



HERO Door-to-Door Vaccination Survey: Tooele County

published July 7, 2021

The [Utah Health and Economic Recovery Outreach \(HERO\) Project](#) began in May 2020 as a collaborative statewide testing and analysis project to understand the community-based spread of Covid-19. The goal of the HERO Project is to collect and utilize high-quality local data to help inform decision-makers seeking to guide Utah’s citizens and economy through a safe return to normalcy. Webinars and reports on community testing, impacts of Covid-19 on Utah businesses and consumers, and school testing are published on the [HERO Resources & Media](#) website. This report focuses on [HERO Project surveying of attitudes and actions relating to vaccination](#).

Background

In May 2021, the HERO team began working alongside the Utah Department of Health and local health departments to better understand Covid-19 vaccine uptake in communities with low vaccination rates. The team adapted the [Community Assessment for Public Health Emergency Response](#) (CASPER) method to gather household information on vaccine uptake and attitudes. CASPER is an epidemiologic technique able to obtain fast, reliable information that can be utilized to inform decision-makers navigating a wide variety of community public health scenarios. These surveys will provide additional clarity on the reasons eligible individuals have not yet been vaccinated, including vaccine hesitancy and barriers to access.

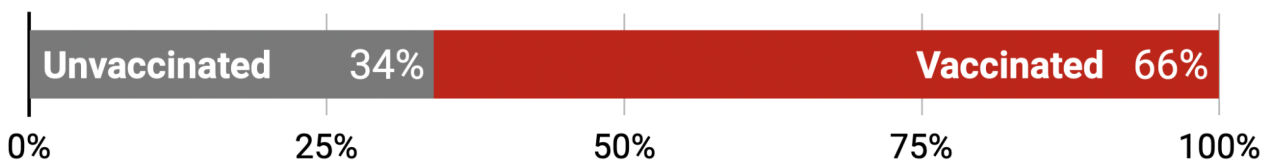
Survey Results

Over a one-week period in June 2021, the HERO team collected 182 surveys from respondents in select areas of Tooele County.

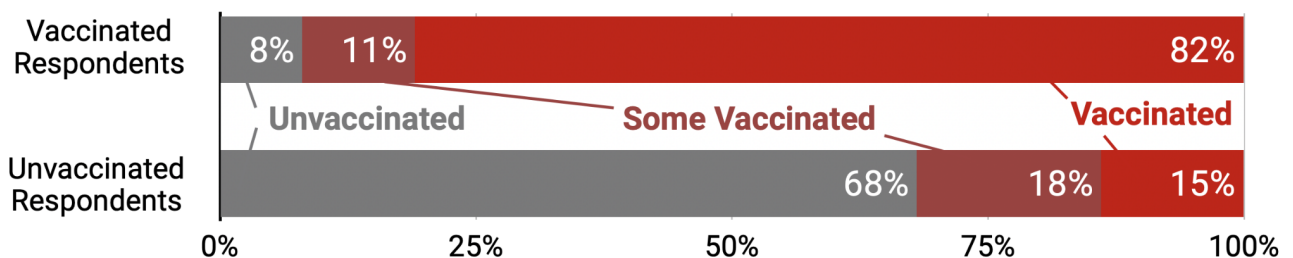
Vaccination Status

A majority of respondents indicated that they had been vaccinated: 66% versus 34% unvaccinated. Those who were vaccinated themselves were more likely to live with others who had been vaccinated, as 93% of vaccinated respondents indicated that some or all of their household members had also been vaccinated, as compared to only 33% of unvaccinated respondents.

