

2021 DOMESTIC PREPAREDNESS POLL

KEY FINDINGS

Table of Contents

| | |
|-------------------|----|
| Introduction..... | 2 |
| Key Findings..... | 3 |
| Discussion | 25 |
| Appendix..... | 27 |
| Appendix A | 27 |
| Appendix B | 27 |

INTRODUCTION

The 2021 Domestic Preparedness Poll marks the sixth year of Healthcare Ready's nationwide poll to gauge the nation's level of preparedness against disaster events. This is also the second year the poll was conducted during the COVID-19 pandemic, and the first-time questions on COVID-19 vaccines were introduced to better understand willingness and perceived barriers to receiving the vaccine.

Survey Administration

The 2021 poll was administered via online survey to 1,270 adults (age 18+) residing in the US. Fieldwork was conducted by YouGov on behalf of Healthcare Ready between May 19, 2021, to May 20, 2021. Participants were selected at random from a base sample, with final figures weighted to be representative of the US population for age, race, gender, and education. Questions on willingness and barriers to receiving COVID-19 vaccines were also administered to 2,538 US adults. Field work for vaccine questions were undertaken concurrently with the other questions online, and figures have been displayed in the same way.

Summary of Key Findings

Polling results show that public perception on disasters of greatest concern shifted from exotic diseases in 2020 (19%), to natural disasters in 2021 (32%), signaling a period of recovery from concerns that existed at the height of the pandemic. Responses to questions on preparedness behaviors, such as keeping a bag packed with emergency supplies (practiced by about 29% of respondents) or knowing all of one's prescription medications (which about 35% of respondents report being able to do), appears to remain about the same as last year, signaling opportunities for improved investments towards individual and community preparedness initiatives.

On poll questions around vaccines: Mistrust was the highest barrier to receiving COVID-19 vaccines across all four geographic regions, racial groups, age groups and levels of education – often about four times higher than other barriers. Other barriers include not knowing where to get the vaccine, not trusting their healthcare provider, or not being able to choose their vaccine based on the manufacturer.

Each year, Healthcare Ready conducts this poll to examine major gaps in preparedness, vulnerabilities in disaster preparedness, and opportunities for continued improvement in developing emergency response preparedness capabilities at the individual and community levels. The following sections describe key findings from each of the poll questions stratified by demographic factors, such as age, race, geographic region and education, as well as time-related trends from poll results in past years.

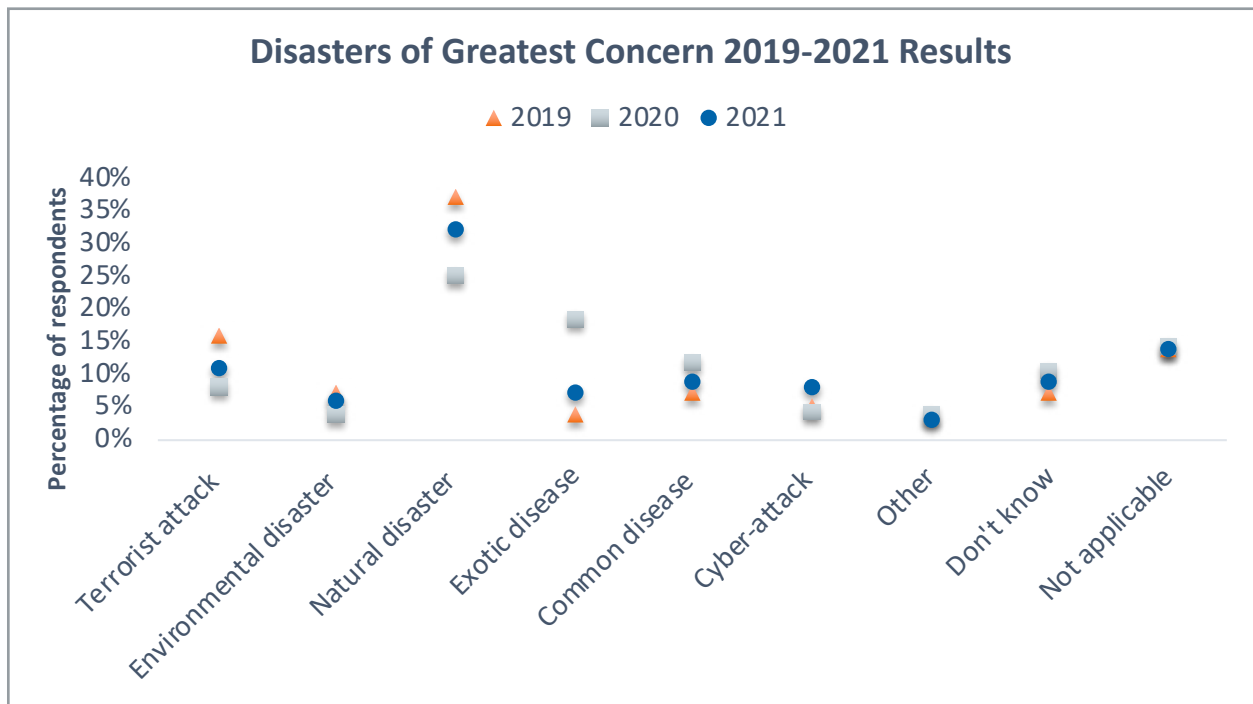
KEY FINDINGS

1.0 Disasters of Greatest Concern

Disasters of Greatest Concern (Trends Over Time)

- In 2021, Americans are most concerned that a natural disaster will impact their community more than any other type of disaster. Spikes surrounding concerns for potential disease outbreaks that were observed in 2020 have declined dramatically in 2021 as shown in *Figure 1a*.
- In 2021, 32% are most concerned a natural disaster will affect their community, an increase of 7% compared to 2020 (25%).
- In 2021, 7% are most concerned that an outbreak of an exotic disease will affect their community, a decrease of 12% compared to 2020 (19%).

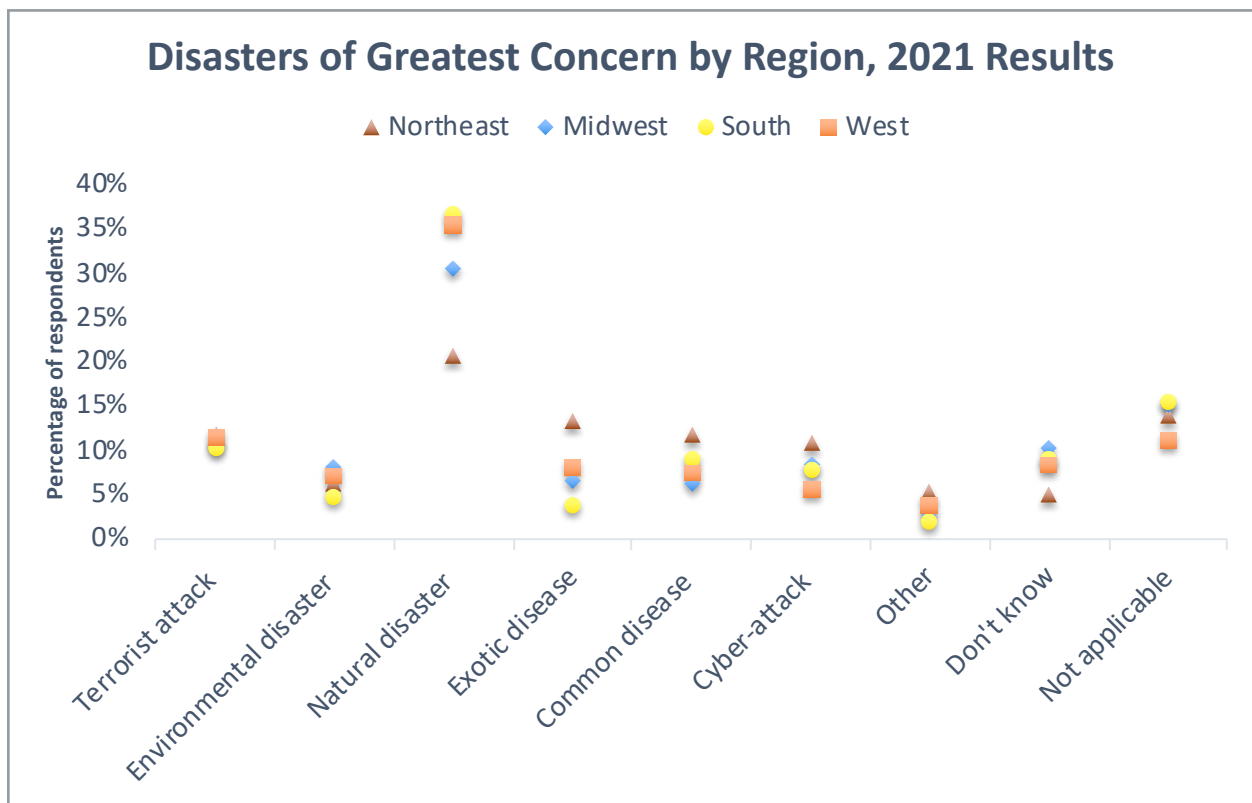
FIGURE 1A. DISASTERS OF GREATEST CONCERN FOR RESPONDENTS IN THE US BETWEEN 2019 AND 2021.



