

RESEARCH BRIEF #119

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Which Types of People Were Least Likely to Get the COVID-19 Vaccine?

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KEY FINDINGS

- One-third of working age adults (ages 18-64) had not received at least one COVID-19 vaccine dose by summer 2022.
- Vaccination rates are lower among adults who are younger, Black, female, low income, low education, unemployed, unmarried, live in a nonmetropolitan county, and voted for Trump in the 2020 election.
- The most common reasons for not getting vaccinated were concerns about side effects and lack of trust in the COVID-19 vaccine and in the government.
- Trump voters had the highest levels of skepticism and distrust.
- Females, non-Hispanic Black adults, and unmarried adults were most likely to be concerned about vaccine side effects or safety (i.e., watchful).

The COVID-19 vaccine is highly effective at preventing adverse outcomes associated with contracting coronavirus, such as severe symptoms, hospitalization, long-COVID, and death. In April 2021, COVID-19 vaccines became available for all people ages 16 and older. Yet, a sizable proportion of the U.S. population remains unvaccinated. Vaccine hesitancy is a long-standing challenge that worsened during the COVID-19 pandemic. Understanding the reasons behind different types of vaccine hesitancy is crucial for developing effective vaccine messaging strategies that can increase confidence in and uptake of future vaccines.

This brief summarizes the findings from our [recent study](#)¹ that used data from the 2022 National Wellbeing Survey on 7,612 U.S. adults aged 18-64 to identify characteristics of adults who were least likely to get the COVID-19 vaccine and the characteristics associated with different types of vaccine hesitancy. We considered three non-mutually exclusive types of vaccine hesitancy: 1) watchful (concerned about vaccine side effects, efficacy, and safety); 2) skeptics (distrust the vaccine or believe they do not need it), and 3) system distrusters (distrust the government).

Which Types of People Were Least Likely to Get Vaccinated?

By September 2022, a third of U.S. working-age adults in our sample had not received a COVID-19 vaccine dose. We found that being unvaccinated was more likely among adults who are younger, Non-Hispanic Black (compared to Non-Hispanic White), unmarried, have less than a 4-year college degree, low household income, unemployed, voted for Trump in 2020, and live in a nonmetropolitan county.

Watchful Was the Most Common Type of Vaccine Hesitancy

The most common reasons for not getting vaccinated were concerns about side effects and lack of trust in the COVID-19 vaccine and in the government (see Figure 1).

Watchful was the most common type of vaccine hesitancy, with 22% of the overall sample and 67% of unvaccinated respondents falling into that category. Just over 17% of the overall sample and 50% of unvaccinated respondents fell into the skeptic category. Finally, just over 10% of total respondents and 30% of unvaccinated respondents fell into the system distruster category, characterized by not trusting the government.

