



ISSUE BRIEF

COVID-19 RAPID RESPONSE SURVEY VACCINATION AND TRUST IN INFORMATION ON COVID-19 IN DETROIT

OVERVIEW

In Spring 2020, the Detroit Metro Area Communities Study (DMACS) invited nearly 2,000 study panelists to participate in surveys about the impact of COVID-19 on Detroiters. Since then, seven surveys were fielded to better understand how the pandemic has shaped Detroit residents' health, behaviors, employment, and financial conditions. The most recent survey, which provides much of the data for this report, was collected between June 2nd and July 9th, 2021 and captures the views of a representative sample of 1,898 residents. Results have been weighted to reflect the population of the City of Detroit.

[See full results from DMACS surveys here.](#)



KEY FINDINGS

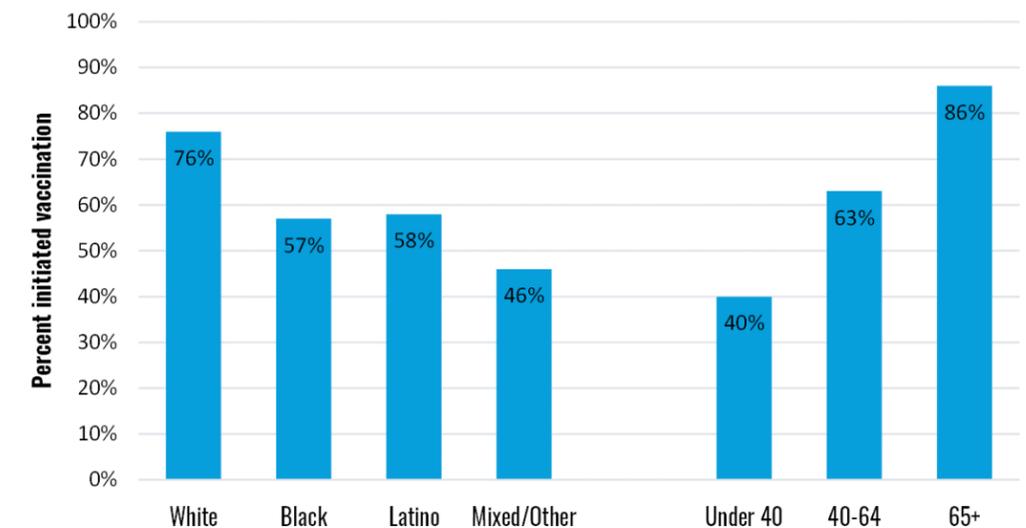
- Among Detroiters who have not received any doses of the COVID-19 vaccine, nearly 8 out of 10 cited concerns about the safety of the vaccine among their reasons. A similar number of unvaccinated Detroiters, 78%, also reported that concerns about side effects were among the reasons they had not gotten vaccinated.
- In general, unvaccinated Detroiters were far less likely to say they trust the government's ability to ensure the safety of the vaccine (51%), than those who have already been vaccinated (6%).
- Among unvaccinated Detroiters, news media were, by far, the least trusted sources for information on COVID-19. Only 10% of unvaccinated Detroiters said they placed high trust in the news media for this information. On the other hand, about one-third of unvaccinated Detroiters reported that they trusted their doctors a great deal for information on COVID-19.
- The survey results demonstrate that vaccine hesitancy is surmountable. More than 1 in 3 residents (34%) who reported being unlikely to get vaccinated between January and March 2021 have since received at least one dose of the vaccine.

VACCINATION IN DETROIT

- Across Detroit, roughly half of adults remain unvaccinated or partially vaccinated against COVID-19.
 - 59% of residents in DMACS' weighted, representative sample say they have gotten at least one vaccine dose while 41% say they have not yet received any vaccine doses.
 - 51% of residents report that they have received their full vaccine course (two doses of a Moderna or Pfizer vaccine or one dose of a J&J vaccine).
- As has been found in national data,¹ in Detroit residents of color and younger residents are less likely to have been vaccinated.
 - Residents of color are significantly less likely to report beginning or completing a COVID-19 vaccination schedule compared to White residents.² Nearly three-quarters (76%) of White residents say they have initiated vaccination compared to 57% of Black and 58% of Latino residents.
 - Residents under the age of 40 are half as likely (40%) to have initiated vaccination compared to those over the age of 65 (86%). Roughly two-thirds (63%) of middle-aged residents—those between the ages of 40 and 65—report having gotten at least one dose of a COVID-19 vaccine.

