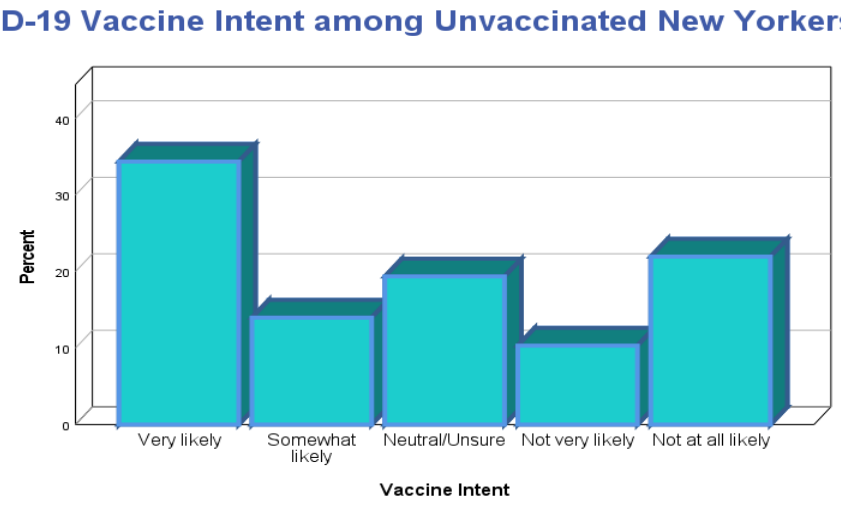
Notable Differences in Vaccination Among Insured / Uninsured

CUNY SPH Survey Reveals High Vaccine Acceptance in New York

This report describes the top findings from the first of a series of quarterly surveys aimed at understanding COVID-19 vaccine sentiments, status, and the barriers faced by communities in prioritizing and accepting vaccination. The survey was conducted by the NY Vaccine Literacy Campaign from August 30 - September 2, 2021, among 1,000 participants across nine New York counties: Bronx, Kings (Brooklyn), Nassau, New York (Manhattan), Queens, Richmond (Staten Island), Rockland, Suffolk, and Westchester.

COVID-19 Vaccine Acceptance

Sixty-eight percent (68%) of survey respondents had already received at least one dose of the vaccine; the remaining 32% are still unvaccinated. Among unvaccinated respondents, almost half (48%) were very likely or somewhat likely to get the vaccine in the future.



COVID-19 Vaccine Acceptance by County

Manhattan had the highest rate of vaccination with 79% of participants already vaccinated with at least one dose. This was followed by Nassau (74%), Queens (74%), and Westchester counties (73%).

Rockland, Suffolk, and Staten Island showed the lowest rates of vaccination and the lowest likelihood that unvaccinated respondents will receive the vaccine in the future. Among those who remain unvaccinated in those three counties, 36-58% reported that they are not very likely or not at all likely to get vaccinated.

COVID-19 Vaccine Acceptance by Race/Ethnicity

Overall, Asian and White participants had the highest rates of vaccination, at 73% and 72% respectively. Sixty-five percent (65%) of Latino/a and 60% of Black participants reported having already received at least one dose. Among unvaccinated Black participants, 51% said they were very or somewhat likely to receive the vaccine, while 23% remained not very likely or not at all likely to get vaccinated in the future.

COVID-19 Vaccine Acceptance by Health Insurance
Six percent (6%) of participants did not have health insurance. Only one in four (25%) of those uninsured respondents had received at least one dose of the vaccine, compared to 71% of those with health insurance. Among the unvaccinated respondents, those without health insurance were slightly more likely to express intent to get vaccinated than uninsured respondents (49% vs 46%).

COVID-19 Vaccine Acceptance and Losing a Loved One to COVID-19
Loss of a loved one may increase the likelihood of getting a COVID-19 vaccine. Nearly one in four (24%) participants reported that they had lost a loved one due to COVID-19. Those who experienced the death of a close family or friend from COVID-19 were 50% more likely to be vaccinated than those who did not lose a loved one (15% vs 10%).

