



**Rider 33: Report on
COVID-19
Immunization
Distribution in Texas**

As required by

**2022-23 General Appropriations
Act, S.B. 1, 87th Legislature, Regular
Session, 2021 (Article II, DSHS,
Rider 33)**



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Executive Summary

The 2022-23 General Appropriations Act, S.B. 1, 87th Legislature, Regular Session, 2021 (Article II, DSHS, Rider 33) requires the Department of State Health Services (DSHS) to study COVID-19 immunization distribution in Texas and report its findings. DSHS must submit to the Legislature the findings of the report and recommendations to reduce disparities in accessing COVID-19 immunizations no later than December 31, 2022. In partnership with the University of Texas at Tyler and the University of Texas Health Science Center at Houston School of Public Health, DSHS developed a rapid needs assessment (RNA) to:

- Identify disparities in the distribution of or access to COVID-19 immunizations.
- Assess statewide COVID-19 vaccine hesitancy rates.
- Formulate recommendations for reducing disparities in the distribution of and access to COVID-19 immunizations.

The rapid needs assessment (RNA) observed the following COVID-19 vaccine coverage¹ by demographic category:

- White participants reported higher levels of COVID-19 vaccination coverage by race and ethnicity of those surveyed, followed by Hispanic participants and then Black participants.
- Female participants reported higher levels of COVID-19 vaccination coverage than males or those who did not provide gender information.

¹ Individuals are deemed to be vaccinated (initial immunization) if they had received at least one dose of a COVID-19 vaccine; fully vaccinated (complete immunization) if they have completed their primary series by receiving either two doses from Moderna/NIAID, BioNTech/Pfizer, or Novavax, or one dose from Johnson and Johnson (Janssen); and boosted (booster immunization) if they received an additional COVID-19 vaccine after they completed their primary series (became fully vaccinated against COVID-19). Immunocompromised individuals may have received a third COVID-19 vaccine as part of their primary series meaning a fourth COVID-19 vaccine would be considered a booster immunization.

The RNA observed the following COVID-19 vaccine coverage by socioeconomic status (SES):

- Working participants reported the highest levels of COVID-19 vaccination coverage across all groups by employment status of those surveyed.

The RNA observed the following COVID-19 vaccine coverage by geographic location:

- Of those surveyed, Public Health Region (PHR) 2/3 reported the highest levels of COVID-19 vaccination coverage by geographic location at 27.1 percent, followed closely by PHR 6/5S at 26.5 percent.
- All PHRs had similar coverage rates between those who received their initial vaccination and those who are fully vaccinated.
- PHR 2/3 reported the largest decrease (8.2 percent) between those who are fully vaccinated and those who are boosted.

Vaccine hesitancy rates varied depending on which age-based eligibility population was assessed. Among adult participants who had not yet received a COVID-19 vaccine of any kind:

- 83.0 percent indicated they were not likely at all to receive a COVID-19 vaccine in the next three months.

Among children or dependents of participants, regardless of parental COVID-19 vaccination status:

- 66.2 percent of participants with children or dependents, aged six months to four years old who had not received a COVID-19 vaccine reported they were not likely to give their children or dependents the COVID-19 vaccine within the next three months.
- 76.7 percent of survey participants with children or dependents aged five years to 17 years old who had not received a COVID-19 vaccine reported they were not likely to give their children or dependents the COVID-19 vaccine within the next three months.

1. Introduction

The [2022-23 General Appropriations Act, S.B. 1, 87th Legislature, Regular Session, 2021 \(Article II, DSHS, Rider 33\)](#) requires DSHS to report on COVID-19 immunization distribution in Texas. The report must identify any disparities in distribution or access to immunization and vaccine hesitancy rates based on race, gender, socioeconomic status, and geographic location. The report, which is due to the Legislature no later than December 31, 2022, must include recommendations for making distribution of the COVID-19 immunizations more equitable.

