



ISSUE BRIEF

COVID-19 RAPID RESPONSE SURVEY ATTITUDES TOWARD VACCINES IN DETROIT HOUSEHOLDS WITH CHILDREN

OVERVIEW

This report is part of a series of reports highlighting findings from the most recent survey of the Detroit Metro Area Communities Study (DMACS). The survey was fielded between June 2nd and July 9th, 2021 and captures the views of a representative sample of 1,898 Detroiters. This report focuses on how adults living in households with and without children differ in their acceptance of COVID-19 vaccines, their levels of trust in the vaccine and sources of information about the pandemic, their perceptions of how safe social activities are during the pandemic, and their support for policies requiring that people be vaccinated to participate in certain activities. It also presents results on the vaccine experiences of children and how comfortable adults are having their kids vaccinated in the future. Results have been weighted to reflect the population of the City of Detroit.

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



KEY FINDINGS

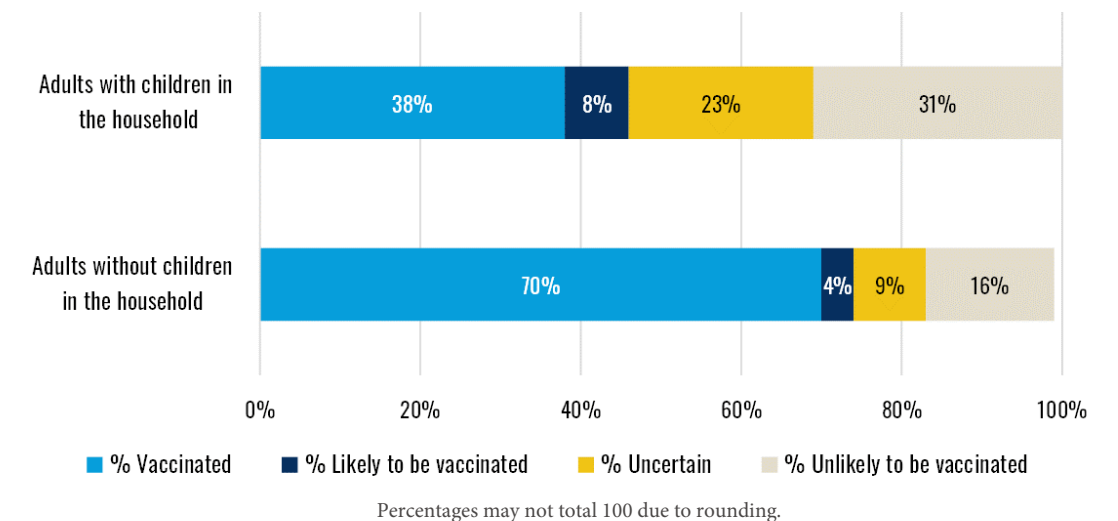
- Adults living in Detroit households with children are about half as likely (38%) as adults living in Detroit households without children (70%) to report that they have been vaccinated against COVID-19.
- About one-third (34%) of Detroit adults living with children between the ages of 12 and 17 report that they have either gotten their child/children vaccinated or are comfortable getting their child/children vaccinated against COVID-19.
- The reasons behind the decision not to vaccinate for adults with children are similar to those of households without children. Both groups listed concerns about the safety (78%) and side effects (78%) of the vaccine as a reason behind their choice.
- Adults living with children are half as likely as those without children to express a great deal of trust in the validity of the news they get from media sources, and they are also substantially less likely to trust information from their doctors, the Centers for Disease Control (CDC), and from politicians.

ADULTS LIVING WITH CHILDREN ARE MORE HESITANT ABOUT GETTING THE COVID-19 VACCINE¹

Since the Food and Drug Administration [authorized the use of COVID-19 vaccines](#) on children ages 12 and over, public health efforts have focused on the [hesitancy of many parents](#) to have their children vaccinated. A related concern, which arguably has received less attention, is that parents and those living with young children (those under 18) may themselves be more hesitant about getting vaccinated compared to adults who do not live with young children. This report presents new information on both types of vaccine hesitancy among parents in Detroit: their hesitancy to get the vaccine for themselves and for their children.