FIGURE 1

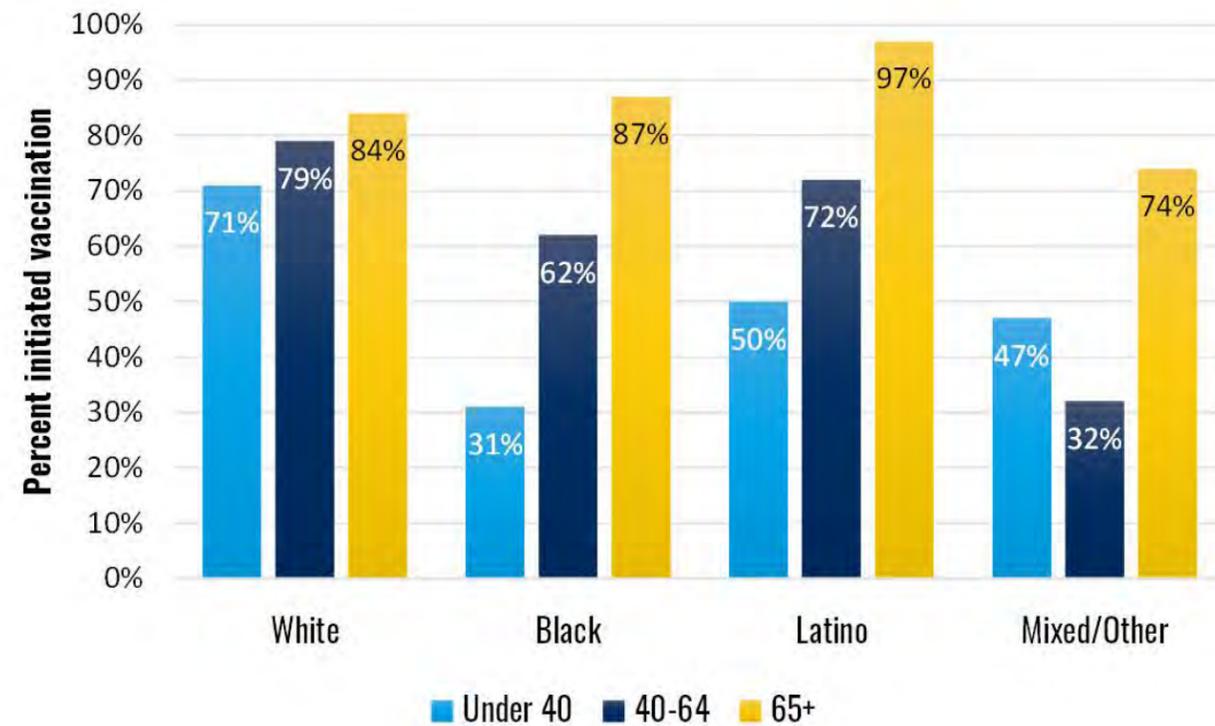
PERCENT OF DETROITERS WHO HAVE INITIATED VACCINATION



- Disparities in vaccination by age appear to be driven in part by stark differences in the vaccination rates of younger residents of color.
 - Just 31% of Black residents and 50% of Latino residents under the age of 40 report having received at least one dose of a COVID-19 vaccine.
 - By contrast, 71% of younger, White adults say they have been vaccinated.