2. Background

Since the first rollout of COVID-19 vaccines for public use on December 14, 2020, DSHS has prioritized the immunization of vulnerable populations. DSHS created the Expert Vaccine Allocation Panel (EVAP) to ensure equitable vaccine allocation decisions. DSHS allocated COVID-19 vaccines based on the following guiding principles EVAP established:

- Protecting health care workers
- Protecting frontline workers
- Protecting vulnerable populations
- Mitigating health inequities
- Data-driven allocations
- Geographic diversity
- Transparency

Using COVID-19 vaccine administration data to estimate uptake, DSHS launched targeted ad campaigns to increase COVID-19 immunizations in low vaccine uptake areas using providers representative of local communities to encourage vaccination. DSHS also deployed mobile vaccination clinics in high traffic, easily accessible areas throughout Texas to increase COVID-19 vaccine uptake in low vaccine coverage areas. DSHS focused on improving the understanding of disproportionately affected populations and their associated barriers to vaccination access as well as uptake

To accomplish the objectives of Rider 33, DSHS elected to conduct a state-wide RNA, which was designed to identify vaccine hesitancy, describe barriers to accessing the COVID-19 vaccine, and provide another method of evaluating vaccine uptake throughout the state.

Methodology

DSHS worked with academic partners to complete the RANA, which is a survey tool. In collaboration with the University of Texas at Tyler and the University of Texas Health Science Center at Houston School of Public Health, DSHS estimated the sampling population in November 2021, using the population eligible for COVID-19 vaccines at that time. The survey was administered by the academic partners over the phone using both cell phones and landline telephones. The survey was separated into four sections:

- Personal demographics
- Health demographics

- Participant attitudes towards vaccination for themselves and any children or dependents in their care
- COVID-19 vaccine distribution and access

DSHS defined a complete survey as any individual who answered at least 75 percent of the core questions. Individuals were required to be 18 years or older to participate in the RNA survey. Any data to assess vaccine hesitancy amongst children and adolescents under 18 years of age was collected from their parents or guardians.

3. Report Findings

The RNA collected 14,968 responses from 707,718 calls placed between April 4, 2022, and September 28, 2022. The survey intended to assess COVID-19 vaccine hesitancy and barriers to accessing the COVID-19 vaccine.

COVID-19 Vaccine Coverage Rates

Individuals were deemed to be vaccinated (initial immunization) if they had received at least one dose of a COVID-19 vaccine; fully vaccinated (complete immunization) if they had completed their primary series by receiving either two doses of the Moderna, BioNTech/Pfizer, or Novavax vaccine, or one dose of the Johnson and Johnson (Janssen) vaccine; and boosted (booster immunization) if they received an additional COVID-19 vaccine after they completed their primary series (became fully vaccinated against COVID-19). Immunocompromised individuals may have received a third COVID-19 vaccine as part of their primary series meaning a fourth COVID-19 vaccine would be considered a booster immunization.

Vaccine Coverage Rates by Demographics

The following trends in COVID-19 vaccine distribution and coverage were identified by race and ethnicity² and sex:

Table 2.1: Coverage by Self-Reported Race and Ethnicity

<i>Self-Reported Race and Ethnicity</i>	Received at Least One COVID-19 Vaccine	Fully Vaccinated	Boosted	Texas Population Estimate (%)³
<i>Alaska Native or American Indian</i>	0.8%	0.7%	0.5%	0.3%
<i>Asian</i>	3.5%	3.4%	2.7%	5.0%
<i>Black</i>	11.2%	10.9%	7.6%	12.1%
<i>Hispanic</i>	31.3%	29.8%	19.9%	39.8%
<i>Multiracial*</i>	2.1%	2.0%	1.3%	1.5%

² Data were calculated by combining self-reported race and ethnicity information. If an individual selected their ethnicity as Hispanic or Latino, they were added to the Hispanic combined race and ethnicity category regardless of their chosen race.

³ Population estimates provided by the United State Census Bureau 2019 Population Estimates.

Self-Reported Race and Ethnicity	Received at Least One COVID-19 Vaccine	Fully Vaccinated	Boosted	Texas Population Estimate (%)³
<i>Native Hawaiian or Pacific Islander</i>	0.3%	0.3%	0.2%	0.1%
<i>Other</i>	2.5%	2.4%	1.7%	n/a
<i>White</i>	47.3%	45.7%	33.5%	41.2%
<i>Decline⁴</i>	1.0%	1.0%	0.7%	n/a

* Multiracial includes participants who self-reported multiple races.
n/a: Not applicable

Table 2.2: Coverage by Self-Reported Sex

Self-Reported Sex	Received at Least One COVID-19 Vaccine	Fully Vaccinated	Boosted	Texas Population Estimate (%)⁵
<i>Female</i>	53.9%	52.1%	37.2%	50.3%
<i>Male</i>	44.6%	42.7%	29.9%	49.7%
<i>Skip⁶</i>	1.5%	1.4%	1.0%	n/a

n/a: Not applicable

Coverage by Socioeconomic Status (SES)

For the purposes of the RNA, SES was determined by an individual's work status and whether the individual struggled to access necessities such as food, water, and power as a result of the COVID-19 pandemic. Table 2.3 summarizes observations about COVID-19 vaccine coverage by SES.

