022: Cumulative data

# Who are the vaccinated respondents? (n=1556)

A third of the vaccinated respondents surveyed between July 2021 and April 2020 were between 50 and 64 years old (33%). Just under two thirds had some college or 2-year degree (63%).\*\*



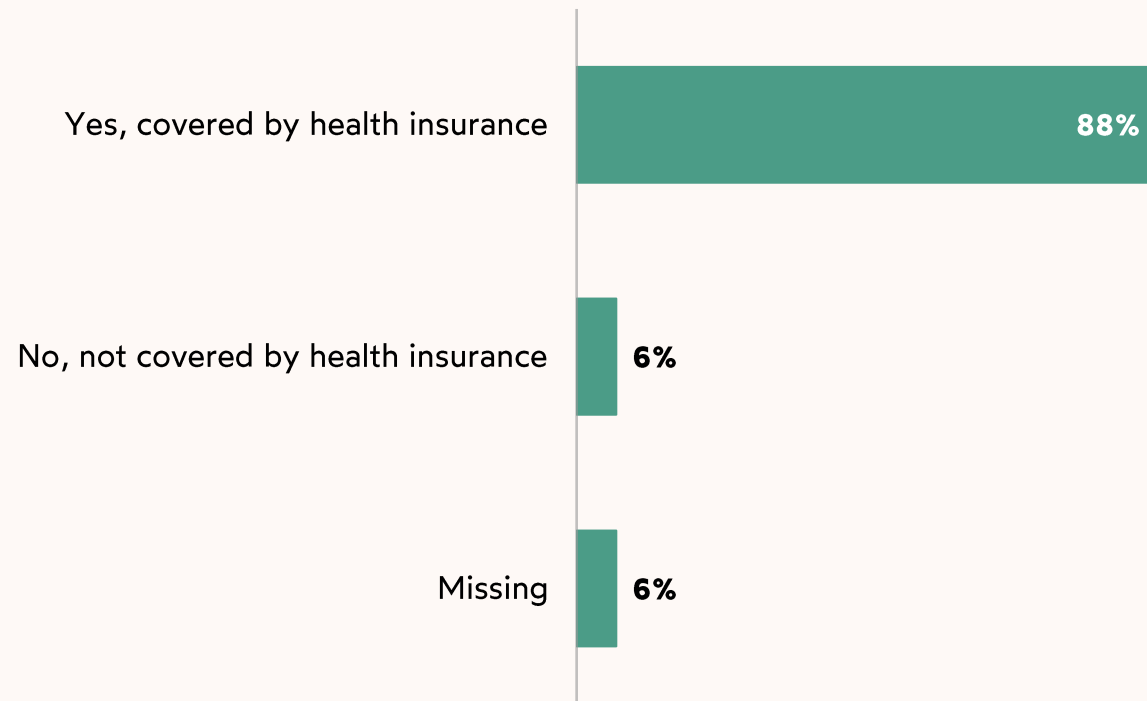
\*Survey questions 9a, 12, and 13. \*\*With such a high % of missing income responses it is difficult to accurately describe the typical income of a vaccinated respondent.

# Who are the vaccinated respondents? ( $n=1556$ )

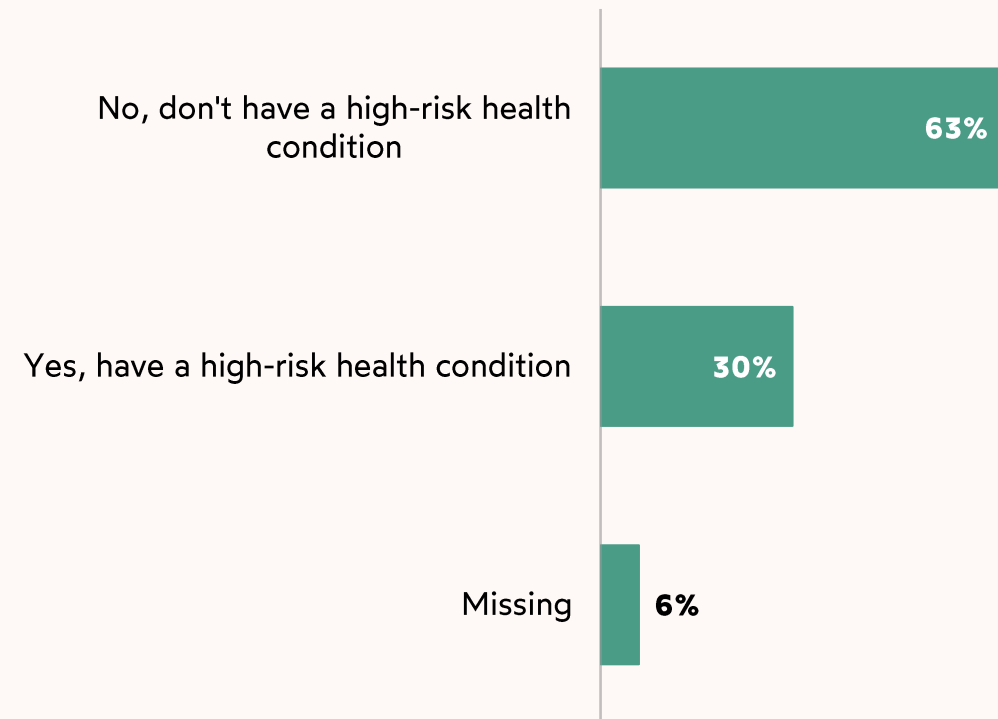
July 2021-April 2022: Cumulative data

Over four-fifths of vaccinated respondents surveyed between July 2021 and April 2022 (88%) were covered by health insurance and almost two-thirds (63%) did not report having any high-risk health conditions.

## 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.

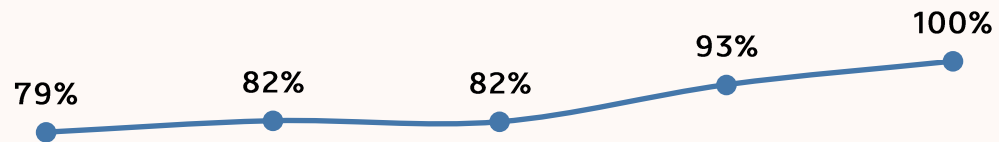
# Access and trusted messengers over time (vaccinated)

July 2021-April 2022: Data trends

Most respondents took **twenty minutes or fewer to get to the vaccine location (79-100%)** and many noted **it was very easy or somewhat easy to make an appointment (88-99%)**.

## Access

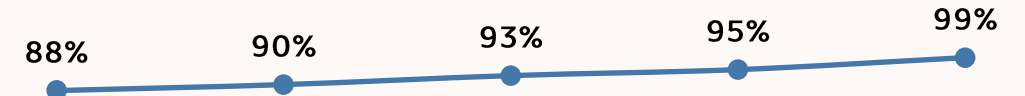
Twenty minutes or fewer to get to vaccine location



Jul/Aug (n=298)    Sept/Oct (n=531)    Nov/Dec (n=373)    Jan (n=60)    Mar/Apr (n=291)

—●— % responding 20 minutes or less

Very easy or somewhat easy to make vaccine appointment



Jul/Aug (n=298)    Sept/Oct (n=531)    Nov/Dec (n=373)    Jan (n=60)    Mar/Apr (n=291)

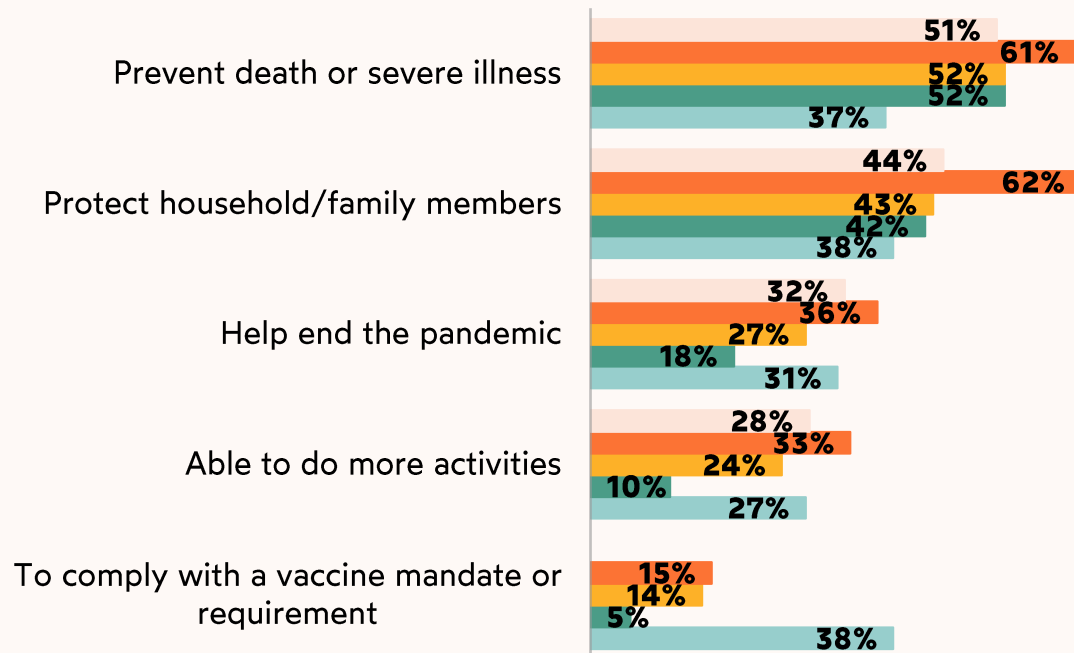
—●— % responding 'Very easy' or 'Somewhat easy' to get vaccine

July 2021-April 2022: Data trends

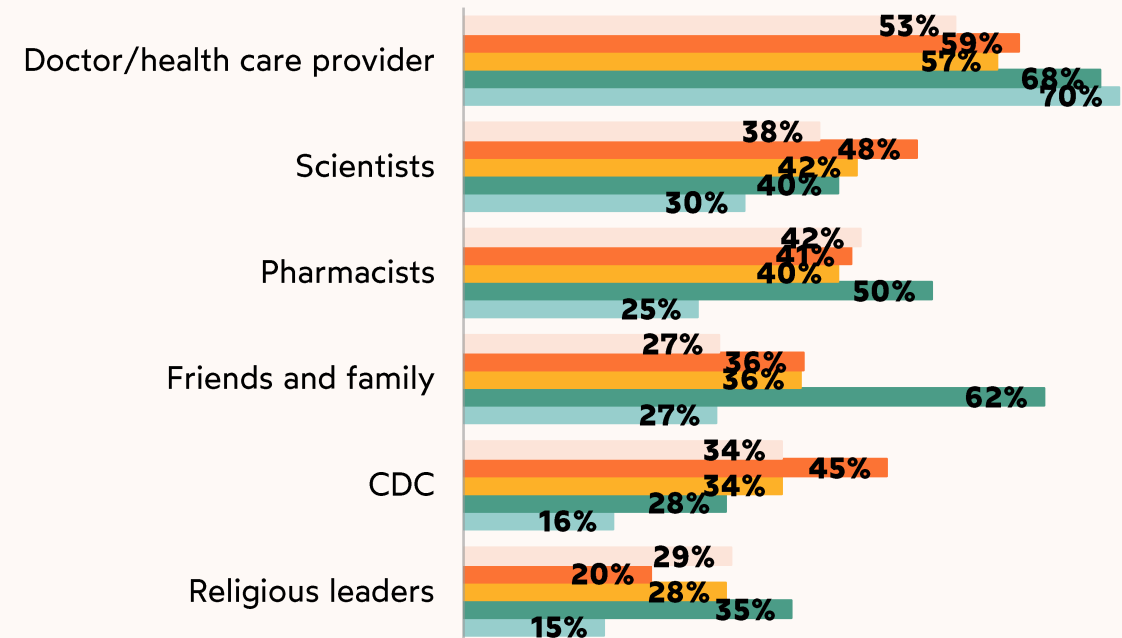
# Motivators and Trusted Messengers over time (vaccinated)

- Fairly consistent across all months, vaccinated respondents noted that **the vaccine preventing death/severe illness and protecting household/family members was a motivator to get the vaccine.**
- Across all months, a large share of vaccinated respondents reported **doctors and health care providers as a trusted messengers for information related to COVID-19.**

## Motivators



## Trusted Messengers



July/Aug (n=298)

Sept/Oct (n=531)

Nov/Dec (n=373)

Jan (n=60)

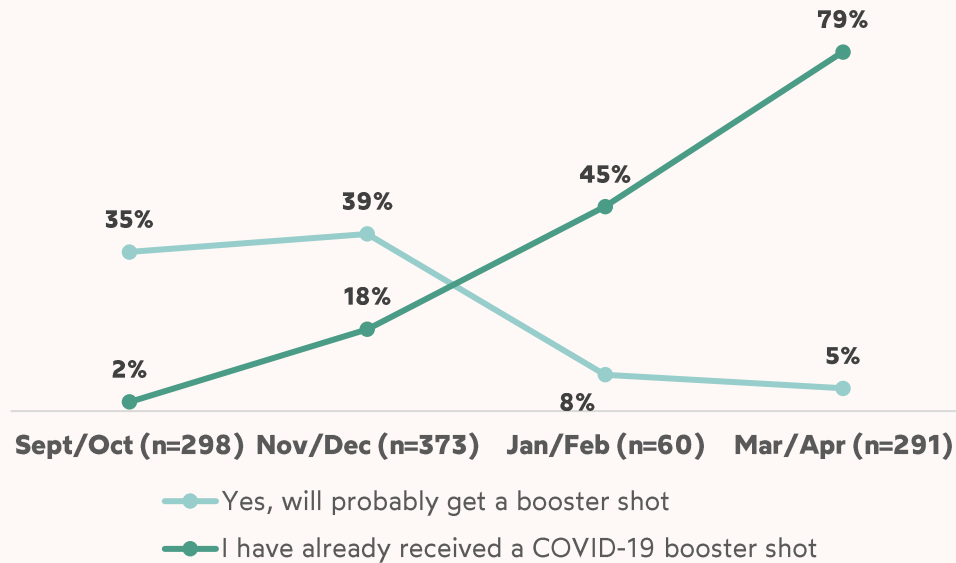
Mar/Apr (n=291)



# Booster shot trends (vaccinated)

September 2021-April 2022: Data trends

## Booster shot status and intention



Each month, a larger share of vaccinated respondents noted they received their booster shot (nearly 80% by March and April 2022).

Confidence about booster shots protecting household members, getting life back to normal and preventing death or severe illness was largely similar across months.

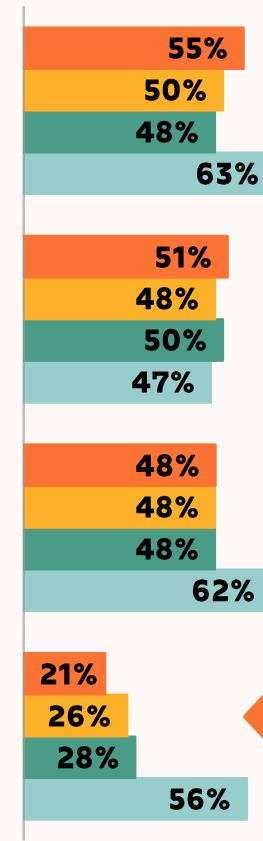
## Booster shot attitudes

Will help protect my household/family members

Will help get life back to normal

Getting a booster shot will help prevent death or severe illness

Worried about getting sick/experiencing side effects



Compared to September 2021 through January 2022, a larger share of respondents reported concerns about getting sick/experiencing side effects from the booster shot in March and April 2022 (a difference of almost 30 percentage points).

■ Sept/Oct (n=531) ■ Nov/Dec (n=373) ■ Jan (n=60) ■ Mar/Apr (n=391)

# Who are the unvaccinated respondents? ( $n=439$ )

July 2021-April 2022: Cumulative data

Among the unvaccinated respondents surveyed between July 2021 and April 2022, **61% were female, 80% were African American or Black**, and many were **from zip codes 07103, 07107 and 07108**.

**Gender**  
(select all that apply)

Female

61%

Male

37%

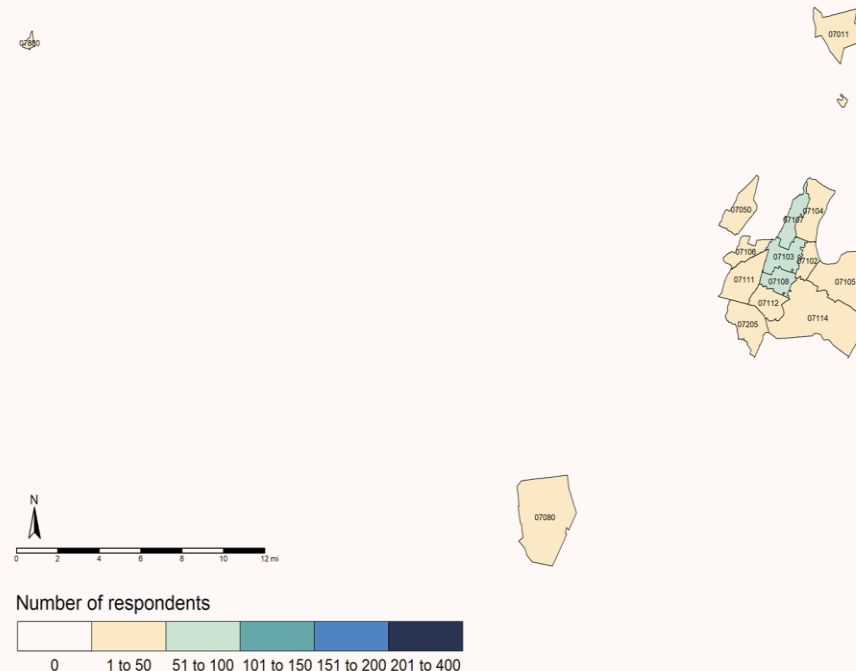
Prefer not to answer/missing

2%

Non-binary

1%

**Where respondents live**  
(by zip code)



**Race/Ethnicity**  
(select all that apply)

African American or Black

80%

Hispanic or Latino/Latinx

9%

Prefer not to answer/missing

6%

White

3%

Other race

3%

Indigenous American or Alaskan Native

2%

Native Hawaiian or Pacific Islander

1%

Asian

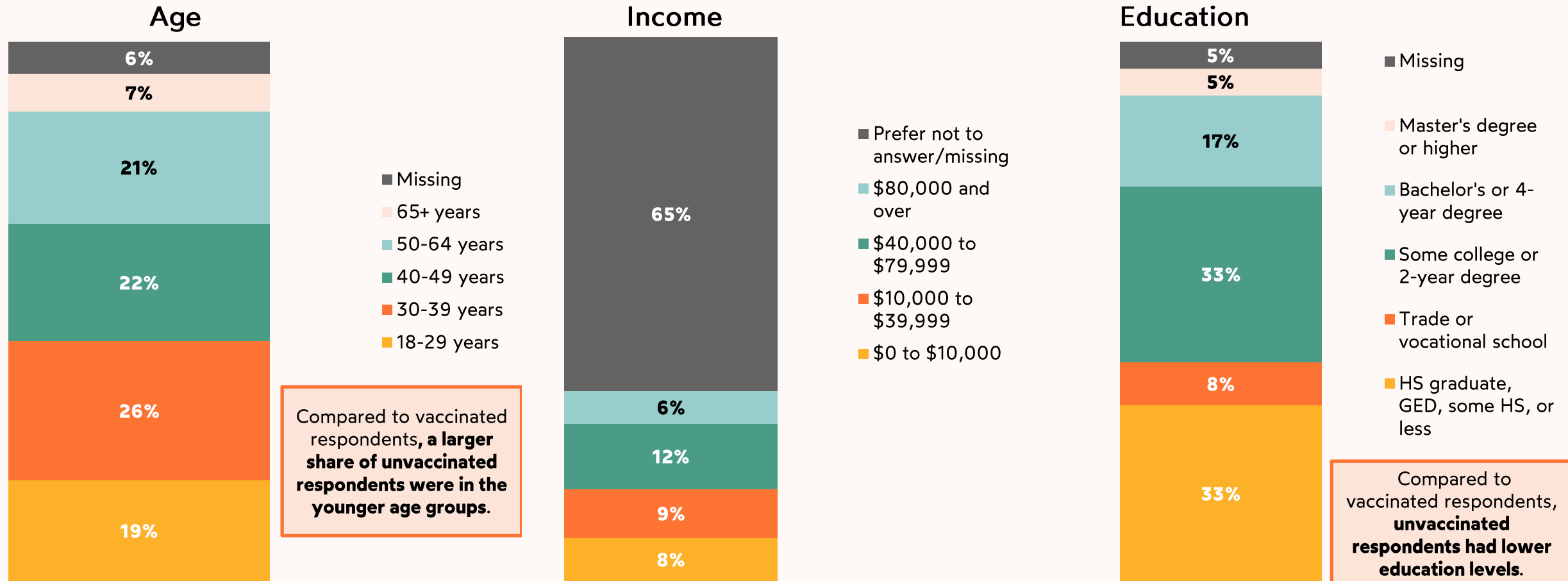
1%

Compared to vaccinated respondents, a slightly larger share of unvaccinated respondents were African American or Black (72% vs 80%)

# Who are the unvaccinated respondents? (n=439)

July 2021-April 2022: Cumulative data

Unvaccinated respondents surveyed between July 2021 and April 2020 **were fairly evenly distributed between ages 18-64**, with the largest share (26%) between ages 30-39. **Over half had some college or 2-year degree or higher (55%)\*\***



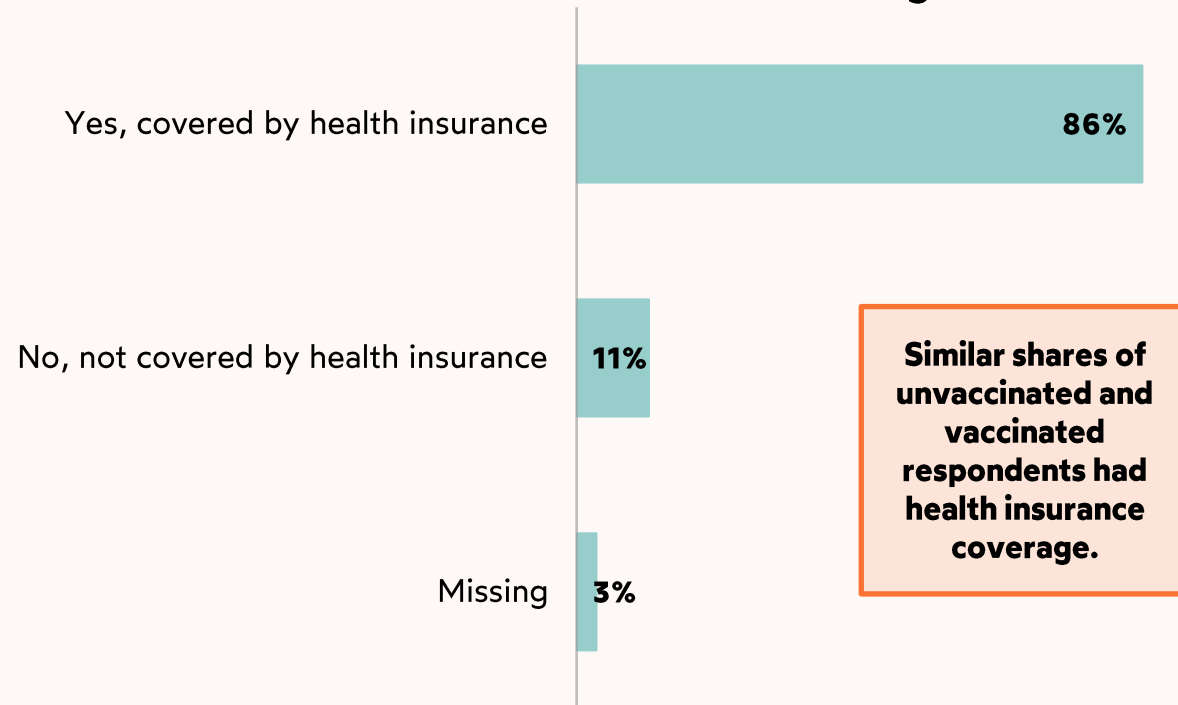
\*Survey questions 9a, 12, and 13. \*\*With such a high % of missing income responses it is difficult to accurately describe the typical income of an unvaccinated respondent.