Disasters of Greatest Concern by Geographic Region

- When comparing results from the four major geographic regions of the US, the South is most concerned that a natural disaster will affect their community (37%). *Figure 1b* shows the disasters of greatest concern by region in 2021. The association between a respondent’s geographic region, and disaster types of greatest concern, was found to be statistically significant ($\chi^2= 60.868$, p-value <.0001).¹
- Respondents in the West had lagged in being most concerned that a natural disaster will affect their community in 2020 (21%) but that percentage has increased to 36% in 2021.

FIGURE 1B. DISASTERS OF GREATEST CONCERN AMONG REGIONS OF THE US IN 2021.

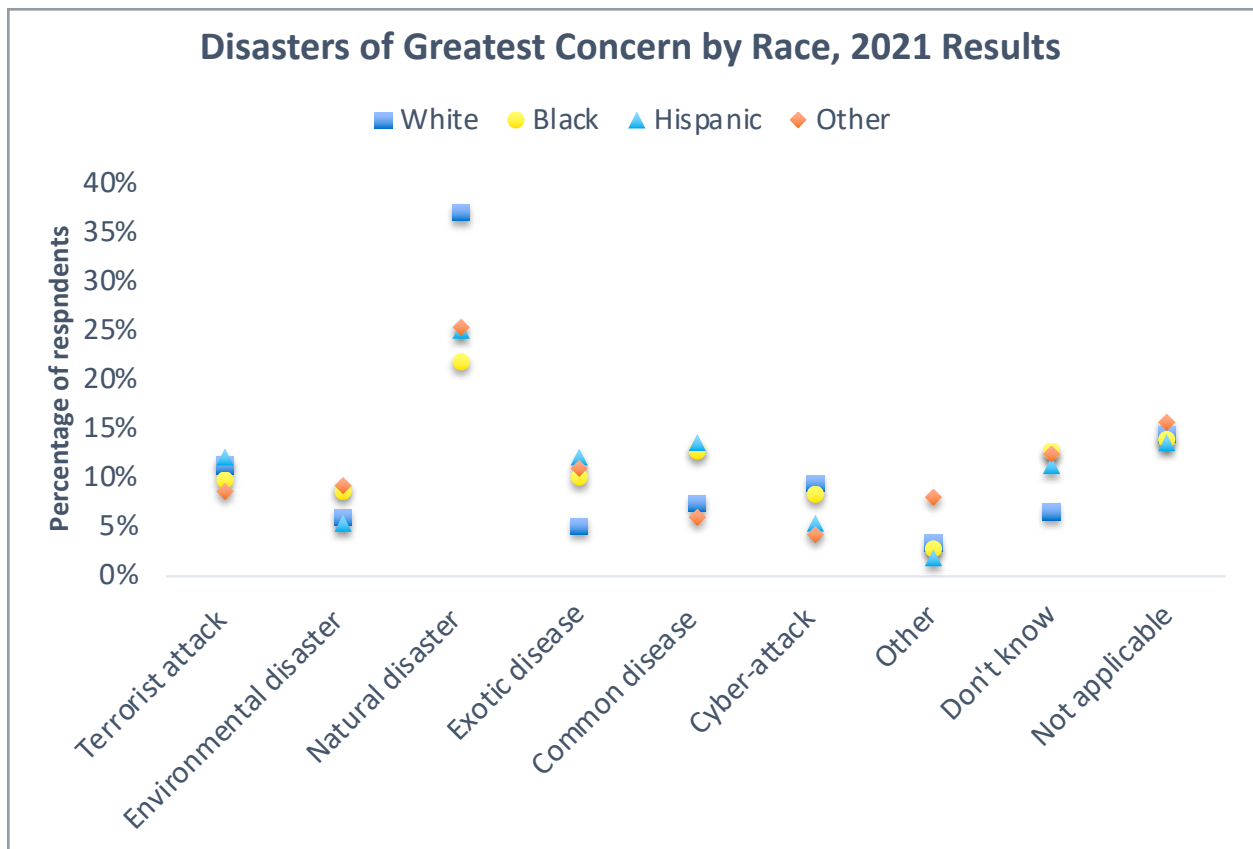


¹ See Appendix A.

Disasters of Greatest Concern by Race

- *Figure 1c* shows disasters of greatest concern among racial groups in 2021. Natural disasters were the disaster type of highest concern among all respondents, regardless of race (White 37%; Black, 22%; Hispanic, 25%; Other, 25%).
- The association between race and disaster types of greatest concern were found to be statistically significant ($\chi^2= 72.637$, p-value <.0001).²
- In 2020, Blacks were most concerned about potential outbreaks from exotic diseases (24%), which decreased to 10% in 2021. As noted above, the association between race and concerns about a specific disaster type is statistically significant, indicating potential differences in the lived experience (or perceived experience) and impacts that occur following a disaster.

FIGURE 1C. DISASTERS OF GREATEST CONCERN AMONG RACIAL GROUPS IN THE US IN 2021.

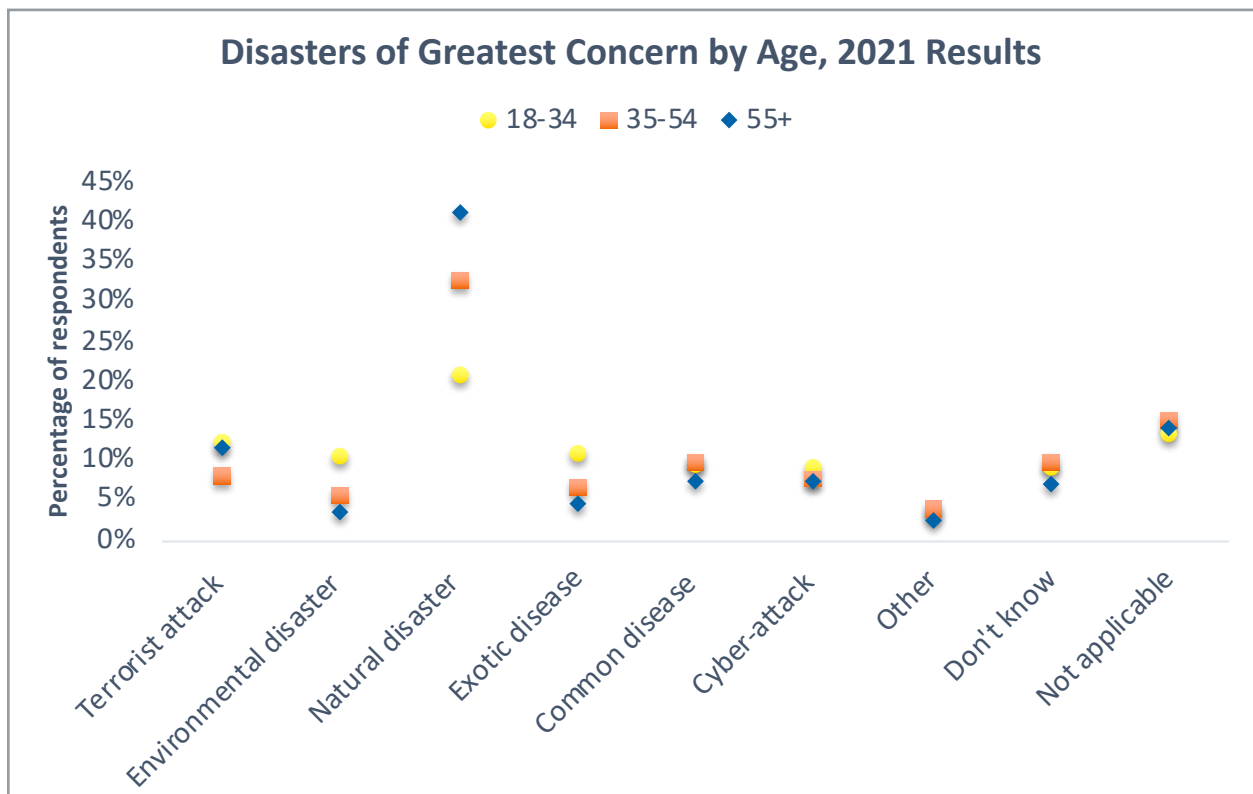


² See Appendix A.