Table 2.3: Coverage by Self-Reported Current Work Status

Self-Reported Current Work Status	Received at Least One COVID-19 Vaccine	Fully Vaccinated	Boosted
<i>Working</i>	61.6%	59.2%	39.5%
<i>Not Working</i>	37.9%	36.5%	28.3%
<i>Decline⁷</i>	0.5%	0.5%	0.3%

Table 2.4: Coverage by Self-Reported Difficulty Accessing Basic Necessities due to the COVID-19 Pandemic

Self-Reported Difficulty Accessing Basic Necessities due to the COVID-19 Pandemic	Received at Least One COVID-19 Vaccine	Fully Vaccinated	Boosted
<i>Yes</i>	19.9%	18.7%	11.8%

⁴ Responses identified as "decline" are those where the respondent refused to answer.

⁵ Population estimates provided by the Texas Demographic Center 2019 Population Estimates.

⁶ Responses identified as "skip" are those that were not asked.

⁷ Responses identified as "decline" are those where the respondent refused to answer.

Self-Reported Difficulty Accessing Basic Necessities due to the COVID-19 Pandemic	Received at Least One COVID-19 Vaccine	Fully Vaccinated	Boosted
No	79.8%	77.1%	56.2%
Decline ⁸	0.3%	0.3%	0.2%

Table 2.5: Difficulty Accessing Basic Necessities due to the COVID-19 Pandemic by Self-Reported Race and Ethnicity

Self-Reported Race and Ethnicity	Self-Reported Difficulty Accessing Basic Necessities due to COVID-19 Pandemic
Alaska Native or Native American	1.7%
Asian	1.4%
Black	13.9%
Hispanic	42.0%
Multiracial	3.3%
Native Hawaiian or Pacific Islander	0.4%
Other	3.3%
White	32.7%
Decline	1.3%

Coverage by Geography

Table 2.6 shows COVID-19 vaccination coverage by geographic location of survey participants.⁹

Table 2.6: Coverage by Public Health Region (PHR)

PHR	Received at Least One COVID-19 Vaccine	Fully Vaccinated	Boosted	Texas Population Estimate (%)¹⁰
1	1.9%	1.8%	1.1%	3.0%
2/3	27.1%	26.1%	17.9%	29.3%
4/5N	6.6%	6.3%	4.1%	5.4%
6/5S	26.5%	25.6%	18.2%	26.3%
7	13.5%	13.0%	9.9%	12.4%
8	11.9%	11.4%	8.2%	10.5%
9/10	5.0%	4.8%	3.6%	5.3%
11	7.4%	7.0%	5.2%	8.0%

⁸ Responses identified as “decline” are those where the respondent refused to answer.

⁹ DSHS Public Health Regions Information and Map can be found here:

<https://dshs.texas.gov/regional-local-health-operations/public-health-regions>

¹⁰ Population estimates provided by the Texas Demographic Center 2019 Population Estimates.

Public Attitudes on COVID-19 Disease and Vaccine

Feedback from the RNA survey produced important insight into public attitudes towards COVID-19, the COVID-19 vaccine, and the state’s public health infrastructure as it relates to COVID-19.

Concerns about COVID-19

Individuals were asked how concerned they were about serious illness, hospitalization, or death due to COVID-19, as well as how concerned they were about infecting others and them having serious illness, hospitalization, or death due their COVID-19 infection (Table 3.1).

- 41 percent reported they were not concerned at all about the potential personal impact due to COVID-19.
- 31.4 percent reported no concern at all about potential community impact due to COVID-19.
- 44.3 percent reported they were either extremely or somewhat concerned about the potential personal impact due to COVID-19.
- 57.5 percent reported they were either extremely or somewhat concerned about the potential community impact due to COVID-19.

