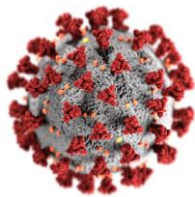


# Resident Knowledge and Attitudes toward COVID-19 Vaccines



*Sedgwick County*

*Round 2 COVID-19 Vaccine Survey Report*

June 2021

**Prepared by**

The University of Kansas School of Medicine–Wichita  
Department of Population Health  
1010 N Kansas Street, Wichita, KS 67214  
316-293-2627



## **Background**

The South Central Metropolitan Region (SCMR) includes seven counties in Kansas: Butler, Cowley, Harvey, Marion, Reno, Sedgwick, and Sumner. To understand SCMR residents' knowledge of and attitudes toward COVID-19 vaccines, SCMR partnered with the University of Kansas School of Medicine-Wichita to develop and administer a multi-county online COVID-19 vaccine survey (Appendix A). Each SCMR county health department distributed the COVID-19 Vaccine Survey URL to their county's residents. The survey was administered at two separate points in time. The first from November 16, 2020 through December 16, 2020 and the second from April 29, 2021 through June 1, 2021. This report focuses on the second time frame.

The main goals of the survey were to assess the percentage of the population that would receive the COVID-19 vaccine and to identify trusted sources of information. These data can help local health departments plan for vaccine distribution and develop messages to ensure as high an uptake of vaccine in the community as possible.

The survey analysis compared SCMR county responses on plans to vaccinate, trusted sources, and demographics. Knowing the demographics of the survey respondents helps to interpret the results. A second part of the analysis detailed county-specific responses for the same information plus details about other questions in the survey, including vaccine concerns and reasons why some respondents stated they would not receive the vaccine.

## SCMR Regional Results

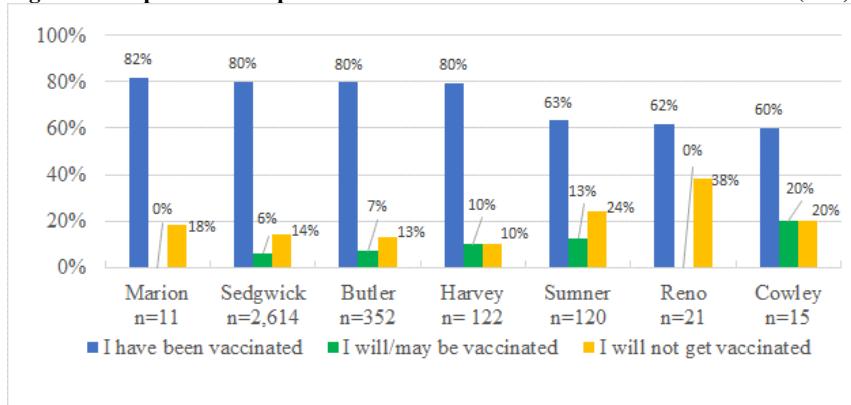
### SCMR Respondents' Vaccination Status

Seventy-eight percent of SCMR respondents reported being vaccinated. Of these respondents, 65% reported receiving the Pfizer vaccine, 30% reported receiving Moderna, and 5% reported receiving Johnson & Johnson. Six respondents (0.19%) reported receiving a different vaccine, with five of those respondents (83%) writing-in "AstraZeneca" when prompted to specify.

### SCMR Respondents' Plans to Vaccinate

When averaged across all seven participating counties, 78% of the SCMR residents reported being at least slightly concerned about the COVID-19 virus. Respondents from all counties had most frequently engaged in frequent hand washing (85%), mask wearing (78%), and avoiding large groups (64%). SCMR residents expressed that their biggest concerns about getting the vaccine included long-term side effects (31%), safety (19%), and that the risks of the vaccine outweighed the benefits (18%). Despite these concerns, on average, 80% of respondents from all seven counties reported they had been vaccinated, would get vaccinated, or may get vaccinated, with a range from 62% to 90% (Figure 1).

**Figure 1: Respondents' Reported Plans to Vaccinate across all SCMR Counties (n=3,333)**



Of the SCMR respondents who reported that they were not, but they would or may be vaccinated, 14% expressed interest in receiving the Johnson & Johnson vaccine. Another 23% responded that they may be interested in receiving the Johnson & Johnson vaccine, and 63% expressed no interest in receiving the Johnson & Johnson vaccine. Primary reasons for interest in the Johnson & Johnson were that: it is one dose so it is more convenient, it uses similar technology to other vaccines (not mRNA), they believe that people have less severe symptoms from the vaccine, and it is effective enough to protect them if they are not high risk.

Of the SCMR respondents who reported they “would” or “may” get vaccinated, 19%, (n=53) reported they would get vaccinated within the next month. Among those indicating they plan to wait to be vaccinated, reasons include: they would like more research or information about safety, effectiveness, effects on fertility and other side effects; they have medical concerns and/or a provider has told them to wait (have a medical condition or are pregnant/breastfeeding); they had COVID-19 and still have antibodies, waiting for more convenient times and location of clinics; and/or waiting for walk-in appointments. Additional reasons include: being concerned about the time away from work/school/other obligations to recover from side effects, waiting on family/friends to get vaccinated with them, allowing vulnerable populations to go first, waiting for a more convenient dose (one-shot or a pill), waiting until there is a benefit of getting the vaccine (not wearing masks or social distancing), waiting until a vaccine is required for work or travel, or waiting until there is a full FDA approval of the vaccines.