Disasters of Greatest Concern by Age Group

- Americans between 18-34 years (21%), 34-55 years (33%), and over 55 years (41%) all consider natural disasters to be the disaster type of greatest concern in 2021, as shown in Figure 1d.
- Respondents aged 18-34 were nearly twice as likely than respondents of other age groups to cite environmental disasters as a disaster of greatest concern (11% age 18-34 versus 6% for age 35-54 and 4% for age 55+). The association between age group and views on disaster types of greatest concern was found to be statistically significant ($\chi^2= 71.246$, p-value $<.0001$).³

FIGURE 1D. DISASTERS OF GREATEST CONCERN AMONG AGE GROUPS IN THE US IN 2021.



³ See Appendix A.

2.0 Prescription Knowledge

- Fewer respondents in 2021 (35%) said they could list all their medical information, including the type of prescription, the doctor who prescribed them, and the dose, a slight decrease from 37% who reported they could in 2020.
- One-third of Americans cannot list all of their medical information in 2021.
- Comparing the differences in prescription knowledge by race is important for understanding the differences in medical literacy. Forty percent of Whites, 24% of Blacks, 27% of Hispanics, and 29% of those who identify as “Other” report that they can list all information related to their medications or medical supplies *Table 1a* displays prescription knowledge by race in 2021 and this association was found to be statistically significant ($\chi^2=51.609$, p-value <.0001).⁴

TABLE 1A. PRESCRIPTION KNOWLEDGE DIFFERENCES BY RACE IN THE US IN 2021.

| ABILITY TO LIST ALL MEDICATIONS | WHITE | BLACK | HISPANIC | OTHER |
|---------------------------------|-------|-------|----------|-------|
| Could list all | 40% | 24% | 27% | 29% |
| Could list most | 21% | 20% | 26% | 16% |
| Could list some | 11% | 16% | 11% | 13% |
| Could not list any | 3% | 8% | 3% | 7% |
| Don't know | 3% | 10% | 6% | 6% |
| Not applicable | 22% | 22% | 27% | 29% |

⁴ See Appendix A.

- Prescription knowledge differences are also notable across age. Nearly half (48%) of those age 55+, 32% of age 34-55, and 21% of age 18-34 can list all information related to their medications or medical devices. *Table 1b* displays prescription knowledge by age group in 2021. This association was found to be statistically significant ($\chi^2= 124.477$, p-value <.0001).⁵

TABLE 1B. PRESCRIPTION KNOWLEDGE DIFFERENCES IN AGE GROUPS IN THE US IN 2021.

| ABILITY TO LIST ALL MEDICATIONS | 18-34 | 35-54 | 55+ |
|---------------------------------|-------|------------|------------|
| Could list all | 21% | 32% | 48% |
| Could list most | 19% | 22% | 22% |
| Could list some | 17% | 9% | 10% |
| Could not list any | 7% | 2% | 3% |
| Don't know | 7% | 5% | 2% |
| Not applicable | 29% | 30% | 15% |

⁵ See Appendix A.

- To understand the relation between educational achievement and medical literacy, prescription knowledge differences were compared between education groups. *Table 1c* displays prescription knowledge by education in 2021.
 - One-third (33%) of those with a high school education, 32% of those with some college education, 37% of those with 4-year college education, and 50% of those with postgraduate education reported that they can list all information related to their medications or medical supplies.

TABLE 1C. PRESCRIPTION KNOWLEDGE DIFFERENCES BY EDUCATION IN THE US IN 2021.

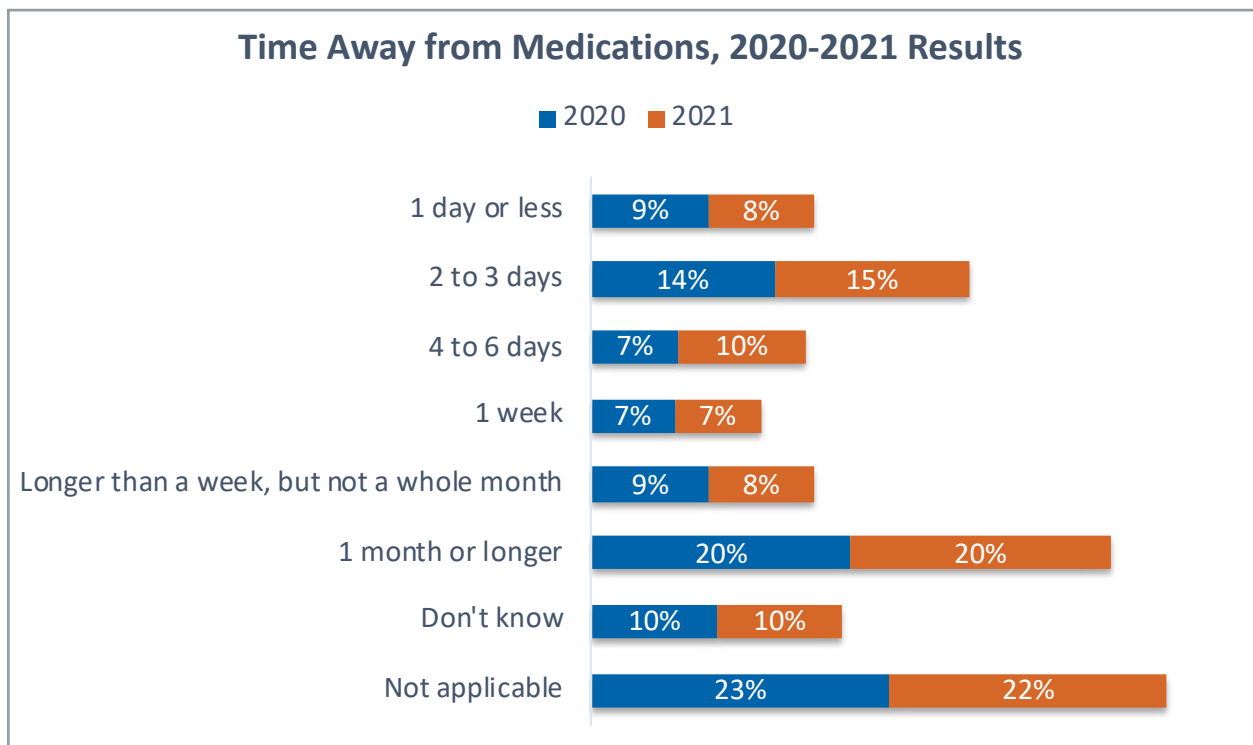
| ABILITY TO LIST ALL MEDICATIONS | NO HS, HIGH SCHOOL GRADUATE | SOME COLLEGE, 2-YEAR | HISPANIC | OTHER |
|---------------------------------|-----------------------------|----------------------|------------|------------|
| Could list all | 33% | 32% | 37% | 50% |
| Could list most | 20% | 23% | 20% | 22% |
| Could list some | 12% | 14% | 12% | 4% |
| Could not list any | 5% | 5% | 1% | - |
| Don't know | 6% | 5% | 1% | 2% |
| Not applicable | 24% | 21% | 28% | 21% |

3.0 Time Away from Medicines

Time Away from Medicines (Trends Over Time)

- 40% of respondents can only go a maximum of one week without their medications or medical devices before facing a personal medical crisis. The number of individuals that fall into this category increased by 3% from 2020 (37%). *Figure 2a* displays the length of time respondents can go without their medications or medical devices in 2020 and 2021.
- Nearly half (48%) of Americans say they could not go longer than one month without their medicines.