Table 3.1: Percentage of Responses by Personal and Community Concerns about COVID-19

<i>Concerned about Serious Illness, Hospitalization, or Death</i>	Percentage of Responses (Personal)	Percentage of Responses (Community)
<i>Extremely concerned</i>	12.3%	24.0%
<i>Somewhat concerned</i>	32.0%	33.5%
<i>Neither concerned nor unconcerned</i>	1.5%	1.3%
<i>Somewhat unconcerned</i>	12.6%	9.0%
<i>Not concerned at all</i>	41.0%	31.4%
<i>Decline</i>	0.6%	0.7%

Likelihood of Receiving a COVID-19 Vaccination

Participants were asked about their likelihood to become immunized, fully immunized, and boosted against COVID-19 in the three months following the survey.

- 83 percent of participants who had yet to receive an initial COVID-19 vaccine dose indicated they were not likely at all to receive a COVID-19 vaccine in the next three months (Table 3.2).
- 66 percent of participants with children or dependents aged six months to four years old indicated they were not at all likely to have their children or dependents vaccinated against COVID-19 in the next three months (Table 3.3).
- 76.7 percent of respondents with children or dependents aged five years to 17 years old indicated they were not likely at all to have their children or dependents vaccinated against COVID-19 in the next three months (Table 3.3).

Table 3.2: Likelihood of Receiving COVID-19 Vaccination

<i>Likelihood of Receiving COVID-19 Vaccination in Next 3 Months</i>	Percentage of Responses (Initial)	Percentage of Responses (Completing Series)	Percentage of Responses (Booster)
<i>Not likely at all</i>	83.0%	45.7%	57.5%
<i>Somewhat unlikely</i>	9.4%	13.8%	23.5%
<i>Neither likely nor unlikely</i>	3.5%	25.9%	4.0%
<i>Somewhat likely</i>	0.0%	0.0%	0.0%
<i>Extremely likely</i>	4.1%	14.7%	15.1%
<i>Decline</i>	0.0%	0.0%	0.0%

Table 3.3: Likelihood of Receiving Initial COVID-19 Vaccination, Children or Dependents

<i>Likelihood of Initial COVID-19 Vaccination in Next 3 Months</i>	Percentage of Responses (Children Aged 6 Months to 4 Years Old)	Percentage of Responses (Children Aged 5 Years to 17 Years Old)
<i>Not likely at all</i>	66.2%	76.7%
<i>Somewhat unlikely</i>	6.5%	5.0%
<i>Neither likely nor unlikely</i>	5.4%	4.5%
<i>Somewhat likely</i>	11.3%	8.0%
<i>Extremely likely</i>	10.6%	5.9%
<i>Decline</i>	0.0%	0.0%

Barriers to Accessing the COVID-19 Vaccine

Participants who self-reported they had not received their initial COVID-19 vaccine were asked if they were experiencing any barriers to accessing the COVID-19 vaccine and to identify those barriers. Survey participants were given a list of answer choices from which they selected one or more of the listed barriers. The

following responses were identified as it relates to barriers accessing the COVID-19 vaccine:

- 2.3 percent of adults reported experiencing barriers to accessing the COVID-19 vaccine (Table 3.4). Of those who reported experiencing barriers, the biggest issues were (Table 3.5):
 - 12.0 percent cite transportation as their biggest barrier to access
 - 10.4 percent cite their lack of knowledge of where or when or how to receive a COVID-19 vaccine
 - 8.8 percent cite scheduling or finding online appointments

- 4.5 percent of adults with adolescents aged five years to 17 years old reported experiencing barriers to accessing the COVID-19 vaccine (Table 3.6). Of those who reported experiencing barriers, the biggest issues were (Table 3.7):
 - 10.2 percent cite the cost of vaccination
 - 7.1 percent cite their lack of knowledge of where, when, or how to receive a COVID-19 vaccine
 - 7.1 percent cite childcare

- 6.5 percent of adults with children or dependents aged six months to four years old reported experiencing barriers to accessing the COVID-19 vaccine (Table 3.8). Of those that reported experiencing barriers, the biggest issues were (Table 3.9):
 - 20 percent cite their lack of knowledge of where, when, or how to receive a COVID-19 vaccine
 - 11.1 percent cite personal insecurities

Table 3.4: Percentage of Responses Experiencing Barriers to Accessing the COVID-19 Vaccine, Adult

<i>Experiencing Barriers to Accessing the COVID-19 Vaccine (Adult)</i>	Percentage of Responses
<i>Yes</i>	2.3%
<i>No</i>	95.0%
<i>Decline</i>	2.6%

Table 3.5: Self-Reported Biggest Barrier to Accessing the COVID-19 Vaccine, Adult
Self-Reported Biggest Barrier to Accessing the COVID-19 Vaccine (Adult)