FIGURE 2

VACCINATION INITIATION BY RACE AND AGE

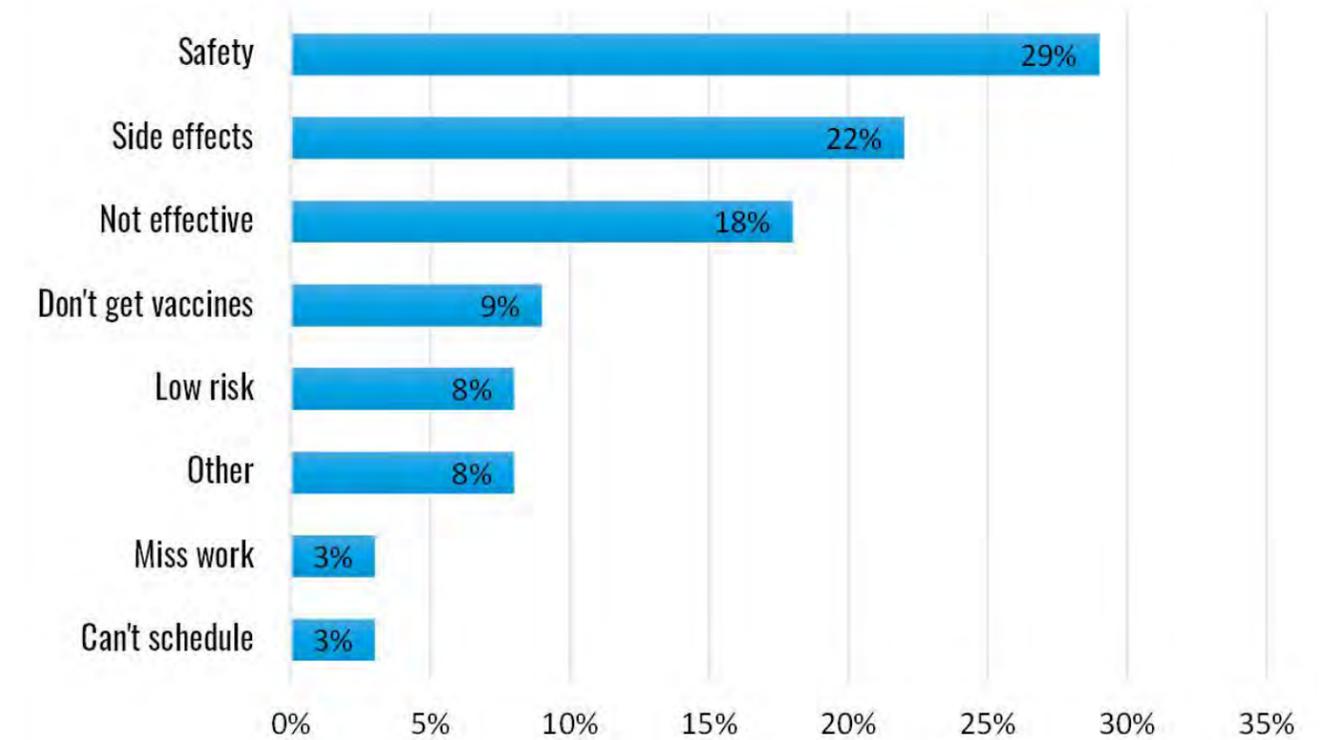


REASONS FOR AVOIDING VACCINATION

- Unvaccinated Detroiters' most commonly cited reasons for avoiding the vaccine are concerns about the safety of the vaccine (78%), side effects (78%), and effectiveness of the vaccine (73%).
- When asked to identify the main reason they had not been vaccinated, 29% of unvaccinated Detroit residents say their main reason is concern about the vaccine's safety³.
 - 22% cite concerns about side effects and 18% say they are mainly concerned about the effectiveness of the vaccine.
 - 9% say the main reason they have not been vaccinated is because they avoid vaccines in general.