July 2021-April 2022: Cumulative data

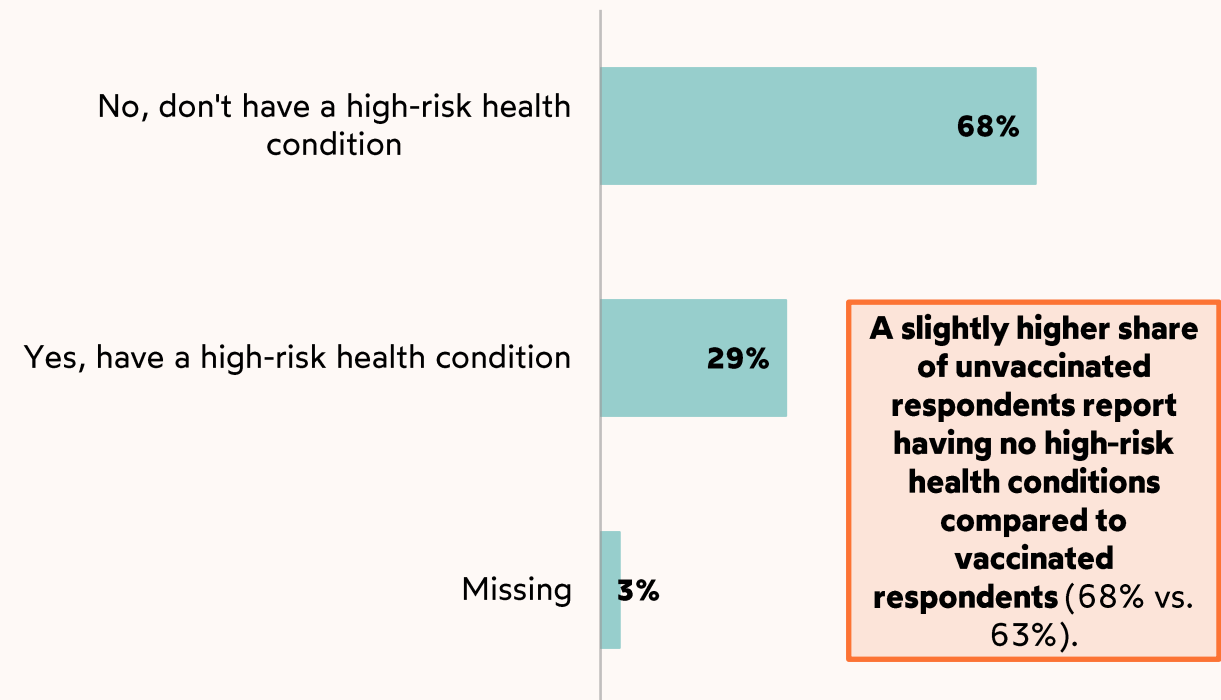
# Who are the unvaccinated respondents? ( $n=439$ )

Among the unvaccinated respondents surveyed between July 2021 and April 2022, over **four-fifths were covered by health insurance (86%)** and **68% did not report having any high-risk health conditions.**

## Health insurance coverage



## High-risk medical conditions\*\*



\*Survey questions 14 and 15

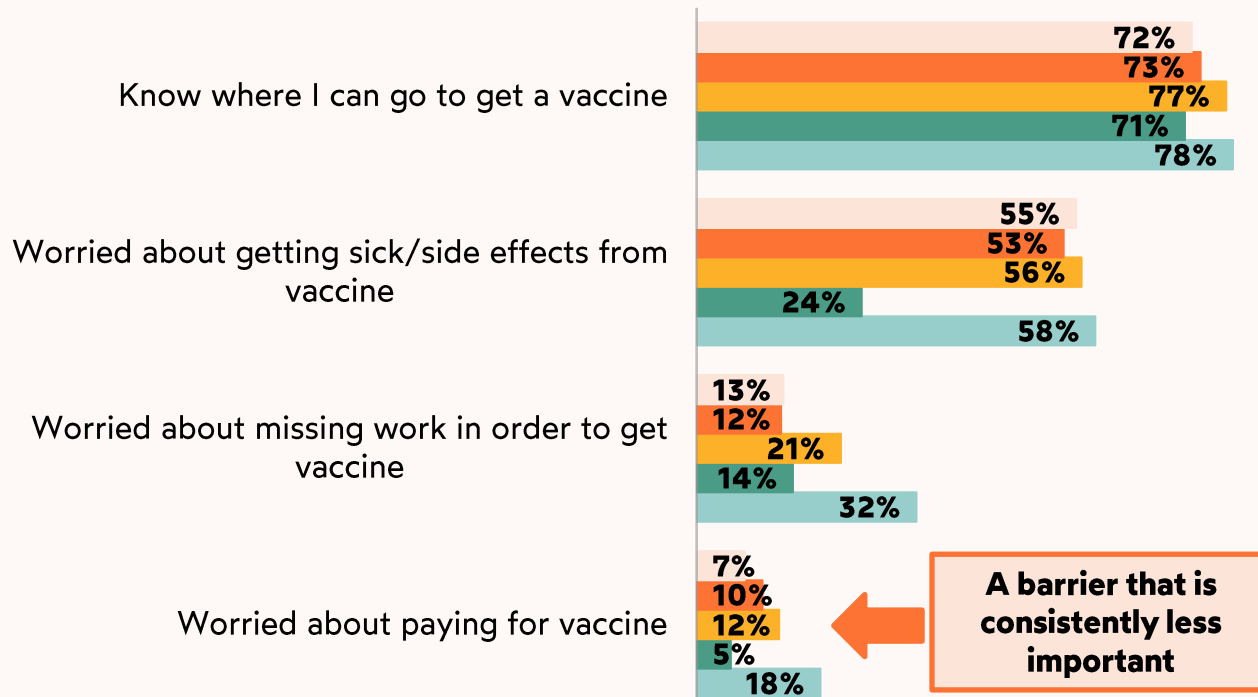
\*\*High-risk medical conditions include smoking, heart conditions (including high blood pressure), diabetes, obesity, lung disease (including asthma or COPD), kidney disease, cancer, pregnancy, sickle cell disease, HIV, other chronic diseases, or any condition that impairs your immune system.

# Barriers/enablers and beliefs over time (unvaccinated)

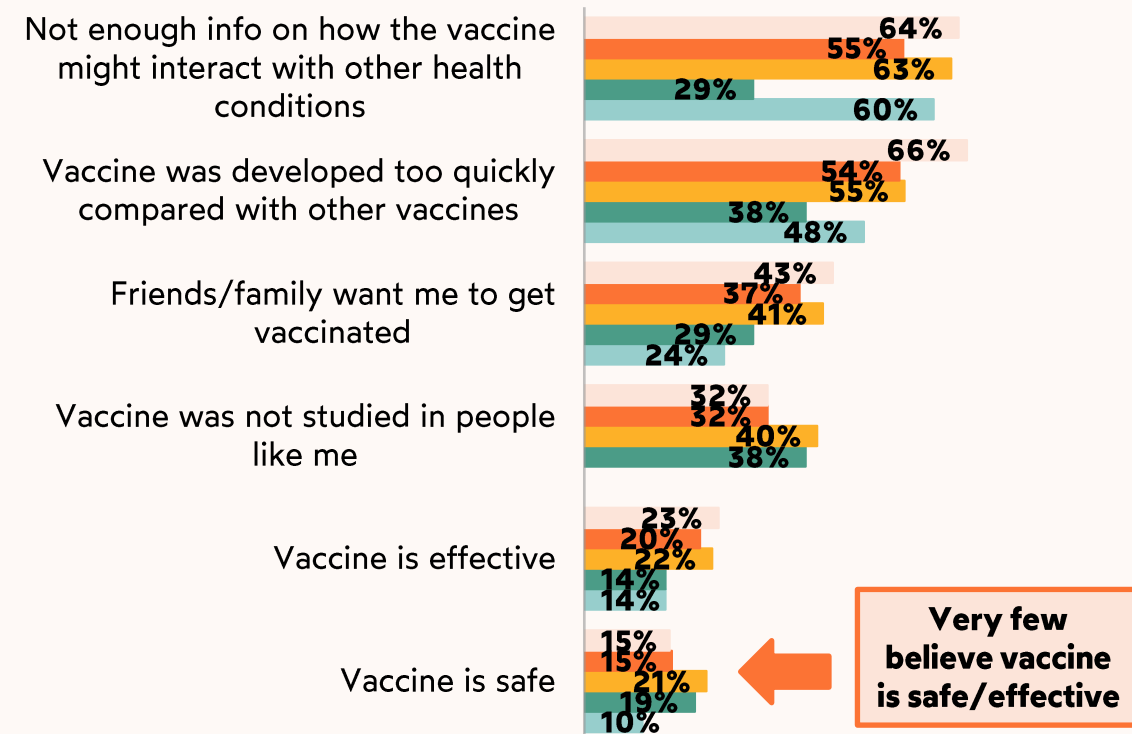
July 2021-April 2022: Data trends

- Most unvaccinated respondents **knew where they could go to get a vaccine (71-78%)**.
- **Concerns about getting sick/side effects was a barrier for over half the respondents across all months**, except for January 2022 when it was lower.
- Across all months, **a large share of respondents felt there was not enough information on how the vaccine interacts with other health conditions and that the vaccine was developed too quickly**.

## Barriers/Enablers\*\*



## Beliefs\*\*



July/Aug (n=143) Sept/Oct (n=146) Nov/Dec (n=78) Jan (n=21) Mar/Apr (n=50)

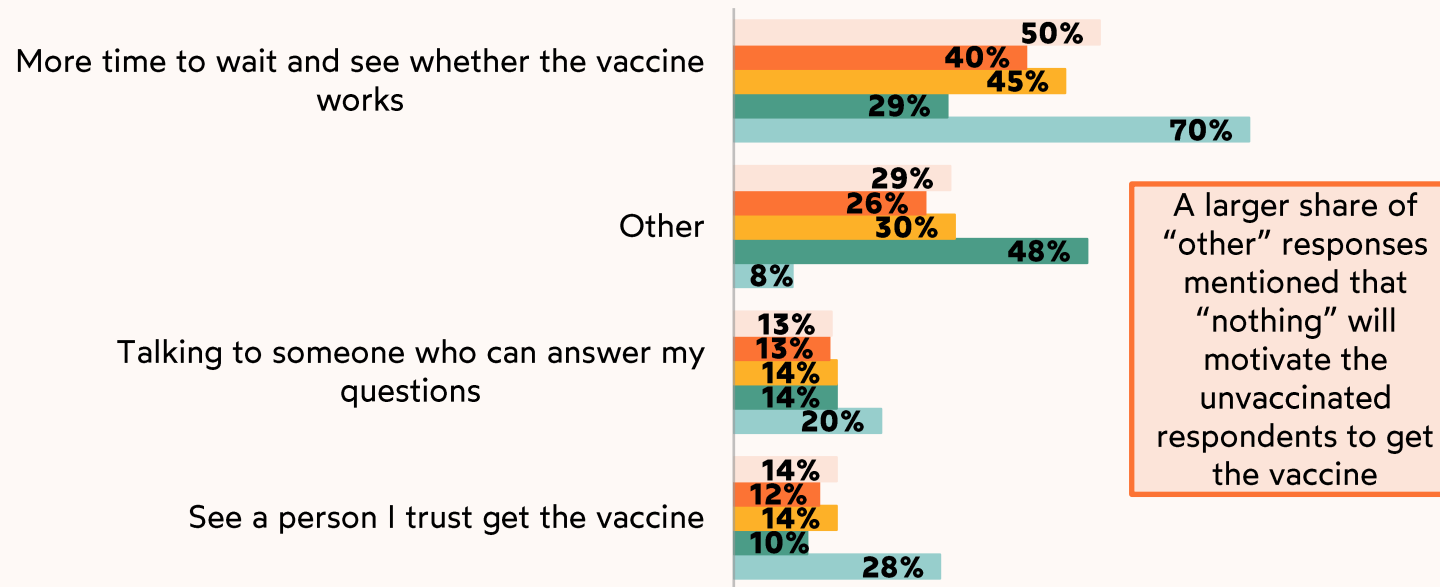
\*Survey questions 6b and 7; \*\*Given the small sample sizes, it is important not to overinterpret these differences.

# Motivators and trusted messengers over time (unvaccinated)

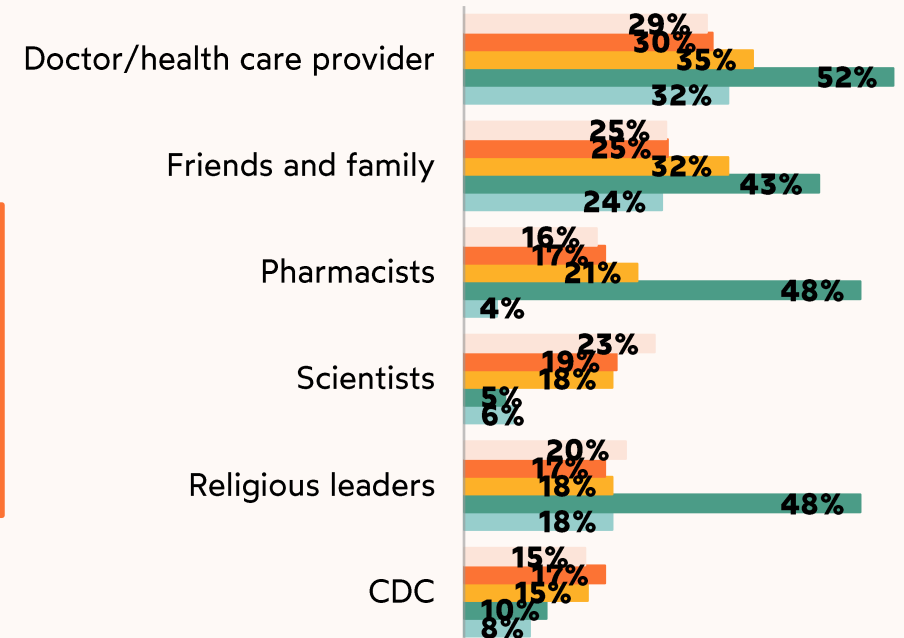
July 2021-April 2022: Data trends

- Across months, most unvaccinated respondents reported they would be motivated to get the vaccine **if there was more time to wait and see whether it works**.
- While overall trust in listed messengers was low** among unvaccinated respondents, a larger share of respondents surveyed in January 2022 reported **trust in doctors/health care providers, friends and family, pharmacists, and religious leaders** (though this may be in part due to the smaller number of respondents in January).

## Motivators\*\*



## Trusted Messengers\*\*



July/Aug (n=143) Sept/Oct (n=146) Nov/Dec (n=78) Jan (n=21) Mar/Apr (n=50)

\*Survey questions 6c and 8; \*\* Given the small sample sizes, it is important not to overinterpret these differences.

# Summary of key findings

From July 2021-April 2022

## KEY CHARACTERISTICS ABOUT SAMPLE

### VACCINATED VS UNVACCINATED\*

- Compared to vaccinated respondents, a larger share of unvaccinated respondents were in younger age groups.
- Similar shares of vaccinated and unvaccinated respondents were female.
- Compared to vaccinated respondents, unvaccinated respondents reported having lower education levels.

## KEY TAKEAWAYS

### VACCINATED RESPONDENTS

- Across all months, vaccinated respondents reported:
  - **preventing death/severe illness and protecting household/family members was a motivator to get the vaccine.**
- Vaccine **access was not a major issue**. Many respondents reported it was easy to make a vaccine appointment and reported it took 20 mins or fewer to get to the vaccine location.
- **Each month, more respondents received their booster shot; confidence that booster shots prevent death/severe illness and get life back was similar across months.**

## KEY TAKEAWAYS

### UNVACCINATED RESPONDENTS

- Across all months, a large share of unvaccinated respondents reported:
  - **being worried about getting sick/side effects as a barrier to getting vaccinated.**
  - **believed that there was not enough information on how the vaccine interacted with other health conditions.**
  - **did not believe the vaccine was safe or effective.**
- **Trust in various messengers remained low across all months**
- A number of unvaccinated respondents said that **“nothing” will motivate them to get the vaccine**

\*Please note that some of these differences could be due to sample size differences (vaccinated sample size is 478 respondents and the unvaccinated sample size is 173 respondents)

## Next steps: how can you continue to think about and use the data?

- 1) Continue to use data to **inform changes to vaccine distribution and marketing campaigns in Oakland**
- 2) Use data to **guide additional conversations in your communities** (conducting listening sessions or focus groups on main points or findings, such as many unvaccinated respondents believing the vaccine was developed too quickly, or believing the vaccine was not safe or effective)
- 3) Leverage your data to **apply for other sources of funding** (your data demonstrates a specific need in your specific community)
- 4) Use the experience and capacity you gained from collecting this data to **collect data again in the future to assess other needs in your community!**



# Newark: Supplemental data

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

BALTIMORE

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NEWARK

OAKLAND

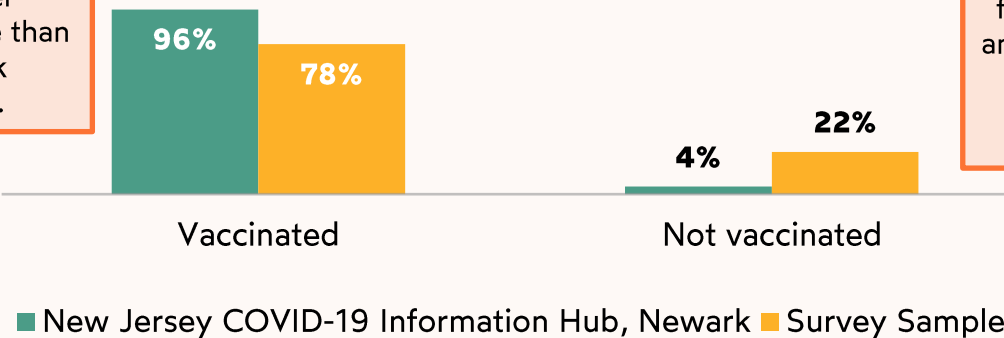
From January data

# Survey respondent demographics vs. Newark city BIPOC demographics

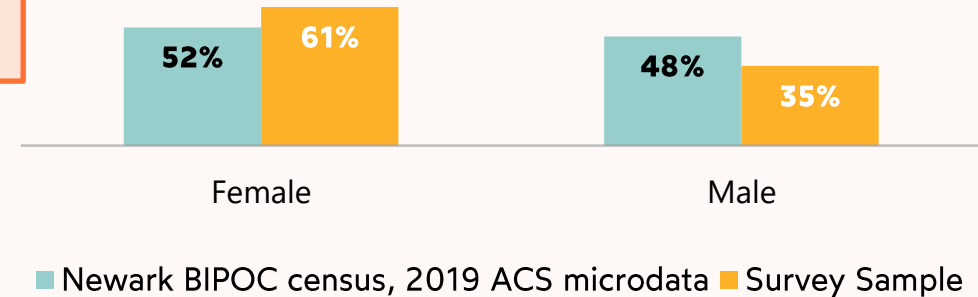
## Vaccination status (at least one dose): Newark vs. Survey Sample (n = 81)

Survey respondents have a lower vaccination rate than the Newark population.