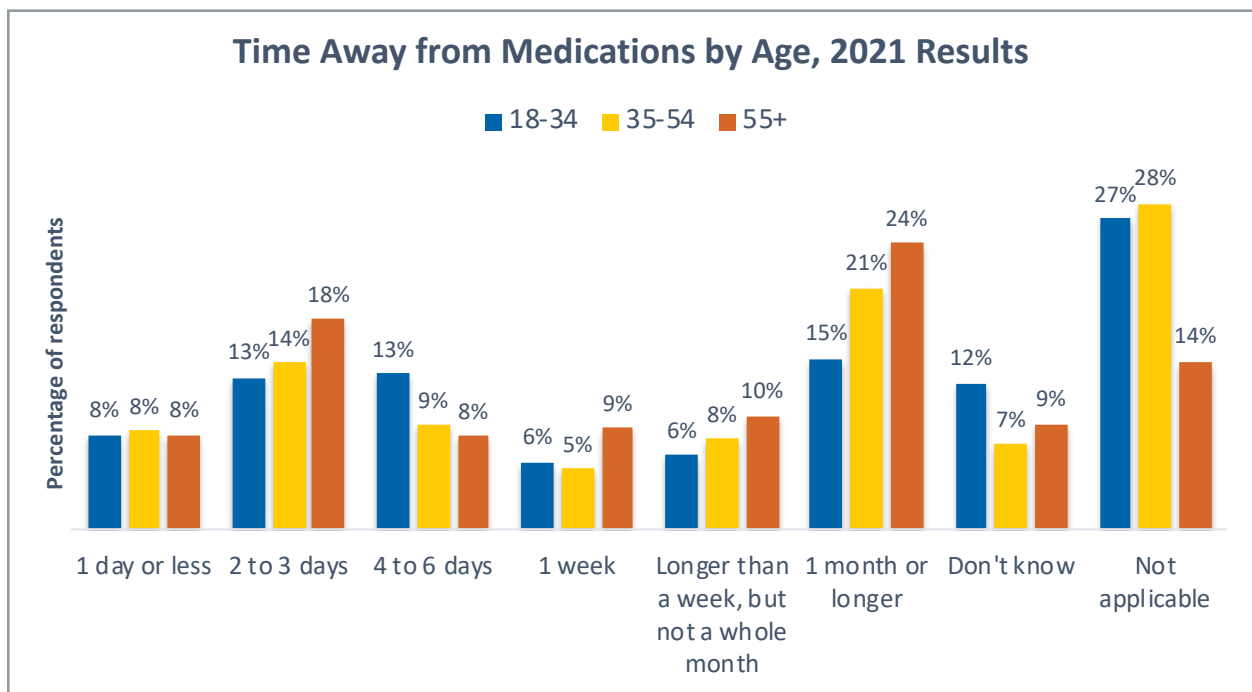
FIGURE 2A. AMOUNT OF TIME AWAY FROM MEDICINES IN RESPONDENTS BETWEEN 2020 AND 2021.



Time Away from Medicines by Age Group

- Older respondents could go the least amount of time without their prescription medicines. Forty-two percent of those age 55+, 37% of those age 35-54, and 40% of those age 18-34 could not go longer than a week without their medicines.
- The poll also revealed that 40% of the youngest age group polled (18-34) could not go more than a week without their medication. *Figure 2b* displays the length of time respondents in different age groups can go without their medications or medical in 2021. The association between age and time away from medicines was found to be statistically significant (p-value <.0001).⁶

FIGURE 2B. TIME AWAY FROM MEDICINES BY AGE.



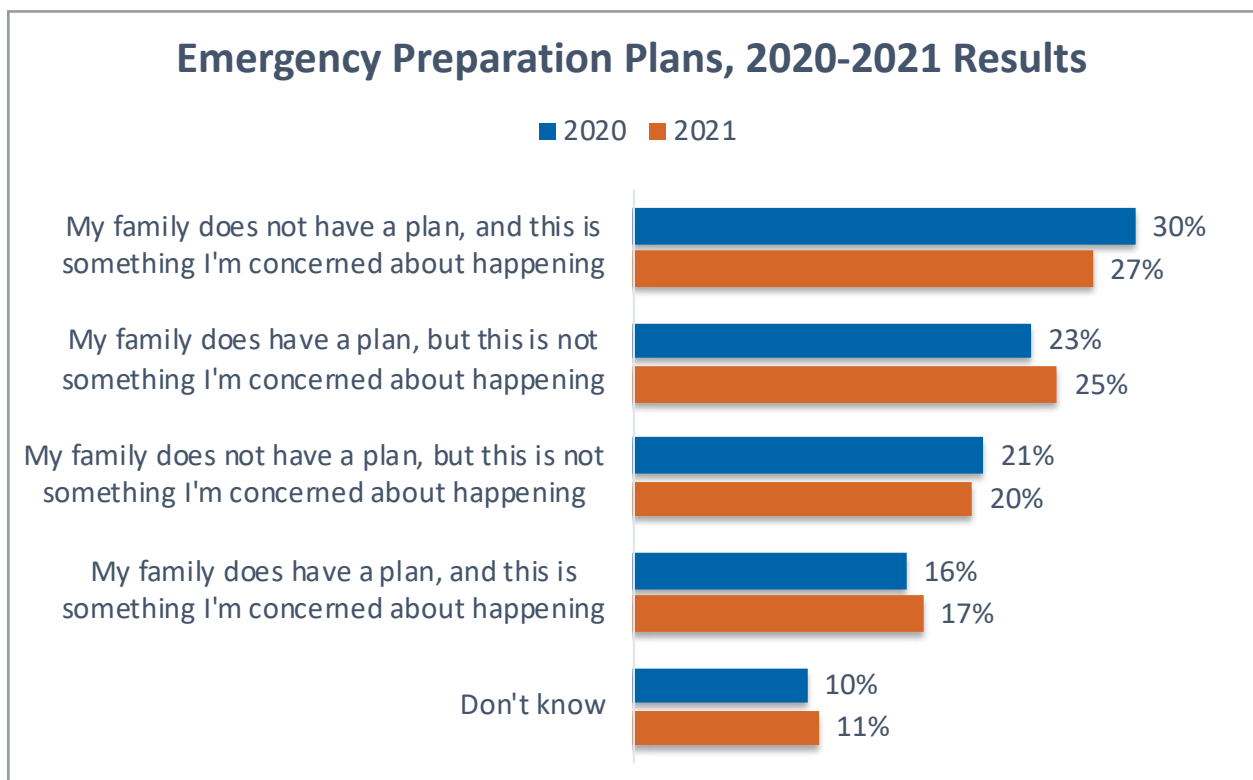
⁶ See Appendix A.

4.0 Emergency Plan Preparedness

Emergency Plan Preparedness (Trends Over Time)

- Although fewer Americans are concerned about an emergency occurring in 2021 (44%) than in 2020 (46%), 42% have an emergency plan in place, an increase of 2% since 2020. *Figure 3* displays the distribution of emergency preparation plans in 2020 and 2021, including:
 - Compared to 2020, there was no significant change in respondents' preparation plans or concern for an emergency in 2021.
 - Less than half of Americans have an emergency plan in place (42%) and less than half are concerned about an emergency (45%).
- 48% of respondents aged 18-34 have an emergency plan in place, which was higher than those age 35-54 (43%) and 55+ (36%).

FIGURE 3. EMERGENCY PREPARATION PLANS 2020 VS. 2021 RESULTS.



5.0 Major Disaster Likelihood

Major Disaster Likelihood (Trends Over Time)

- In 2021, 57% of Americans thought it is likely that a major disaster will impact them or their family in the next five years, a decrease from 65% in 2020.
- The South had the highest proportion of respondents who believe it is likely that a major disaster will impact their community (61%). The Midwest had the lowest proportion (50%). *Table 2* displays the distribution of the likelihood of a major disaster by region and this association was found to be statistically significant ($\chi^2= 10.748$, p-value = .013).⁷

TABLE 2. LIKELIHOOD OF MAJOR DISASTER BY REGIONS IN THE US IN 2021.

| LIKELIHOOD OF DISASTER | NORTHEAST | MIDWEST | SOUTH | WEST |
|--------------------------|-----------|---------|-------|------|
| Very likely | 19% | 9% | 22% | 14% |
| Somewhat likely | 35% | 41% | 40% | 46% |
| Not very likely | 37% | 37% | 30% | 29% |
| Not at all likely | 10% | 12% | 9% | 12% |
| Likely | 53% | 50% | 61% | 60% |
| Not likely | 47% | 50% | 39% | 40% |

⁷ See Appendix A.