FIGURE 3

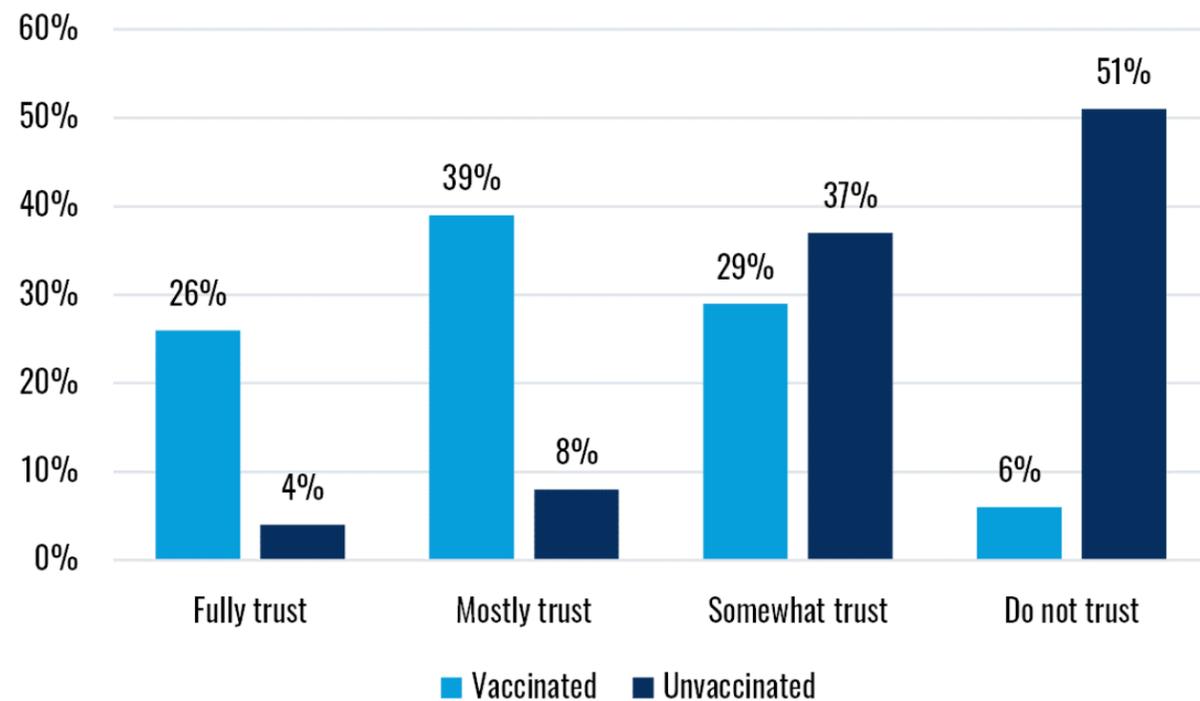
UNVACCINATED DETROITERS' MAIN REASON NOT TO VACCINATE



- Residents' reasons to not vaccinate varied slightly across demographic groups.
 - Black residents are more likely than White residents to cite concerns about the efficacy of the vaccine; 19% of unvaccinated Black residents say concerns about the effectiveness of the vaccine is the main reason they have avoided vaccination.
 - Compared to middle-aged residents (ages 40-64), residents under the age of 40 are significantly more likely to say that the main reason they have not gotten vaccinated is because they feel their risk of getting COVID-19 or getting seriously ill from COVID-19 is low.
- A major point of difference between those who have been vaccinated and those who have not yet been vaccinated is the degree of trust each group places in the federal government's ability to ensure the COVID-19 vaccine is safe for the public.
 - Half (51%) of unvaccinated residents say they have no trust that the government can ensure the safety of the vaccine, compared to just 6% of those who have already been vaccinated.

- Black residents, 27% of whom say they have no trust in the government's ability to ensure the safety of the vaccine, are significantly less trusting of the federal government when it comes to the COVID-19 vaccine than White or Latino Detroiters.
- Similarly, one-third of adults under the age of 40 say they do not trust the government to ensure the safety of the vaccine, compared to 23% of those aged 40-64 and 10% of those over the age of 65.
- 71% of Detroiters who say they are unlikely to get vaccinated in the future say they do not trust the federal government to ensure the safety of the COVID-19 vaccine, compared to 38% of those who are neutral about getting vaccinated and 7% who say they are likely to get vaccinated in the future.