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

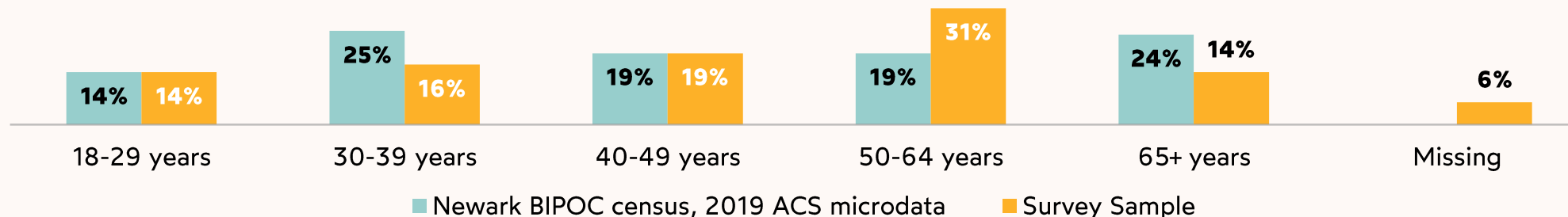


## Gender: Newark vs. Survey Sample (n = 81)



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 = 81)



Compared to Newark's BIPOC population, the survey population has a smaller share of respondents ages 30-39 and over 65, but a larger share of respondents ages 50-64.

BALTIMORE

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HOUSTON

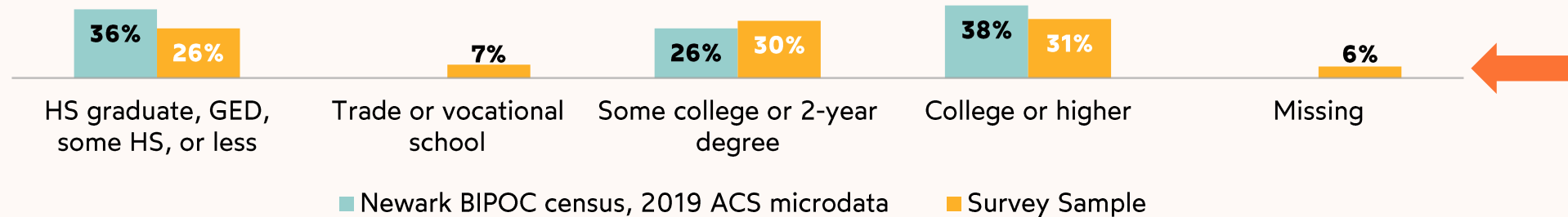
NEWARK

OAKLAND

From January data

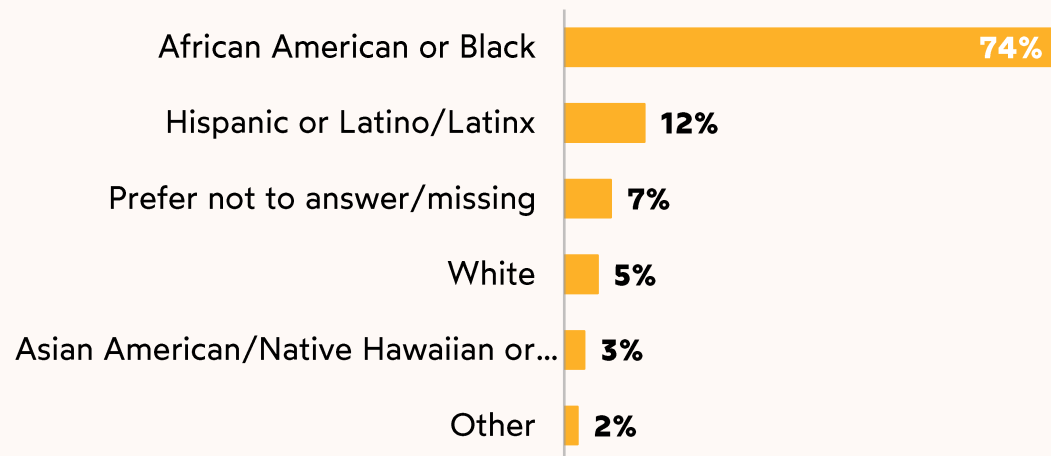
# Survey respondent demographics vs. Newark city BIPOC demographics

## Education: Newark vs. Survey Sample (n = 81)



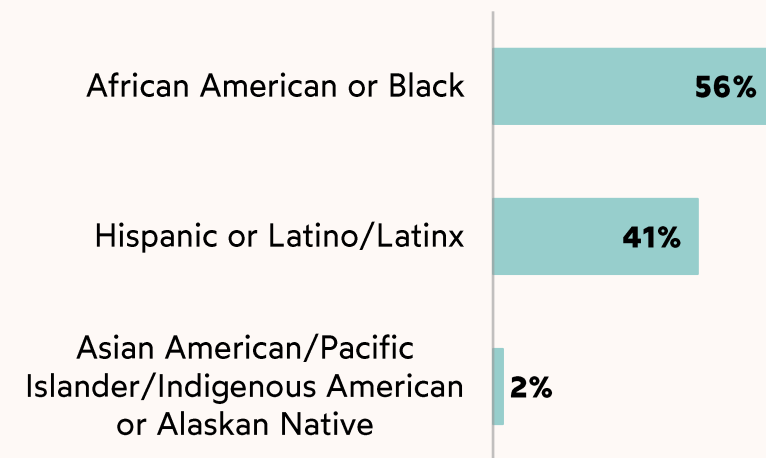
Compared to Newark's BIPOC population, the survey sample has a smaller share of respondents with a high school education or less or college degree or higher, and a slightly larger share of respondents with some college or a 2-year degree.

## Race/ethnicity (n = 1995)



Compared to Newark's BIPOC population, the survey had a larger share of African American or Black respondents, but a smaller share of Hispanic or Latino/Latinx respondents.

## Newark BIPOC census, 2019 ACS microdata BIPOC race/ethnicity



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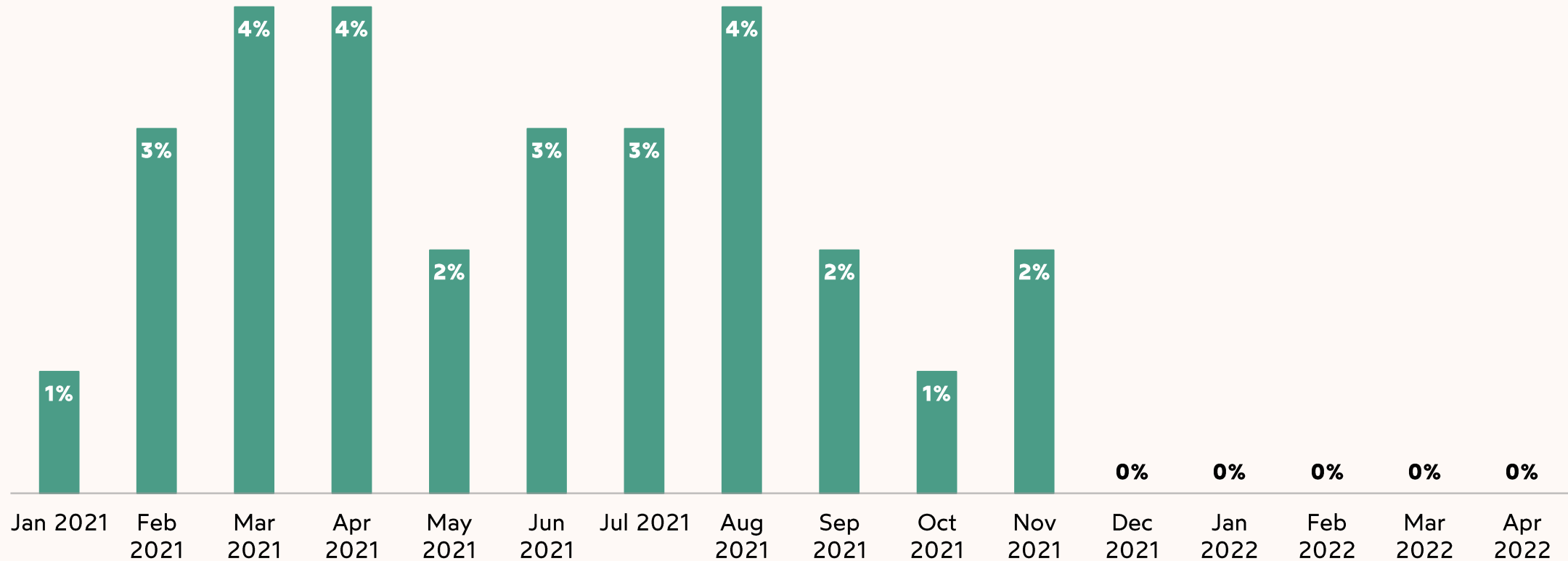
NEWARK

OAKLAND

# Date respondents got their first vaccination (n=439)

From July 2021-April 2022

The vaccinated respondents received their first dose of the vaccine largely during the period from **February to April 2021** and **June to August 2021**.



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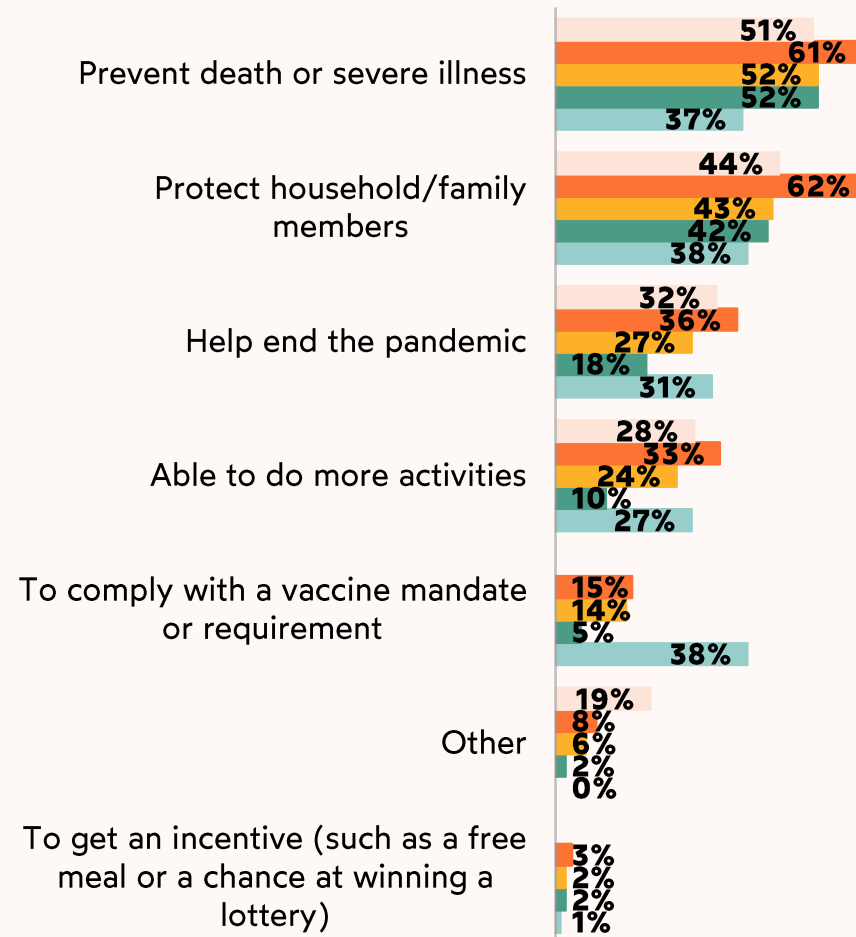
NEWARK

OAKLAND

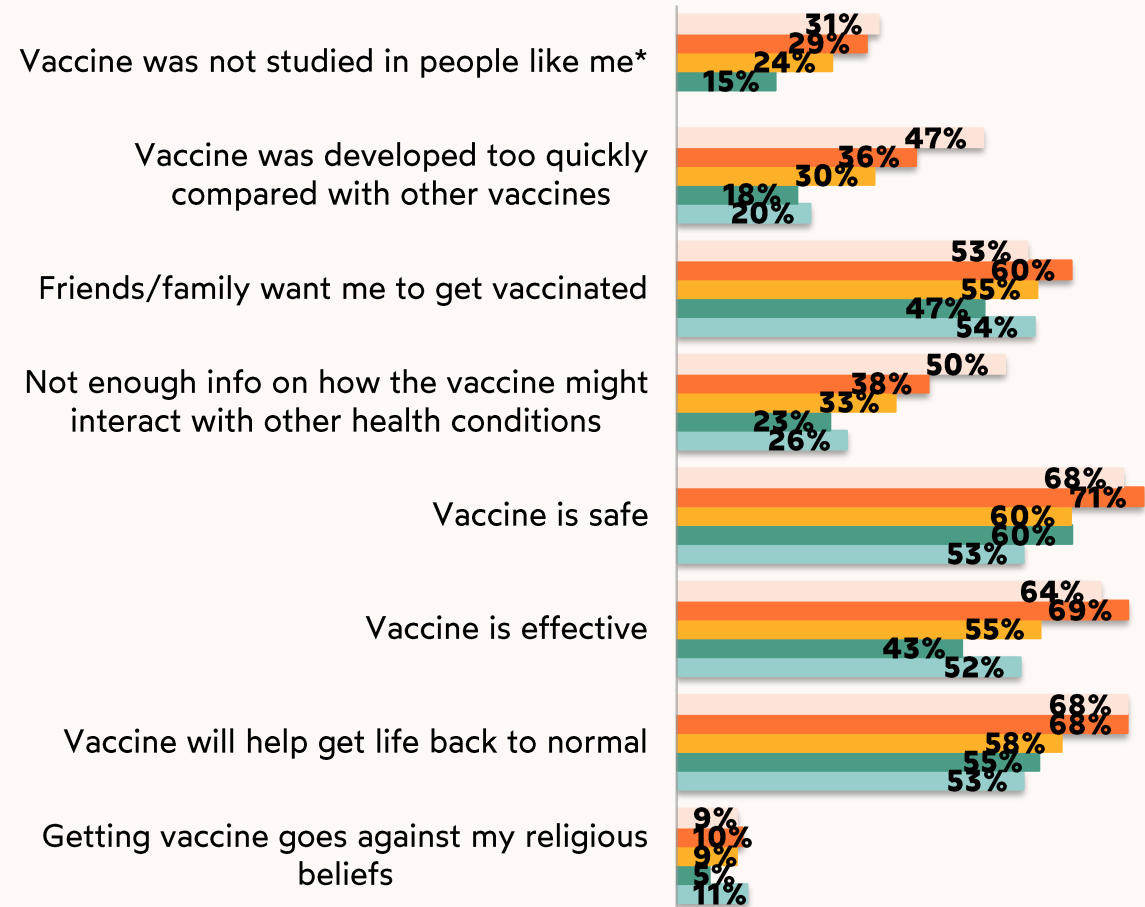
From July 2021-April 2022

# Among vaccinated respondents ( $n = 1556$ )

## Motivators



## Beliefs



July/Aug (n=298) Sept/Oct (n=531) Nov/Dec (n=373) Jan/Feb (n=60) Mar/Apr (n=291)