<i>Self-Reported Biggest Barrier to Accessing the COVID-19 Vaccine (Adult)</i>	Percentage of Responses
<i>Transportation or mobility</i>	12.0%
<i>Potential loss of income</i>	6.4%
<i>Childcare</i>	2.4%

Self-Reported Biggest Barrier to Accessing the COVID-19 Vaccine (Adult)	Percentage of Responses
<i>Cost of vaccine</i>	4.8%
<i>Language or cultural barriers</i>	4.0%
<i>Immigration status</i>	3.2%
<i>Personal insecurities</i>	7.2%
<i>Mental health concerns</i>	6.4%
<i>Scheduling or finding online appointments</i>	8.8%
<i>Lack of knowledge of where or when or how to receive the COVID-19 vaccine</i>	10.4%
<i>Other</i>	34.4%

Table 3.6: Percentage of Responses Experiencing Barriers to Accessing the COVID-19 Vaccine, Adolescent (5 to 17 Years Old)

Experiencing Barriers to Accessing the COVID-19 Vaccine (Adolescent)	Percentage of Responses
<i>Yes</i>	4.5%
<i>No</i>	93.6%
<i>Decline</i>	1.9%

Table 3.7: Self-Reported Biggest Barrier to Accessing the COVID-19 Vaccine, Adolescent (5 to 17 Years Old)

Self-Reported Biggest Barrier to Accessing the COVID-19 Vaccine (Adolescent)	Percentage of Responses
<i>Transportation or mobility</i>	3.9%
<i>Potential loss of income</i>	6.3%
<i>Childcare</i>	7.1%
<i>Child or dependent school</i>	3.9%
<i>Cost of vaccine</i>	10.2%
<i>Language or cultural barrier</i>	1.6%
<i>Immigration status</i>	3.1%
<i>Personal insecurities</i>	0.8%
<i>Mental health concerns</i>	3.9%
<i>Scheduling or finding online appointments</i>	6.3%
<i>Lack of knowledge of where or when or how to receive the COVID-19 vaccine</i>	7.1%
<i>Other</i>	45.7%

Table 3.8: Percentage of Responses Experiencing Barriers to Accessing the COVID-19 Vaccine, Child (6 Months to 5 Years Old)

Experiencing Barriers to Accessing the COVID-19 Vaccine (Child)	Percentage of Responses
<i>Yes</i>	6.5%

<i>Experiencing Barriers to Accessing the COVID-19 Vaccine (Child)</i>	Percentage of Responses
<i>No</i>	91.4%
<i>Decline</i>	2.1%

Table 3.9: Self-Reported Biggest Barrier to Accessing the COVID-19 Vaccine, Child (6 Months to 5 Years Old)

<i>Self-Reported Biggest Barrier to Accessing the COVID-19 Vaccine (Child)</i>	Percentage of Responses
<i>Transportation or mobility</i>	6.7%
<i>Potential Loss of Income</i>	2.2%
<i>Childcare</i>	0.0%
<i>Cost of Vaccine</i>	0.0%
<i>Personal Insecurities</i>	11.1%
<i>Child or Dependent School</i>	0.0%
<i>Language or Cultural Barrier</i>	0.0%
<i>Immigration Status</i>	0.0%
<i>Mental Health Concerns</i>	4.4%
<i>Scheduling or Finding Online Appointments</i>	4.4%
<i>Lack of knowledge of where or when or how to receive the COVID-19 vaccine</i>	20.0%
<i>Other</i>	51.1%

COVID-19 Vaccine Hesitancy Reasoning

Participants who self-reported they had not received their initial COVID-19 vaccine were asked their reasoning. The following responses were identified:

- 8.1 percent of adults cited mistrust of government or public health officials (Table 3.10).
- 7.7 percent of adults with adolescents aged five years to 17 years old cited mistrust of government and public health officials (Table 3.10).
- 7.8 percent of adults with children or dependents aged six months to four years old cited mistrust of the medical system and industry (Table 3.10).

