



# Mott Poll Report

July 26, 2021  
Volume 39  
Issue 1

## More Parent-Provider Communication about COVID Vaccine Needed

Vaccines against COVID-19 have been authorized and recommended for use in children 12 and older; testing is underway for younger children. In June 2021, the C.S. Mott Children's Hospital National Poll on Children's Health asked a national sample of parents of children 3-18 years about their COVID vaccine decisions.

Among parents of children 12-18 years, 39% say their child already got a COVID vaccine; 21% say it is likely their child will get a COVID vaccine while 40% say it is unlikely. Fewer parents with household income <\$50,000 than those with ≥\$100,000 say their child already got or is likely to get a COVID vaccine (47% vs 69%). Among parents of children 3-11 years, 49% say it is likely their child will get a COVID vaccine once it is approved for their age group, while 51% say it is unlikely. Fewer parents with lower vs higher household income say their child is likely to get a COVID vaccine (38% vs 60%).

Many parents report they have not discussed COVID vaccination with their child's provider (50% older, 70% younger children). More parents of older than younger children (41% vs 19%) say their child's regular healthcare provider recommends COVID vaccination; fewer parents say they discussed COVID vaccination but the provider did not give a recommendation (6% older, 7% younger children), or that the provider recommended against vaccination (3% older, 4% younger children).

Among parents of children 3-18 who have not gotten a COVID vaccine, many say the recommendation of their child's healthcare provider will be *very important* (38%) or *somewhat important* (33%) to their decision about vaccination. Parents of children who have not yet received a COVID vaccine report other factors that are *very important* to their decision, including side effects of the vaccine (70%), testing in the child's age group (63%), how well the vaccine works in children (62%), and parents' own research (56%).

Only 19% of parents whose child got a COVID vaccine report the location of vaccination was a doctor's office; more common locations are retail pharmacies (36%) or public COVID vaccination sites (29%). Among parents whose child is not vaccinated, the most preferred location for COVID vaccination is a doctor's office (42%); only 5% prefer a pharmacy or public site, while 19% have no preference.

### COVID vaccine conversations



Among parents of kids 3-11:

**70%** have not discussed COVID vaccine with child's doctor

Among parents of kids 12-18:

**50%** have not discussed COVID vaccine with child's doctor



### Report Highlights

3 in 4 parents say the recommendation of their child's healthcare provider will be important to their COVID vaccine decision.

A doctor's office is the most preferred vaccination location for parents of children who have not received a COVID vaccine.

Fewer lower-income than higher-income parents say they are likely to have their child get a COVID vaccine.

## Data Source & Methods

This report presents findings from a nationally representative household survey conducted exclusively by Ipsos Public Affairs, LLC (Ipsos) for C.S. Mott Children's Hospital. The survey was administered in June 2021 to a randomly selected, stratified group of adults who were parents of at least one child age 3-18 years living in their household (n=2,019). Adults were selected from Ipsos's web-enabled KnowledgePanel® that closely resembles the U.S. population. The sample was subsequently weighted to reflect population figures from the Census Bureau. The survey completion rate was 56% among panel members contacted to participate. The margin of error for results presented in this report is ±1 to 8 percentage points.

A publication from C.S. Mott Children's Hospital, the University of Michigan Department of Pediatrics, and the University of Michigan Susan B. Meister Child Health Evaluation and Research (CHEAR) Center.

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## C.S. Mott Children's Hospital National Poll on Children's Health

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## Implications

The COVID-19 pandemic has prompted parents to think about their child's health and safety in new ways, from mask wearing to attending in-person events. Recently, the U.S. Food and Drug Administration (FDA) expanded the emergency use authorization (EUA) for several COVID vaccines to include children age 12 and older. Clinical trials are ongoing to provide data to support further authorizations for younger children. With the expanded authorizations, parents are considering whether and when their child should get a COVID vaccine.

Many aspects of COVID vaccine decision-making are different from other childhood vaccines. The risk of COVID may be easier for parents to appreciate, as many states regularly publish data on positive COVID tests, hospitalizations, and deaths; in contrast, it is more difficult for parents to find comparable data on measles, meningitis, or other vaccine-preventable diseases. It also is unusual for parents to consider vaccines that are recommended under an emergency use authorization, as vaccines administered to children typically undergo a longer period of testing.

This Mott Poll highlights another aspect of COVID vaccine decision-making that is markedly different from other childhood vaccines. Typically, parents look to their child's regular healthcare provider – a pediatrician, family doctor, or nurse practitioner – for information and guidance on vaccines for their child. Yet results show that half of parents of children 12-18 years, for whom COVID vaccine is already recommended and available, have not discussed it with their child's provider. Nor did COVID vaccine discussions take place for the majority of parents of younger children, for whom the authorization of COVID vaccine is expected in the coming months.

The lack of discussion with pediatricians and other child health providers likely leaves parents at a disadvantage in making an informed decision about COVID vaccination for their child. Poll results identify the factors most important to parents including vaccine side effects, how well the vaccine works in children, and how the vaccine was tested. There are numerous options for parents to obtain this type of information, and over half of parents indicated their own research would be a key factor in their decision about COVID vaccination. The challenge is that some sources may be more technical and difficult for parents to understand, while other sources may exaggerate some aspects of the information to support a particular belief or perspective about COVID vaccination.

Discussion with their child's healthcare provider can be the key for parents to get help sorting through the various data sources so they can make an informed choice that is right for their child and their family. For example, on the topic of side effects, providers can help parents differentiate between symptoms that are evidence of a normal immune response (e.g., fever, sore arm) from potentially more serious events that may signal an unintended problem. Providers can explain the process of clinical trials, such as the difference between emergency use authorization and full FDA approval. Many parents have talked with their child's healthcare provider about the safety and effectiveness of other childhood vaccines, and discussions about COVID vaccine may build off those earlier conversations.

It is important for both parents and providers that they do not wait for full COVID vaccine approval, or even wait for the emergency use authorization for younger children, to begin discussions about vaccination. As this Mott Poll indicates, parents are already forming opinions, and it is essential that their decision-making process include accurate information, as well as a professional recommendation from their child's healthcare provider. Parents of younger children who have appointments for check-ups or minor illnesses may want to include questions about COVID vaccine in their list of topics for discussion during the visit.