FIGURE 1

ADULTS LIVING WITH CHILDREN ARE LESS LIKELY TO BE VACCINATED



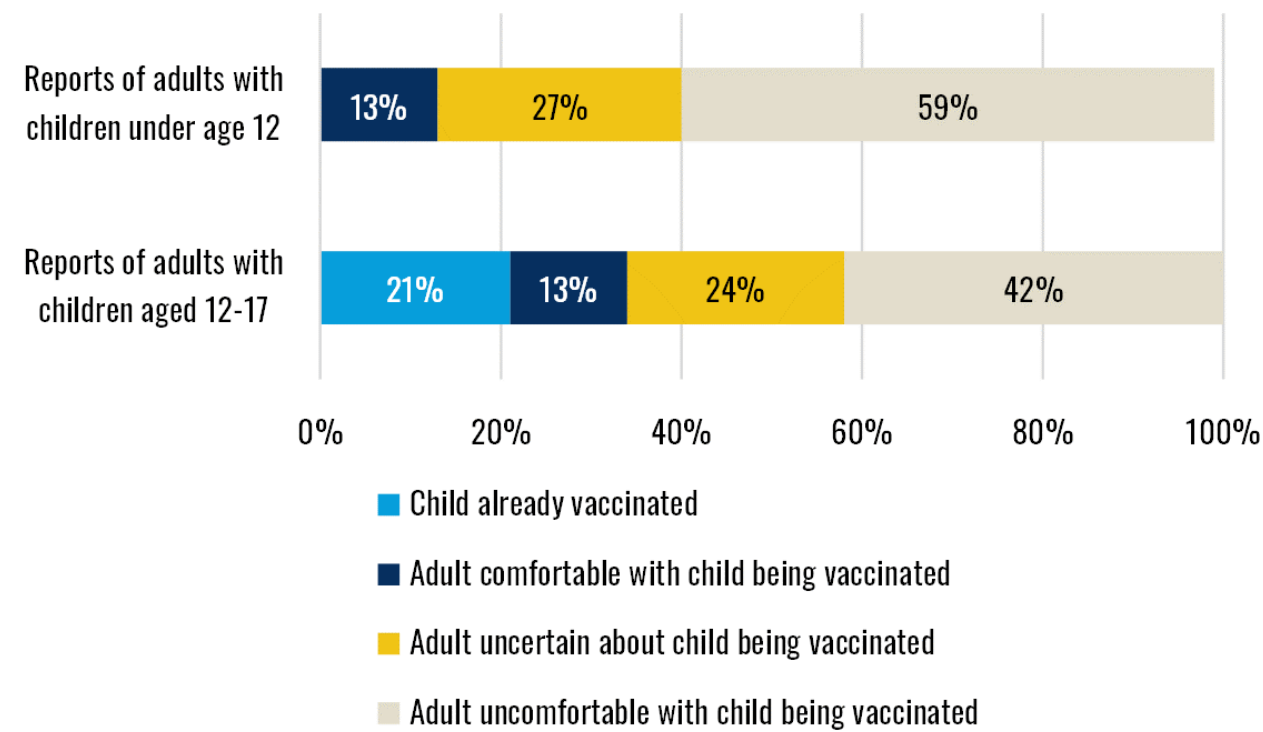
- Only 38% of Detroit adults living in households with children report that they have been vaccinated against COVID-19, compared to 70% of adults who do not live with children.
- Adults living with children are nearly twice as likely as those without children to report that they are unlikely to receive a vaccine in the next several months (31% of adults living with children are unlikely to be vaccinated vs. 16% of adults not living with children).²
- There is also a relatively large share of adults living with children who have not yet been vaccinated but who indicate that they are likely to get the vaccine (8%) or are uncertain (23%) about whether they will do so, making them potentially receptive to vaccination initiatives and incentives. Together, these groups comprise nearly one-third (31%) of adults living with children in Detroit.

MANY ADULTS ARE HESITANT TO HAVE THEIR CHILDREN VACCINATED

- The plurality of adults living with children aged 12 through 17 and the majority of those with children under age 12 are uncomfortable with their children being vaccinated against COVID-19. Forty-two percent of adults with children between the ages of 12 and 17 say they are uncomfortable getting their child/children vaccinated against COVID-19, while 59% of adults with children under age 12 say they are uncomfortable having their kids vaccinated once they are eligible.
- Roughly 1 in 5 (21%) adults with children aged 12 through 17 report that their children have already been vaccinated, but only 13% of those whose children have not yet been vaccinated feel comfortable with their children getting the vaccine.
- Relatively few adults with children under age 12 (13%) feel comfortable having their children vaccinated against COVID-19 once they become eligible.