Those indicating they do not plan to be vaccinated reported general distrust of the vaccine as the primary reason for not having been vaccinated. Most respondents reported being concerned about the rushed production time for the COVID-19 vaccine and the potential for subsequent lapses in safety and/or effectiveness. Several others indicated that: they did not need a vaccine due to COVID-19 not

being that dangerous of a virus, they have healthy immune systems that can fight it naturally, and/or they already have antibodies from previously contracting the virus.

Some respondents reported not wanting the vaccine because they believe the pandemic is a conspiracy, and several shared other conspiracy theories such as the vaccine being a gene therapy or that it causes sterilization. A smaller group of respondents reported that there was no benefit to being vaccinated as they still must adhere to preventive measures (mask wearing), yet others reported that it was possible that vaccinated people can contract and spread the virus. Another couple of respondents reported medical reasons they would not be able to get the vaccine, such as immune deficiency or history of adverse reactions to vaccines. A couple of respondents reported that COVID-19 vaccination was against their religious beliefs and cited the use of aborted fetuses as the reason.

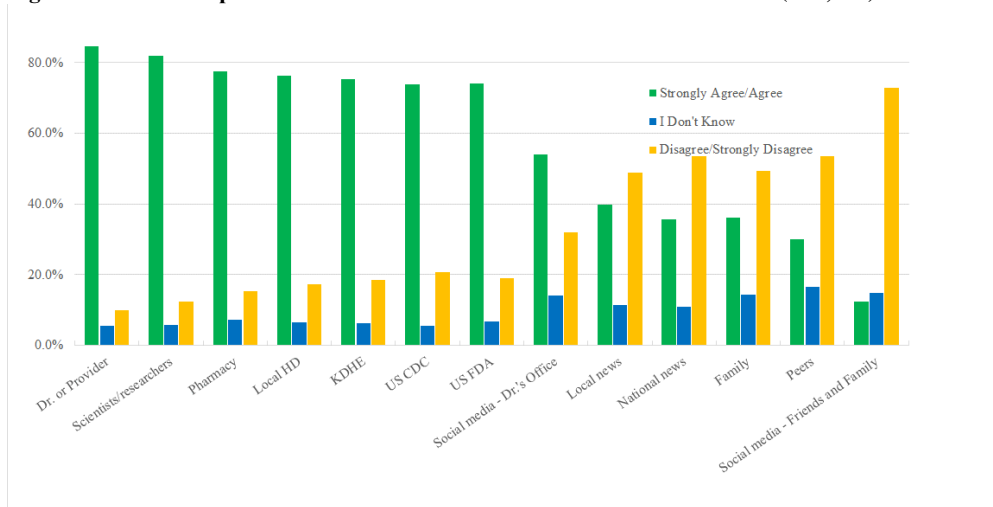
Respondents were asked to indicate what would make them more likely to get a COVID-19 vaccine. Providing walk-in appointments and making the vaccine available in the workplace were the two most frequently selected vaccination mediators, with 38% of respondents selecting each of these items. Knowing where to go was selected by more than a third (36%) of respondents as something that would make them more likely to be vaccinated.

Among those who indicated they had children, 64% of respondents (n=1,550) reported that their children (younger than 16) would “definitely” or “probably” get the vaccine, if a vaccine were available and approved for children. Twenty-eight percent of respondents (28%, n=668) reported that their children younger than 16 years would “definitely not” or “probably not” be vaccinated. Respondents indicated they would take their child (younger than 16 years) to be vaccinated at a doctor’s office (84%), school building (69%), pharmacy or retail store (64%), health department clinic (60%), a location near their house (48%), or at a daycare (17%).

*SCMR Respondents’ Trusted Sources*

SCMR residents reported that doctors/medical providers (85%), researchers (82%), pharmacies (77%) were the most trusted sources of information about the effectiveness and safety of the COVID-19 vaccine. Few respondents reported that family (36%) and peers (30%) were trusted sources. Social media accounts of friends and family (12%) received the fewest affirmative responses among trusted sources of COVID-19 information (Figure 2).

**Figure 2: SCMR Respondents' Trusted Sources for COVID-19 Information (n=3,307)**



*SCMR Respondents' Primary Sources of COVID-19 Information*

Respondents reported they obtain information about COVID-19 primarily from a preferred website (60%), by talking with a medical provider (54%), or by talking with friends and family (27%). Nineteen percent (19%) of respondents reported using an app (primarily: a news app such as Apple News, Fox, CNN) for this information. More than one-third of respondents (35%) reported using a social media platform for information, Facebook (21%) was selected by the majority of these respondents, exceeding Twitter (6%) by a factor of three, Instagram (4%) by a factor of five, and LinkedIn and all other platforms combined (3%) by a factor of seven.

### SCMR Respondents' Demographics

Less than one percent (0.56%; n=4,170) of the seven SCMR county population (n=749,074) accessed the COVID-19 Vaccine Survey. Seventy-six percent (76%, n=3,188) of respondents completed the survey. Most (75%, n=2,399) reported being female (Table 1). Respondents most frequently reported being 50 years or older (44%, n=1,401), 35 to 49 years (36%, n=1,143), or 25 to 34 years (16%, n=517). Most SCMR respondents reported being non-Hispanic and White/Caucasian (96%, n=3,030).

More than two-thirds of SCMR respondents (71%, n=2,276) reported being college graduates. Most SCMR respondents (89%, n=2,840) reported their income was greater than or equal to \$10.89 per hour/\$22,631 per year, before taxes. Respondents were most likely to report working in educational services (38%, n=1,202) or in the healthcare and social assistance industry (e.g. adult care homes, clinics, home health, hospice, hospitals) (15%, n=466), or they reported being retired (10%, n=318).