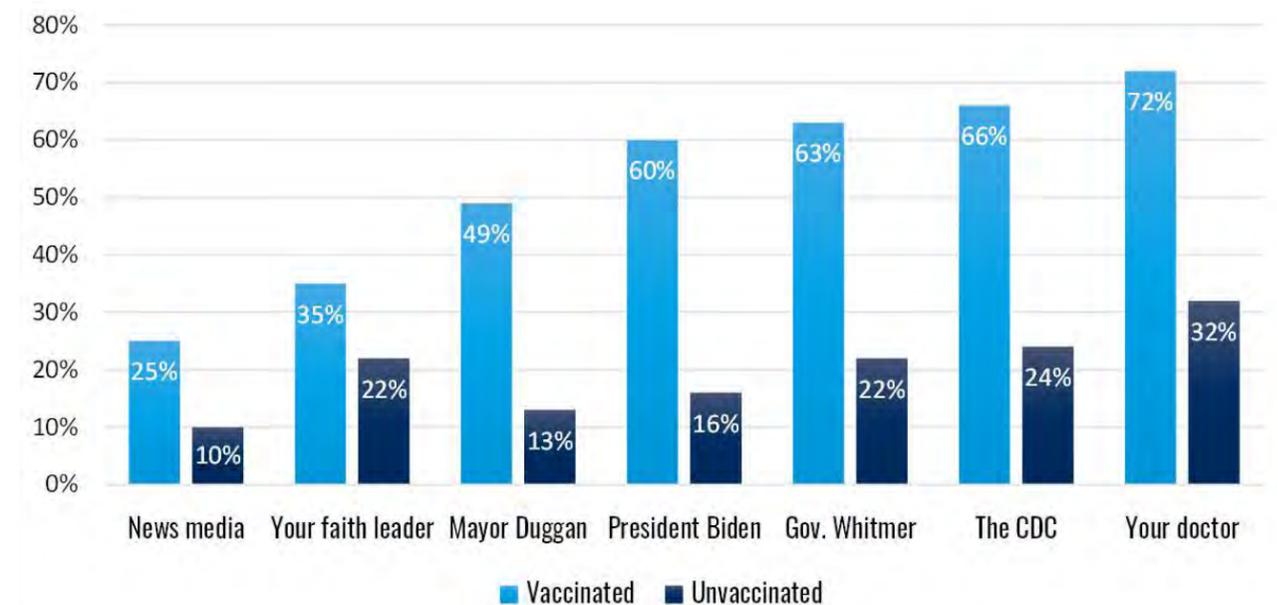
FIGURE 4
TRUST IN GOVERNMENT BY VACCINATION STATUS



TRUST IN SOURCES OF INFORMATION

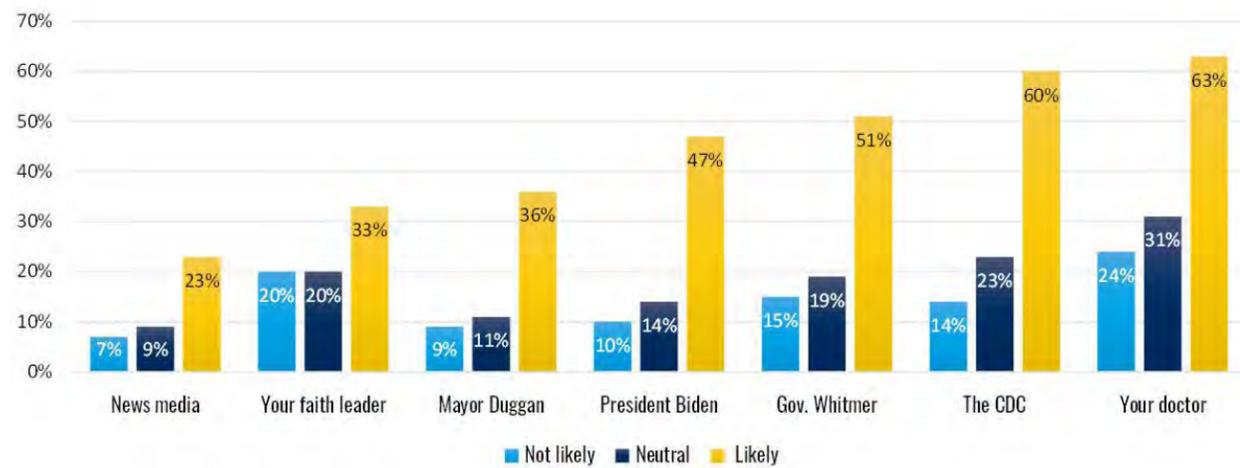
- Detroiters' most trusted source for information on COVID-19 was their doctor or healthcare provider; 55% of residents say they trust their doctor a great deal to provide correct information on COVID-19. Just 19% say they trust the news media a great deal as a source of information on COVID-19.
- Those who have not been vaccinated express less trust in all sources of information about the pandemic. For example, roughly one-third (32%) of unvaccinated Detroiters say they have a great deal of trust in information from their doctors, compared to 72% of vaccinated residents.