FIGURE 2

MANY ADULTS LIVING WITH CHILDREN ARE UNCOMFORTABLE HAVING THEIR CHILDREN VACCINATED



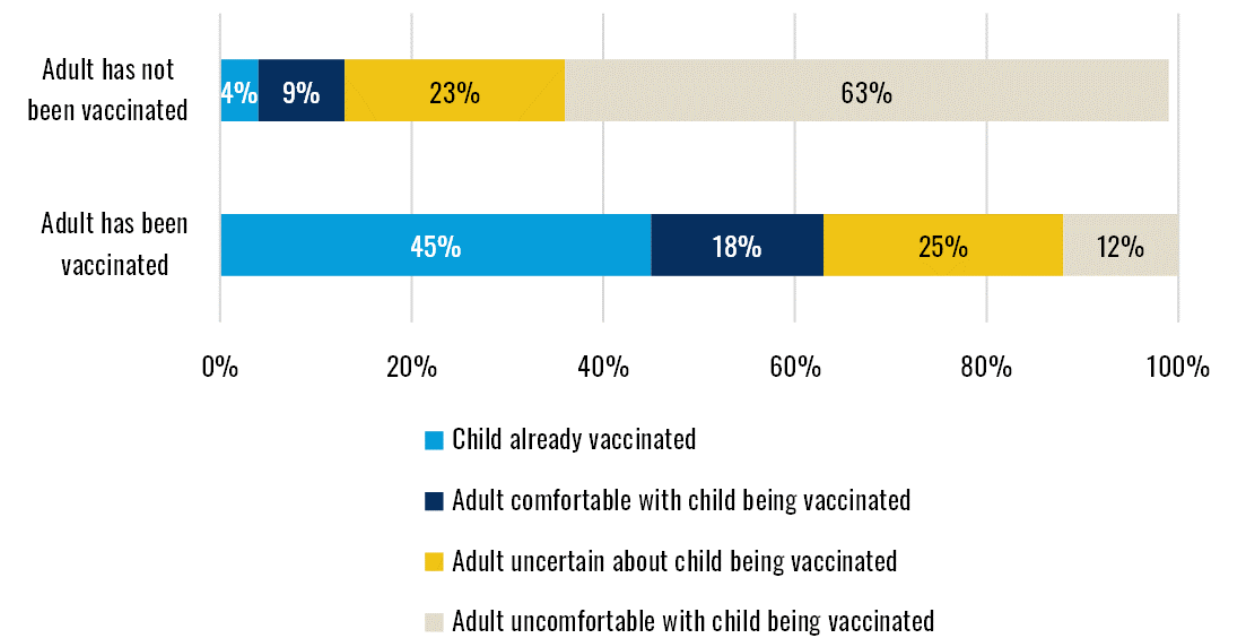
Percentages may not total 100 due to rounding.

UNVACCINATED ADULTS ARE LESS LIKELY TO HAVE THEIR CHILDREN VACCINATED

- Vaccine hesitancy among adults living with children has implications for the likelihood that their children will be vaccinated against COVID-19.
- Adults who have been vaccinated are much more likely to report that their children have been vaccinated; 45% of adults in Detroit who have been vaccinated report that their children aged 12 through 17 have also been vaccinated, compared to only 4% of those who have not been vaccinated.
- Adults who have not been vaccinated express more discomfort with the prospect of getting their children vaccinated; 63% of adults who have not been vaccinated are uncomfortable with the idea of getting their children vaccinated compared to only 12% of those who have been vaccinated.

FIGURE 3

VACCINATED ADULTS ARE MORE LIKELY TO HAVE THEIR CHILDREN (AGE 12-17) VACCINATED



Percentages may not total 100 due to rounding.

