



## COVID-19 Vaccine & and Disability Survey Summary

### Introduction

AAHD conducted a COVID-19 Vaccine & and Disability Survey between March 12th, 2021 and April 5<sup>th</sup>, 2021. The final sample consisted of 4,131 adults with disabilities. The full sample was diverse (White: 62%; African American: 23%; Hispanic: 9%; Asian: 3%; American Indian or Alaska Native: 2%; Native Hawaiian/Pacific Islander (<1%) and cross disability: cognition disabilities (49%), mobility disabilities (41%), hearing disabilities (5%), and vision disabilities (4%).

### Willingness to Be Vaccinated

72% of people said they had been, were in process, or would be vaccinated.

**27% of respondents said they would not be vaccinated (10%) or were not sure (17%).**

### Main Analysis: Comparison Between No Vaccine Group & Not Sure Group

Are various reasons (Vaccine Hesitancy, Distrust, Inaccessibility, Lack of Access) “Not a Reason,” “A Little Reason,” or “A Big Reason” in respondent’s saying “No” and “Not Sure” to the vaccine? Top three “Big Reasons” are presented below. Full report includes top five “Big Reasons.”

### Big Reasons in Disability-Related Hesitancy

#### No Vaccine Group:

- No reliable information on vaccine’s impact on underlying health condition: 42%.
- Don’t trust vaccine safety and/or effectiveness on underlying health condition: 58%.
- **Don’t trust vaccine safety and/or effectiveness on their disability: 63%.**

#### Not Sure Group:

- Don’t trust vaccine safety and/or effectiveness on their disability: 43%.
- Don’t have reliable information on vaccine’s impact on their underlying health condition: 44%.
- **Don’t trust vaccine safety and/or effectiveness on their underlying health condition: 46%.**

### Big Reasons in General Vaccine Hesitancy

#### No Vaccine Group:

- Possibility of short-term side effects: 46%.
- Rushed vaccine development: 60%.
- **Possibility of long-term side effects: 69%.**

#### Not Sure Group:

- Rushed vaccine development: 41%.
- Wanting to wait and see how the vaccine impacts others: 47%.
- **Possibility of long-term side effects: 53%.**

### Distrust of Organizations & Individuals, Accessibility, & Availability

We asked if distrust in organizations and individuals, site inaccessibility, and vaccine availability were Big Reasons for not being vaccinated or being not sure.

### Distrust in Organizations & Individuals Ensuring Vaccine Safety/Effectiveness

#### No Vaccine Group:

- Vaccine Manufacturers: 46%
- Federal Government Officials: 51%
- **Federal Government: 51%**

#### Not Sure Group:

- Vaccine Manufacturers: 29%
- Federal Government: 29%
- **Federal Government Officials: 30%**

### Distrust in Organizations & Individuals Providing Reliable Information

#### No Vaccine Group:

- Vaccine Manufacturers: 52%
- Federal Government: 56%
- **Federal Government Officials: 57%**

#### Not Sure Group:

- Vaccine Manufacturers: 31%
- Federal Government: 31%
- **Federal Government Officials: 31%**

## Accessibility

### No Vaccine Group:

- No Transportation: 4%
- No Alternate Formats: 5%
- **Site Inaccessible: 6%**

### Not Sure Group:

- No Transportation: 11%
- Can't Leave Home: 12%
- **Site Inaccessible: 12%**

## Availability

### No Vaccine Group:

- No Vaccine in Community: 4%
- No Vaccine After Registering: 4%
- **Not Offered in Preferred Location: 4%**

### Not Sure Group:

- No Vaccine in Community: 10%
- No Vaccine After Registering: 10%
- **Not Offered in Preferred Location: 15%**

### Take Home Messages:

- This is a convenience sample and therefore isn't generalizable to the larger population of people with disabilities
- No Vaccine group members experience high levels of vaccine hesitancy and distrust; vaccine campaigns should focus on the Not Sure group (and it's larger, too).
- Little Reasons may work in tandem with Big Reasons for the Not Sure group; vaccine initiatives should allocate resources to target both reasons to effect change.
- Some hesitancies can't be easily overcome; alleviating long-term effect concerns need long-term data.
- Vaccine campaigns should augment messaging from Federal and State governments and officials and consider using local champions: disability orgs, public health, local health care providers.
- Open-ended questions reveal that persons willing to be vaccinated share many of the same issues and concerns as the No Vaccine and Not Sure groups- what was the tipping point?
- Accessibility and availability are potentially Big Reasons for people who plan on getting vaccinated and not so much for the No Vaccine and Not Sure groups, except for vaccine site preferences for the Not Sure group (Home, Doctor's Office, Pharmacy).

### Going Forward:

- Financial resources are needed to analyze statistical significance between groups.
- "Little Reasons" need to be examined- it may be a road map.
- Focus groups/Network Analysis can establish "tipping point" for vaccinated persons to inform vaccine campaigns for the Not Sure group.
- Qualitative analysis on open-ended responses might give greater insight on reasonings for No Vaccine and Not Sure groups; financial resources would allow for a deeper dive into responses.
- Financial resources are needed to re-survey persons planning to be vaccinated. Were persons vaccinated? Why? Were there barriers?
- Only randomized surveys can be generalized to the general population of PWDs. Need a population-based survey that is also longitudinal.
- Gallup should adopt "Not Sure" question.

Full results will be available at: <https://aahd.us/dissemination/covid-19-and-vaccine-survey-project/>

For More Information, Contact: Charles E. Drum, MPA, JD, PhD at [cdrum@aahd.us](mailto:cdrum@aahd.us) or 301-545-6140 Ext. 5