\*\*Response option was not asked in Jul/Aug

BALTIMORE

CHICAGO

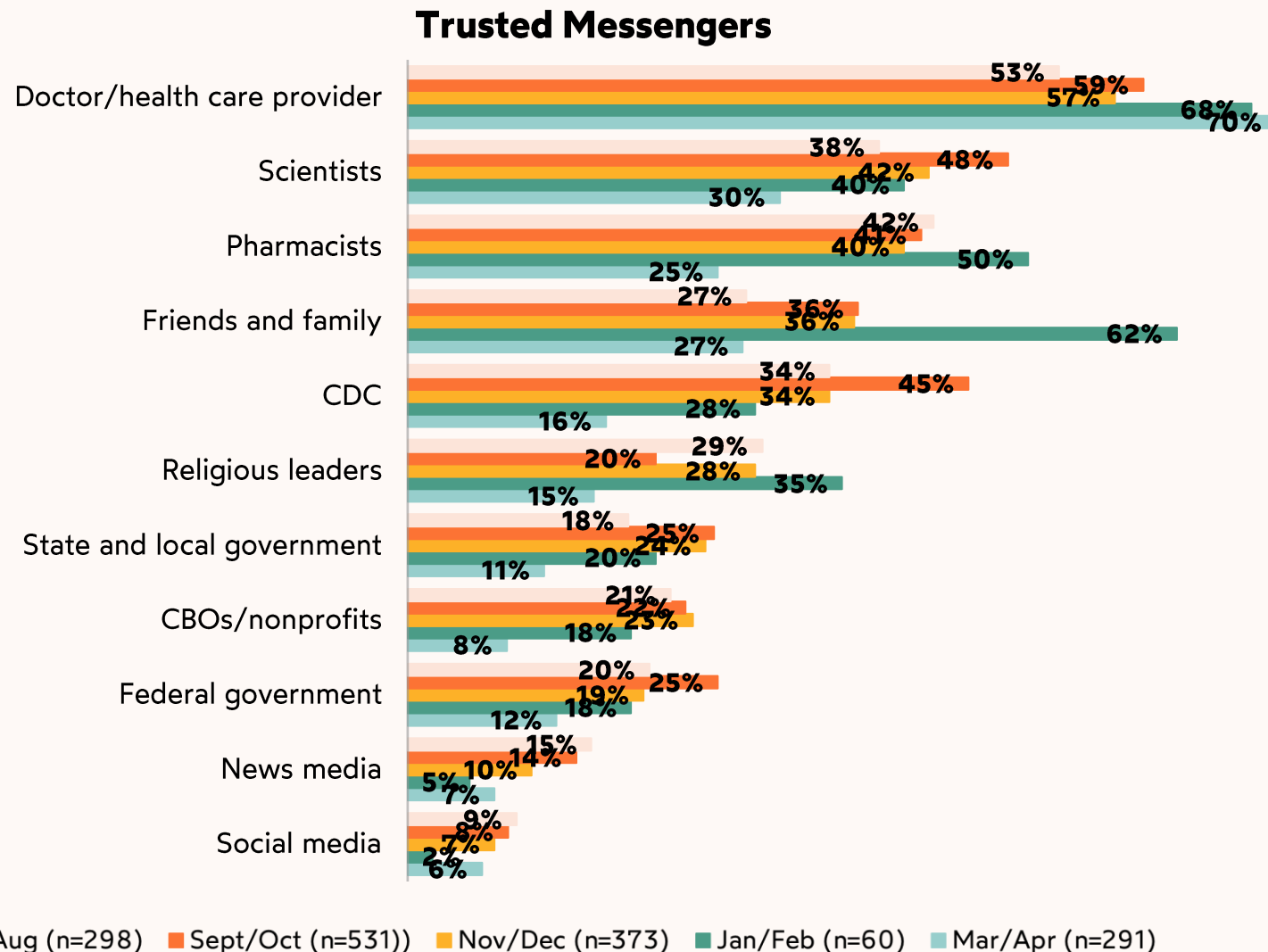
HOUSTON

NEWARK

OAKLAND

# Among vaccinated respondents ( $n = 1556$ )

From July 2021-April 2022



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HOUSTON

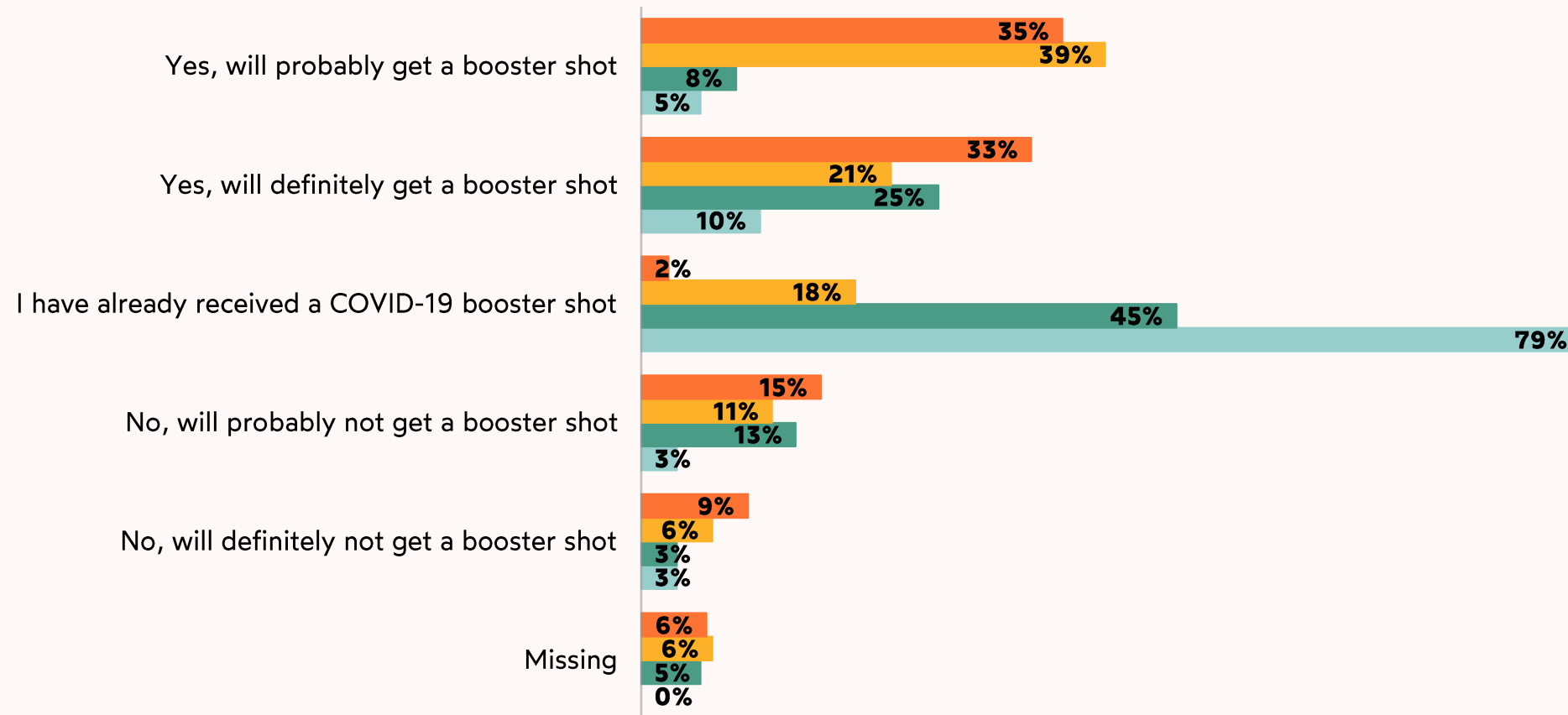
NEWARK

OAKLAND

# Among vaccinated respondents (*n*=1556)

From September 2021-April 2022

## Booster shot status



BALTIMORE

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HOUSTON

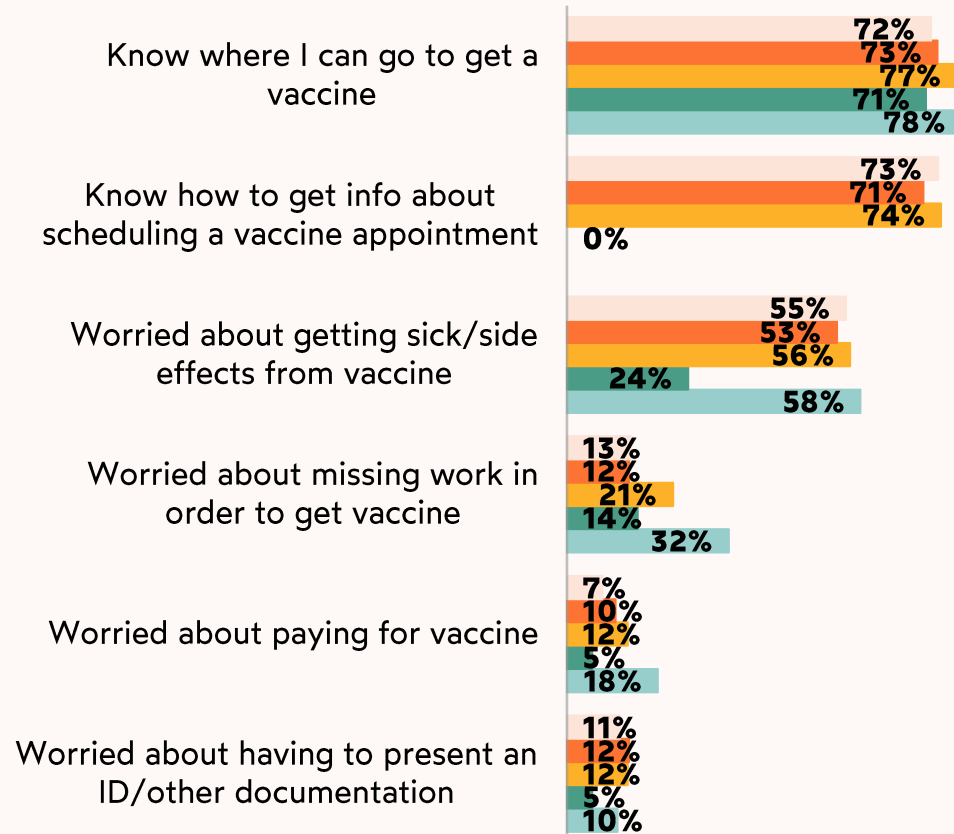
NEWARK

OAKLAND

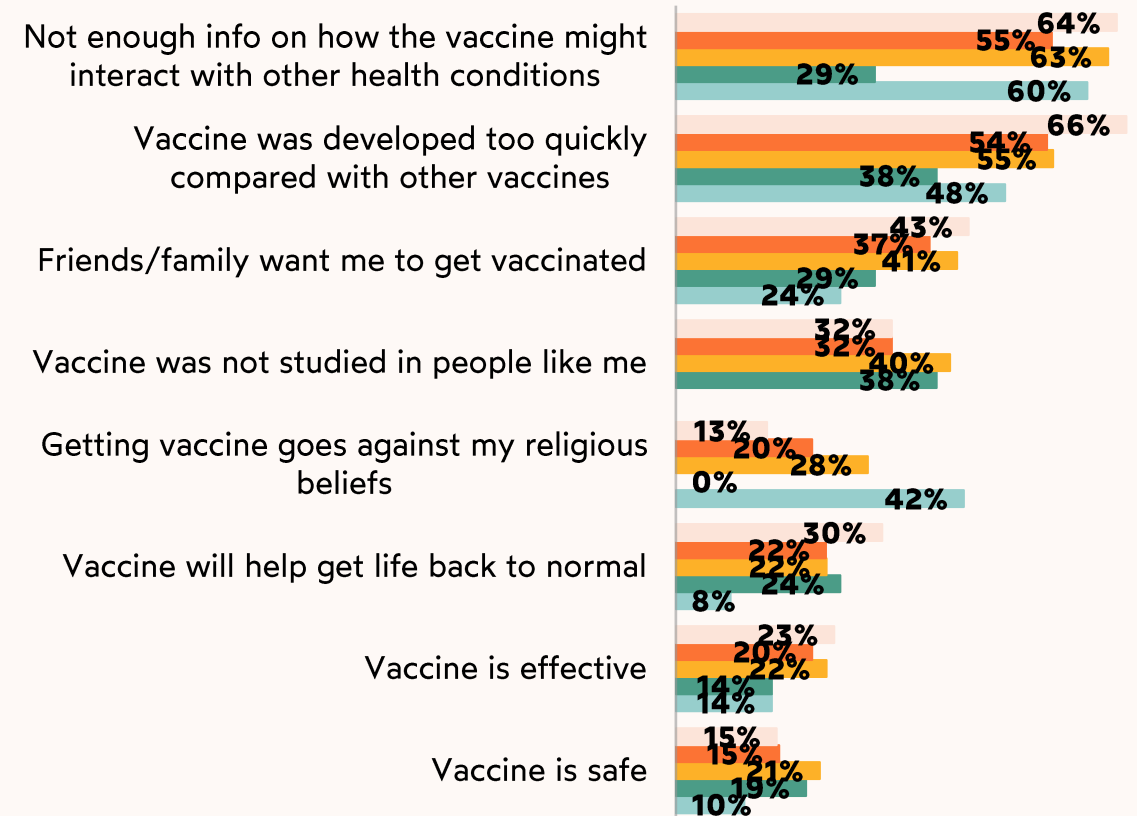
# Among unvaccinated respondents ( $n = 439$ )

From July 2021-April 2022

## Barriers/Enablers



## Beliefs



Jul/Aug (n=143) Sept/Oct (n=146) Nov/Dec (n=78) Jan/Feb (n=21) Mar/Apr (n=50)

\*Response option was not asked in Jan/Feb or Mar/Apr report



BALTIMORE

CHICAGO

HOUSTON

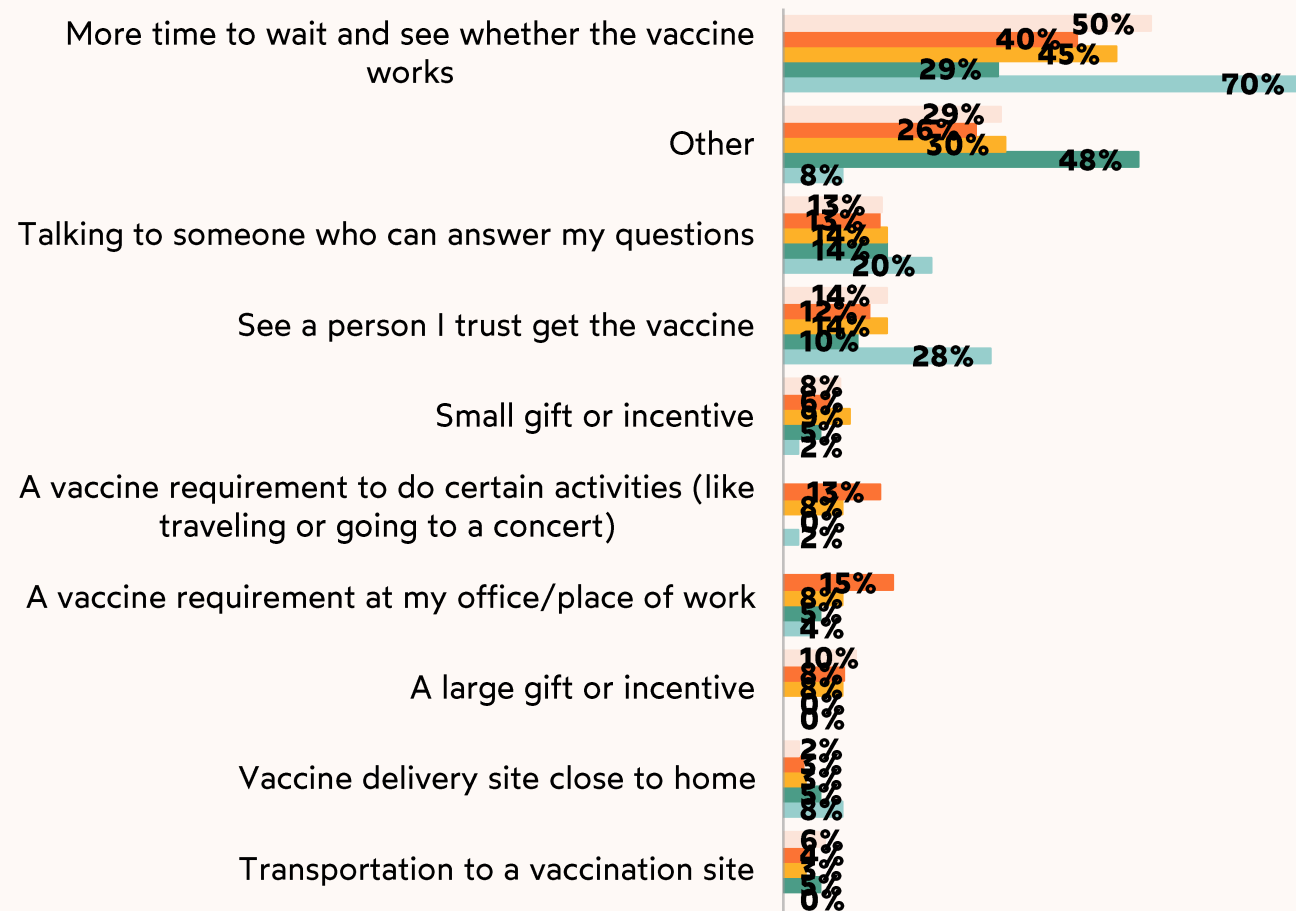
NEWARK

OAKLAND

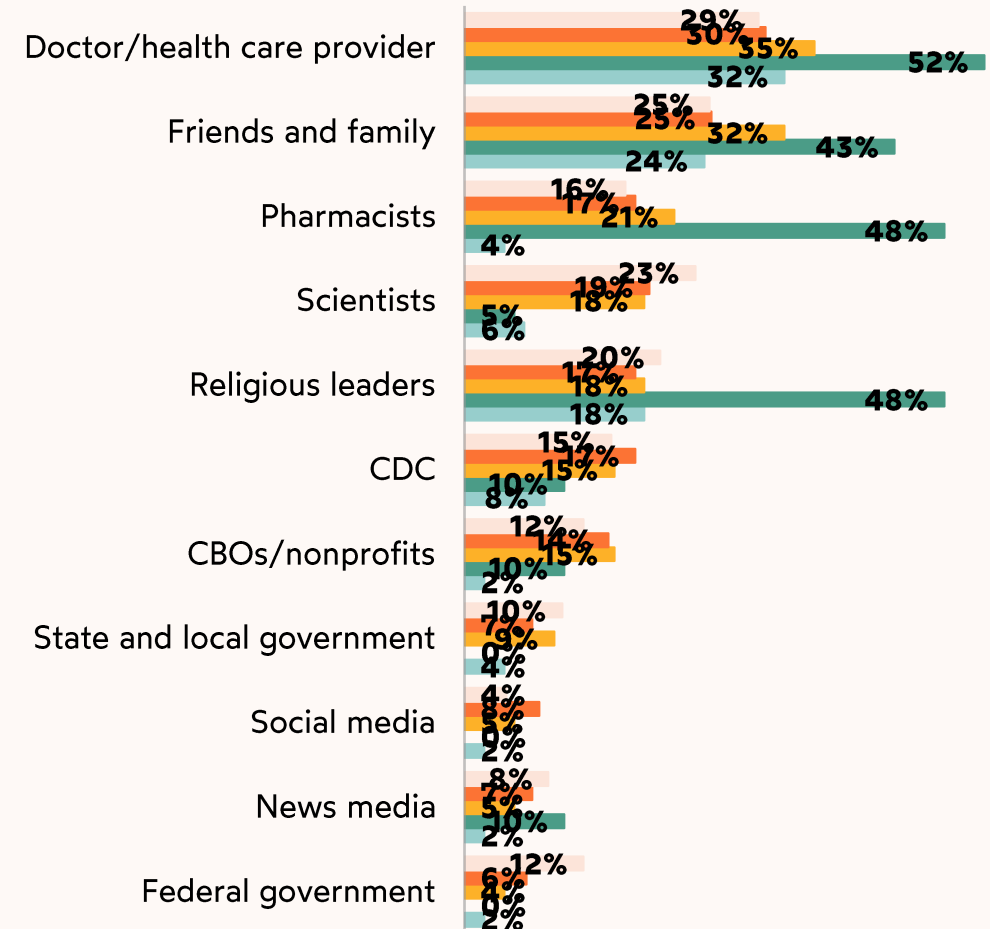
From July 2021-April 2022

# Among unvaccinated respondents ( $n = 439$ )

## Motivators



## Trusted Messengers



Jul/Aug (n=143) Sept/Oct (n=146) Nov/Dec (n=78) Jan/Feb (n=21) Mar/Apr (n=50)

\*\*Response option was not asked in Jul/Aug

# **Survey insights by city: Oakland**

# Overview

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- Trends among vaccinated respondents (*bi-monthly data trends*)
- Characteristics among unvaccinated respondents (*cumulative data*)
- Trends among unvaccinated respondents (*bi-monthly data trends*)
- Summary and next steps

# Methodology

The main partner leading this effort is **Faith In Action**.



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.

Partnered with



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

**651** total surveys collected!



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.

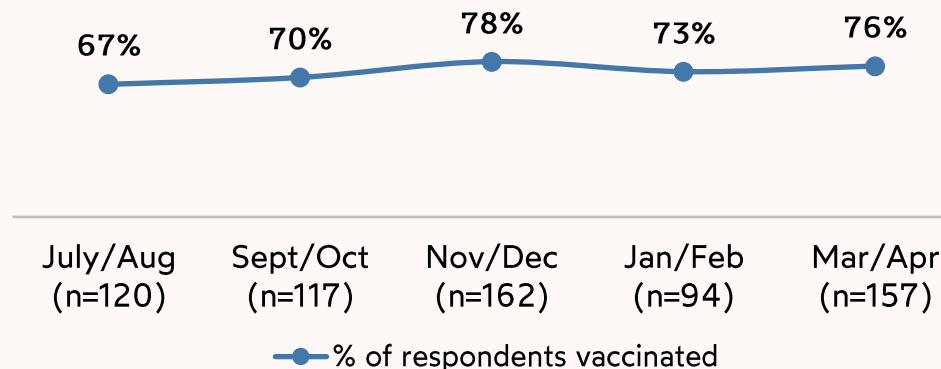
LSPC is dedicated to serving incarcerated and formerly incarcerated people and their families.

# Vaccination status and intention (n = 651)

July 2021-April 2022: Data trends

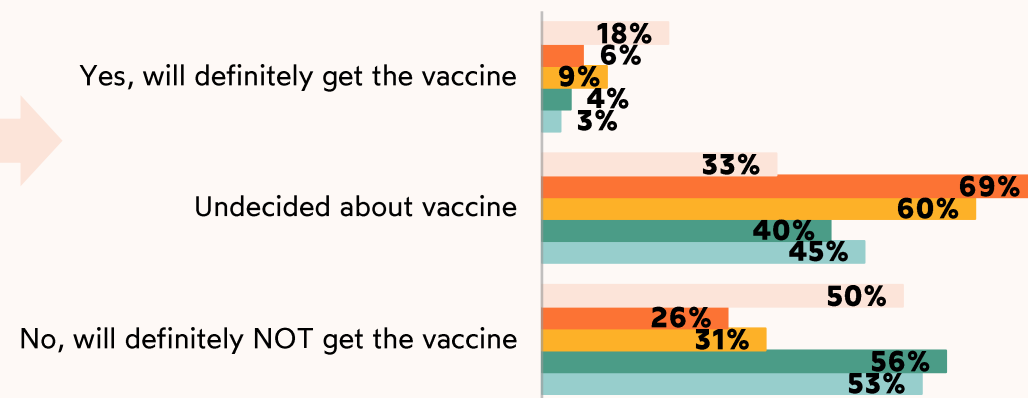
The share of respondents who received at least one dose of the COVID-19 vaccine did not vary by much between months, but overall, there was a slight increase from July 2021 to April 2022.

## At least one dose of vaccine



Across months, there were few unvaccinated respondents who noted they would definitely get the vaccine (<18%). Additionally, only a small share of unvaccinated respondents reported that they would definitely get the vaccine, with the share dropping over time. Over half of unvaccinated respondents surveyed between January and April 2022 reported that they would definitely not get the vaccine.

## Intent to get vaccinated



July/Aug (n=40) Sept/Oct (n=35) Nov/Dec (n=35) Jan/Feb (n=25) Mar/Apr (n=38)

October 2021-April 2022: Cumulative data

## Respondents' personal experience with Covid-19 (n=470)

**65%** of vaccinated respondents surveyed between October 2021 and April 2022 noted **never having tested positive for Covid-19 or being told they have Covid-19**. Just about **four-fifths** of unvaccinated respondents noted **never having tested positive for Covid-19 or being told they have Covid-19 (79%)**.