Vaccination status of respondents



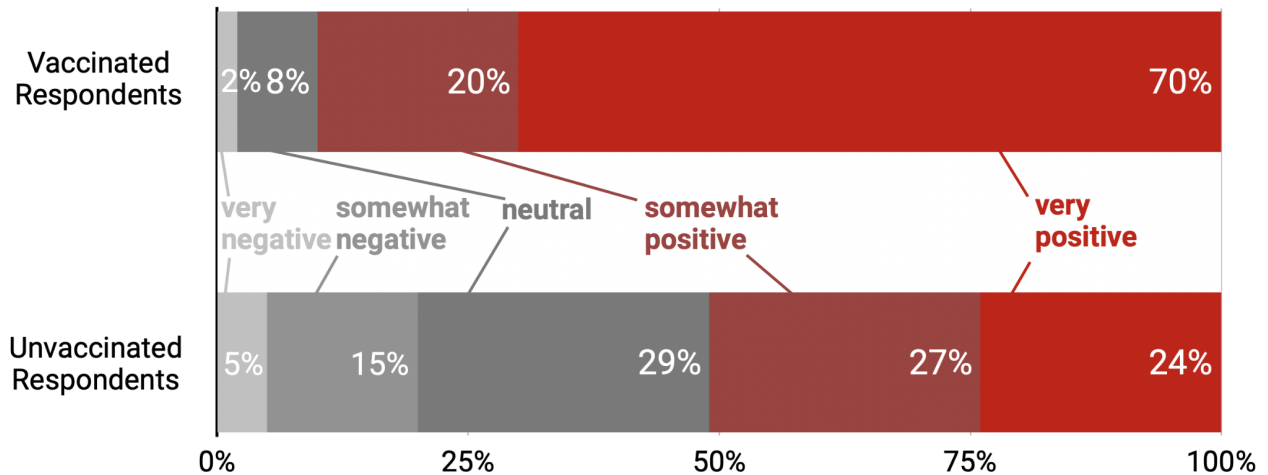
Vaccination status of other household members, by respondent’s vaccination status



Attitudes Towards Vaccination

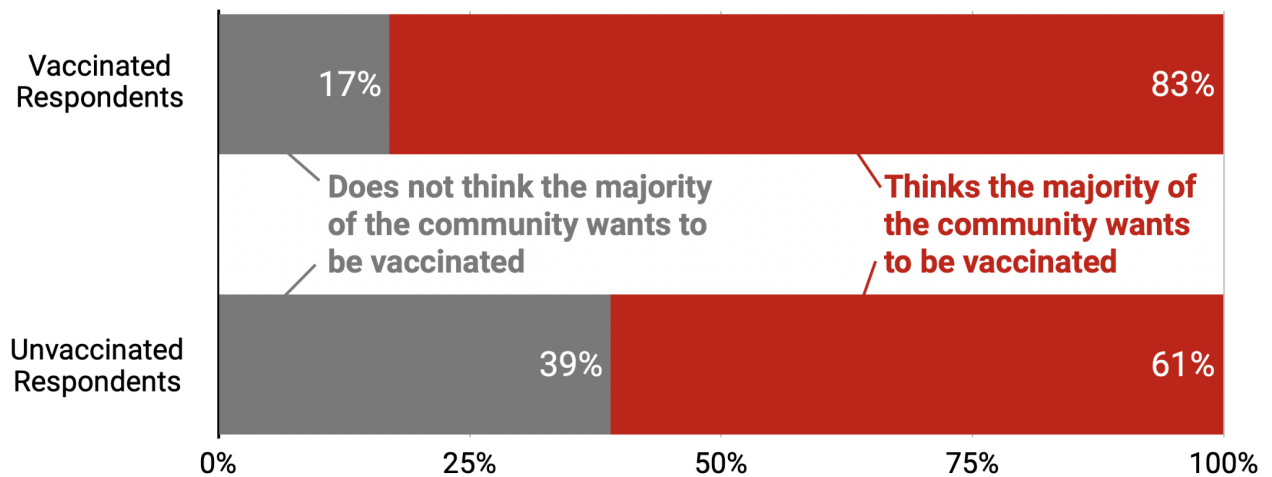
Respondents' attitudes towards Covid-19 vaccines reveal stark differences between those vaccinated and those unvaccinated. Nearly three times as many vaccinated respondents as unvaccinated respondents indicated a "very positive" attitude toward vaccines. Almost twice as many vaccinated respondents as unvaccinated respondents hold some level of positive attitude (either "very" or "somewhat") towards the vaccines. Conversely, unvaccinated respondents hold both negative and neutral attitudes at substantially higher rates than their vaccinated counterparts (10 times higher and nearly 4 times higher, respectively).