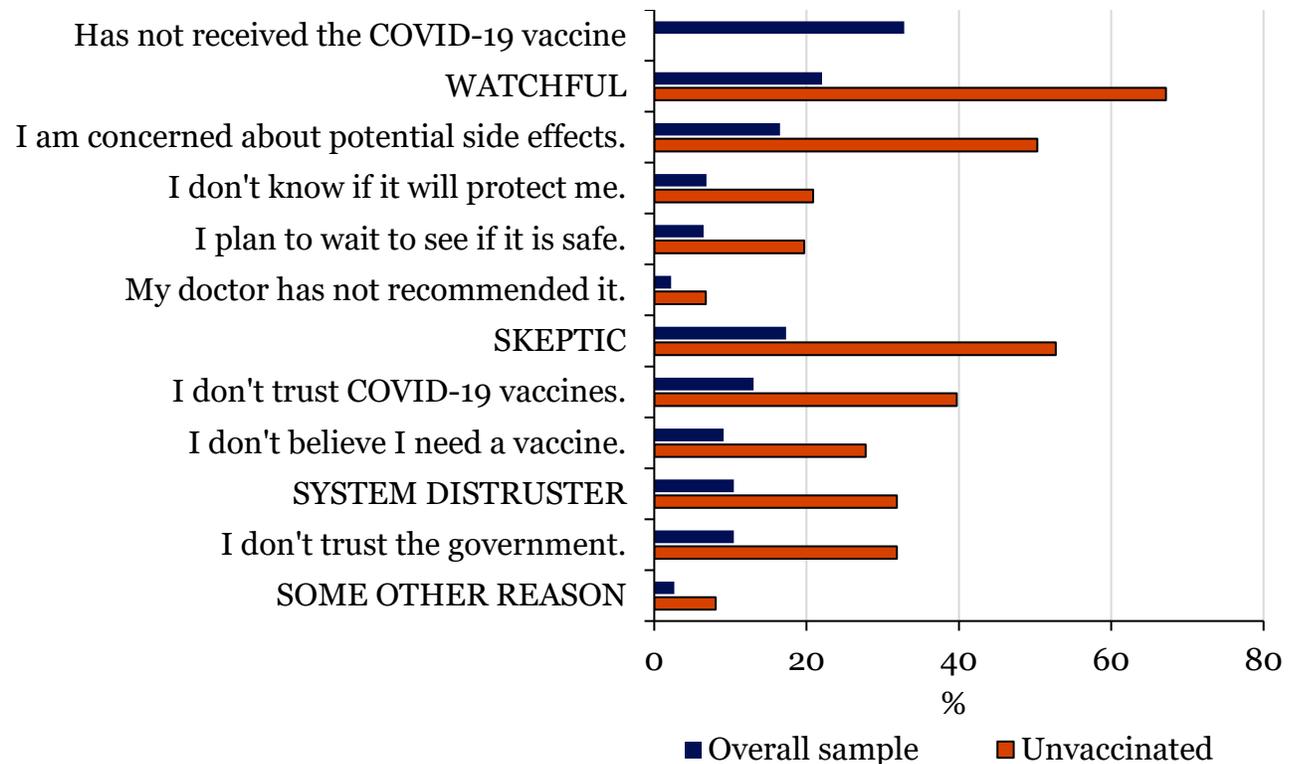


Figure 1: Reasons for Not Getting the COVID-19 Vaccine among U.S. Adults Ages 18-64 (%), 2022

We found that all three types of hesitancy were important contributors to lower vaccination uptake among adults with low income and low education and among adults who voted for Donald Trump in 2020 (Figure 2). Trump voters were the most likely to be skeptics and system distrusters. Specifically, among all unvaccinated adults, Trump voters had 1.5 times greater odds of being system distrusters and 1.7 times greater odds of being skeptics compared to unvaccinated adults who did not vote for Trump.

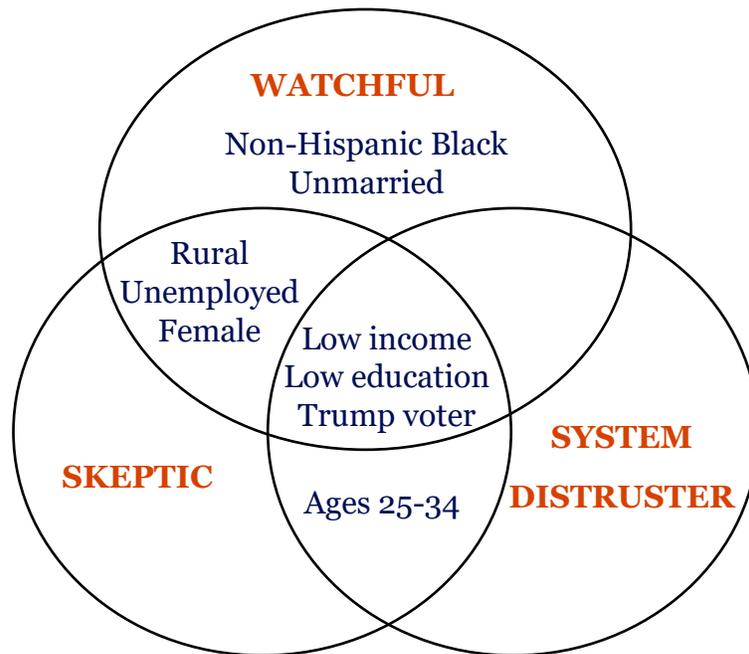


Figure 2: Individual Characteristics Related to Different Types of Vaccine Hesitancy among U.S. Adults ages 18-64, 2022

Concerns about side effects and safety (watchfulness) were major drivers for not getting vaccinated among non-Hispanic Black and unmarried adults, whereas skepticism and distrust were more important barriers among adults ages 25-44. Rural residents, unemployed adults, and females had greater odds of being watchful and skeptics.

Different Messages, Messengers, and Tactics Must be Used to Reduce Vaccine Hesitancy among Different Groups

Our findings suggest that universal messaging and intervention strategies are unlikely to be effective in reducing vaccine hesitancy and increasing vaccine uptake. Public health and marketing experts should collaborate on strategies that target specific groups. Trusted sources like family doctors and community organizations may boost vaccine uptake among watchful females and Non-Hispanic Black adults.³ Enhancing health literacy and educating adults with lower income and education about misinformation is crucial. Encouraging Republican leaders to promote the vaccine and partnering with trusted local leaders may improve vaccination rates among Republicans, especially adults who voted for Trump.⁴

Data and Methods

We used the 2022 National Wellbeing Survey on 7,612 U.S. adults aged 18-64. We ran logistic regression to examine individual characteristics related to different types of vaccine hesitancy. Detailed methods can be found in the [study](#).¹

References

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