REASONS FOR VACCINE HESITANCY AMONG ADULTS LIVING WITH CHILDREN

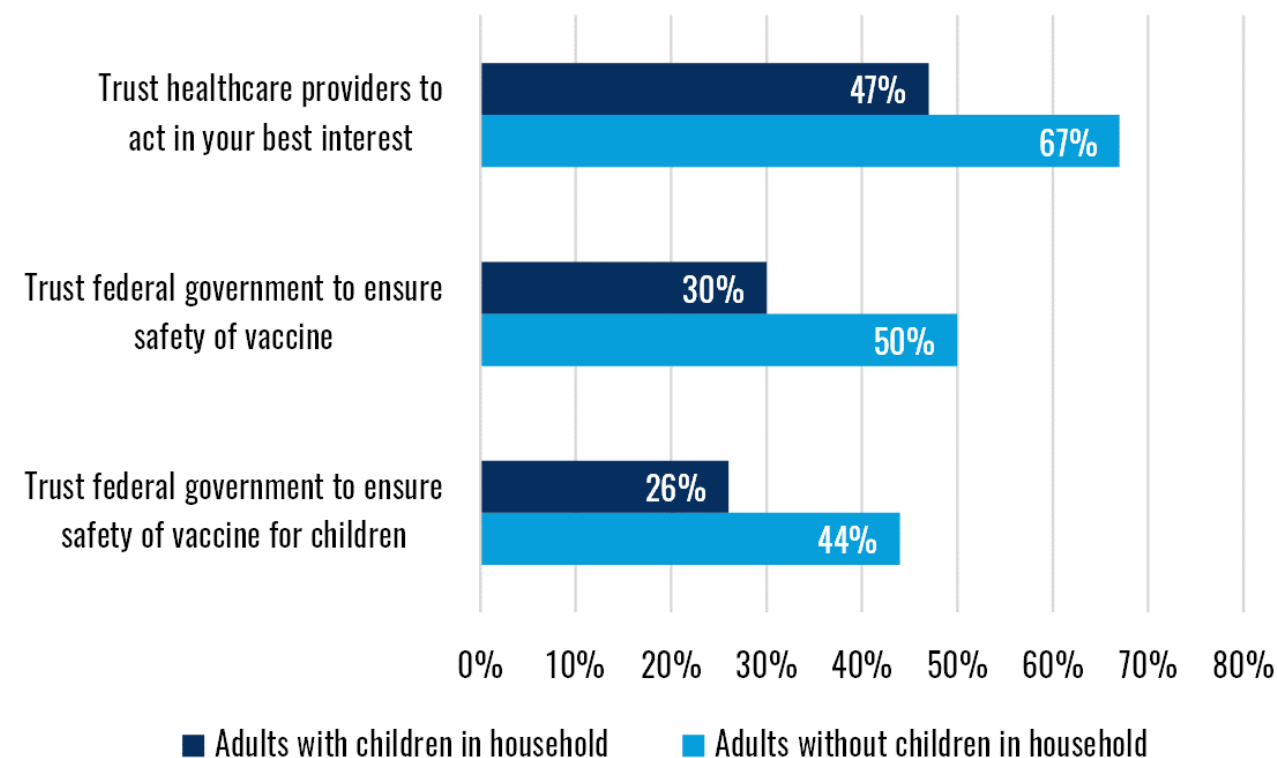
- When asked about reasons why they have not yet been vaccinated—including their concerns about the safety and effectiveness of the vaccine, beliefs that they do not need the vaccine to remain healthy, and possible obstacles to accessing the vaccine (e.g., lack of time, transportation, difficulty scheduling)³—unvaccinated adults living with children reported similar reasons as other unvaccinated adults.