6.0 Government and Community Organization Preparedness and Response

- More respondents agree that federal agencies, state governments, and local governments have enough funding for disaster preparation and recovery than those who disagree with that statement. *Table 6* displays how Americans view government and community preparedness and response abilities.
 - 38% agree that federal agencies, like Federal Emergency Management Agency or Department of Health and Human Services, have enough funding for disaster preparation and recovery, a 5% increase from 2020 (32%).
 - Those aged 18-34 years (43%), Hispanics (42%), those with at most a high school education (42%), and Americans in the Northeast (42%) were most likely to agree that federal agencies have enough funding to prepare communities for disasters.
 - 35% agree that state and local agencies have enough funding for disaster preparation and recovery, a 6% increase from 2020 (29%).
 - Those aged 18-34 years (39%), Blacks (37%), and Americans in the West (38%) were most likely to agree that state and local agencies have enough funding for disaster preparation and recovery.
- More respondents (38%) agree that local community organizations are prepared and resourced to assist their community during an emergency than agree that state and local public entities have enough funding for response and recovery (35%).
 - The Midwest (30%) is least likely to agree that local community organizations have the resources they need to assist community members during an emergency.

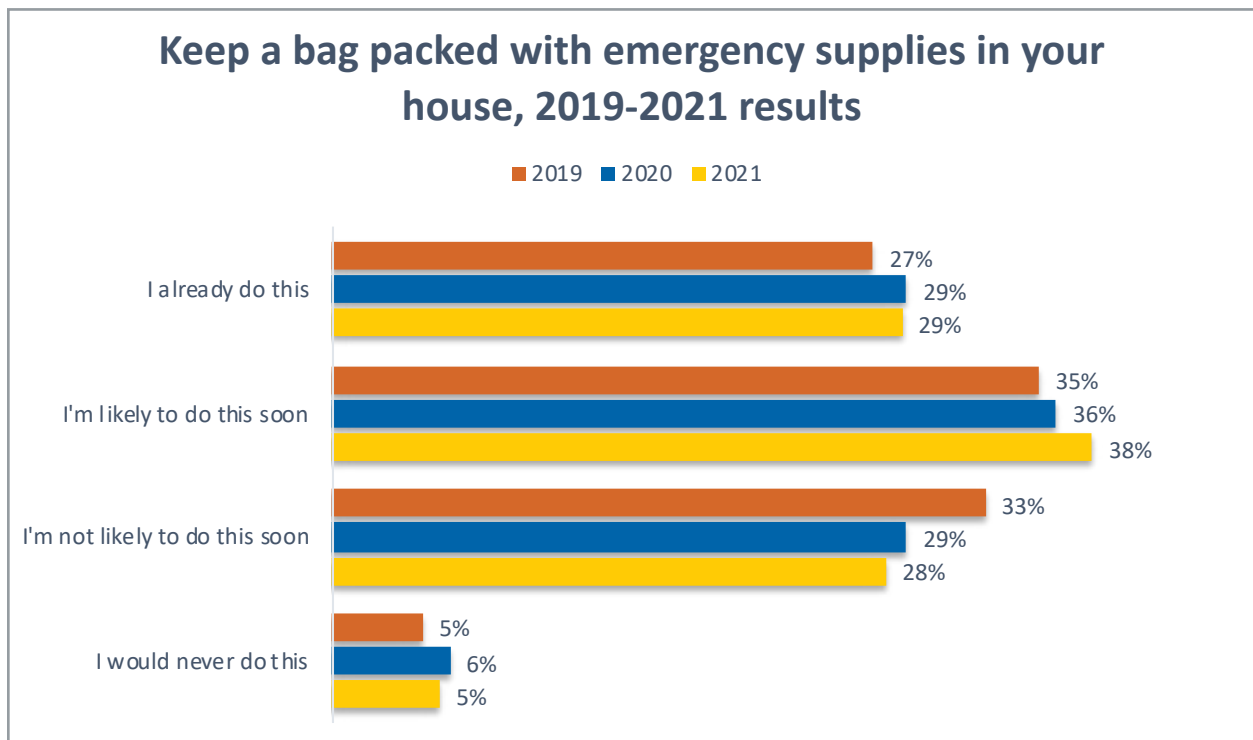
TABLE 3. RESPONDENTS’ OPINIONS REGARDING GOVERNMENT ENTITIES’ ABILITY TO PREPARE AND/OR ASSIST COMMUNITIES IN A DISASTER RESPONSE IN 2021.

| ABILITY TO ASSIST COMMUNITIES IN A DISASTER RESPONSE | FEDERAL GOVERNMENT AGENCIES | STATE AND LOCAL AGENCIES | LOCAL COMMUNITY ORGANIZATIONS |
|--|-----------------------------|--------------------------|-------------------------------|
| Agree | 38% | 35% | 38% |
| Disagree | 32% | 31% | 27% |
| Don't Know | 30% | 34% | 35% |

7.0 Likelihood of Preparedness Actions

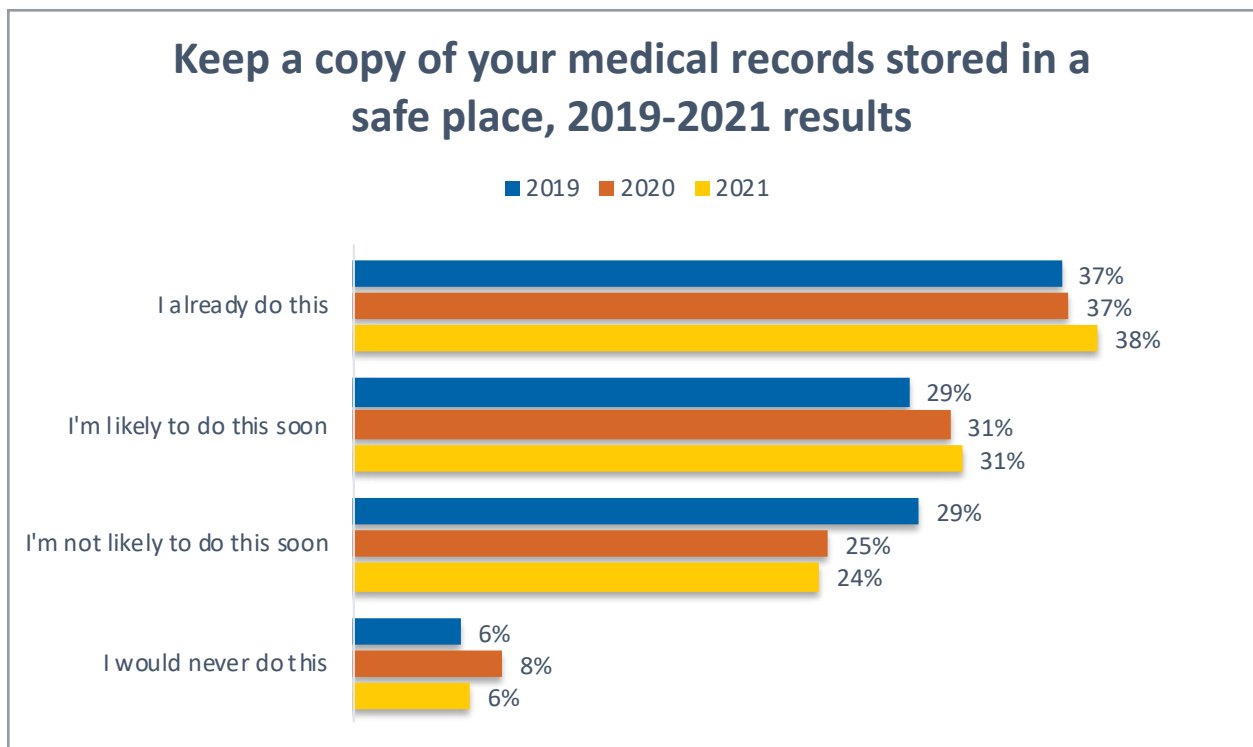
- When it comes to preparedness behaviors, Americans are more likely to keep cash on hand (45%) than a copy of their medical records (38%) or a bag packed with emergency supplies (29%).
- One in three people (29%) are likely to keep a bag packed with emergency supplies in their house in 2021. *Figure 4a* displays the likelihood of keeping a bag packed with emergency supplies between 2019 to 2021.
 - Blacks were least likely to keep a bag packed with emergency supplies in 2021 (20%), a decrease of 2% since 2020.
 - In 2021, Americans in the West were most likely to keep a bag packed with emergency supplies (35%), with no percent change since 2020 (35%). The Midwest was least likely to keep a bag packed with emergency supplies (24%), also with no change since 2020 (24%).