More than one-half (57% n=1,810) reported their health was “excellent” or “very good.” Sixty-five percent of SCMR respondents (65%, n=2,080) reported identifying as a member of one or more groups that have been described as being “high-risk” for COVID-19.<sup>1-3</sup> Specifically, 30% (n=968) reported being a K-12 teacher or K-12 staff, 13% (n=400) reported being a healthcare worker, and 8% (n=266) reported working as college or university faculty or staff.

**Table 1: SCMR Respondent Demographics (n=3,188)**

	Frequency	Percent
<b>Age</b>		
18 to 24 Years	127	4%
25 to 34 Years	517	16%
35 to 49 Years	1143	36%
50 Years or Older	1401	44%
<b>Gender</b>		
Female	2399	75%
Male	752	24%
<b>Race</b>		
White or Caucasian	3007	94%
Another race	194	6%

		<b>Frequency</b>	<b>Percent</b>
	American Indian or Alaska Native	67	2%
	Black or African American	49	2%
<b>Ethnicity</b>			
	Not Hispanic or Latino	3021	95%
	Hispanic or Latino	167	5%
<b>Education</b>			
	Some high school or less	22	1%
	High school graduate	223	7%
	Some college	667	21%
	College graduate	1184	37%
	Master's degree	924	29%
	Doctorate or professional degree	168	5%
<b>Estimated Household Income</b>			
	<\$10.88 per hour/\$22,630 per year, before taxes	348	11%
	≥\$10.89 per hour/\$22,631 per year, before taxes	2840	89%
<b>Industry*</b>			
	Education	1202	38%
	Other <sup>1</sup>	533	17%
	Healthcare	466	15%
	Retired	318	10%
	Finance	161	5%
	Science and Technology	160	5%
	Public Administration	138	4%
	Arts and Entertainment	117	4%
	Retail	112	4%
	Manufacturing	89	3%
	Information	58	2%
	Agriculture	57	2%
	Transportation	53	2%
	Construction	44	1%
	Accommodation	38	1%
	Grant Making	35	1%
<b>Health</b>			
	Excellent	549	17%
	Very Good	1261	40%
	Good	1115	35%
	Fair	233	7%
	Poor	30	1%



	<b>Frequency</b>	<b>Percent</b>
<b>High-Risk Groups*</b>		
No High-Risk Groups apply	1108	35%
K-12 Teacher/Staff	968	30%
Healthcare	400	13%
College/University Faculty/Staff	266	8%
Weakened Immune System	243	8%
Retail/Hospitality	244	8%
College/University Student	107	3%
EMS/Fire/Law Enforcement	110	3%

\*Respondents were able to select all responses that were applicable.

<sup>1</sup>Industry categories receiving less than 1% of responses are combined within the 'Other' category and include: real estate, utilities, machinery, and mining.

#### *SCMR Respondents' COVID-19 Testing Status*

More than one-half of SCMR respondents (55%, n=1,507) reported having received a COVID-19 diagnostic test. Among these respondents, 27% (n=402) reported receiving a positive test result or positive diagnosis from a healthcare professional.

#### *SCMR Respondent's Beliefs About Immunity*

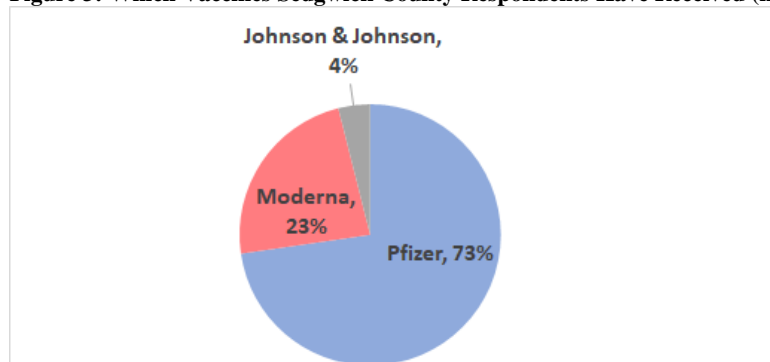
Eight percent (8%; n=221) of SCMR respondents agreed with the belief that testing positive or being diagnosed with COVID-19 by a doctor would make them immune to COVID-19 later, and therefore they would not need to be vaccinated. More than two-thirds of respondents (70%) reported that they disagreed or strongly disagreed with this belief, and the remaining 22% of respondents reported they neither agreed nor disagreed.

### Sedgwick County Results

#### *Sedgwick County Respondents' Vaccination Status*

Eighty percent (80%, n=2,091) of Sedgwick County respondents reported being vaccinated for COVID-19. Of the 80% respondents reporting they already received a vaccine for COVID-19, 73% reported receiving the Pfizer vaccine, 23% reported receiving the Moderna vaccine, and 4% reported receiving the Johnson & Johnson vaccine. Few respondents (<1%) reported receiving the AstraZeneca vaccine (Figure 3).