- The most commonly cited reasons for not vaccinating included concerns about side effects, the safety of the vaccine, and the effectiveness of the vaccine. Roughly three-quarters of adults living with children cited each of these as contributing reasons they had not been vaccinated.

ADULTS LIVING WITH CHILDREN HAVE LOWER TRUST IN HEALTHCARE AND INFORMATION ON COVID-19

- Adults with and without children differ widely, however, in their degree of trust in the vaccine and the healthcare system in general.

FIGURE 4

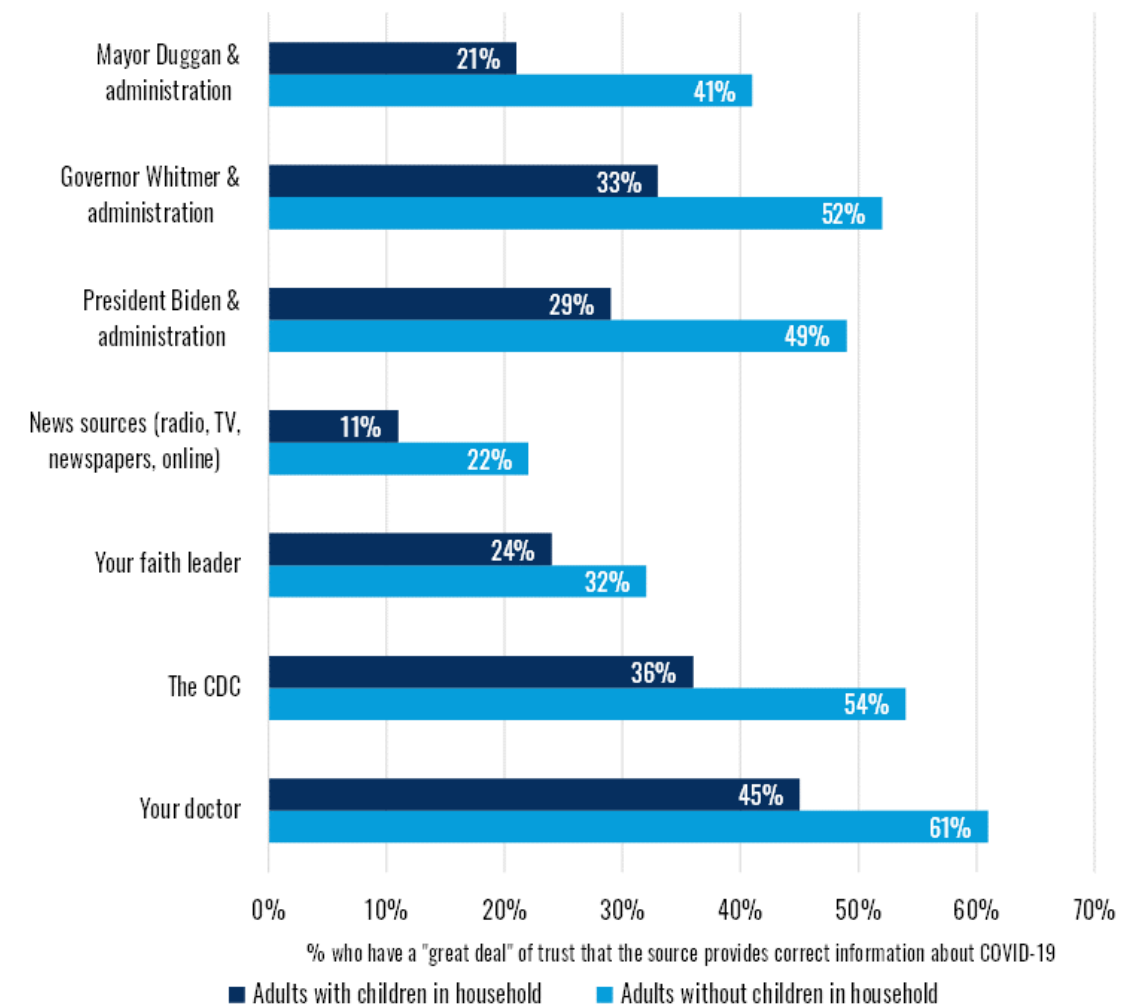
ADULTS LIVING WITH CHILDREN HAVE LESS TRUST IN COVID-19 VACCINE AND HEALTHCARE SYSTEM