FIGURE 5
TRUST IN INFORMATION SOURCES BY VACCINATION STATUS



- Those not vaccinated are less trusting of information sources across the board. They place roughly equal trust in faith leaders, the CDC, and Governor Whitmer to provide correct information on COVID-19.
- When considering what information sources might best persuade hesitant residents to get the vaccine, we find substantial variation depending on unvaccinated Detroiters' stated willingness to vaccinate in the future.
 - Among those unvaccinated, 63% who say they are likely to vaccinate in the future report high trust in information from doctors, and 60% say they have high trust in information from the CDC.
 - 31% of those unsure of if they will vaccinate in the future similarly place a great deal of trust in their doctors as sources of information about COVID-19.

FIGURE 6
TRUST IN INFORMATION SOURCES BY LIKELIHOOD TO VACCINATE IN THE FUTURE

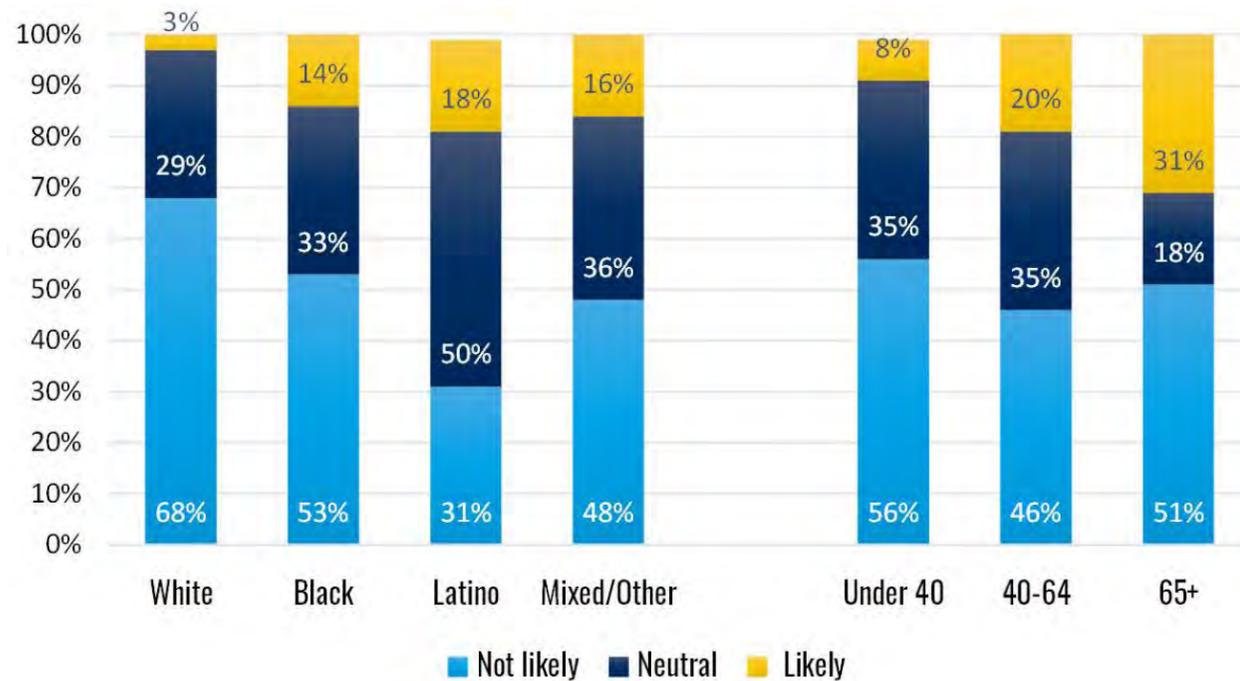


PAST AND FUTURE INTENTION TO VACCINATE

- Vaccine hesitancy is surmountable, and many residents who reported being unlikely to get vaccinated in [spring 2021 \(January - March\)](#) have since received at least one dose of the vaccine.
 - One-third of residents (34%) who said in the spring of 2021 that they were neutral or unlikely to get vaccinated now report that they have received at least one dose of the vaccine; 81% of residents who said in spring 2021 that they were likely to get the vaccine when it became available similarly say they have since been vaccinated.
 - 26% of Black residents and 30% of Latino residents who previously said they were neutral or unlikely to be vaccinated have since received a vaccine, suggesting that persuasion efforts targeted to these communities have been modestly effective.
- Those who start the vaccine schedule appear willing to complete it.