**Figure 3: Which Vaccines Sedgwick County Respondents Have Received (n=2,091)**

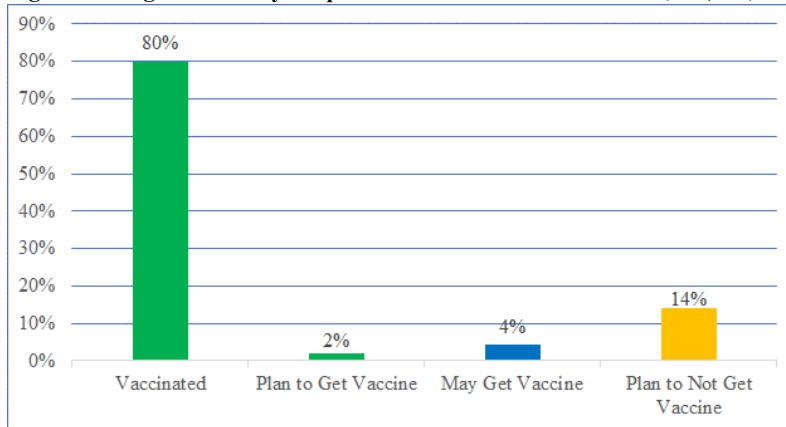


#### *Sedgwick County Respondents' Plans to Vaccinate*

Similar to residents from the six other Kansas counties that completed the survey, most Sedgwick County residents (80%, n=2,099) expressed at least some concern about the virus. Sedgwick County residents expressed their degree of concern by identifying sources of concern and ranking them on a 5-point scale from “no concern” to “extreme concern.” Sedgwick County respondents’ primary vaccine concerns, determined by the percentage of respondents reporting “moderate” or “extreme” concerns included: long-term side effects (61%), safety (51%), and that the risks of the vaccine outweighed the benefits (38%). Despite these concerns, most of Sedgwick County respondents (82%, n=2,140) reported they had either already been vaccinated, or still planned to get a COVID-19 vaccine.

Four percent (4%, n=110) reported they may get a COVID-19 vaccine, and 14% (n=364) reported they did not plan to get a COVID-19 vaccine (Figure 4).

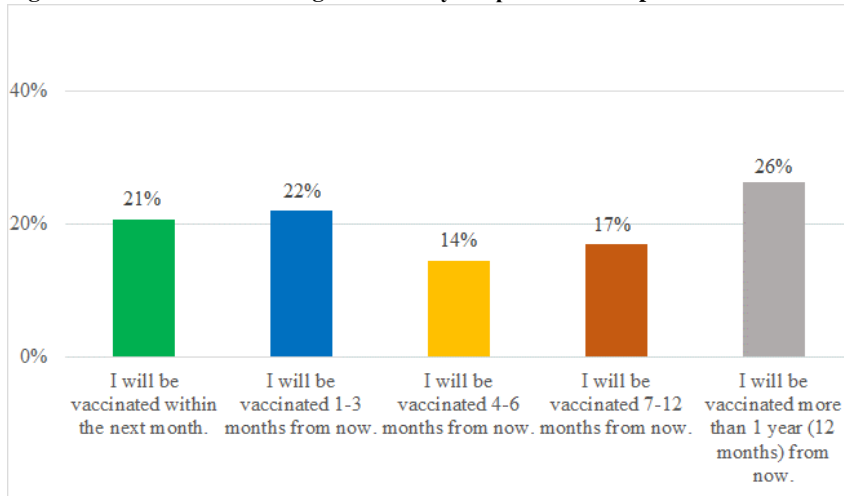
**Figure 4: Sedgwick County Respondents' Vaccination Decisions (n=2,614)**



Among the six percent of Sedgwick County respondents (n=159) who reported they “would” or “may” get vaccinated, 12% reported an interest in receiving the Johnson & Johnson vaccine. Another 25% reported that they “may” be interested in the Johnson & Johnson vaccine, and 63% reported no interest in the Johnson and Johnson vaccine. The primary reported interest of respondents’ in receiving the Johnson & Johnson vaccine was the convenience of the single-dose regimen.

Among the Sedgwick County respondents who reported they “would” or “may” get vaccinated, 21% (n=33) reported they would get vaccinated within the next month (Figure 5). When asked about their reasons to wait for vaccination, frequent responses included: allowing more time for data to be collected on the vaccine, waiting due to the suggestion of a medical provider, or waiting due to previous COVID-19 infection. Those indicating that they do not plan to be vaccinated self-reported reasons primarily relating to a lack of necessity for, or lack of trust in, the COVID-19 vaccine.

**Figure 5: Non-Vaccinated Sedgwick County Respondents' Proposed Vaccination Timeline (n=160)**



All respondents were asked to indicate what would make them more likely to get a COVID-19 vaccine. Forty-one percent of respondents (n=1,082) selected, “no appointment necessary (walk-in),” indicating that having opportunities for walk-in vaccinations makes them more likely to get vaccinated. Additional self-reported drivers for vaccination included “vaccine availability at their workplace” (41%) and “knowing where to go” (38%).

Among those who indicated they had children, 66% of respondents (n=1,054) reported that if a vaccine were available and approved for children (younger than 16 years), their children would “definitely” or “probably” get the vaccine. Twenty-five percent of respondents (n=406) reported that their children younger than 16 years would “definitely not” or “probably not” be vaccinated. Respondents indicated they would take their child (younger than 16 years) for vaccination to a doctor’s office (63%), school building (50%), pharmacy or retail store (45%), health department clinic (41%), location near the house (35%), or daycare (13%).

**Commented [EA1]:** Maybe among those not yet vaccinated?

**Commented [MR2R1]:** Maybe, but the percentages below are based on responses provided by all respondents, not just those who’ve not been vaccinated. No Appt Necessary for example received 1082 votes in SG Co, but only about 600 were not vaccinated.

Seventy-four percent (74%, n=1,585) of Sedgwick County residents who reported they were vaccinated or would get a vaccination were members of a high-risk group (e.g. immunocompromised). Among high risk groups, those identifying as K-12 faculty and staff (28%, n=711) and healthcare workers (10%, n=254) were most likely to report previous vaccination or a plan to be vaccinated. Table 2 summarizes results of respondents' intentions to get a vaccination by demographic variables.