Respondent's attitude towards vaccines, by respondent's vaccination status



When asked about the rest of the community's attitudes towards vaccination, however, vaccinated and unvaccinated respondents indicated similar sentiments overall. A large majority of both believe that most of the community wants to be vaccinated, though vaccinated respondents are somewhat more likely to believe this..

Perception of community attitudes, by respondent's vaccination status



Obstacles to Increased Vaccination Rates

Survey participants were asked why members of their household were not vaccinated or did not plan to be vaccinated. The top reason indicated overall was that respondents were worried about the future side effects of the vaccine. This reason was indicated by a substantially higher proportion of unvaccinated respondents—26%—than their vaccinated counterparts—9%.

The lists of unvaccinated and vaccinated respondents were fairly similar: 5 of the top reasons were consistent across the board. Unvaccinated respondents also indicated worries about quick development of the vaccines, lack of trust in the pharmaceutical industry, contracting Covid-19 from the vaccine, and doubts about the severity of the pandemic as commonly portrayed, all of which were not top 10 reasons for vaccinated respondents. Their vaccinated counterparts indicated difficulty arranging transportation, which was not among the top 10 reasons for unvaccinated respondents.

Top 10 reasons household members are not vaccinated, by respondent's vaccination status

UNVACCINATED RESPONDENTS		VACCINATED RESPONDENTS
Worried about future side effects (26% indicating this reason)	01	Worried about future side effects (9% indicating this reason)
Concerned about quick development (15%)	02	Do not think they will get Covid-19 (9%)
Pregnant, intending to be, or breastfeeding (11%)	03	Pregnant, intending to be, or breastfeeding (9%)
Had Covid-19, not worried about getting it again (9%)	04	Worried about effects on fertility (5%)
Do not have time to get vaccinated (9%)	05	Do not have time to get vaccinated (5%)
Do not trust the pharmaceutical industry (8%)	06	Difficulty arranging transportation (5%)
Do not think they will get Covid-19 (6%)	07	n/a
Worried they will get Covid-19 from the vaccine (6%)	08	n/a
Don't believe the outbreak in the US to be as severe as portrayed (6%)	09	n/a
Worried about effects on fertility (4%)	10	n/a

When asked about the difficulties respondents and/or their household members had experienced in the process of getting vaccinated, respondents indicated three primary difficulties. Unvaccinated respondents, notably, did not indicate any difficulties among themselves and household members, perhaps due to the previously described tendency for unvaccinated individuals to live with others who are not vaccinated. Among vaccinated respondents, small proportions indicate difficulties finding nearby service, making appointments, and with long waiting times.

Difficulties in obtaining vaccination for respondents & household members

UNVACCINATED RESPONDENTS	VACCINATED RESPONDENTS
<i>Among unvaccinated respondents, there were no difficulties reported by household members getting the COVID-19 vaccine</i>	Finding nearby service 3%
	Making appointments 3%
	Long waiting times 2%

Asked about increasing the vaccination uptake in their community, vaccinated and unvaccinated respondents alike provided similar suggestions. At the top of both lists is providing more information on vaccines, with between a third and half of respondents in each category making this suggestion. Three more suggestions—vaccination requirements for activities, friends & family who have been safely vaccinated, and more time and research on the vaccines—were also listed across the board. In one small difference, unvaccinated respondents included a simpler scheduling among their top 5, which was not included by vaccinated respondents.