- Adults living with children are significantly less likely to trust the federal government to ensure that the COVID-19 vaccine is safe for the public in general and children in particular.⁴ For example, 50% of adults without children say that they “fully trust” or “mostly trust” the federal government to ensure the safety of the vaccine for the public in general, compared to only 30% of adults living with children.
- Adults living with children are also less likely to trust that healthcare providers will keep their patients’ best interests in mind when offering treatment.⁵
- Adults living with children are significantly less likely to trust that key actors/organizations are providing correct information about COVID-19. For example, adults living with children are half as likely as those without children to express a great deal of trust in the validity of the news they get from media sources, and they were also substantially less likely to trust information from their doctors, the Centers for Disease Control (CDC), and from politicians.

FIGURE 5

ADULTS LIVING WITH CHILDREN ARE LESS TRUSTFUL OF SOURCES OF INFORMATION ABOUT COVID-19

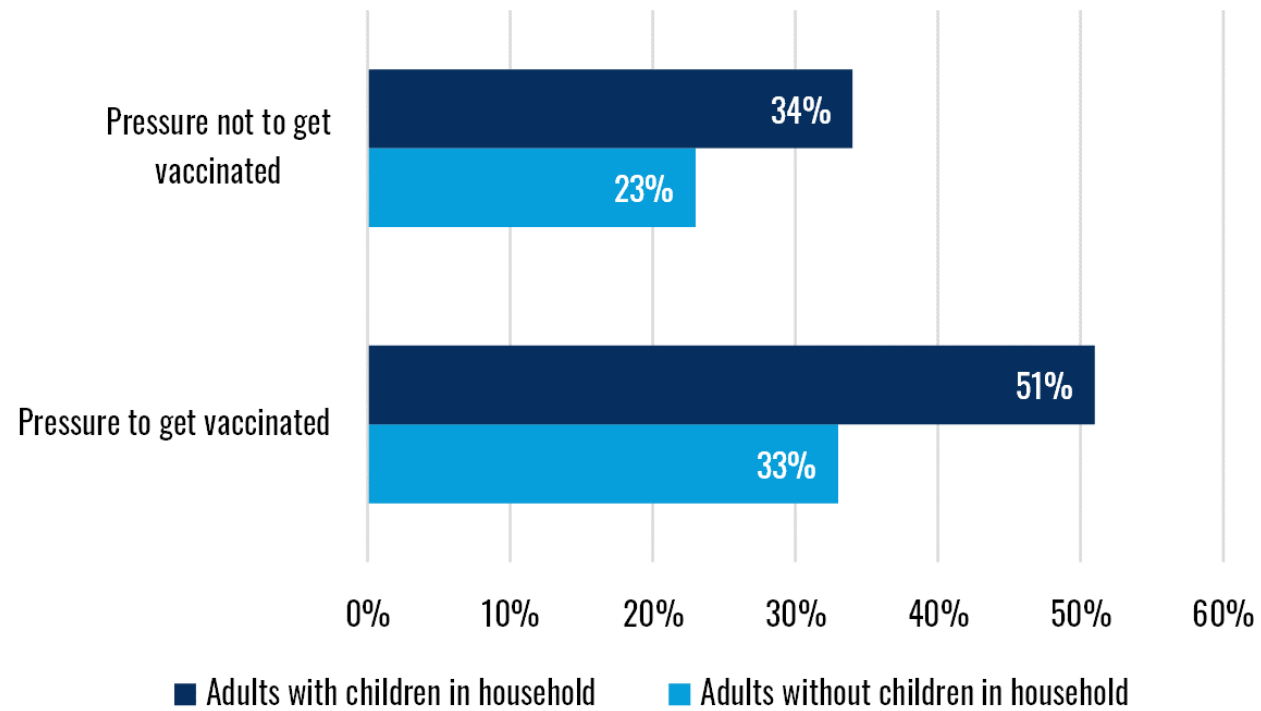


ADULTS LIVING WITH CHILDREN REPORT MORE SOCIAL PRESSURE RELATED TO VACCINATION

- When asked if they feel pressure from other people related to their decision regarding the COVID-19 vaccine—including pressure to get vaccinated and pressure to not be vaccinated—adults living with children report experiencing more social pressure than those without children.
- Both groups report receiving more pressure to get vaccinated than pressure to not get vaccinated.