**Table 2: Sedgwick County Respondents' Reported Vaccination Plans<sup>1</sup>**

	Have Vaccinated		Will Vaccinate		May Vaccinate		Will Not Vaccinate	
	n	%	n	%	n	%	n	%
<b>Age</b>								
18-24 Years	79	3%	<5	<1.0%	7	<1.0%	20	1%
25-34 Years	350	13%	16	1%	27	1%	57	2%
35-49 Years	711	27%	15	1%	49	2%	166	6%
50 Years or Older	951	36%	17	1%	27	1%	121	5%
<b>Gender</b>								
Female	1629	62%	44	2%	92	4%	243	9%
Male	445	17%	5	<1.0%	17	1%	112	4%
<b>Race</b>								
White or Caucasian	1985	76%	45	2%	99	4%	333	13%
<i>Another race</i>	110	4%	<5	<1.0%	7	<1.0%	34	1%
American Indian/AK Native	33	1%	<5	<1.0%	<5	<1.0%	13	<1.0%
Black or African American	25	1%	<5	<1.0%	<5	<1.0%	10	<1.0%
<b>Ethnicity</b>								
Not Hispanic or Latino	113	4%	<5	<1.0%	10	<1.0%	26	1%
Hispanic or Latino	1978	76%	45	2%	100	4%	338	13%
<b>Education</b>								
Some high school or less	10	<1.0%	<5	<1.0%	<5	<1.0%	<5	<1.0%
High school graduate	122	5%	<5	<1.0%	11	<1.0%	37	1%
Some college	411	16%	13	<1.0%	23	1%	80	3%
College graduate	754	29%	17	1%	39	1%	152	6%
Master's degree	672	26%	18	1%	32	1%	75	3%
PhD or professional degree	122	5%	<5	<1.0%	<5	<1.0%	16	1%
<b>Estimated Household Income</b>								
<\$10.88/hr or \$22,630/yr	203	8%	5	<1.0%	17	1%	36	1%
≥\$10.88/hr or \$22,630/yr	1888	72%	44	2%	93	4%	328	13%
<b>Industry*</b>								

	Have Vaccinated		Will Vaccinate		May Vaccinate		Will Not Vaccinate	
	n	%	n	%	n	%	n	%
Education	875	33%	18	1%	60	2%	121	5%
Healthcare	282	11%	5	<1.0%	11	<1.0%	50	2%
<i>Other/None of the Above</i>	258	10%	12	<1.0%	14	1%	79	3%
Retired	217	8%	6	<1.0%	<5	<1.0%	20	1%
Science and Technology	102	4%	<5	<1.0%	8	<1.0%	22	1%
Finance	95	4%	<5	<1.0%	7	<1.0%	19	1%
Unemployed	72	3%	<5	<1.0%	5	<1.0%	10	<1.0%
Public Administration	78	3%	<5	<1.0%	<5	<1.0%	18	1%
Retail	66	3%	<5	<1.0%	<5	<1.0%	16	1%
Arts and Entertainment	80	3%	<5	<1.0%	<5	<1.0%	17	1%
Manufacturing	57	2%	<5	<1.0%	<5	<1.0%	9	<1.0%
Information	36	1%	<5	<1.0%	<5	<1.0%	11	<1.0%
Accommodation	26	1%	<5	<1.0%	<5	<1.0%	6	<1.0%
Construction	18	1%	<5	<1.0%	<5	<1.0%	11	<1.0%
Transportation	23	1%	<5	<1.0%	<5	<1.0%	13	<1.0%
Real Estate	16	1%	<5	<1.0%	<5	<1.0%	10	<1.0%
Agriculture	20	1%	<5	<1.0%	<5	<1.0%	5	<1.0%
Grant Making	19	1%	<5	<1.0%	<5	<1.0%	6	<1.0%
Utilities	10	<1.0%	<5	<1.0%	<5	<1.0%	<5	<1.0%
Mining	5	<1.0%	<5	<1.0%	<5	<1.0%	<5	<1.0%
Machinery	5	<1.0%	<5	<1.0%	<5	<1.0%	<5	<1.0%
<b>Health</b>								
Excellent	303	12%	7	<1.0%	27	1%	109	4%
Very Good	849	32%	23	1%	42	2%	140	5%
Good	766	29%	12	<1.0%	31	1%	90	3%
Fair	155	6%	5	<1.0%	10	<1.0%	21	1%
Poor	18	1%	<5	<1.0%	<5	<1.0%	<5	<1.0%
<b>High-Risk Groups*</b>								
K-12 Teacher/Staff	695	27%	16	1%	51	2%	110	4%
No High-Risk Groups apply	662	25%	22	1%	31	1%	146	6%
Healthcare	251	10%	<5	<1.0%	10	<1.0%	29	1%
College/Univ. Faculty or Staff	212	8%	<5	<1.0%	9	<1.0%	14	1%
Weakened Immune System	170	7%	8	<1.0%	5	<1.0%	25	1%
Retail/Hospitality	153	6%	<5	<1.0%	5	<1.0%	40	2%
College/Univ. Student	73	3%	<5	<1.0%	5	<1.0%	13	<1.0%
EMS/Fire/Law Enforcement	31	1%	<5	<1.0%	<5	<1.0%	26	1%