Table 3.10: Self-Reported COVID-19 Vaccine Hesitancy

Self-Reported COVID-19 Vaccine Hesitancy Reasoning	Percentage of Responses (Adult)	Percentage of Responses (Adolescent)	Percentage of Responses (Child)
<i>COVID-19 is not a potentially life-threatening virus, so I do not need the COVID-19 vaccine</i>	3.6%	3.8%	2.4%
<i>Existing COVID-19 mitigation strategies such as social distancing, masking, testing, etc. are enough to stop the spread of COVID-19 without the vaccine</i>	1.8%	1.8%	0.8%
<i>Few of my family or community members have gotten the COVID-19 vaccine</i>	3.6%	3.6%	1.4%
<i>Historical or cultural concerns</i>	2.2%	1.8%	1.0%
<i>I am immunocompromised and have been advised by my doctor to not receive the COVID-19 vaccine</i>	0.9%	0.6%	0.4%
<i>I am waiting to see the effectiveness of the COVID-19 vaccine as it was developed too quickly</i>	4.7%	5.1%	5.7%
<i>I am worried about my current preexisting health conditions or allergies that may negatively interact with the COVID-19 vaccine</i>	2.1%	1.9%	1.7%
<i>I can benefit from herd immunity and not receive the COVID-19 vaccine</i>	3.4%	2.7%	1.4%
<i>I do not have time to receive the COVID-19 vaccine</i>	1.1%	1.3%	0.6%
<i>I do not know where or when or how to access a COVID-19 vaccine</i>	0.9%	1.7%	1.7%
<i>I do not see receiving the COVID-19 vaccine as necessary for a return to normal</i>	4.5%	4.3%	2.9%
<i>I do not want to pay for the COVID-19 vaccine</i>	1.5%	1.3%	0.8%
<i>I have additional questions on the COVID-19 vaccine</i>	2.1%	2.3%	3.6%
<i>I have already contracted COVID-19 previously and no longer have a need for the COVID-19 vaccine due to natural immunity</i>	4.7%	4.1%	3.3%
<i>It is safer and more effective to get COVID-19 than to receive the COVID-19 vaccine</i>	3.1%	3.2%	1.7%
<i>Mistrust of the government and public health officials</i>	8.1%	7.7%	7.1%
<i>Mistrust of the medical system and industry</i>	6.5%	6.6%	7.8%
<i>My religion or moral beliefs prohibit vaccination</i>	2.2%	1.5%	0.8%
<i>Other</i>	7.4%	11.4%	32.5%
<i>The COVID-19 vaccine causes COVID-19</i>	2.6%	2.3%	1.1%
<i>The COVID-19 vaccine contains tracking devices for government surveillance</i>	1.2%	0.9%	0.7%
<i>The COVID-19 vaccine does not prevent COVID-19</i>	7.3%	6.2%	5.0%
<i>The COVID-19 vaccine does not prevent serious illness or hospitalization</i>	3.9%	3.5%	1.5%
<i>The COVID-19 vaccine does not protect against new COVID-19 variants</i>	5.4%	5.1%	2.5%

Self-Reported COVID-19 Vaccine Hesitancy Reasoning	Percentage of Responses (Adult)	Percentage of Responses (Adolescent)	Percentage of Responses (Child)
<i>The COVID-19 vaccine is not required at my place of work</i>	2.4%	2.0%	1.1%
<i>The COVID-19 vaccine is not safe and can be harmful leading to short- or long-term side effects (e.g., myocarditis, infertility, etc.)</i>	5.9%	5.7%	6.6%
<i>The COVID-19 vaccine is only for those at high risk of serious illness or hospitalization</i>	2.9%	4.2%	2.4%
<i>Those pushing the COVID-19 vaccine have a direct financial interest in mass vaccination of the public</i>	4.2%	3.7%	1.8%

Avenues to Increase Comfort around COVID-19 Vaccination

Participants who self-reported they had not received a COVID-19 vaccine of any kind were asked to identify what would make them more comfortable about receiving a COVID-19 vaccine. The following responses were identified:

- 23.4 percent of participants reported nothing would make them more comfortable receiving the COVID-19 vaccine (Table 3.11).
- 25.5 percent of participants with adolescents aged five years to 17 years old reported nothing would make them more comfortable allowing their adolescent to receive the COVID-19 vaccine (Table 3.11).
- 27.2 percent of participants with children or dependents aged six months to four years old reported nothing would make them more comfortable receiving the COVID-19 vaccine (Table 3.11).