Top 5 suggestions for increasing vaccine uptake, by vaccination status

UNVACCINATED RESPONDENTS	VACCINATED RESPONDENTS
More information on vaccines (50% indicating this suggestion)	01 More information on vaccines (36% indicating this suggestion)
More time to research effectiveness, side effects, etc. (12%)	02 Vaccination requirement for various activities (15%)
Vaccination requirement for various activities (7%)	03 Friends/family who have been safely vaccinated (13%)
Friends/family who have been safely vaccinated (5%)	04 More time to research effectiveness, side effects, etc. (4%)
Simpler scheduling process (3%)	05 n/a

Next Steps

Throughout the coming weeks, the HERO Project will publish a number of reports on vaccination uptake in communities across the state of Utah. These will include further results from targeted geographic CASPER surveying, data from statewide surveying, and insights from a number of community focus groups. These insights will help inform the state’s continuing efforts to increase vaccine uptake among Utahns and promote safety amidst a developing return-to-normalcy.

Acknowledgments

Leading the HERO Project are Stephen C. Alder, PhD; Adam Looney, PhD; and Matt Samore, MD. The project is funded by the State of Utah in coordination with the Governor's Office of Management and Budget and the Utah Department of Health.

Senior advisors to the project are Taylor Randall, MBA, PhD; Natalie Gochnour, MS; and Michael Good, MD. The Project team includes Andrew T. Pavia, MD; Julio Delgado, MD, MS; Adam Hersh, MD; Krow Ampofo, MD; and Tom Greene, PhD. The following teams and centers supported the project:

Center for Clinical & Translational Science Study Design and Biostatistics Center

Brian Orleans, MS
Gentry Carter
Angela Presson, PhD
Chong Zhang, MS
Jian Ying, PhD
Chelsea Allen, PhD
Andrew Redd, PhD
Molly Mcfadden, MS
Ben Brintz, PhD
Tyler Bardsley, MS
Yue Zhang, PhD
Jincheng Shen, PhD
Zhining Ou

Division of Epidemiology

Kristina Stratford, PMP, CCRP
Tavis Huber
Molly Leecaster, PhD
Candace Haroldsen, BS
Xiangyang Ye, PhD

Marriner S. Eccles Institute for Economics and Quantitative Analysis

Nathan Seegert, PhD
Mac Gaulin, PhD
MJ Yang, PhD

University of Utah Health Clinical Operations

Michael Bronson, JD, MBA
Nikki Gilmore, MSN, RN
Christina Butterfield, MSN, RN
David Ence, MHA

Survey Design and Measurement Core

Morgan Millar, PhD

Utah HERO Project Team

Alicen Bringard, MPA
Elizabeth Rabon, MA
Jill Stephenson, MPA
Soumava Basu, PhD
Jeanette Nelson, PhD
Christopher "Kit" Fry
Jonathan Frehner
Jamon Winegar
Devin Ostler
Annie Smith
Hannah Crane
Braden Card
Maddison Dillon
Cassie Cowdell

The Church of Jesus Christ of Latter-Day Saints generously contributed the use of their parking lots and buildings to support mobile testing for this project. In addition, we thank the HERO Project's field team that has staffed and supported countless testing events across the state. We also appreciate the support of the National Center for Advancing Translational Sciences of the National Institutes of Health under Award Number UL1TR002538.

This report was developed by the Sorenson Impact Center at the University of Utah's David Eccles School of Business in partnership with the HERO Project leadership. Sorenson Impact works with public, nonprofit, and private sector stakeholders to develop, structure, and mobilize capital for innovative and data-driven approaches to difficult social and public health challenges. This report was created by Austin Hendrickson and Allison Nicholson and designed by Alicia Pangman.

For more information about this report, contact [Elizabeth Rabon](#), Associate Director of Administration of the Center for Business, Health, and Prosperity at the University of Utah.