 - 88% of residents who have received only their first dose of a two-dose COVID-19 vaccine say they are very likely to receive their second dose.
 - There are no significant differences by ethnoracial identity or age in the likelihood of completing vaccination courses.
- Many feel pressure regarding vaccination; 39% of residents report feeling some or a lot of pressure to get vaccinated., while 27% say they feel pressure to avoid getting vaccinated.
 - Young adults (those under 40) report feeling significantly greater pressure related to vaccinating than older adults; 53% of adults under the age of 40 say they have felt pressured to get vaccinated, while 36% of that same age group say they have been pressured to avoid vaccination. By comparison, 30% of adults 40 and older say they have felt pressured to vaccinate and 22% of adults 40 and older say they have felt pressured to avoid being vaccinated.
 - 50% of respondents who said in the spring that they were unlikely to get a vaccine when it became available said they have felt pressure to get vaccinated; 29% of residents who said they were likely to vaccinate when shots became available similarly report feeling pressure regarding vaccination.
 - 54% of residents who remain unvaccinated say they have experienced pressure to vaccinate, compared to 29% of those who have been vaccinated.

- A slight majority of residents who have not been vaccinated (52%) say they are unlikely to be vaccinated in the future, compared to 14% who say they are likely to be vaccinated in the future and 34% who are neutral about their likelihood of being vaccinated in the future⁴.
 - Compared to White and Black residents, Latino residents who have not yet been vaccinated are significantly more likely to say they are open to getting vaccinated in the future.
 - Older residents—those over the age of 65—who have not yet been vaccinated are significantly more likely to say they are likely to get vaccinated than residents under 40.