### VACCINATED (n=352)

Never tested positive for COVID-19 or been told by a health care provider that you have COVID-19

**65%**

Ever tested positive for COVID-19 or been told by a health care provider that you have COVID-19

**31%**

Missing **2%**

I don't know **2%**

### UNVACCINATED (n=118)

Never tested positive for COVID-19 or been told by a health care provider that you have COVID-19

**79%**

Ever tested positive for COVID-19 or been told by a health care provider that you have COVID-19

**15%**

Missing **0%**

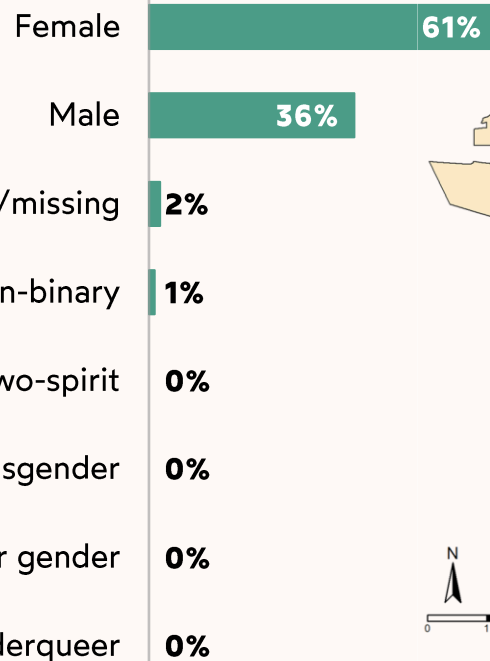
I don't know **6%**

July 2021-April 2022: Cumulative data

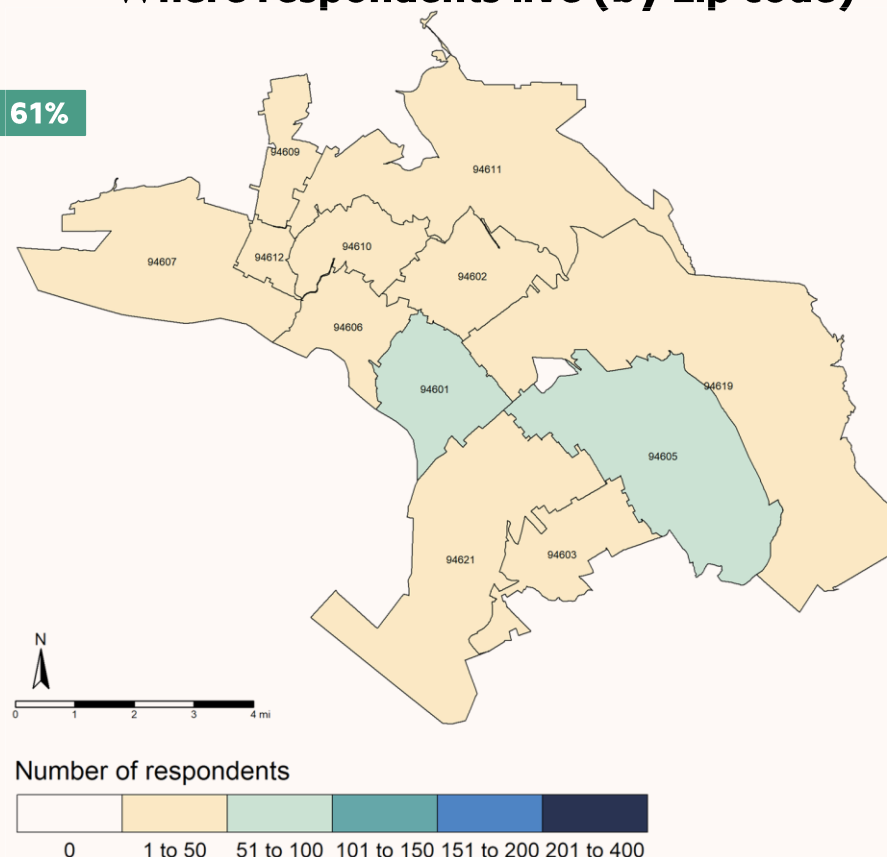
# Who are the vaccinated respondents? ( $n = 478$ )

**61%** of the vaccinated respondents surveyed between July 2021 and April 2022 were **female**, **44%** were **African American or Black**, and **36%** were **Hispanic or Latino/Latinx**. Most were from zip codes **94601** and **94605**.

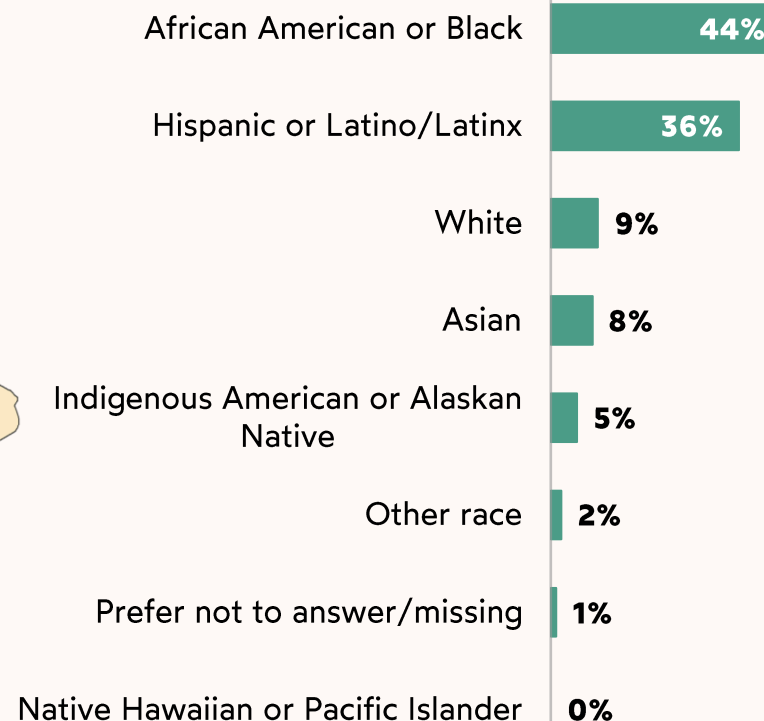
## Gender (Select all that apply)



## Where respondents live (by zip code)



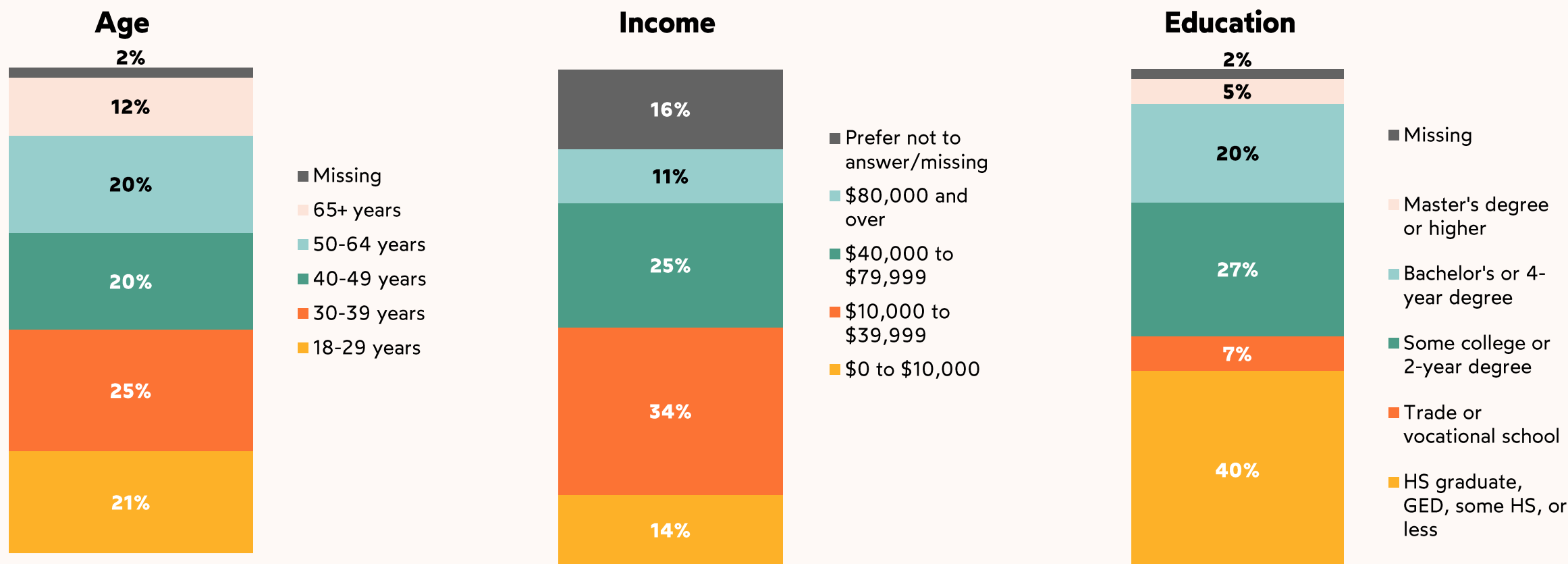
## Race/ethnicity (Select all that apply)



July 2021-April 2022: Cumulative data

# Who are the vaccinated respondents? ( $n = 478$ )

The vaccinated respondents surveyed between July 2021 and April 2022 were fairly evenly distributed between ages 18-64 years. **Two-fifths** had a **high school degree/GED or less (40%).\*\***



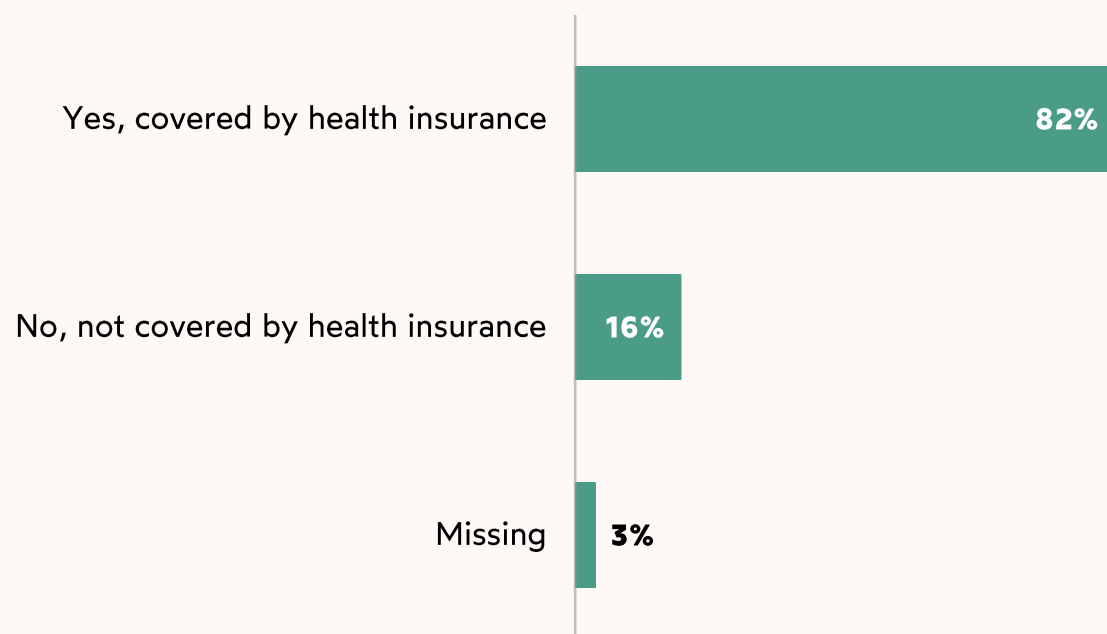


July 2021-April 2022: Cumulative data

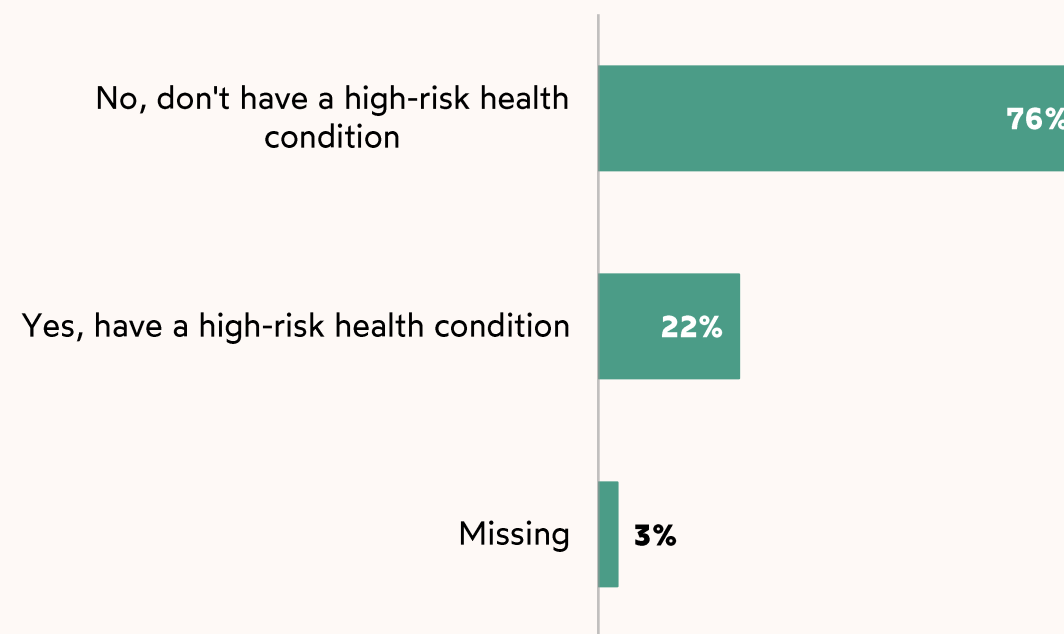
# Who are the vaccinated respondents? ( $n = 478$ )

**Over four-fifths** of vaccinated respondents surveyed between July 2021 and April 2022 (**82%**) **were covered by health insurance** and **over three-quarters (76%) 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.

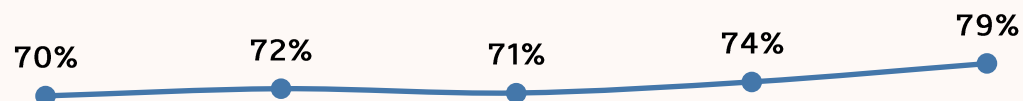
# Access over time (vaccinated)

July 2021-April 2022:  
Data trends

Most respondents took **twenty minutes or fewer to get to the vaccine location (70-79%)** and many noted **it was very easy or somewhat easy to make an appointment (84-91%)**.

## Access

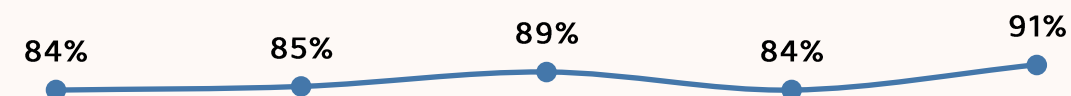
Twenty minutes or fewer to get to vaccine location



July/Aug (n=80) Sept/Oct (n=82) Nov/Dec (n=127) Jan/Feb (n=69) Mar/Apr (n=119)

—●— % responding 20 minutes or less

Very easy or somewhat easy to make vaccine appointment



July/Aug (n=80) Sept/Oct (n=82) Nov/Dec (n=127) Jan/Feb (n=69) Mar/Apr (n=119)

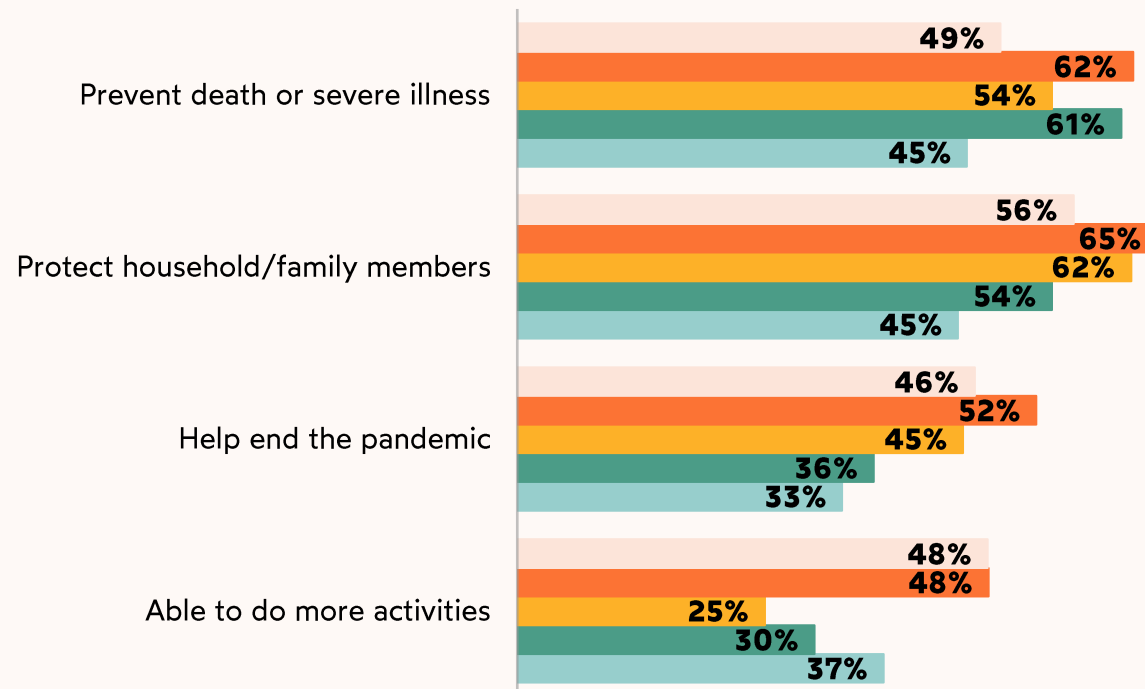
—●— % respondents responding 'Very easy' or 'Somewhat easy' to get vaccine

# Motivators and trusted messengers over time (vaccinated)

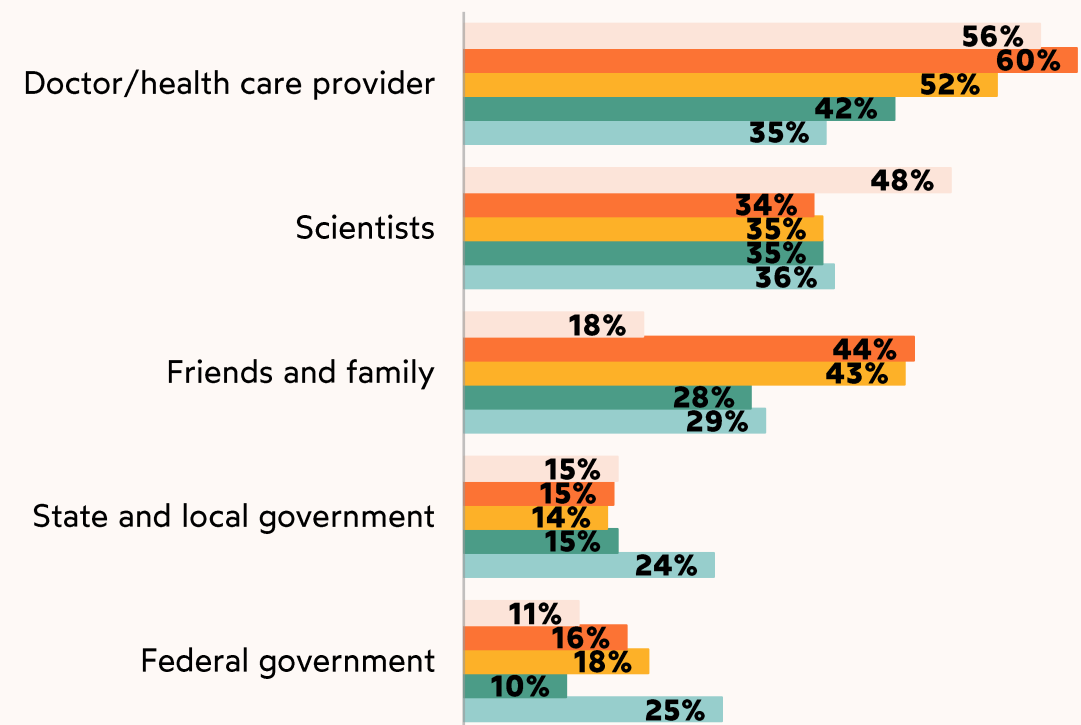
July 2021-April 2022: Data trends

- Fairly consistent across all months, vaccinated respondents noted that **the vaccine preventing death/severe illness and protecting household/family members is a motivator to get the vaccine.**
- While **doctors/health care providers** remained one of the top trusted messengers for vaccinated respondents, there was lower trust for them January through April 2022.

## Motivators



## Trusted Messengers

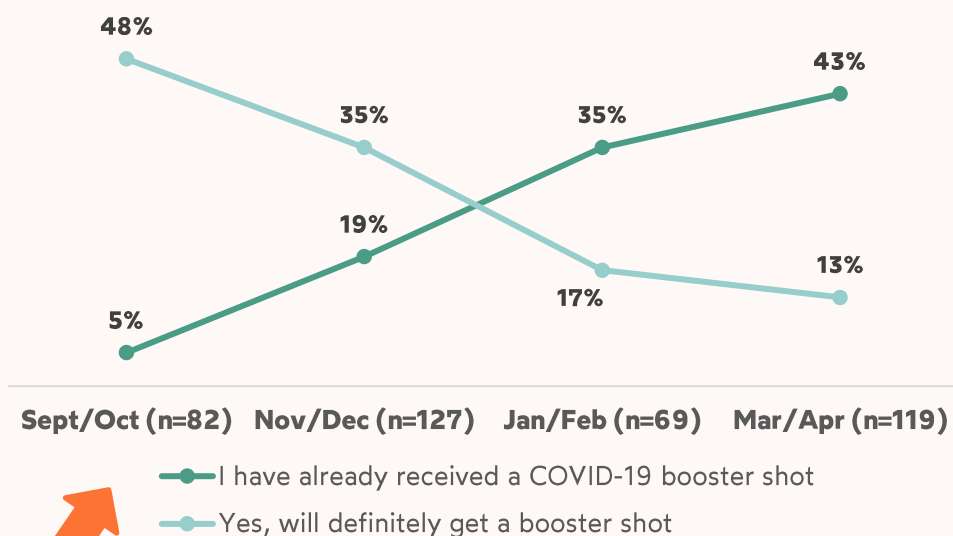


July/Aug (n=80) Sept/Oct (n=82) Nov/Dec (n=127) Jan/Feb (n=69) Mar/Apr (n=119)

# Booster shot trends (vaccinated)

September 2021-April 2022:  
Data trends

## Booster shot status and intention



Each month, more respondents noted they received their booster shot (almost reaching 50% by March/April 2022). This might be one reason why fewer respondents said they would get one across time.

Compared to Sept-Dec 2021, in Jan-Apr 2022 confidence about booster shots preventing death/severe illness, protecting household members, and getting life back to normal was lower.