FIGURE 4A. LIKELIHOOD OF KEEPING A BAG PACKED WITH EMERGENCY SUPPLIES BETWEEN 2019-2021.



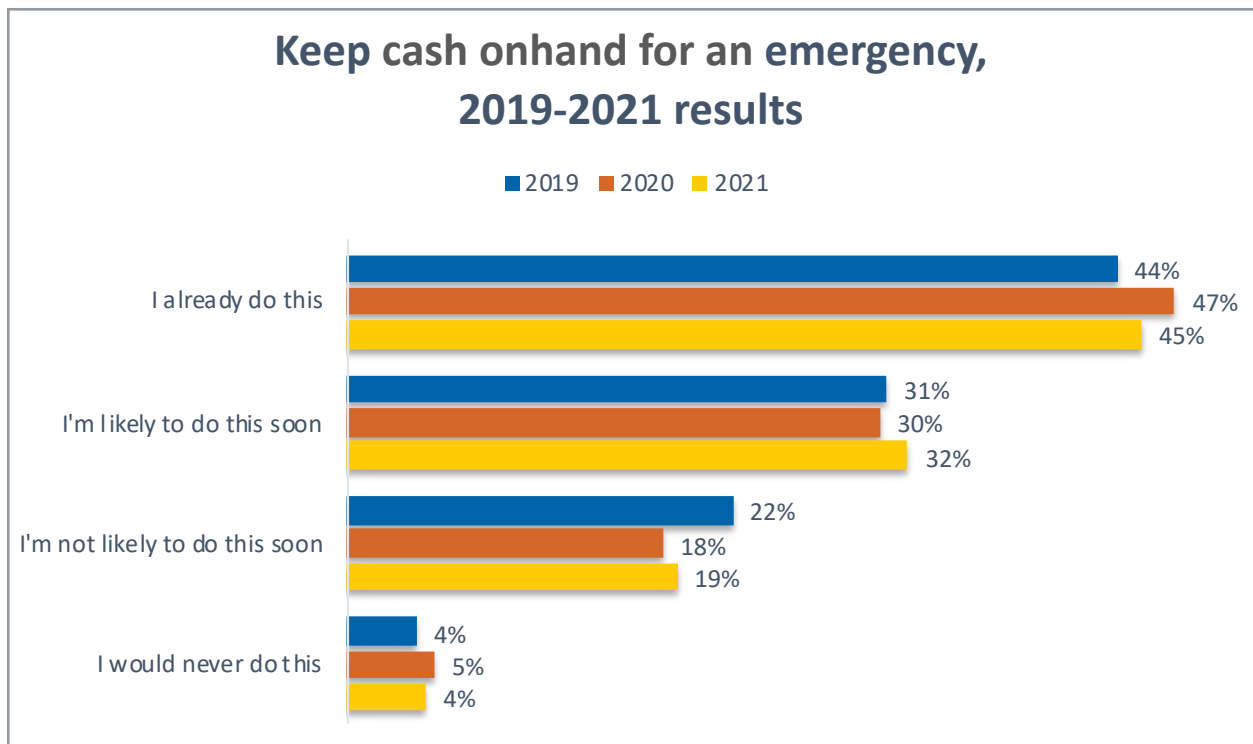
- *Figure 4b* displays the likelihood of keeping a copy of medical records stored in a safe place between 2019 to 2021. In 2021, Americans were slightly more likely to keep a copy of their medical records stored in a safe place (38%) compared to 2020 (37%). There was also a 2% decrease in the number of Americans who said they would never keep a copy of their medical records stored in a safe place from 2020 (8%) to 2021 (6%).
- In 2021, those older than 55 years were the most likely to keep a copy of their medical record (43%), however this group saw a decrease in this preparedness action by 2% since 2020.
- The youngest age group, 18-34 years, became more likely to keep a copy of their medical record (38%), an increase by 8% since 2020, surpassing the 35-54 years group who held a steady 32% from 2020 to 2021.

FIGURE 4B. LIKELIHOOD OF KEEPING A COPY OF YOUR MEDICAL RECORDS STORED IN A SAFE PLACE BETWEEN 2019 AND 2021.



- 45% of Americans are likely to keep cash on-hand for an emergency, a decrease by 2% since 2020. *Figure 4c* displays the likelihood of keeping cash on-hand in 2020 and 2021.
- In 2020, those older than 55 years were the most likely to keep cash on hand (54%), an increase by 1% since 2020. The other age groups (ages 18-34 and 35-54) saw a decrease in the proportion of respondents who keep cash on hand for an emergency from 2020 to 2021.
- Whites are most likely to keep cash on hand (48%), a decrease by 2% since 2020. Hispanics saw an increase in likelihood of keeping cash on hand from 39% in 2020 to 43% in 2021, going from the least likely to keep cash on hand in 2020 to the second most likely in 2021.
- Those in the highest income bracket (\$80k+) were the most likely to keep cash on hand in 2020 (55%), but saw a decrease by 8% in 2021 (47%), making the middle income bracket (\$40-80k) the most likely to keep cash on hand (48%). Those in the lowest income bracket are least likely to keep cash on hand (41%), a decrease by 1% since 2020.

FIGURE 4C. LIKELIHOOD OF KEEPING CASH ON HAND BETWEEN 2019-2021.



8.0 COVID-19 Vaccination Status

In 2021, Americans have the option of receiving the COVID-19 vaccination. There has been an increase in the Administration's public efforts to encourage more Americans to become vaccinated with a goal of 70% of the population receiving at least one vaccine dose by July 4, 2021. On May 10, 2021, the U.S. Food and Drug Administration expanded the emergency use authorization (EUA) for the Pfizer-BioNTech COVID-19 vaccine to include adolescents aged 12-15 to be vaccinated. Among the American adults who responded to the vaccine questions, 57% described their vaccination status as being fully vaccinated, 11% have begun the vaccination process, 26% have not started the process, and 6% do not know. The Centers for Disease Control and Prevention maintains an online [vaccination tracker](#) with real-time national data.

Willingness and Barriers to Receive the COVID-19 Vaccine

- For respondents who have not started the vaccination process, 25% are willing to receive the vaccine, 58% are not willing, and 17% do not know, as shown in *Figure 5a*. It is important to examine the breakdowns into the population who have not yet been vaccinated to understand where the gaps lie in different demographic groups. *Figure 5b* presents the breakdown of barriers to getting the COVID-19 vaccine.
- Seeing the differences in responses between age groups can help understand how different generations reacted to the pandemic and towards vaccinations. Americans in the 55+ age group were the least willing to receive the COVID-19 vaccine (71%) followed by age 35-54 (63%) and age 18-34 (41%), as shown in *Figure 6a*.
 - Age groups 55+ (63%), 35-54 (49%) and 18-34 (38%) all cited not trusting the vaccine more than any other reason for not getting the vaccine as shown in *Figure 6b*.
 - The 18-34 age group is most likely to receive the vaccine (35%), which can help orient vaccine education programs to them based on the reason for not getting it. *Figure 6b* shows that the top cited reasons for not getting the vaccine for the 18-34 age group was not trusting the vaccine (38%) and information about the vaccine is hard to understand (14%).
- Differences in willingness to receive the vaccine by region in the US can help illuminate how successful vaccine promotion has been in each region. Those living in the Northeast region were the most willing to receive the vaccine (36%). The breakdown by region is shown in *Figure 7a*. The Midwest (57%), South (59%) and West (60%) were all similar in how unwilling respondents are to receive the vaccine.
 - Mistrust in the vaccine is the highest barrier to getting vaccinated – up to four times higher than other barriers, such as not knowing where to get the vaccine, not trusting the healthcare provider, or not being able to choose which vaccine they will get. Mistrust in the vaccine was the most cited barrier among all 4 regions in the US in 2021, with the most cited in the West at 54%. A breakdown of all barriers to getting the vaccine by region can be found in *Figure 7b*.