FIGURE 7
LIKELIHOOD OF BEING VACCINATED IN FUTURE AMONG UNVACCINATED DETROITERS



ACKNOWLEDGEMENTS

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METHODOLOGICAL NOTE

DMACS’ estimates of COVID-19 vaccine coverage rates for adults in Detroit are higher than those published on the [Michigan COVID-19 Vaccine Dashboard](#), which draws data from the Michigan Care Improvement Registry (MCIR). For Detroit adults ages 20 and over, DMACS estimated that the vaccine initiation rate (the percentage of adults receiving at least one dose of any vaccine) was 59% compared to 42% in the MCIR dashboard data (as of July 13th). DMACS estimated the completion rate (the percentage of adults who received the full vaccine course, two doses of a Moderna or Pfizer vaccine or one dose of a J&J vaccine) was 52% compared to 35% in the MCIR dashboard data. There are several possible reasons for these discrepancies. First, the Michigan dashboard notes that it “slightly undercounts the true number of doses administered to MI residents.” This undercount could be due in part to lags in processing time, potential gaps in covering residents vaccinated outside the state or in other localities, and other sources of error in administrative data. Additionally, the denominators for the coverage rates reported in the Michigan dashboard come from 2019 Census data, which do not reflect changes to the population that may have occurred since the onset of the pandemic. There are also several reasons to expect that DMACS estimates of vaccine coverage may be biased toward higher rates. For one, residents who have not been vaccinated may be less likely to respond to surveys. Although we cannot rule this out, supplemental analyses examined if respondents who reported greater levels of vaccine hesitancy on a previous DMACS survey (Wave 12 - Spring 2021) were less likely to respond to the current survey and found no significant relationship between vaccine hesitancy and survey response. Also, because DMACS is based on an address-based sample it could under-represent people who experience high levels of residential instability or who spend time in institutional settings (e.g., nursing homes and correctional facilities), although it is not clear how this would affect estimates of vaccine coverage. Finally, estimates may be inflated if people feel uncomfortable reporting in a survey that they have not been vaccinated, a phenomenon referred to as “social desirability bias.” We would expect such bias to be more prevalent when the survey is administered over the phone (by a DMACS staff member) than when a respondent self-administers the survey online, but there were no significant differences across survey modes in our estimates of vaccine receipt.

ENDNOTES

- 1 Sparks, Grace, Ashley Kirzinger, and Mollyann Brodie. 2021. “KFF COVID-19 Vaccine Monitor: Profile Of The Unvaccinated.” KFF. Retrieved July 19, 2021. Ndugga, Nambi, Olivia Pham, Latoya Hill, Samantha Artiga, and Noah Parker. 2021. “Latest Data on COVID-19 Vaccinations by Race/Ethnicity.” KFF. Retrieved July 19, 2021.
- 2 This report uses the following ethnoracial categories: “Latino” refers to any respondent who identifies as being of “Hispanic, Latino, or Spanish origin.” “White” and “Black” refer to respondents who selected only those respective categories (and no other ethnoracial categories) and who do not identify as Latino. “Other” refers to respondents who do not identify as Latino and identify as “Asian or Asian-American,” “American Indian or Alaska Native,” “Native Hawaiian or Other Pacific Islander” as well as people who did not identify with any of the ethnoracial categories provided on the questionnaire. “Mixed” refers to people who do not identify as Latino but who selected more than one ethnoracial category on the questionnaire.
- 3 The survey instrument asked respondents who indicated they had not received a COVID-19 vaccine to identify which of 15 reasons (see topline for original survey language) contributed to their choice to not be vaccinated. Based on their responses, survey participants were then asked to select the main reason they had not been vaccinated. For parsimony, we combined some categories that reflected similar items as well as categories identified as the main reason by less than 2% of respondents. “Can’t schedule” combines those who said “I don’t know how to schedule a vaccine appointment” and “I don’t have access to a phone or computer to schedule a vaccine appointment.” “Low risk” combines those who selected “I feel my risk of getting COVID-19 is low” and “Even if I got COVID-19, I feel it is unlikely that I would get very sick.” “Other” combines those who selected “Other” with those who selected “I may be asked to provide a social security number or government issued ID in order to get the COVID-19 vaccine,” “I am not able to access information about the COVID-19 vaccine in my preferred language,” “I cannot get the vaccine from a place that I trust,” “I don’t have transportation to get to a vaccine site,” or “I don’t have time to get vaccinated.”
- 4 The original survey item that forms the basis of this data asked respondents who indicated they had not been vaccinated “How likely are you to get a COVID-19 vaccine in the next several months?” Responses were captured on a 7 point scale that ranged from 1 (not at all likely) to 7 (very likely). This scale was collapsed into categories capturing who is unlikely, neutral, or likely to vaccinate in the future for ease of interpretation. Respondents who selected a 1 or 2 on the 7 point scale were categorized as unlikely. Those who selected 3, 4, or 5 on the 7 point scale were categorized as neutral. Those who selected a 6 or 7 on the 7 point scale were categorized as likely.

FOR MORE INFORMATION

Please contact Sharon Sand, DMACS project manager, at
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Learn more at www.detroiturvey.umich.edu