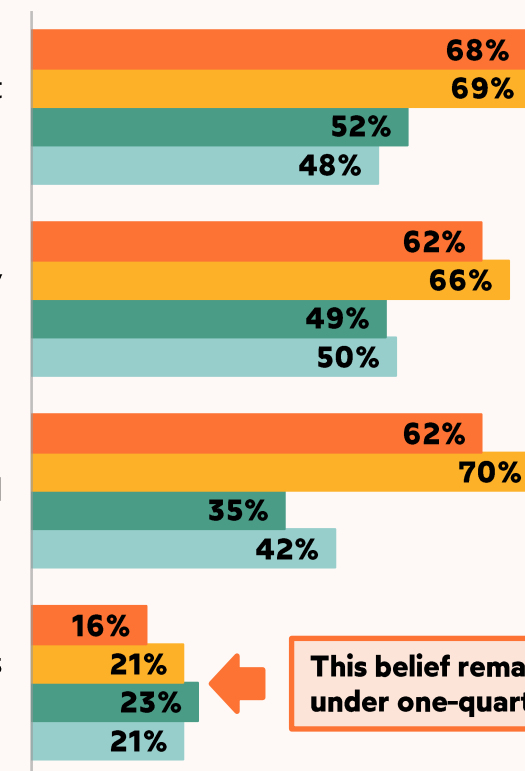
## Booster shot attitudes

Getting a booster shot will help prevent death or severe illness

Will help protect my household/family members

Will help get life back to normal

Do not think getting a booster shot is necessary



This belief remains under one-quarter.

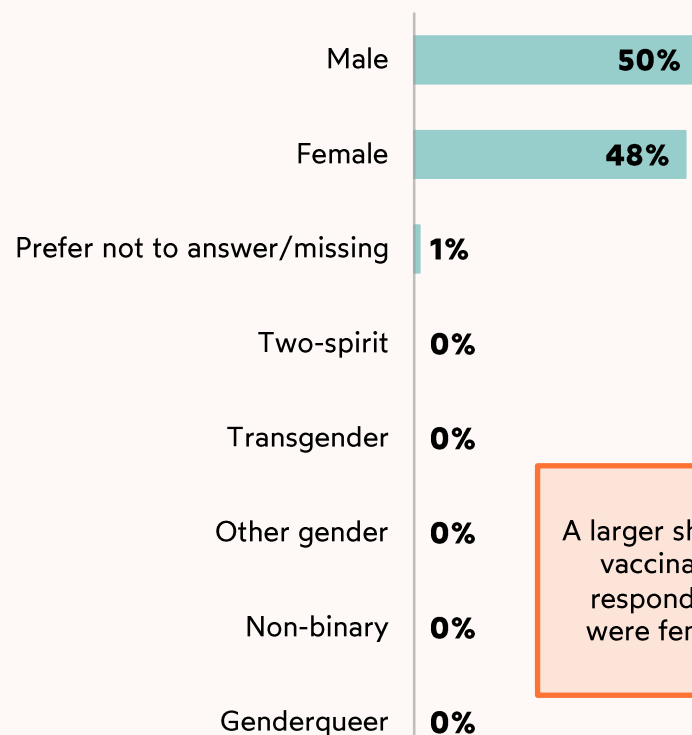
Sept/Oct (n=82) Nov/Dec (n=127) Jan/Feb (n=69) Mar/Apr (n=119)

# Who are the unvaccinated respondents? ( $n = 173$ )

July 2021-April 2022: Cumulative data

Among the unvaccinated respondents surveyed between July 2021 and April 2022, **50% were male and 62% were African American or Black.**

## Gender (Select all that apply)



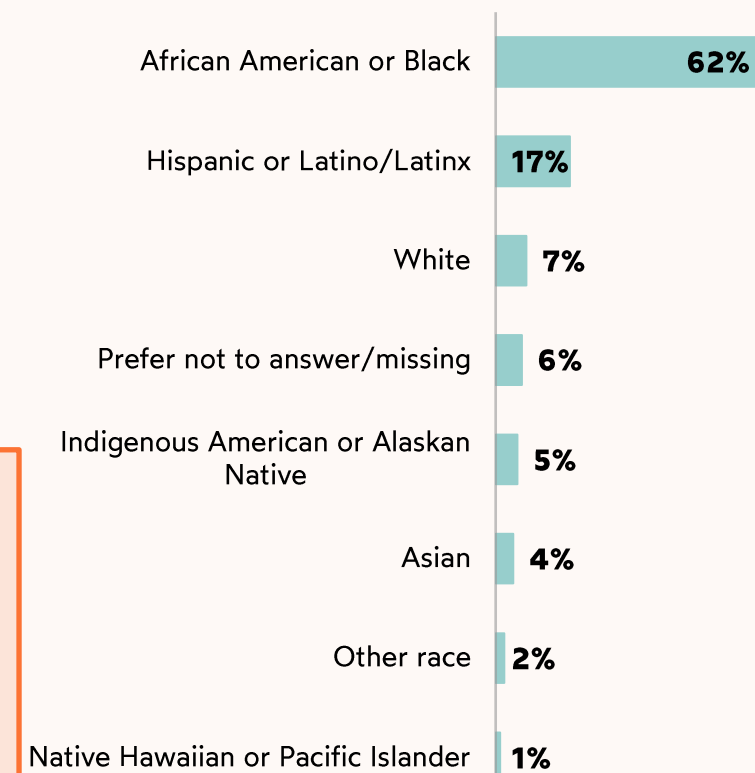
A larger share of vaccinated respondents were female.

## Where respondents live (by zip code)



Compared to vaccinated respondents, a larger share of unvaccinated respondents were African American/Black (44% vs. 62%).

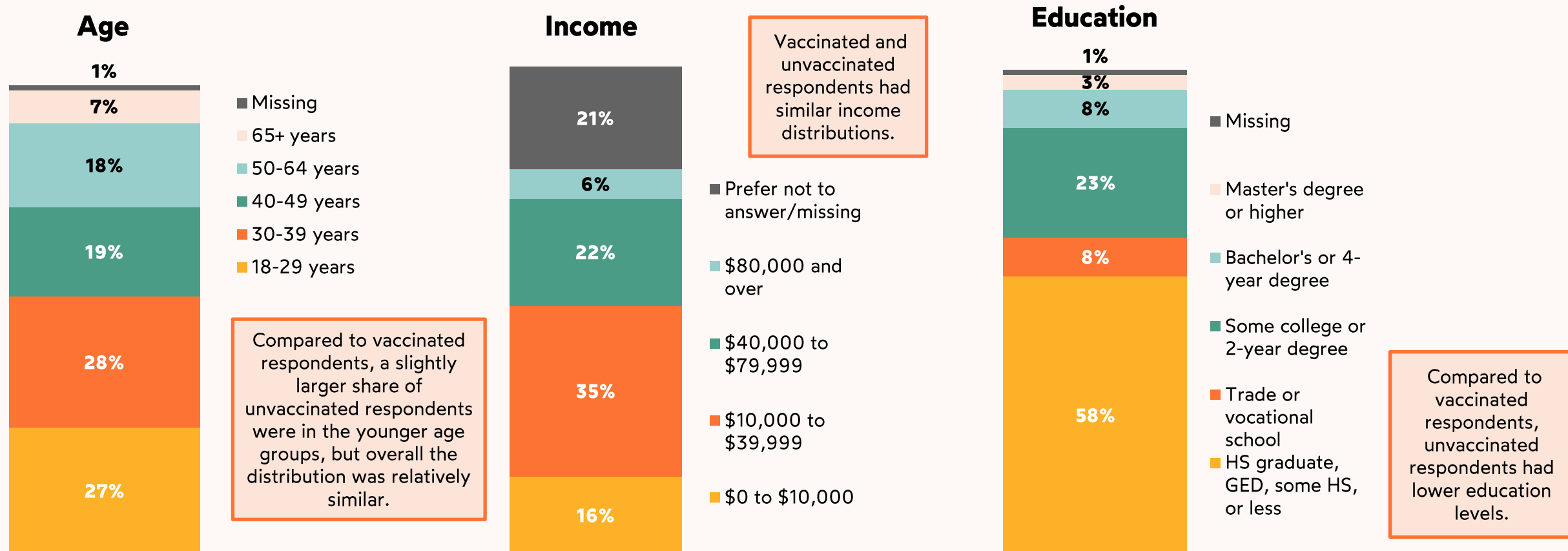
## Race/ethnicity (Select all that apply)



# Who are the unvaccinated respondents? ( $n = 173$ )

July 2021-April 2022: Cumulative data

Just over half of unvaccinated respondents surveyed between July 2021 and April 2022 were ages **18-39 (55%)** and over half had a **high school diploma/GED or less (58%)\*\***

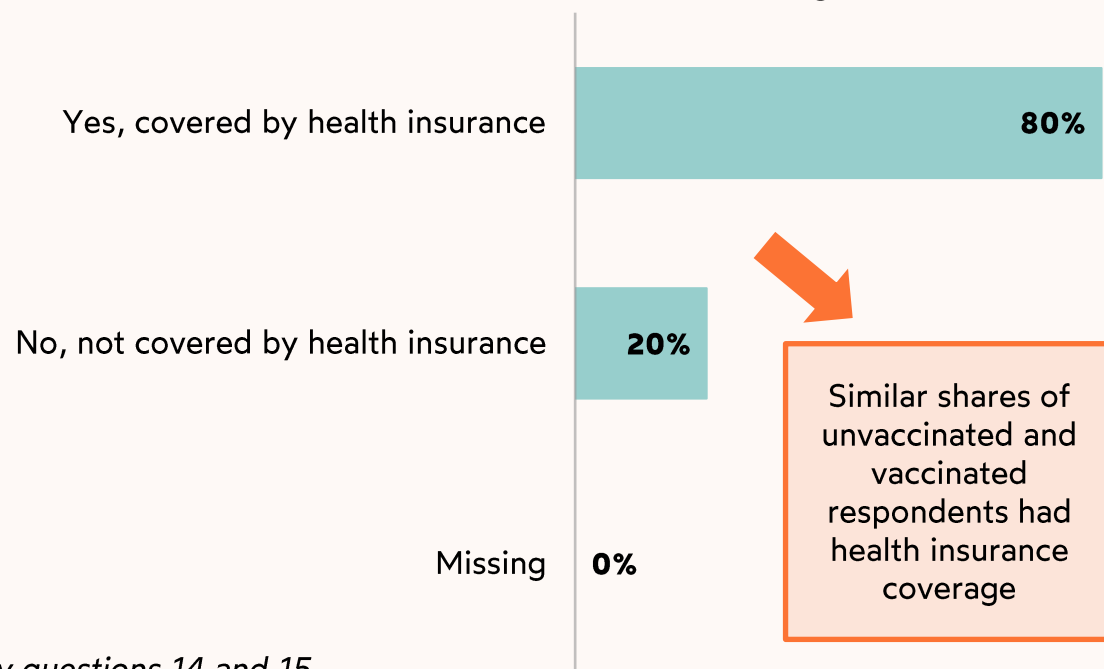


July 2021-April 2022: Cumulative data

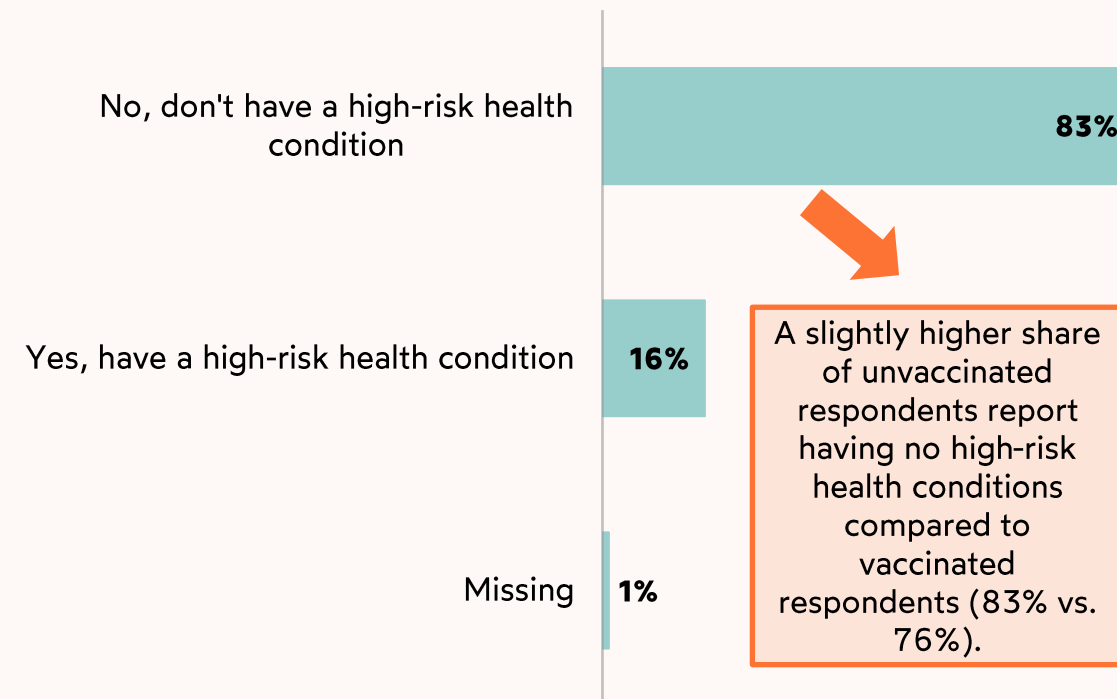
# Who are the unvaccinated respondents? ( $n = 173$ )

Among the unvaccinated respondents surveyed between July 2021 and April 2022, **four-fifths were covered by health insurance (80%)** and **83% 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.

BALTIMORE

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NEWARK

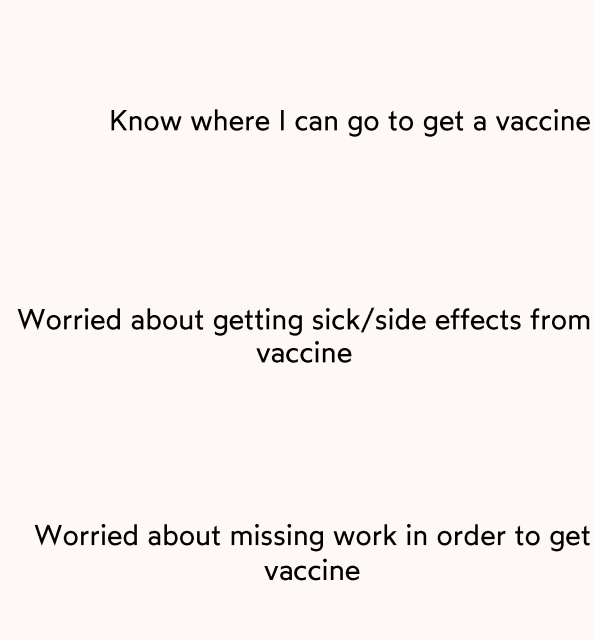
OAKLAND

# Barriers/enablers and beliefs over time (unvaccinated)

July 2021-April 2022: Data trends

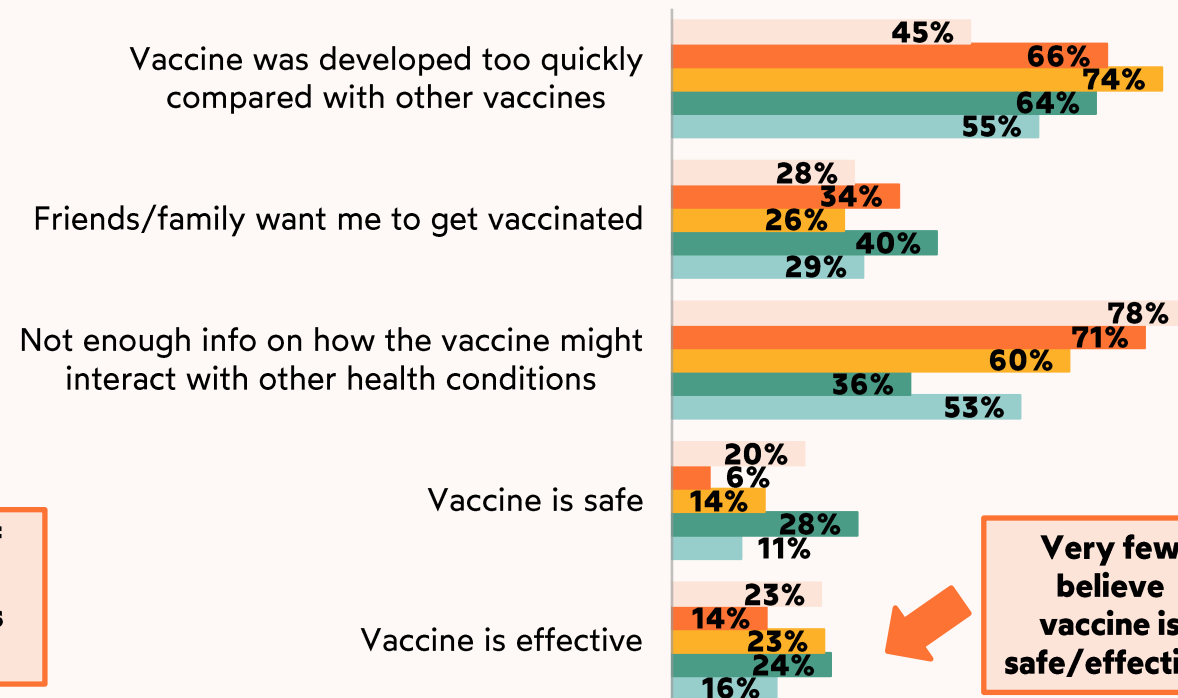
- Most unvaccinated respondents **knew where they could go to get a vaccine (63-80%)**.
- While **many respondents (73%) in July/Aug** were worried about getting sick/side effects from the vaccine, fewer respondents in March/April believed this (**29% in March/April**).
- Many respondents consistently reported **believing that the vaccine was developed too quickly (45-74%)**.

## Barriers/Enablers\*\*



Only a small share of respondents were concerned about this across all months

## Beliefs\*\*



Very few believe vaccine is safe/effective

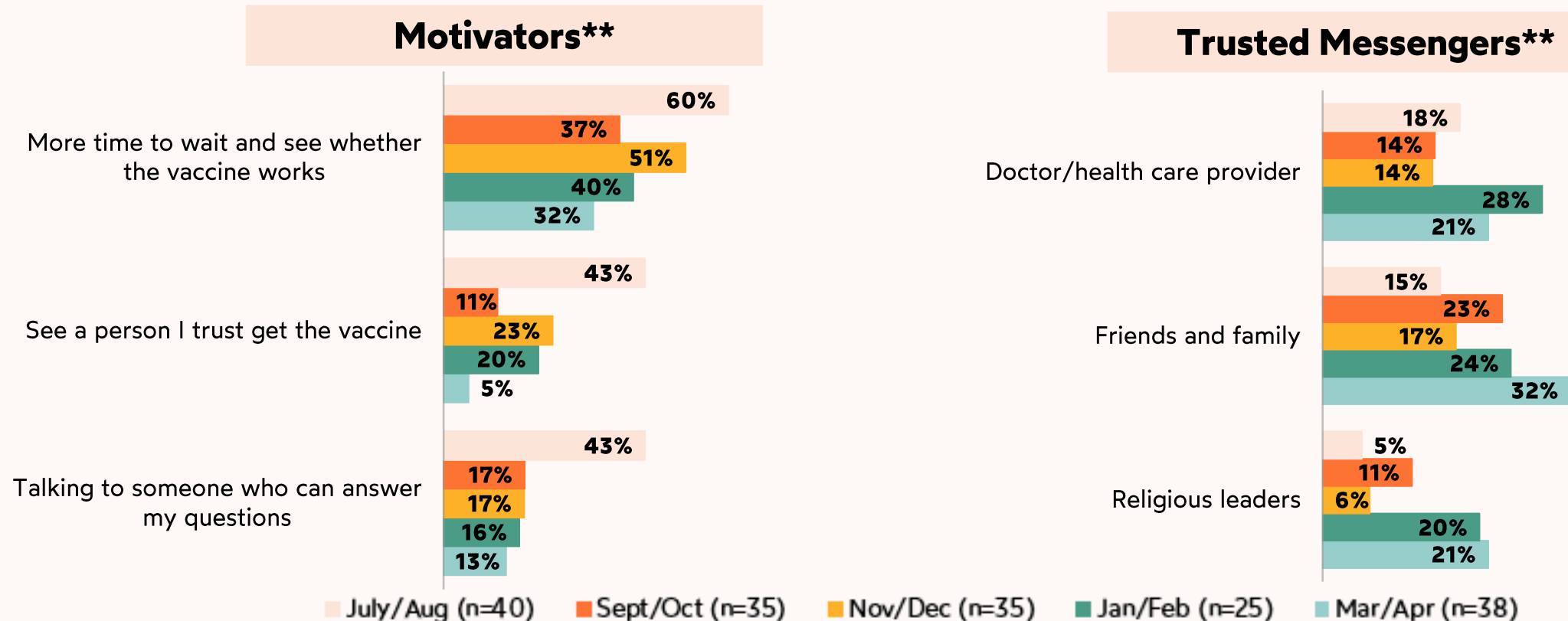
July/Aug (n=40) Sept/Oct (n=35) Nov/Dec (n=35) Jan/Feb (n=25) Mar/Apr (n=38)



# Motivators and trusted messengers over time (unvaccinated)

July 2021-April  
2022: Data trends

- Across months, most unvaccinated respondents reported they would be motivated to get the vaccine **if there was more time to wait and see whether it works**.
- While overall trust in listed messengers was low** among unvaccinated respondents, respondents surveyed between January and April 2022 reported **slightly higher levels of trust in doctor/health care providers, friends and family, and religious leaders**.