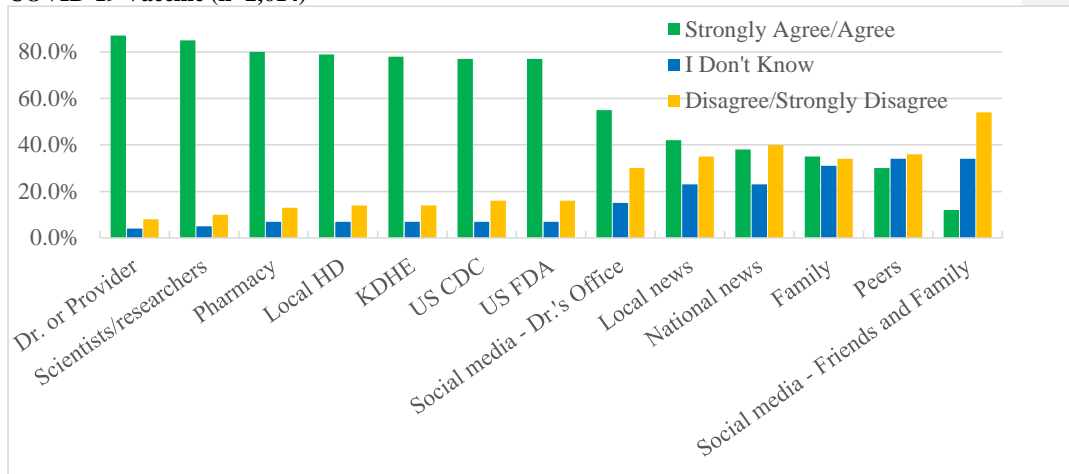
\*Respondents were able to select all responses that were applicable.

<sup>1</sup>Variable categories receiving less than 1% of responses or 5 responses are labeled '<1%' and '<5' to prevent identifiability.

*Sedgwick County Respondents' Trusted Sources*

Sedgwick County residents reported that doctors/medical providers (87%), researchers (85%), and pharmacies (80%) were their most trusted sources of information about the effectiveness and safety of the COVID-19 vaccine (Figure 6). News (38%) and family and friends (7%) were not identified as trusted sources for most respondents.

**Figure 6: Sedgwick County Respondents' Reported Trusted Sources for Information about COVID-19 Vaccine (n=2,614)**



**Sedgwick County Respondents' Main Sources of COVID-19 Information**

Sedgwick County respondents reported they obtain information about COVID-19 primarily from websites (62%) or talking with their doctor or medical provider (54%). Nineteen percent (19%) of respondents reported using an app, and 34% reported using a social media platform to find information about COVID-19. The most frequently cited app sources for information were: news apps (e.g. Apple News, Fox, CNN, KAKE, KWCH, local news, Washington Post, USA Today, NPR, NBC, MSNBC, Newsweek), social media (e.g. Facebook, Twitter, Reddit, YouTube, TikTok), search engines (e.g. Google, Safari, Yahoo), national government (e.g. CDC, FDA), local government (Kansas Department of Health and Environment, Sedgwick County Health Department), medial websites (e.g. WebMD,

Johns Hopkins, Mayo Clinic), or health insurance or pharmacy apps. The most frequently cited social media platform was Facebook.

*Sedgwick County Respondents' Demographics*

The COVID-19 Vaccine Survey was accessed by 2,614 respondents reporting to reside in Sedgwick County, 0.51% of the total county population of 516,042. Ninety-five percent (n=2,494) of the residents who accessed the survey link completed all possible items on the survey. Most (77%, n=2,008) reported being female (Table 3). Respondents most frequently reported being 50 years or older (43%, n=1,116), 35 to 49 years (36%, n=941), or 25 to 34 years (17%, n=450). Most Sedgwick County respondents reported being non-Hispanic and White/Caucasian (90%, n=2,364).

**Table 3: Sedgwick County Respondent Demographics (n=2,614)**

		<b>Frequency</b>	<b>Percent</b>
<b>Age</b>			
	18-24 Years	107	4%
	25-34 Years	450	17%
	35-49 Years	941	36%
	50 Years or Older	1116	43%
<b>Gender</b>			
	Female	2008	77%
	Male	579	22%
<b>Race</b>			
	White or Caucasian	2462	94%
	American Indian or Alaska Native	50	2%
	Another race	166	6%
	Black or African American	41	2%
<b>Ethnicity</b>			
	Not Hispanic or Latino	2461	94%
	Hispanic or Latino	153	6%
<b>Education</b>			
	Some high school or less	15	1%
	High school graduate	170	7%
	Some college	527	20%
	College graduate	962	37%
	Master's degree	797	30%
	Doctorate or professional degree	143	5%



		<b>Frequency</b>	<b>Percent</b>
<b>Estimated Household Income</b>			
	<\$10.88/hour or \$22,630/year	261	10%
	≥\$10.88/hour or \$22,630/year	2353	90%
<b>Industry*</b>			
	Education	1074	41%
	Healthcare	348	13%
	Other	573	22%
	Retired	245	9%
	Science and Technology	134	5%
	Finance	122	5%
	Public Administration	101	4%
	Arts and Entertainment	101	4%
	Unemployed	90	3%
	Retail	86	3%
	Manufacturing	68	3%
	Information	51	2%
<b>Health</b>			
	Excellent	446	17%
	Very Good	1054	40%
	Good	899	34%
	Fair	191	7%
	Poor	24	1%
<b>High-Risk Groups*</b>			
	No High-Risk Groups apply	861	33%
	Weakened Immune System	208	8%
	Healthcare	293	11%
	K-12 Teacher/Staff	872	33%
	Retail/Hospitality	199	8%
	College/University Student	92	4%
	College/University Faculty/Staff	237	9%
	EMS/Fire/Law Enforcement	61	2%

\*Respondents were able to select all responses that were applicable.