- Medical innovations generally require trust in the population to receive it, and races that have faced discrimination in the medical field are hypothesized to be less willing to receive the vaccine for that reason.
 - *Figure 8a* shows the breakdown in willingness among racial group in 2021, with Black respondents showing the least willingness to receive it at 23%, following by White respondents (24%), Hispanic respondents (29%) and Other (34%).
 - *Figure 8b* shows the breakdown of barriers to receiving the vaccine among racial groups. All of the racial groups responded with not trusting the vaccine as the greatest barrier, with White respondents leading at 56% followed by Black respondents at 44%.
 - The second most cited barrier for Black respondents was not being able to choose which vaccine they would receive. Overall medical autonomy is playing a factor in vaccine hesitancy among those who have not yet received the vaccine.
- Finally, to see how much education plays a role in medical literacy and buy-in to receiving the vaccine, we can see the difference in willingness to receive the vaccine by education in *Figure 9a*. Seventy-eight percent of those with a post-graduate education were not willing to receive the vaccine at a higher rate than any other education group, followed by those with a 4-year college education (64%), some college education (58%) and those with no high school education or high school graduates (54%).
 - The most cited barrier among all education groups was not trusting the vaccine, with post-graduates leading at 56%. The next most cited by this education group was not trusting the healthcare provider who would give them the vaccine (12%) and information about the vaccine is hard to understand (9%).
 - The education group that felt that information about the vaccine was difficult to understand the most was those who received a 4-year college degree (15%). The barriers to receiving the vaccine is stratified by education in *Figure 9b*.

FIGURE 5A: WILLINGNESS TO RECEIVE THE COVID-19 VACCINE AMONG RESPONDENTS IN 2021 WHO HAVE NOT YET BEEN VACCINATED.

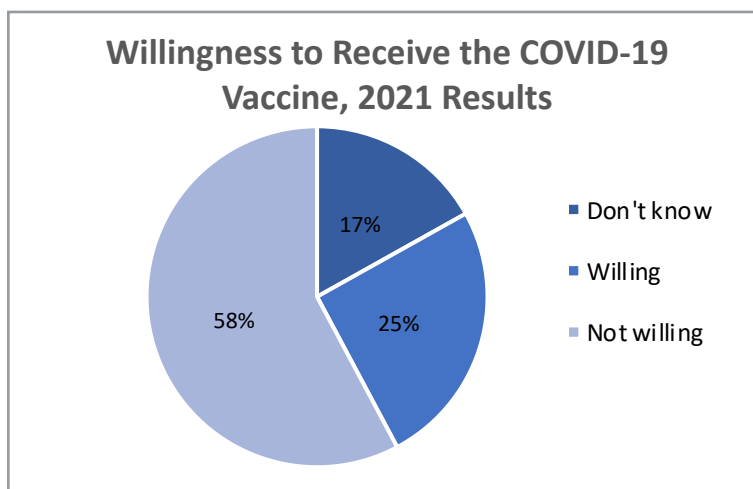


FIGURE 5B: BARRIERS TO GETTING THE COVID-19 VACCINE AMONG RESPONDENTS IN 2021 WHO HAVE NOT YET BEEN VACCINATED.

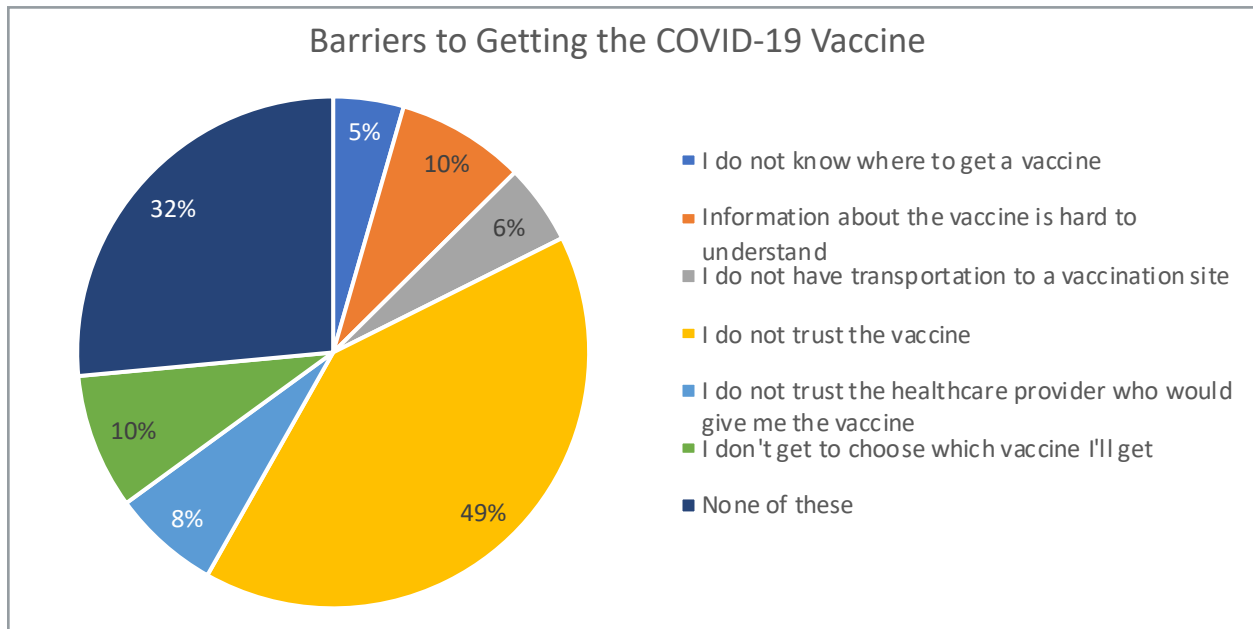


FIGURE 6A: WILLINGNESS TO RECEIVE THE COVID-19 VACCINE AMONG RESPONDENTS IN 2021 WHO HAVE NOT YET BEEN VACCINATED STRATIFIED BY AGE.

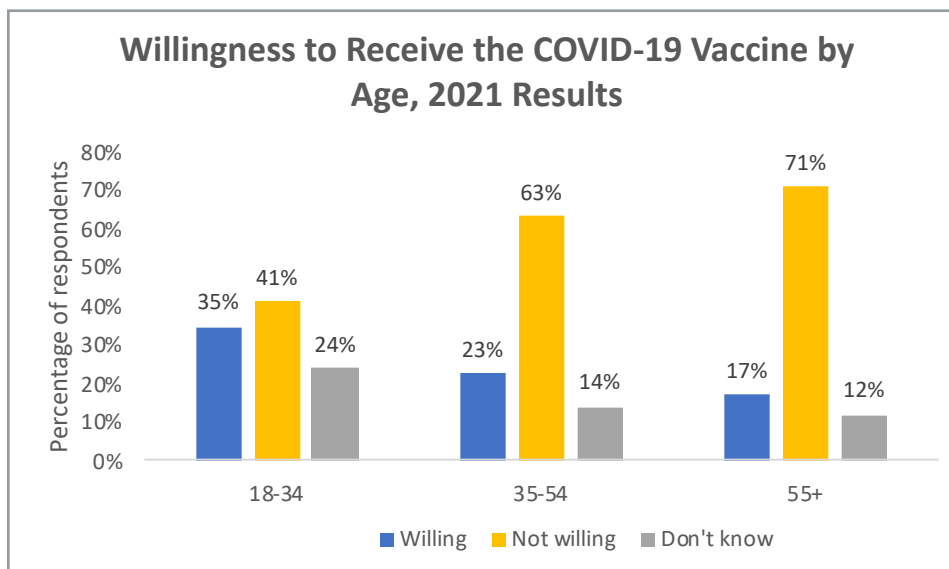


FIGURE 6B: BARRIERS TO GETTING THE COVID-19 VACCINE AMONG RESPONDENTS IN 2021 WHO HAVE NOT YET BEEN VACCINATED STRATIFIED BY AGE.