FIGURE 6

ADULTS LIVING WITH CHILDREN EXPERIENCE MORE SOCIAL PRESSURE ABOUT VACCINATION

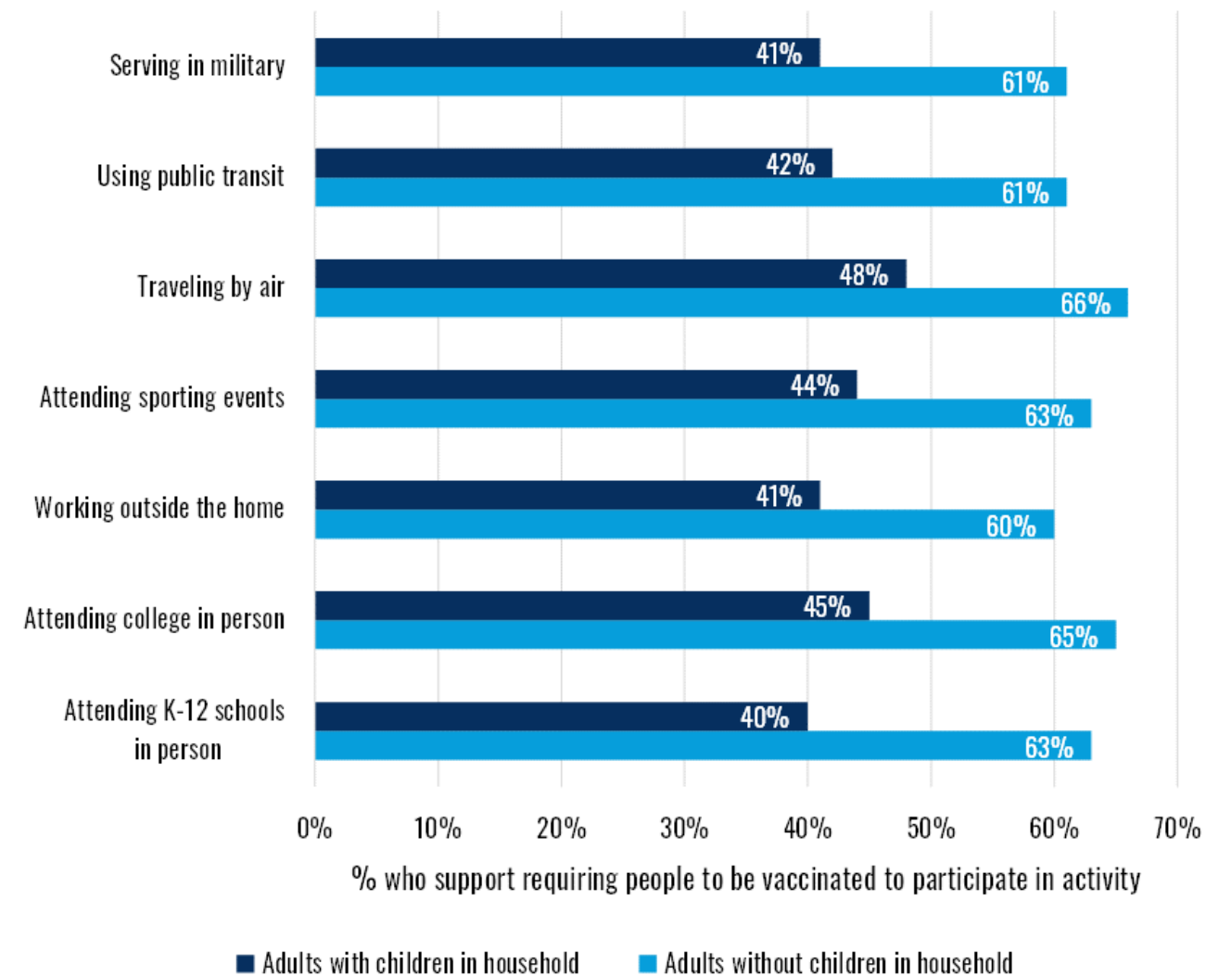


ADULTS LIVING WITH CHILDREN ARE LESS SUPPORTIVE OF VACCINE REQUIREMENTS

- Adults living with children are less likely to express support for policies that require vaccination against COVID-19 to participate in certain activities.⁶ For example, only 40% of adults living with children support the idea of requiring students in K-12 schools to be vaccinated compared to 63% of adults living without children.
- Despite being less likely to support individual vaccine requirements, 61% of adults living with children say they support mandating vaccine requirements in one or more realms of public life.