Table 3.11: Avenues to Increase COVID-19 Vaccine Comfort

Avenues to Increase COVID-19 Vaccine Comfort	Percentage of Responses (Adult)	Percentage of Responses (Adolescent)	Percentage of Responses (Child)
<i>Ability to get lingering questions answered by a medical professional</i>	4.7%	5.9%	8.4%
<i>Ability to speak to vaccinated trusted community members about their experience</i>	3.4%	3.5%	2.1%
<i>Additional information in my language</i>	2.2%	4.4%	4.6%
<i>Additional information on COVID-19</i>	7.0%	n/a	n/a
<i>Additional information on the COVID-19 vaccine</i>	9.0%	n/a	n/a
<i>Childcare</i>	1.1%	1.7%	2.1%

Avenues to Increase COVID-19 Vaccine Comfort	Percentage of Responses (Adult)	Percentage of Responses (Adolescent)	Percentage of Responses (Child)
<i>Development of vaccination sites close to home or work or school</i>	1.9%	2.2%	0.9%
<i>Full United States Food and Drug Administration Approval</i>	4.7%	6.5%	3.6%
<i>Guarantee no loss of income due to COVID-19 vaccination</i>	2.1%	2.5%	0.7%
<i>Guarantee of free vaccination</i>	1.8%	2.2%	0.3%
<i>Guarantee of no punishment from my children's or dependent school for any missed classes or assignments</i>	n/a	2.7%	0.5%
<i>Honesty on relative risk and side effects of vaccination</i>	8.4%	9.9%	10.3%
<i>Nothing will make me more comfortable</i>	23.4%	25.5%	27.2%
<i>Other</i>	15.7%	17.0%	33.5%
<i>Payment or gift card for vaccination</i>	1.4%	1.0%	0.0%
<i>Public vaccinations of people of influence</i>	2.3%	2.7%	1.4%
<i>Receiving the COVID-19 vaccine at your home or work or school</i>	1.7%	2.1%	0.3%
<i>Representation of my community's concerns in vaccine discourse</i>	2.8%	3.0%	0.9%
<i>Transportation to and from vaccination site</i>	1.3%	1.6%	0.2%
<i>Vaccine mandate</i>	1.4%	1.7%	0.3%
<i>Vaccines administered by trusted medical professional like your primary care physician</i>	3.6%	3.9%	2.9%

n/a: Not applicable

4. Recommendations

By assessing the varying levels of statewide COVID-19 vaccine hesitancy, the data collected by the RNA can be used by DSHS and other state health entities to establish a baseline to inform the future development of programming specifically addressing COVID-19 vaccine coverage and the disparities in the distribution of COVID-19 vaccines across Texas. The following are recommendations based on public feedback collected by the RNA:

- Adapt messaging around COVID-19 to highlight the potential severity of COVID-19 disease.
- Continue to disseminate public information on how, when, and where to access a COVID-19 vaccine (Table 3.5, Table 3.7, and Table 3.9).
- Share information on government programs that allow individuals to be vaccinated against COVID-19 at no personal cost, such as the Texas Vaccines for Children Program and Medicaid.
- Address transportation and mobility barriers for adults accessing the COVID-19 vaccine with programs like free travel vouchers to and from vaccine appointments or mobile vaccination clinics (Table 3.5).
- Increase COVID-19 vaccine confidence by strengthening partnerships with pediatric organizations and trusted messengers to educate parents on the safety of COVID-19 vaccines (Table 3.11).

DSHS works to identify gaps in the statewide immunization system and proactively implement changes. DSHS has developed the following strategic goals to overcome barriers and gaps to increase and sustain vaccination levels across the state:

- Raise and sustain vaccine coverage levels for infants and children.
- Improve adolescent vaccine coverage levels.
- Improve adult vaccine coverage levels.
- Prevent and reduce cases of vaccine-preventable diseases.
- Maintain and improve public health preparedness.

- Promote and practice the safe handling and administration of vaccines and ensure the accountability and integrity of all program components.

DSHS has incorporated proven strategies in a comprehensive, collaborative approach with local and state partners to increase vaccine coverage levels. This systematic approach is designed to reduce barriers to vaccination and maximize resources available to the immunization delivery system. Going forward, DSHS will continue to evaluate the effectiveness of existing public health strategies and work to implement activities that increase coverage levels.

List of Acronyms

Acronym	Full Name
DSHS	Department of State Health Services
EVAP	Expert Vaccine Allocation Panel
FDA	United States Food and Drug Administration
PHR	Public Health Region
RNA	Rapid Needs Assessment
SES	Socioeconomic Status
TVFC	Texas Vaccines for Children