COVID-19 Vaccine Acceptance and the Presence of Chronic Health Conditions
Having a chronic health condition did not seem to affect vaccination status. Among the participants who reported having one or more chronic health conditions, 68% had received at least one dose of the COVID-19 vaccine, similar to the rate of those without chronic conditions (67%).

However, among unvaccinated participants, those with chronic health conditions were more likely to express the intent to get vaccinated in the future (53%) compared to participants with no chronic conditions (42%).

COVID-19 Vaccine Acceptance for Children
Thirty-two percent (32%) of participants had a child between the ages of 12-18 years old. When asked how likely they were to have their children vaccinated against COVID-19, 40% said that they were very likely or somewhat likely to do so. Nearly a quarter (24%) said their child had already received at least one dose of the vaccine.

Twenty-seven percent (27%) of participants had a child younger than 12 years old. When asked how likely they were to have their children vaccinated against COVID-19, 56% said that they were very likely or somewhat likely to do so.

Among those who have a child between 12-18 years old:

- 24% have already vaccinated their child with at least one dose
- 27% are very likely to vaccinate their child against COVID-19
- 13% are somewhat likely
- 7% are neutral / unsure

- 6% are not very likely
- 23% are not at all likely

Among those who have a child younger than 12 years old:

- 45% are very likely to vaccinate their child against COVID-19
- 11% are somewhat likely
- 8% are neutral / unsure
- 14% are not very likely
- 21% are not at all likely

COVID-19 Vaccine Acceptance for Children by Race/Ethnicity

Thirty-two percent (32%) of Asian parents with a child 12 to 18 years old said their child had received at least one dose of the vaccine, while 25% of Latino/a parents and 21% of both Black and White parents said they had vaccinated their 12 to 18-year-old children. Black parents were least likely to vaccinate their 12 to 18-year-old children with 32% responding “not at all likely”.

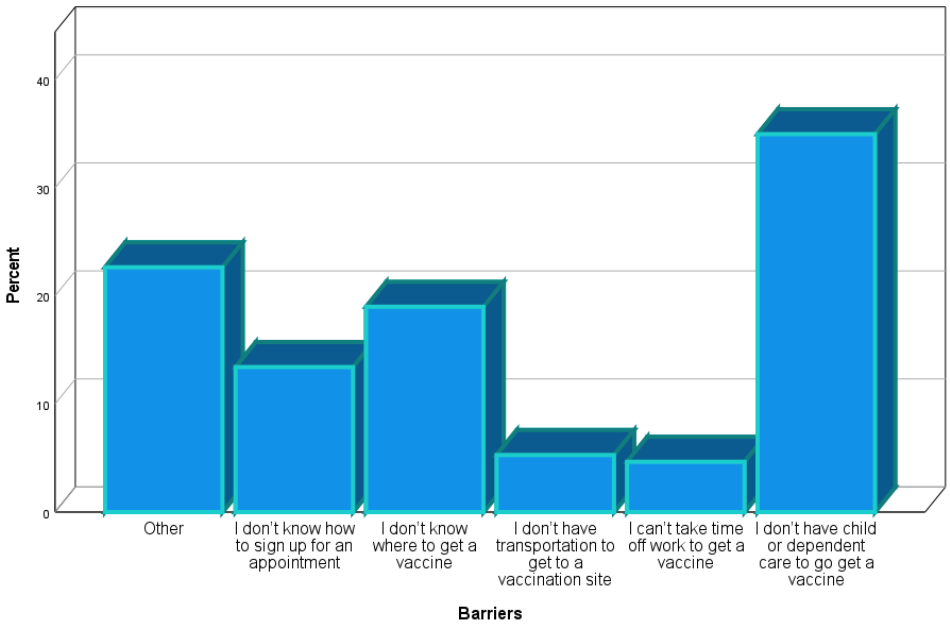
Asian parents of a child under 12 years old were most likely to vaccinate their child once the COVID-19 vaccine is available to their age group with 65% reporting very or somewhat likely. Both Black and White parents of children under 12 were 59% very or somewhat likely to do the same, while Latino/a were 42% very or somewhat likely.