FIGURE 7

ADULTS LIVING WITH CHILDREN EXPRESS LESS SUPPORT FOR VACCINE REQUIREMENTS

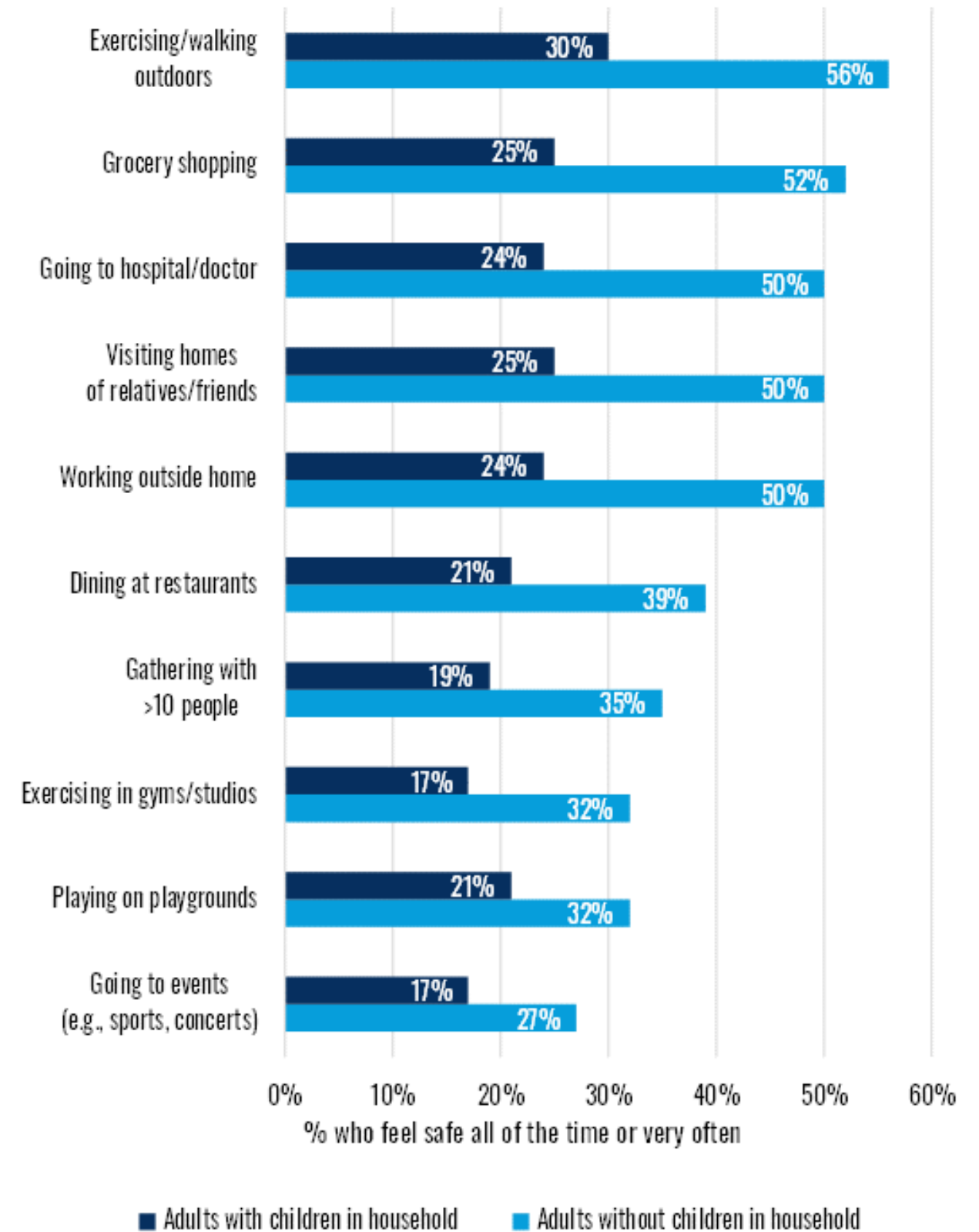


ADULTS LIVING WITH CHILDREN FEEL LESS SAFE ENGAGING IN MANY SOCIAL ACTIVITIES DURING THE PANDEMIC

- Adults living with children report feeling less safe about engaging in many social activities during the COVID-19 pandemic, especially going grocery shopping, going to the hospital or doctor, visiting with relatives or friends in their home, and working outside the home.⁷ For example, only 24% of adults living with children feel safe going to the hospital or doctor compared to 50% of adults without children.
- There were no significant differences between adults living with and without children in their reported frequency of wearing masks and practicing social distancing.

FIGURE 8

ADULTS LIVING WITH CHILDREN FEEL LESS SAFE DOING MANY ACTIVITIES



ACKNOWLEDGEMENTS

We are grateful for the generous support of the Knight Foundation, The Ballmer Group, and Poverty Solutions at the University of Michigan. DMACS Wave 13 was conducted in collaboration with, and supported by, Michigan CEAL: Communities Conquering COVID (MICEAL) (NIH grant 1 OT2 HL 156812). For more on Michigan CEAL please visit www.michiganceal.org. This report was written by Jeffrey Morenoff and is a collaborative effort of numerous colleagues.

ENDNOTES

- 1 Since our survey did not explicitly ask about the relationship between adults and children in the same household, we use the term “adult living with children” throughout this report to mean any adult respondent who indicated they live in a household with one or more children under the age of 18. This includes biological parents as well as adults with different types of relationships to children, such as step-parents, guardians, extended family, and households where unrelated groups reside in the same housing unit.
- 2 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). For ease of interpretation, this scale was collapsed into categories capturing who is likely, uncertain, or unlikely to be vaccinated in the future, using the following definitions:
 - “Likely” refers to respondents who rated their likelihood of getting the vaccine within the range of 6-7.
 - “Uncertain” refers to respondents who rated their likelihood of getting the vaccine within the range of 3-5.
 - “Unlikely” refers to respondents who rated their likelihood of getting the vaccine within the range of 1-2.
- 3 Respondents who reported that they had not yet been vaccinated were asked about 15 possible reasons for not being vaccinated. For a full list of the survey items related to reasons for not being vaccinated, see the [Wave 13 topline report](#) (questions #96-#110 on pp. 18-19).
- 4 These questions were worded as follows: (1) How much do you trust the federal government to ensure the COVID-19 vaccine is safe for the public? (2) How much do you trust the federal government to ensure a COVID-19 vaccine is safe **for children?** (boldface used on questionnaire). Respondents were given the following options for both questions: “fully trust,” “mostly trust,” “somewhat trust,” and “do not trust.” We report results for people who responded that they “fully” or “mostly” trust the federal government in each of these questions.
- 5 This question asked: “How much do you trust doctors and healthcare providers to act in your best interest when treating you?” Response options included “fully trust,” “mostly trust,” “somewhat trust,” and “do not trust.” We report results for people who responded that they “fully” or “mostly” trust doctors and healthcare professionals.
- 6 [People who have already been vaccinated are more likely to support policies that restrict activities to only people who have been vaccinated](#), so in part these differences between adults living with and without children may reflect differences between these groups in their rates of vaccination. But, multivariate analysis reveals that parents are still less likely to support vaccine requirements even after adjusting for whether someone has already been vaccinated.
- 7 Respondents were asked to rank each of these activities as “very unsafe,” “somewhat unsafe,” “somewhat safe,” or “very safe.” We report results for people who responded that the activity was “very safe” or “somewhat safe.” The only statistically significant differences were for grocery shopping, going to the hospital or doctor, visiting with relatives or friends in their home, and working outside the home.

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.

FOR MORE INFORMATION

Please contact Sharon Sand, DMACS project manager, at
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Support for DMACS comes from the Knight Foundation, The Ballmer Group, Poverty Solutions at the University of Michigan, and Michigan CEAL: Communities Conquering COVID (MICEAL).

Learn more at www.detroiturvey.umich.edu