†Industry categories receiving less than 1% of responses are combined within the 'Other' category and include: grant making, machinery, mining, and utilities.

Nearly three-quarters of Sedgwick County respondents (73%, n=1,902) reported being college graduates. Most Sedgwick County respondents (90%, n=2,353) reported their income was greater than or equal to \$10.89 per hour/\$22,631 per year, before taxes. Respondents were most likely to report

working in education (41%, n=1,074) or the healthcare and social assistance industry (e.g. adult care homes, clinics, home health, hospice, hospitals) (13%, n=348), and 9% (n=245) reported being retired.

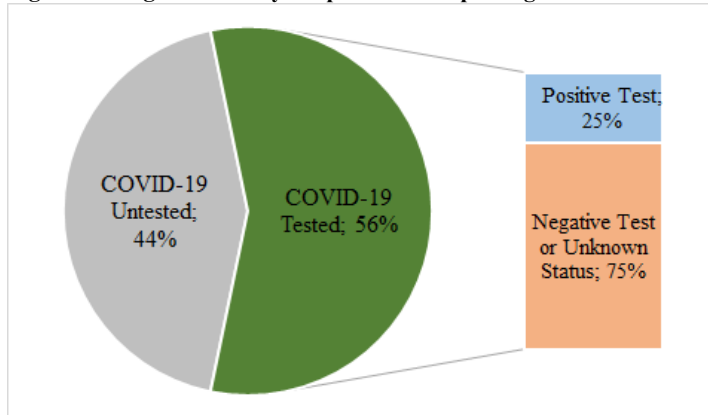
More than one-half (57% n=1,500) reported their health was “excellent” or “very good.”

Seventy-five percent of Sedgwick County respondents (n=1,962) identified being a member of one or more groups that have been described as being “high-risk” for COVID-19.<sup>1-3</sup> Specifically, 33% (n=872) reported being a K-12 teacher or K-12 staff, 11% (n=293) reported being a healthcare worker, and 9% (n=237) reported having a weakened immune system.

#### *Sedgwick County Respondents’ COVID-19 Testing Status*

More than one-half of Sedgwick County respondents (56%, n=1,167) reported having received a COVID-19 diagnostic test (Figure 7). Among these respondents, 25% (n=297) reported receiving a positive test result or positive diagnosis from a healthcare professional.

**Figure 7: Sedgwick County Respondents’ Reporting of COVID-19 Testing (n=2,066)**



#### *Sedgwick County Respondent’s Beliefs About Immunity*

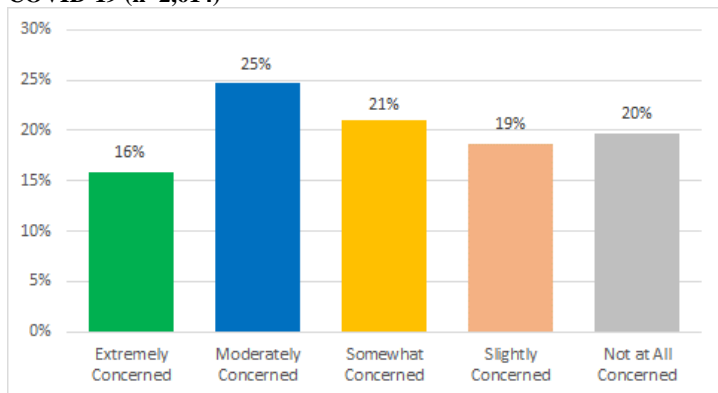
Seven percent (7%) of Sedgwick County respondents reported that they agreed or strongly agreed with the belief that testing positive or being diagnosed with COVID-19 by a doctor would make

them immune to COVID-19 later, and they would not need to be vaccinated. Seventy-two percent (72%) disagreed or strongly disagreed with this belief.

#### *Sedgwick County Respondents' Concern of Infection*

Twenty percent (20%, n=515) of Sedgwick County residents reported being “not at all concerned” about becoming infected with COVID-19 (Figure 8). Forty-one percent of the remaining respondents reported higher degrees of concern (moderate or extreme concern), and 40% reported lower degrees of concern (somewhat or slight concern).

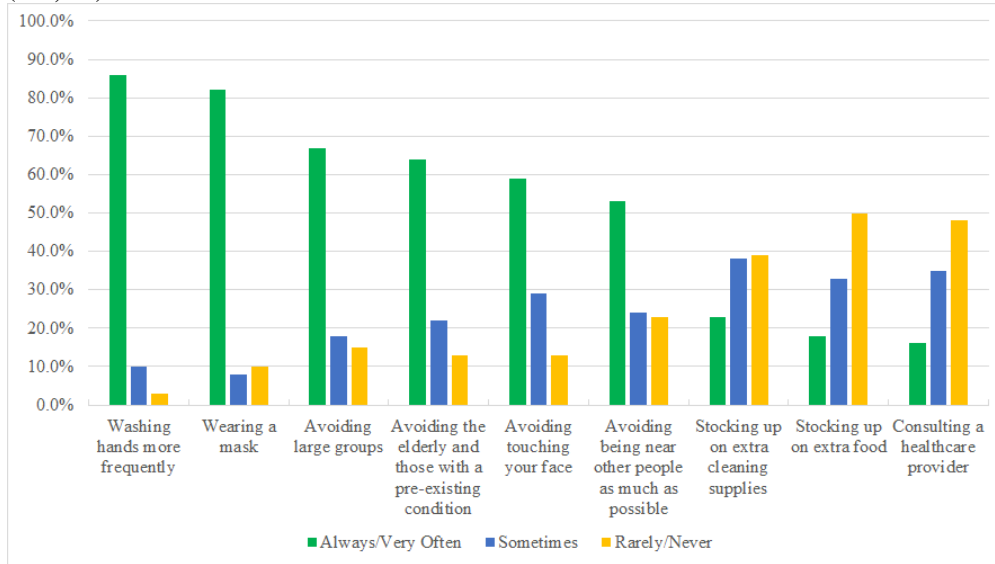
**Figure 8: Sedgwick County Respondents' Reported Levels of Concern about Being Infected with COVID-19 (n=2,614)**