Top Reasons Participants Have Not Yet Received a COVID-19 Vaccine

Unvaccinated participants were asked to report the main reason they have not been vaccinated yet. The top responses could be categorized as *feelings of fear* -- of vaccine safety, side effects, or of the vaccine in general-- or *mistrust* -- in the COVID-19 vaccine development process, clinical trials, or effectiveness. Many participants believed there was no need to get vaccinated; for most, this was because they had already been infected with COVID-19.

Barriers to Getting the COVID-19 Vaccine

One quarter (25%) of respondents reported having difficulty getting the COVID-19 shot at any time. Thirty-five percent (35%) of them said the lack of child or dependent care was their top barrier to getting vaccinated, 19% did not know where to get the vaccine and 13% did not know how to sign up for an appointment.



Barriers to Getting the COVID-19 Vaccine by Health Insurance

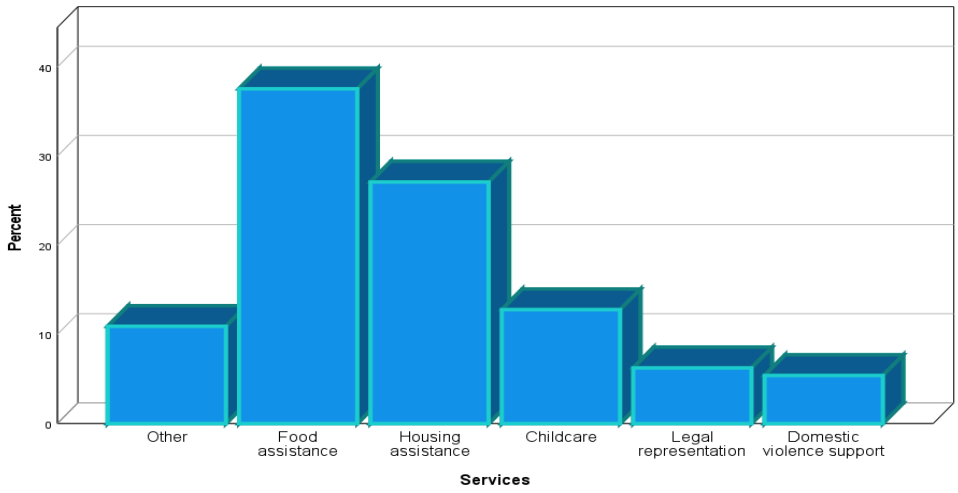
Uninsured participants were almost two times more likely to face barriers to get the COVID-19 vaccine compared to insured individuals (46% vs 24%). Among those without health insurance, 30% said that they did not know where to get vaccinated and 27% reported that they did not know how to sign up for an appointment to get vaccinated.

Services Participants Need Better Access To

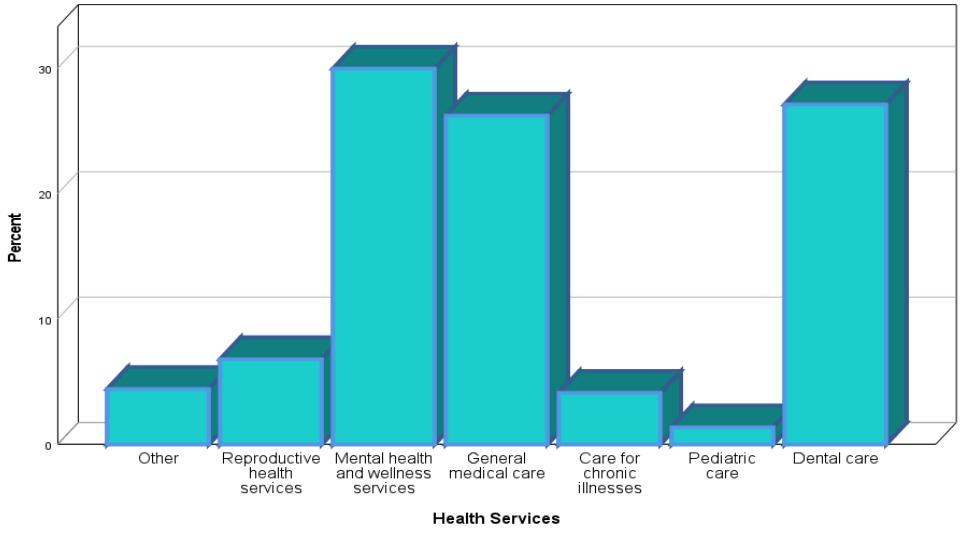
Forty percent (40%) of respondents reported needing better access to social services. Among those respondents, when respondents were asked what social services they required better access to, 65% said food or housing assistance were most needed (38% and 27%, respectively).