\*Survey questions 6c and 8; \*\*Given the small sample sizes, it is important not to overinterpret these differences.

# Summary of key findings

From July 2021-April 2022

## KEY CHARACTERISTICS ABOUT SAMPLE

### VACCINATED VS UNVACCINATED\*

- A larger share of vaccinated respondents **were female** compared to unvaccinated respondents.
- A larger share of unvaccinated respondents were **African American/Black** compared to vaccinated respondents.
- Unvaccinated respondents had a **larger share of respondents who had a high school diploma/GED or less.**

## KEY TAKEAWAYS

### VACCINATED RESPONDENTS

- Across all months, vaccinated respondents believed:
  - **preventing death/severe illness and protecting household/family members was a motivator to get the vaccine.**
  - **the vaccine was safe and effective.**
- Vaccine **access was not a major issue.** Many respondents reported it was easy to make a vaccine appointment and reported it didn't take long to get to the vaccine location.
- **Each month, more respondents received their booster shot; confidence that booster shots prevent death/severe illness and get life back to normal was low.**

## KEY TAKEAWAYS

### UNVACCINATED RESPONDENTS

- Across all months:
  - **being worried about getting sick/side effects** remained a top barrier to getting vaccinated.
  - many believed that the **vaccine was developed too quickly compared with other vaccines.**
  - Respondents did not believe **the vaccine was safe or effective.**
- While in July/August, **many believed that talking to someone to answer vaccine questions or seeing someone they know get vaccinated would motivate them to get the vaccine,** fewer respondents believed this starting September. Overall, **trust in various messengers remained low across all months** (below 32%).

\*Please note that some of these differences could be due to sample size differences (vaccinated sample size is 478 respondents and the unvaccinated sample size is 173 respondents)

## Next steps: how can you continue to think about and use the data?

- 1) Continue to use data to **inform changes to vaccine distribution and marketing campaigns in Oakland**
- 2) Use data to **guide additional conversations in your communities** (conducting listening sessions or focus groups on main points or findings, such as many unvaccinated respondents believing the vaccine was developed too quickly, or believing the vaccine was not safe or effective)
- 3) Leverage your data to **apply for other sources of funding** (your data demonstrates a specific need in your specific community)
- 4) Use the experience and capacity you gained from collecting this data to **collect data again in the future to assess other needs in your community!**

# Oakland supplemental data

- Survey respondent demographics vs. city BIPOC demographics
- All figures for questions analyzed (July 2021-April 2022 data)

BALTIMORE

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HOUSTON

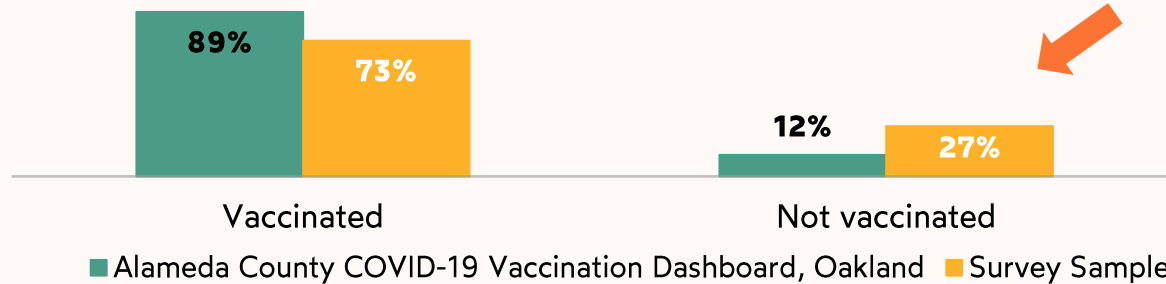
NEWARK

OAKLAND

From July 2021-April 2022

# Survey respondent demographics vs. Oakland BIPOC demographics

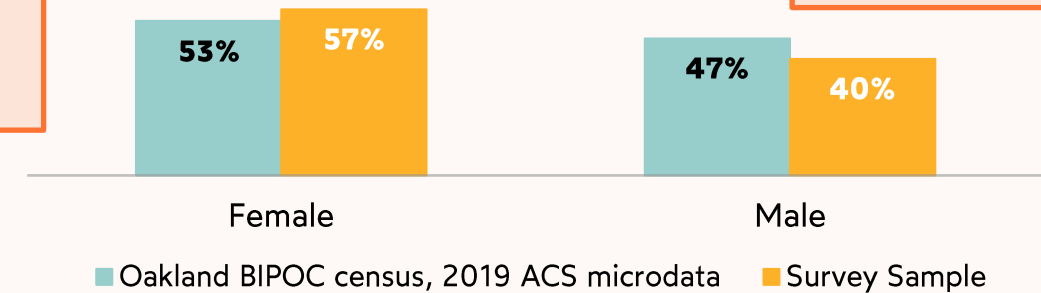
## Vaccination status (at least one dose): Oakland vs. Survey Sample (n = 651)



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

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

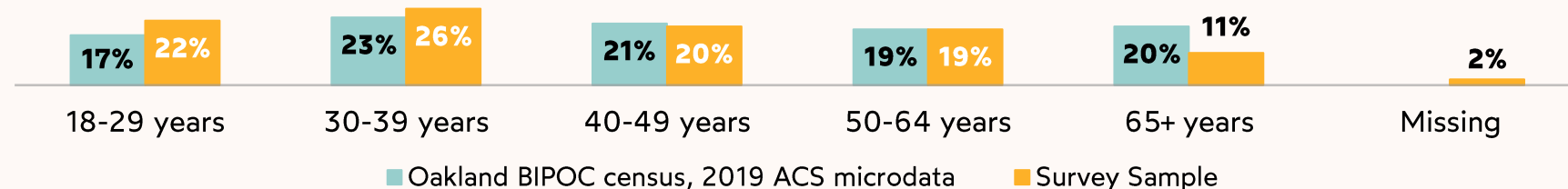
## Gender: Oakland vs. Survey Sample (n = 651)



The survey has a slightly larger share of female respondents than the Oakland BIPOC population.

## Age: Oakland vs. Survey Sample (n = 651)

The survey sample has a **smaller share of respondents ages 40-49 years and 65+ years** than the Oakland BIPOC population and a **larger share of respondents ages 18-39 years**.



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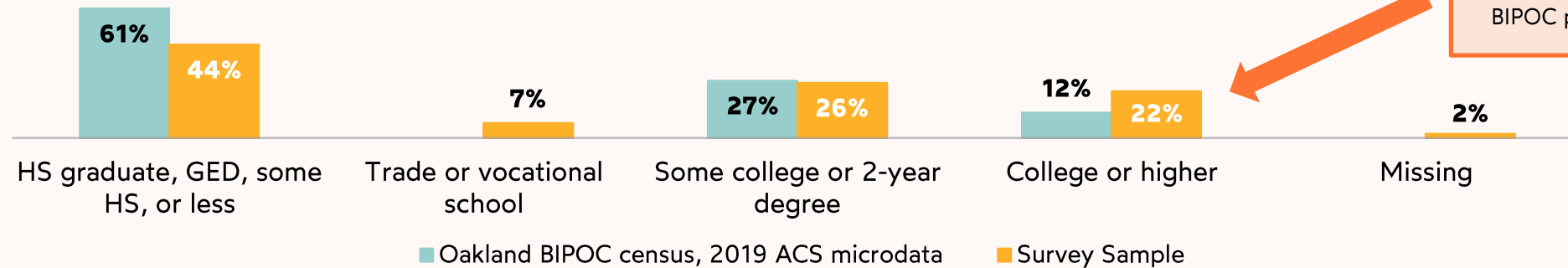
NEWARK

OAKLAND

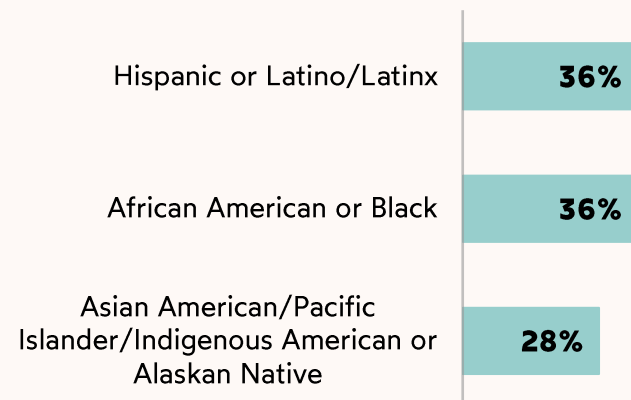
From July 2021-April 2022

# Survey respondent demographics vs. Oakland BIPOC demographics

## Education: Oakland vs. Survey Sample (n = 651)

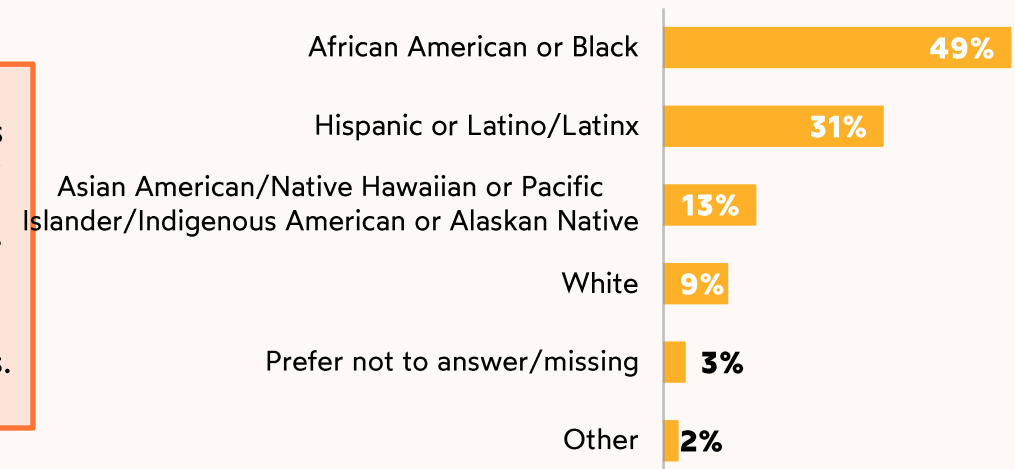


## Oakland BIPOC census, 2019 ACS microdata BIPOC race/ethnicity (n = 651)



Compared with Oakland's BIPOC population, survey respondents had slightly more African American or Black respondents and slightly less Hispanic or Latino/Latinx respondents.

## Survey Sample Race/ethnicity (Select all that apply) (n = 651)



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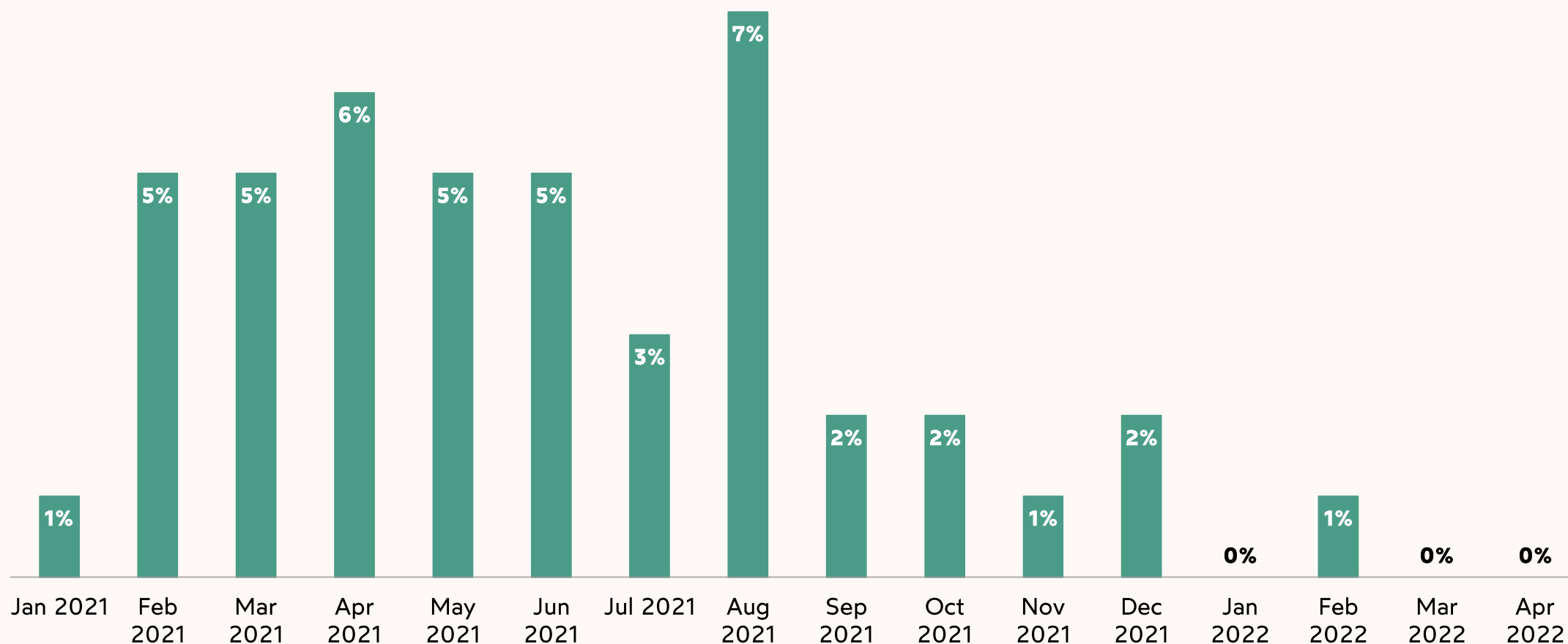
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# Date respondents got their first vaccination (n=478)

From July 2021-April 2022

The vaccinated respondents received their first dose of the vaccine largely during the period from **February to August 2021**.



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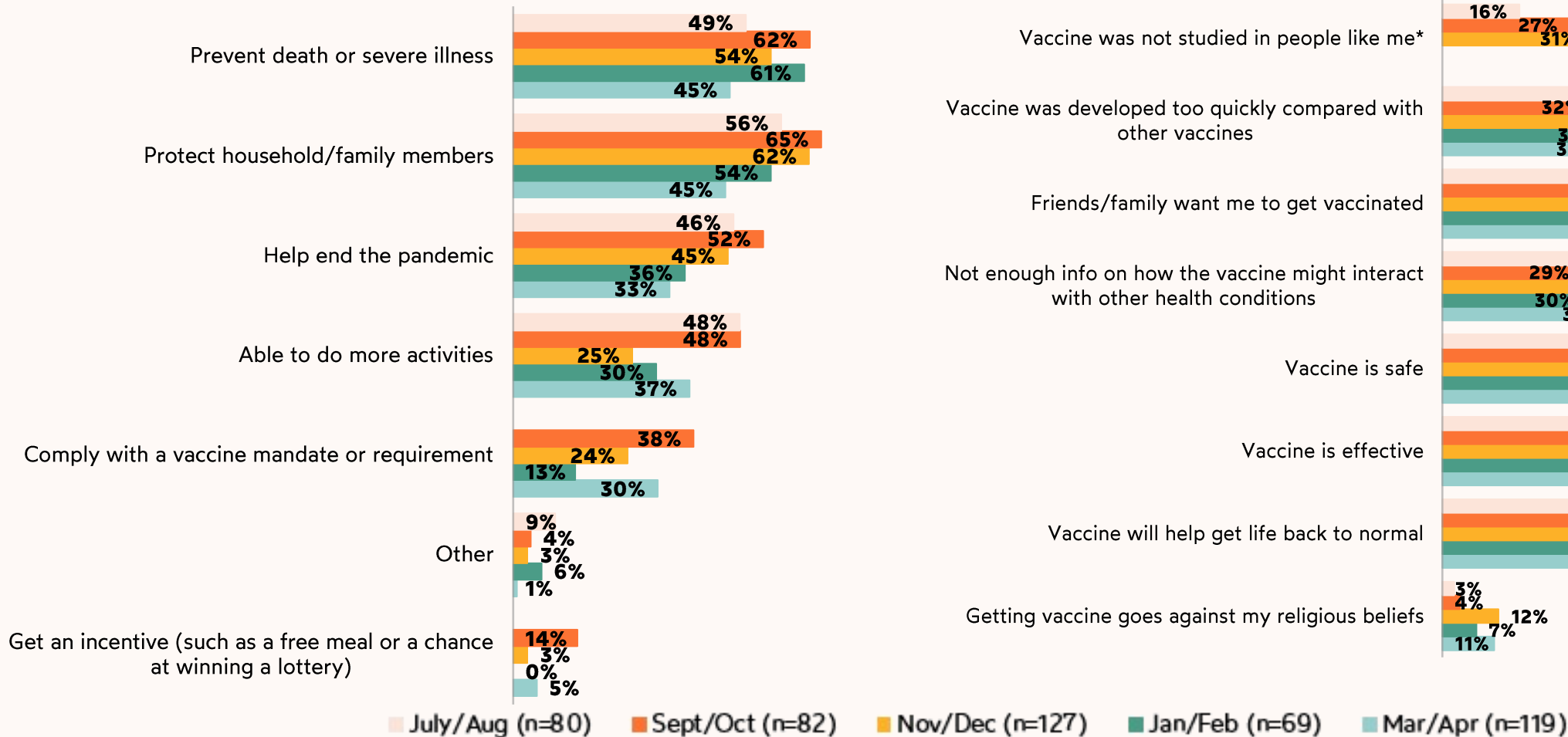
NEWARK

