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BRIEF19

A daily review of covid-19 research and policy

RESEARCH BRIEFING

New survey study highlights alarming rates of vaccine refusal among US parents.

A new preprint recently [published](#) on *OSF Preprints* explores vaccine hesitancy among and resistance among United States parents. This paper is part of a series of papers by [The Covid States Project](#), a 50-state ongoing survey on attitudes and behaviors regarding covid-19.

Between February 5 and March 1, 2021, the researchers surveyed 19,789 individuals across all 50 states plus the District of Columbia. Individuals were surveyed via an online platform regarding perspectives related to covid-19 vaccines. The main findings are:

Covid-19 vaccine hesitancy and resistance by age, gender, and parental status:

- 39 percent of mothers were unlikely to vaccinate their children.
- 23 percent of fathers were unlikely to vaccinate their children.
- 43 percent of younger mothers (ages 18 to 35) were unlikely to vaccinate their children compared to 35 percent of older mothers (ages 36 to 60); the difference in hesitancy/resistance among younger fathers (21 percent) and older fathers (23 percent) was similar.
- 37 percent of young mothers would not get the covid-19 vaccine for themselves compared to only 26 percent of young women who were not parents. Differences in covid-19 vaccine refusal was similar for older women, younger males, and older males regardless of parental status, and was lower than the 37 percent reported among young mothers.

Covid-19 vaccine hesitancy and resistance by education:

- Among parents without a college degree, 34 percent of parents would not get the covid-19 vaccine compared to 23 percent of similarly educated non-parents.
- There was no substantial difference in vaccine refusal among parents (10 percent) and nonparents (11 percent) with a college degree.

Covid-19 vaccine hesitancy and resistance by parental status and income: Income was broken down into quartiles: < \$25k per year, \$25k to < \$75k per year, \$75k to < \$150k per year, and > \$150k per year.

- The greatest proportion of individuals refusing the covid-19 vaccine was found among those reporting less than \$25,000 of income per year. In this group, parents (37 percent) were more likely to refuse vaccination compared to nonparents (27 percent).
- A similar trend was noted for those making between \$25,000 and less than \$75,000 per year with parents (28 percent) again more likely to refuse vaccination compared to nonparents (18 percent).
- The differences between parent and nonparent vaccine refusal were similar between groups and remained low (9 to 13 percent) for individuals reporting annual incomes of greater than \$75,000 per year.

Covid-19 vaccine hesitancy and resistance by parental status and race:

- The within-race differences between parents and nonparents regarding vaccination refusal did not vary substantially, often between 1 percent to 8 percent.
- Between-race differences in vaccination refusal were noticeable with Asian Americans least likely to refuse vaccination (9 to 10 percent refusal rate) and Black parents most

likely to refuse vaccination (30 percent refusal rate). The refusal rate between Black nonparents, Hispanic parents/nonparents, and White parents/nonparents was similar (18 to 25 percent refusal rate).

Covid-19 vaccine hesitancy and resistance by political affiliation:

- Similar to [our previous study](#), Republicans were significantly more likely to refuse vaccination (28 to 34 percent) compared to Democrats (10 to 12 percent).
- Independents had high rates of vaccine refusal (21 to 29 percent).
- The differences between parents/nonparents within each political party did not diverge by more than 8 percent.

Numerous limitations to survey studies like this exist, including the fact that surveys like these mostly reach technologically savvy individuals. In addition, the survey data are limited in their ability to explore or explain the *reasons* for vaccine refusal in depth. Nevertheless, the Covid States Project provides important information regarding which populations in the US need to be targeted for educational purposes regarding the safety, efficacy, and importance of covid-19 vaccination.

—Joshua Niforatos, MD, MTS

POLICY BRIEFING

New Inspector General report shows healthcare system on the brink.

The Office of the Inspector General (OIG) in the Department of Health and Human Services (HHS) has [released](#) an updated review on the state of the country's healthcare system. First conducted one year ago, this survey of hospital administrators across the country sought to understand how the pandemic was affecting hospitals. This new iteration focused on the greatest challenges hospitals had faced and the challenges used to overcome them, greatest concerns moving forward, and what the government can do to support the healthcare system.

Hospital challenges:

- Balancing complex covid-19 care with resumption of normal medical operations.
- Staffing shortages from sickness and physical, emotional exhaustion.
- Logistics of vaccine distribution and staff [hesitancy](#).
- Exacerbation of health [disparities](#).
- Hospital financial instability.

Future problems:

- Reduction of disparities in access to care and health outcomes.
- Widespread [vaccination](#).

Government support:

- Enhancement of knowledge and guidance on prevention and treatment.
- Development and maintenance of a more robust health [workforce](#).
- Continuing financial [relief](#), especially to rural and underserved centers.

Taken together, it is clear that much has been learned about the prevention and treatment of covid-19, but that there is a long way to go to perfect a robust healthcare system amidst resource drainage, staff limitation, and public perception. *Various.*

—Brief19 Policy Team