Fifty-two percent (52%) of respondents reported needing better access to health services. Among those respondents, mental health (30%) and wellness services (27%), dental care (26%) and general medical care (26%) were the services that participants cited the highest need.

Better Access Needed to Social Services



Better Access Needed to Health Services



Services Participants Need Better Access to by Race/Ethnicity

Among those who have a need for better access to services, Latino/a (46%) and White (38%) participants had the highest rates of need for food assistance. Moreover, Asian (54%) and Latino/a (31%) participants had the highest percentage of need for housing assistance.

Among those needing access to health services, 38% of Asian, 31% Black, and 32% White participants reported mental health and wellness services were of highest need. Thirty percent (30%) of Black, 25% Asian, 25% White, and 31% Latino/a participants reported needing access to dental care. Thirty-five percent (35%) of Latino/a participants reported needing access to general medical care.

Methodology:

The CUNY SPH New York Nine-County survey was conducted August 30 to September 2, 2021. A stratified sample was used that consisted of residents living in one of nine counties within the State of New York in the United States, using the following proportions that were created from the https://censusreporter.org/ based on the American Community Survey 2019 one-year estimates.

Bronx	1,418,207	0.113788
Kings	2,559,903	0.20539
Nassau	1,356,924	0.108871
New York	1,628,706	0.130677
Queens	2,253,858	0.180835
Richmond	476,143	0.038203
Rockland	325,789	0.026139
Suffolk	1,476,601	0.118473
Westchester	967,506	0.077626
	Population	% of Population
	12,463,637	

Data was collected using a stratified sample of cell phone respondents via SMS-to-web (sample size n= 30,000), a stratified sample of landlines via Interactive Voice Response (IVR) system (n=20,000), and an opt-in online panel provided by Consensus Strategies. The samples were weighted by age, education, race, gender, and region based on 2019 ACS one-year estimates. N=1,000 with a Credibility Interval (CI) similar to a poll's margin of error (MOE) of +/- 3 percentage points. When the sample is stratified further by demographic characteristics the MOE is greater.

Demographics:

Age range:
18-29 20%
30-44 27%
45-64 32%
65+ 21%

Gender:
Male 48%
Female 50%
Non-binary or other 2%

Race and Ethnicity:
Caucasian/White 42%
Hispanic and Latino/a 21%
African American/Black 19%
Asian 11%
Multiple/other races 7%

Education level:
Less than a high school degree 10%
High school degree 26%
Some college 23%
Bachelor's degree 23%
Graduate degree or more 18%

Household income:
<$25,000 19%
$25,000-$50,000 21%
$50,000-$75,000 18%
$75,000-$100,000 15%
>$100,000 27%

CUNY SPH Nine-County New York Survey, August 30 - September 2, 2021,
N=1000, MOE +/-3%

About the NY Vaccine Literacy Campaign

Building upon its commitment to engage New Yorkers to understand how COVID-19 has affected their lives, CUNY SPH launched the New York Vaccine Literacy Campaign in April 2021. The Campaign aims to lighten the load of community and direct service organizations by increasing community-level access to vaccine education and information through tailored webinars, education modules, training, and other capacity-building resources. This work is supported by the New York Community Trust, the Altman Foundation, the New York State Health Foundation, and the Samuel Freeman Charitable Trust.