OAKLAND

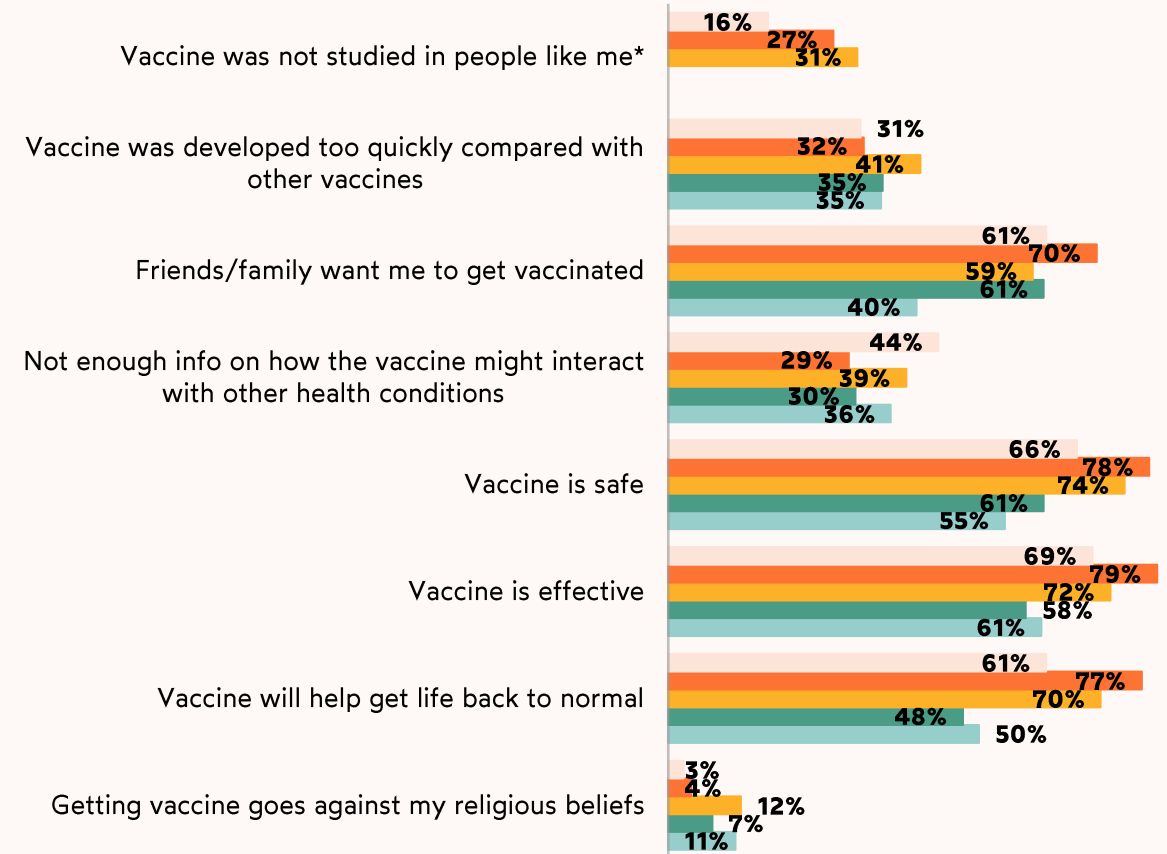
From July 2021-April 2022

# Among vaccinated respondents ( $n = 478$ )

## Motivators



## Beliefs



\*Response option was not asked in Jan/Feb or Mar/Apr report



BALTIMORE

CHICAGO

HOUSTON

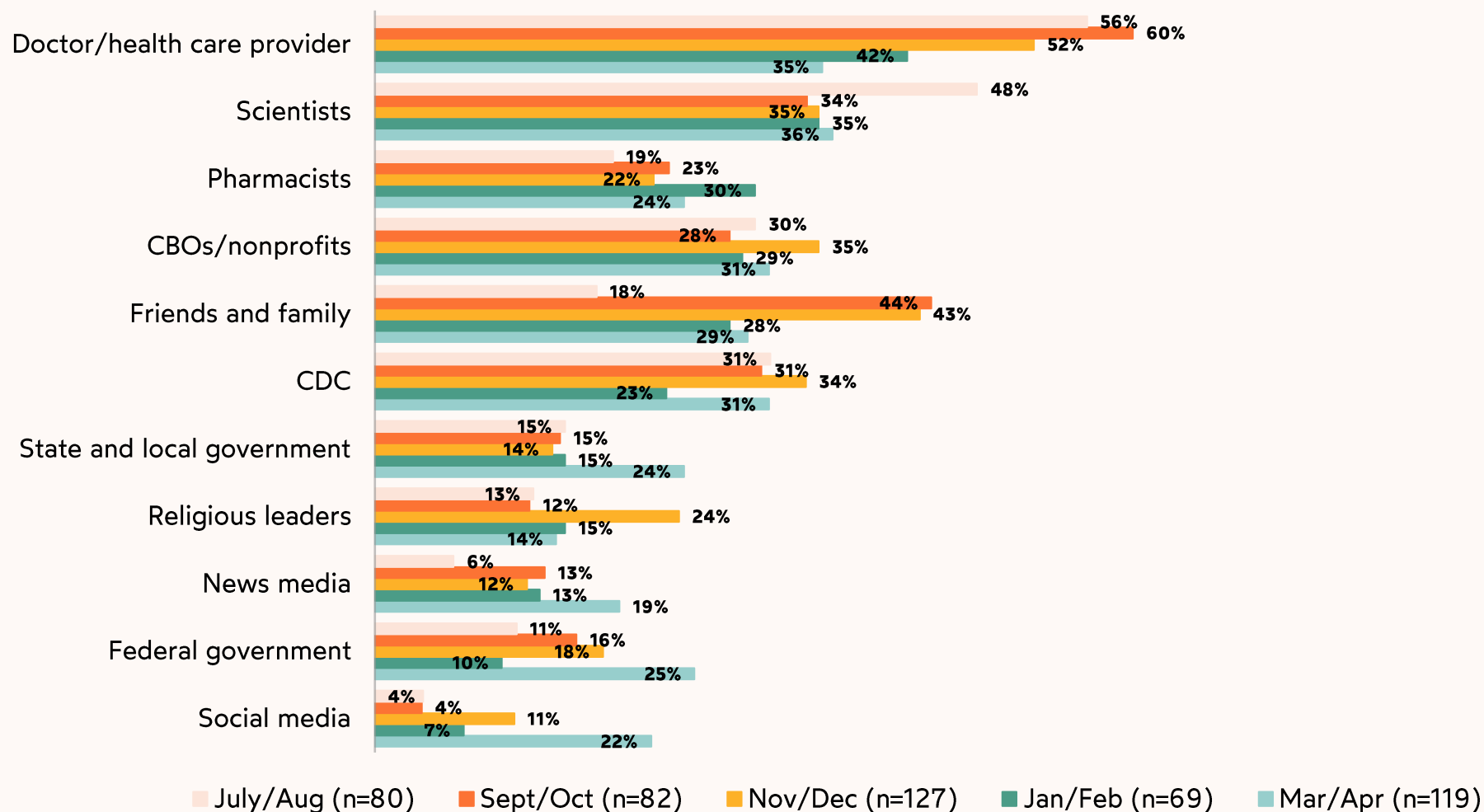
NEWARK

OAKLAND

# Among vaccinated respondents ( $n = 478$ )

From July 2021-April 2022

## Trusted Messengers



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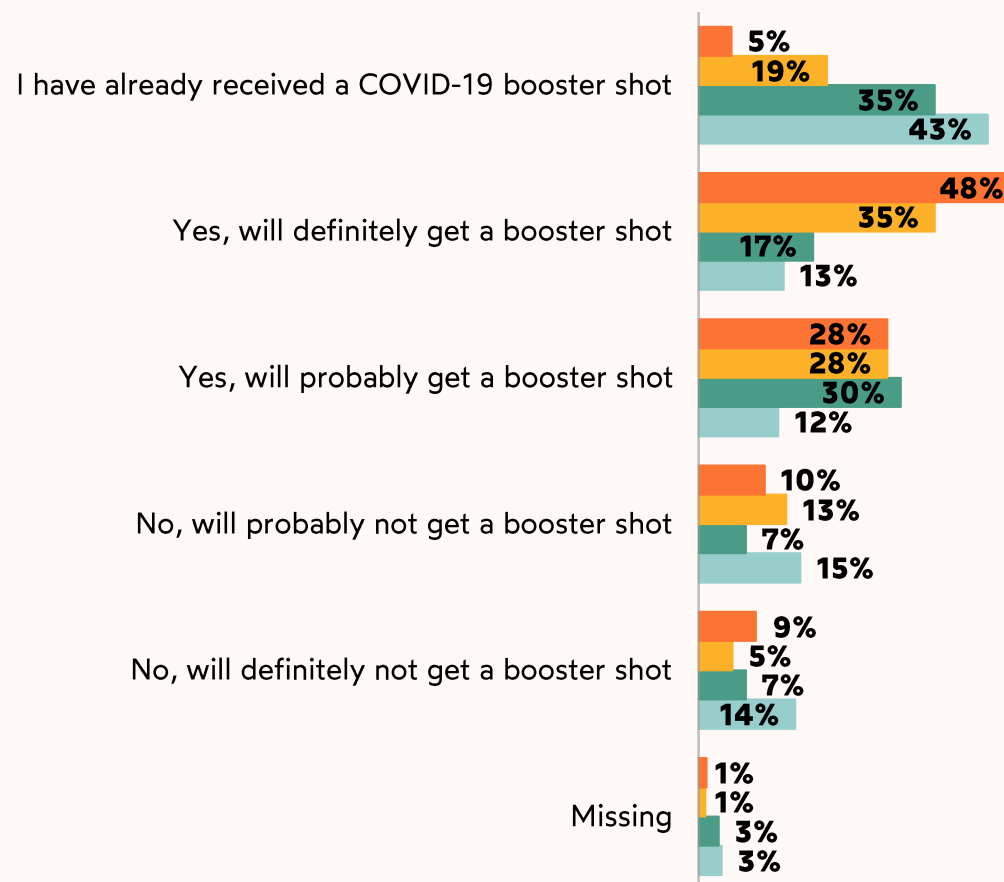
NEWARK

OAKLAND

# Among vaccinated respondents

From September 2021-April 2022

## Booster shot status



■ Sept/Oct (n=82) ■ Nov/Dec (n=127) ■ Jan/Feb (n=69) ■ Mar/Apr (n=119)

BALTIMORE

CHICAGO

HOUSTON

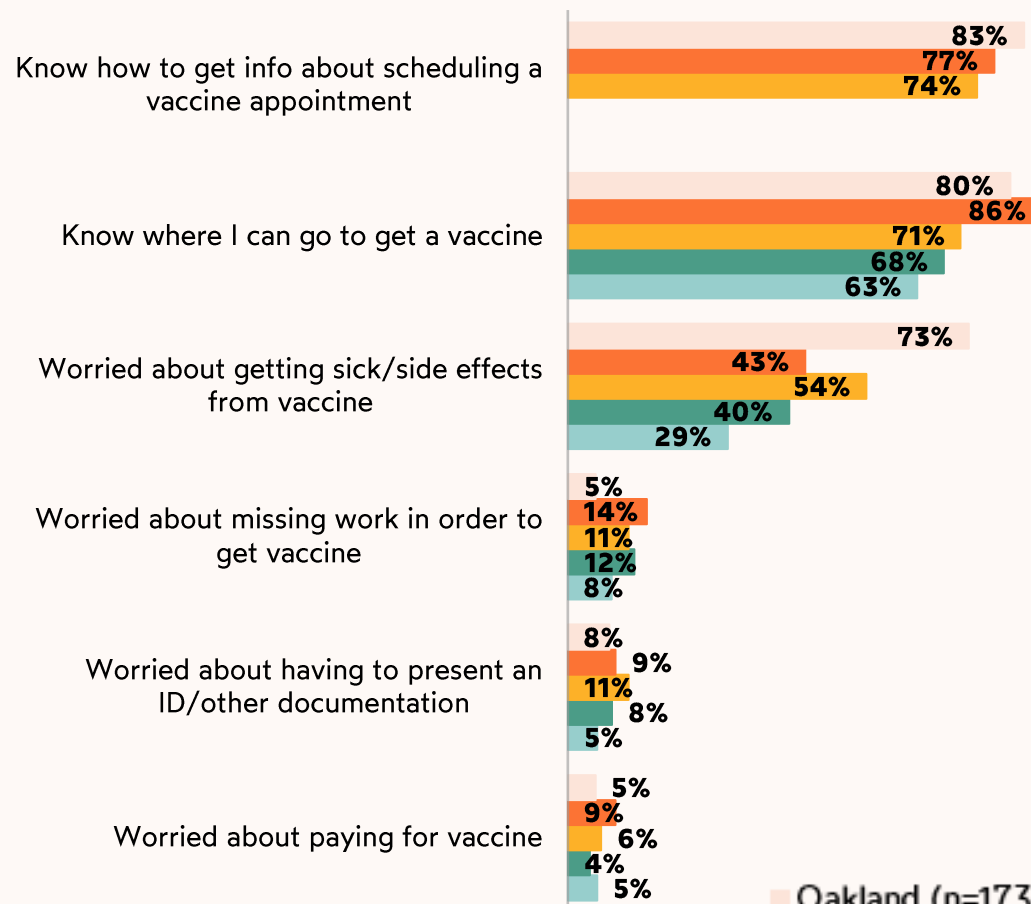
NEWARK

OAKLAND

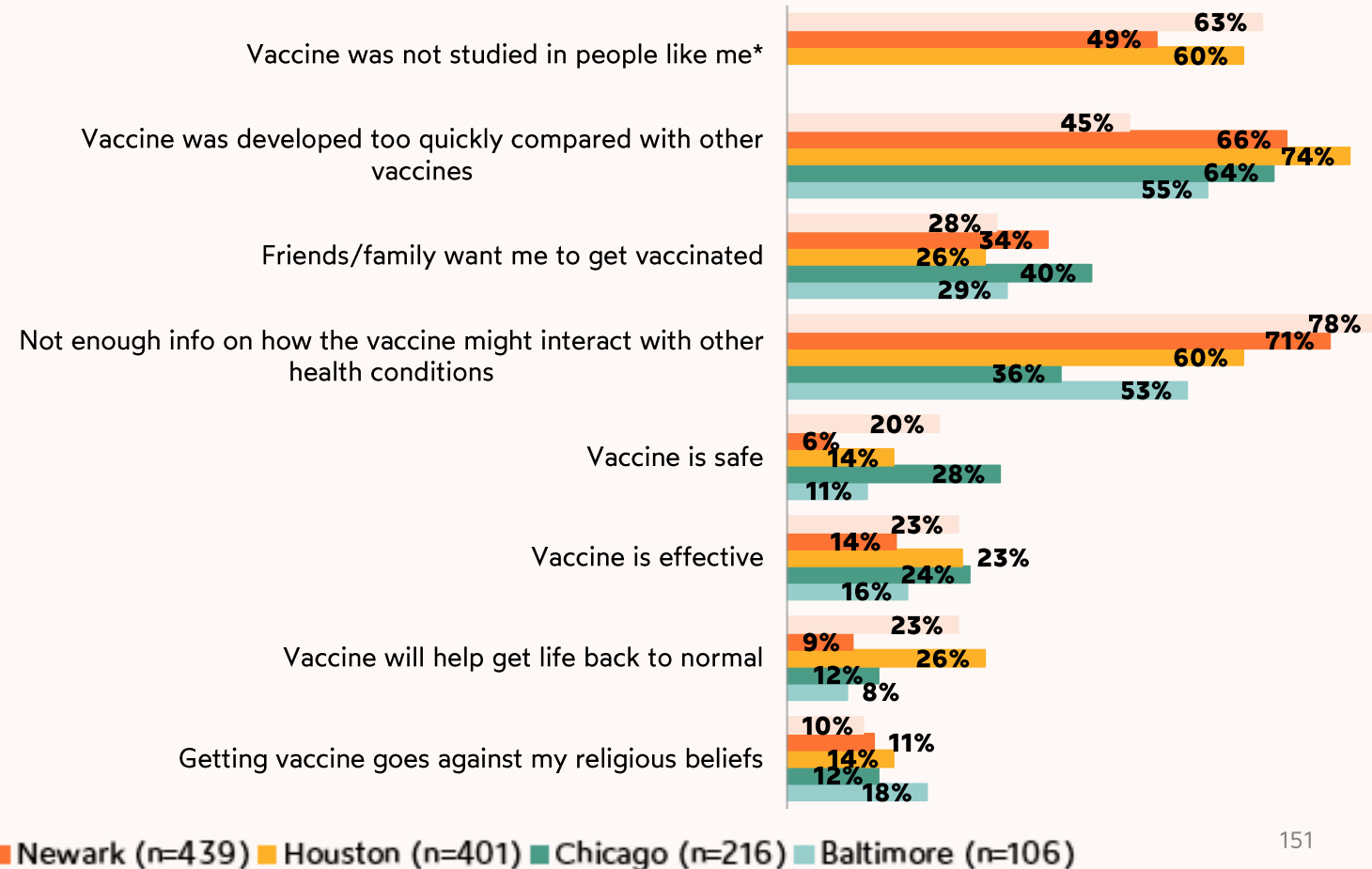
From July 2021-April 2022

# Among unvaccinated respondents ( $n = 173$ )

## Barriers/Enablers



## Beliefs



■ Oakland (n=173) 
 ■ Newark (n=439) 
 ■ Houston (n=401) 
 ■ Chicago (n=216) 
 ■ Baltimore (n=106)

\*Response option was not asked in Jan/Feb or Mar/Apr reports

BALTIMORE

CHICAGO

HOUSTON

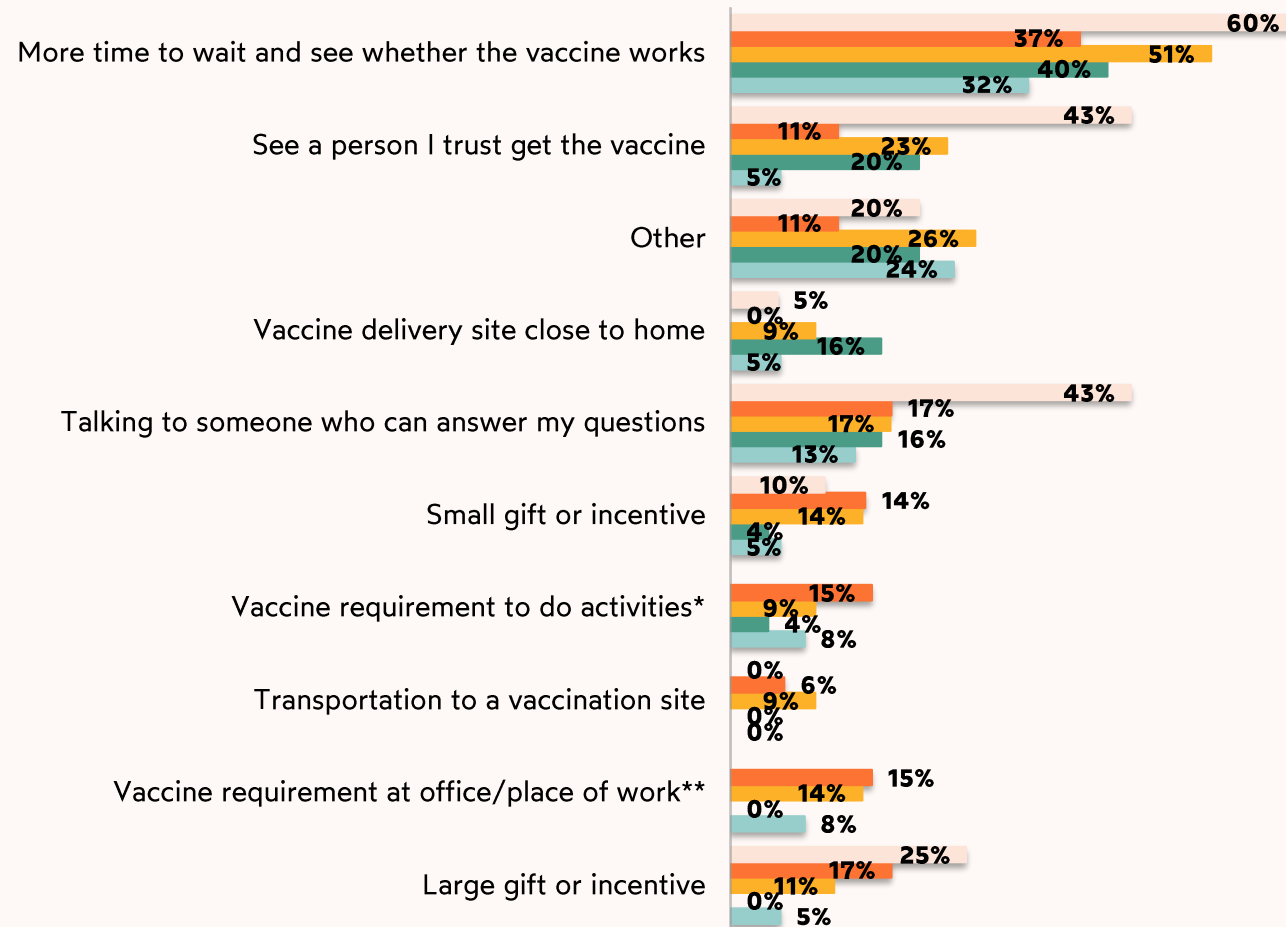
NEWARK

OAKLAND

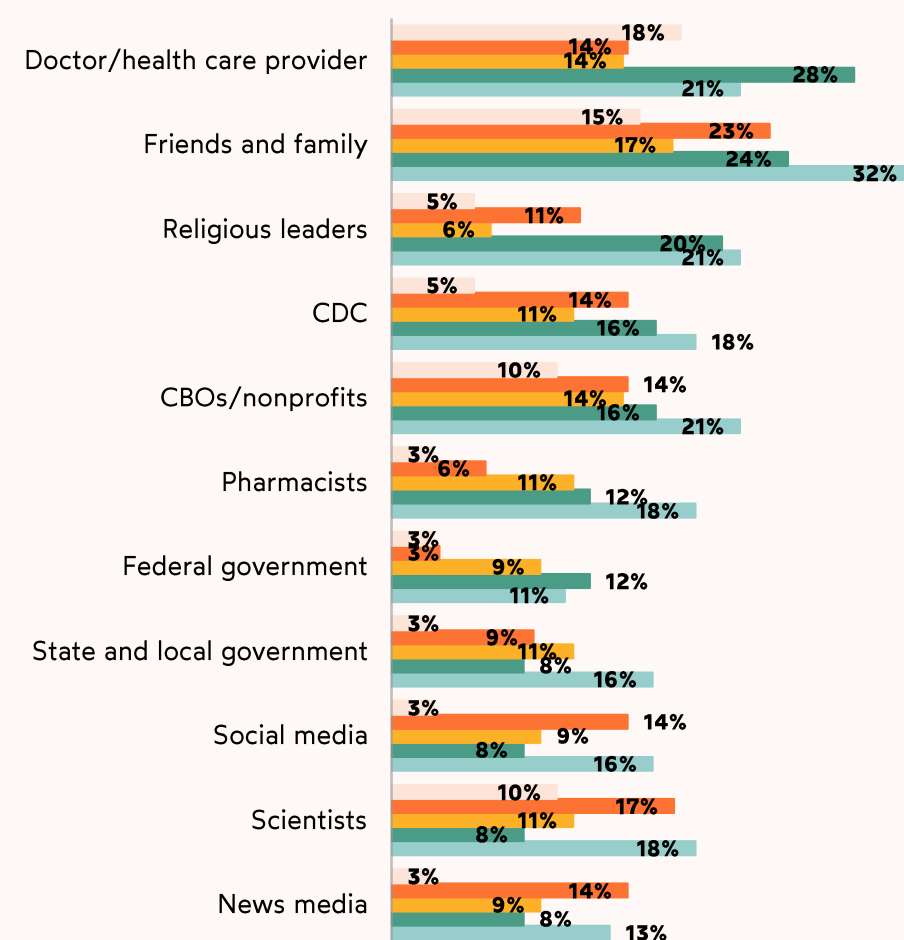
# Among unvaccinated respondents ( $n = 173$ )

From July 2021-April 2022

## Motivators



## Trusted Messengers



■ Oakland (n=173) 
 ■ Newark (n=439) 
 ■ Houston (n=401) 
 ■ Chicago (n=216) 
 ■ Baltimore (n=106)

\*\*Response option was not asked in Jul/Aug

# ***Contact Information***

Brianna Sullivan, MPH  
Health Survey Researcher at Mathematica, Inc.  
Email: [bsullivan@mathematica-mpr.com](mailto:bsullivan@mathematica-mpr.com)