#### *Sedgwick County Respondents' Public Health Actions Taken*

As the most common actions they have taken in response to COVID-19, most Sedgwick County residents reported “always” or “very often” washing their hands more often (86%), wearing a mask (82%), and staying away from large groups (67%) (Figure 9). Consulting with a healthcare provider (48%) and stocking up on extra food (50%) were actions Sedgwick County residents reported they have “rarely” or “never” taken in response to COVID-19.

**Figure 9: Sedgwick County Respondents' Reported Actions Taken in Response to COVID-19 (n=2,563)**



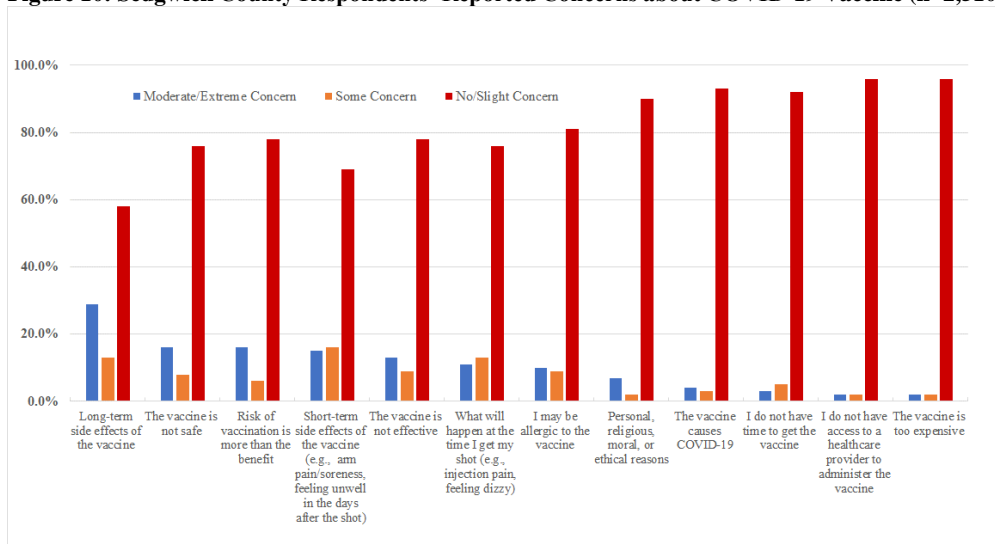
*Sedgwick County Respondents' Receipt of Influenza Vaccine Similar to Intention to Receive COVID-19 Vaccine*

Receiving a flu shot in the last flu season or current flu season may indicate current vaccination plans. Sixty-five percent (n=1,338) of Sedgwick County respondents indicated receiving a flu shot last season. Sixty-one percent (n=1,270) reported having received a flu shot this season (between September 1, 2020 and March 30, 2021). There was a significant positive relationship between respondents' reported receipt of (or intentions to receive) the COVID-19 vaccine and reported receipt of influenza vaccination for this season,  $\chi^2(3, N=2,066) = 397.65, p<0.001$ , and reported receipt of influenza vaccination for the previous season,  $\chi^2(3, N=2,066) = 392.09, p<0.001$ .

### Sedgwick County Respondents' Concerns about Vaccine

All respondents could report concerns about the vaccine, and about one-third of Sedgwick County respondents (34%, n=887) did so. The most reported concerns included the long-term side effects of the vaccine (29%, n=301) and the safety of the vaccine (16%, n=142). In contrast, most Sedgwick County residents reported having no concern or slight concerns about expense of the vaccine (96%, n=851), and another 96% (n=851) reported having no concern or slight concerns about access to a health provider to administer the COVID-19 vaccine (Figure 10).

**Figure 10: Sedgwick County Respondents' Reported Concerns about COVID-19 Vaccine (n=2,510)**



### References

1. Baker MG. Nonrelocatable occupations at increased risk during pandemics: United States, 2018. *American journal of public health*. 2020 Aug;110(8):1126-32.
2. Baker MG, Peckham TK, Seixas NS. Estimating the burden of United States workers exposed to infection or disease: a key factor in containing risk of COVID-19 infection. *PLoS One*. 2020 Apr 28;15(4):e0232452.
3. Weeden KA, Cornwell B. The small-world network of college classes: implications for epidemic spread on a university campus. *Sociological science*. 2020 May 27;7:222-41.
4. Fournet N, Mollema L, Ruijs WL, Harmsen IA, Keck F, Durand JY, Cunha MP, Wamsiedel M, Reis R, French J, Smit EG. Under-vaccinated groups in Europe and their beliefs, attitudes and reasons for non-vaccination; two systematic reviews. *BMC public health*. 2018 Dec 1;18(1):196.
5. World Health Organization. Summary WHO SAGE conclusions and recommendations on vaccine hesitancy.
6. Deshpande S, Lee NR. *Social marketing in India*. SAGE Publications India; 2013 Oct 30.