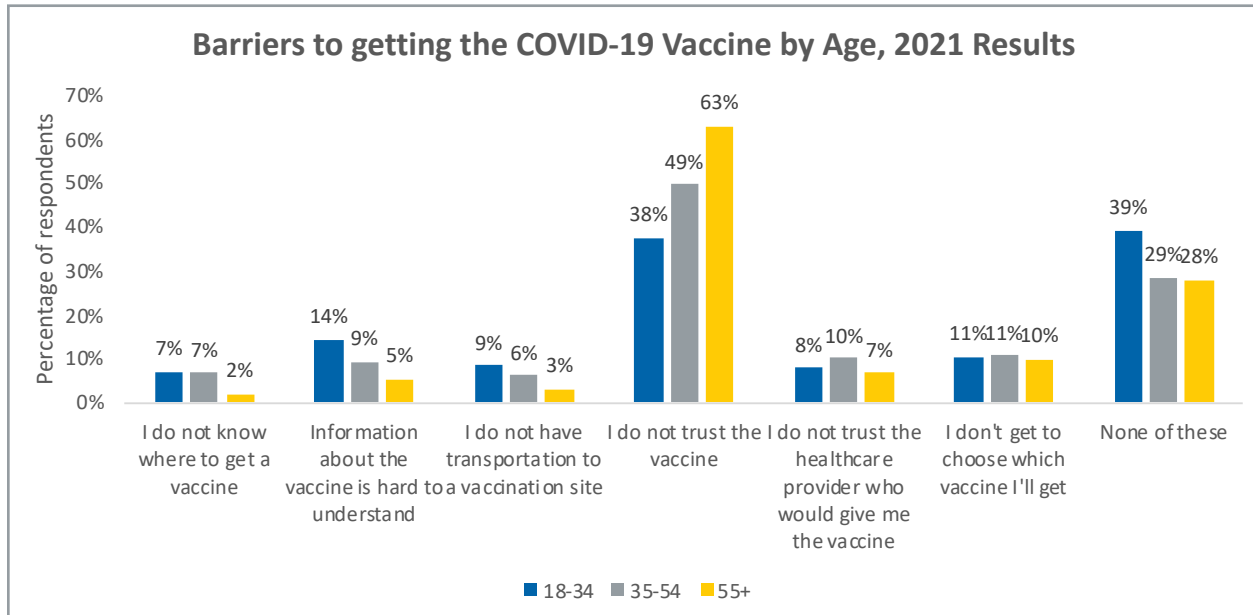


FIGURE 7A: WILLINGNESS TO RECEIVE THE COVID-19 VACCINE AMONG RESPONDENTS IN 2021 WHO HAVE NOT YET BEEN VACCINATED STRATIFIED BY REGION.

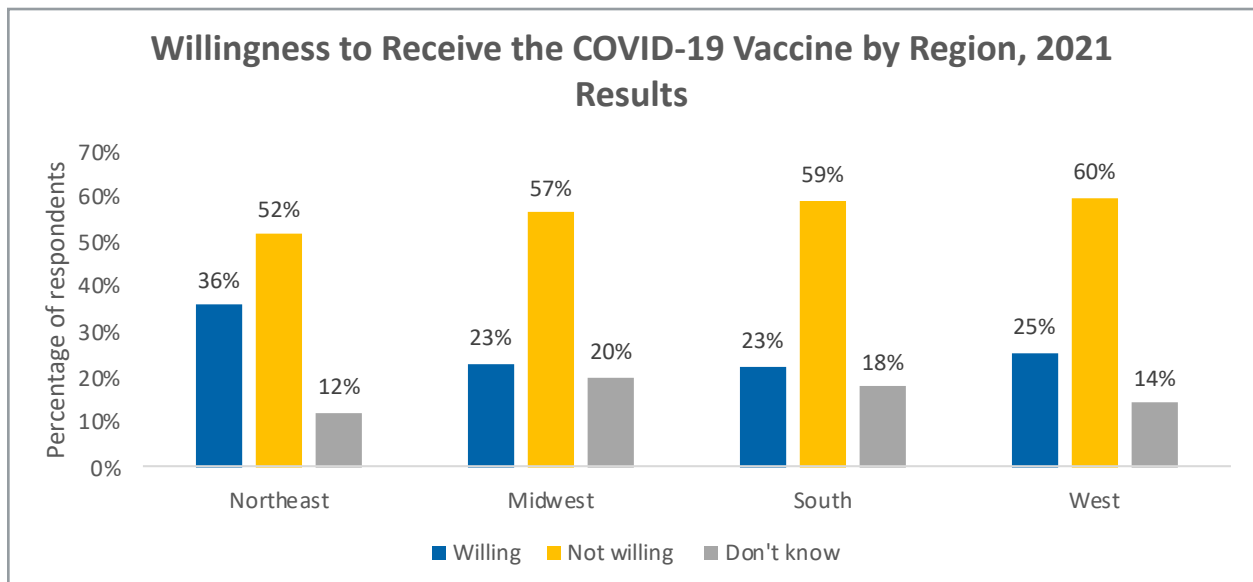


FIGURE 7B: BARRIERS TO GETTING THE COVID-19 VACCINE AMONG RESPONDENTS IN 2021 WHO HAVE NOT YET BEEN VACCINATED STRATIFIED BY REGION.

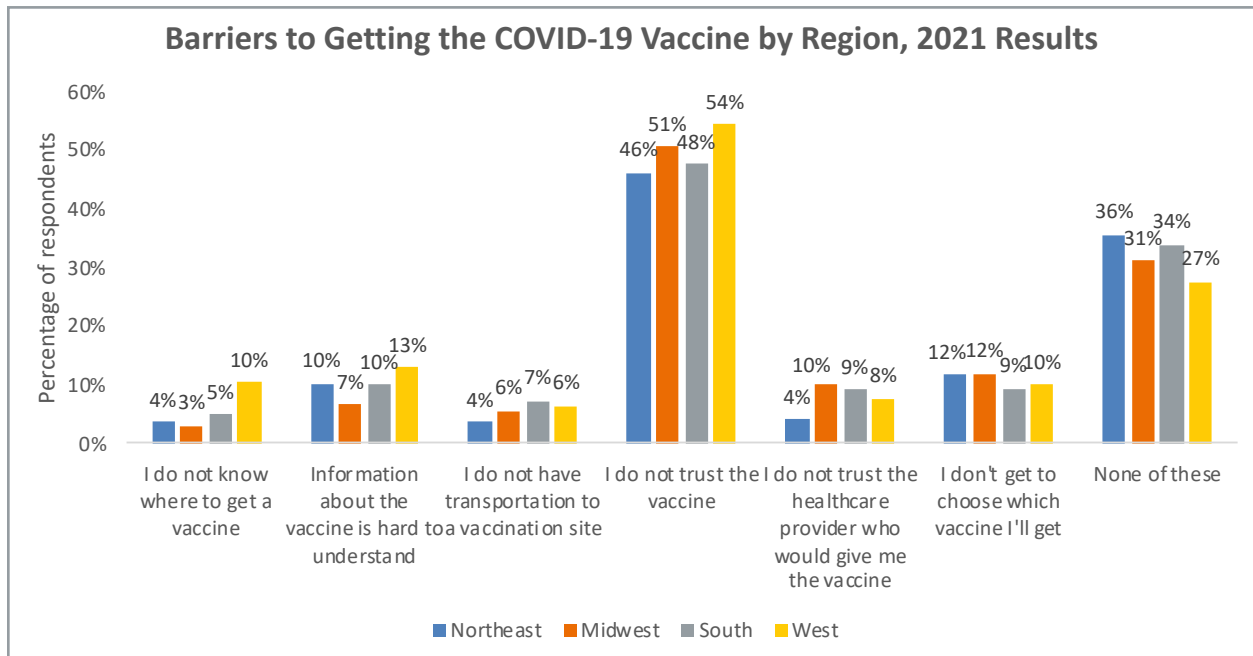


FIGURE 8A: WILLINGNESS TO RECEIVE THE COVID-19 VACCINE AMONG RESPONDENTS IN 2021 WHO HAVE NOT YET BEEN VACCINATED STRATIFIED BY RACE.

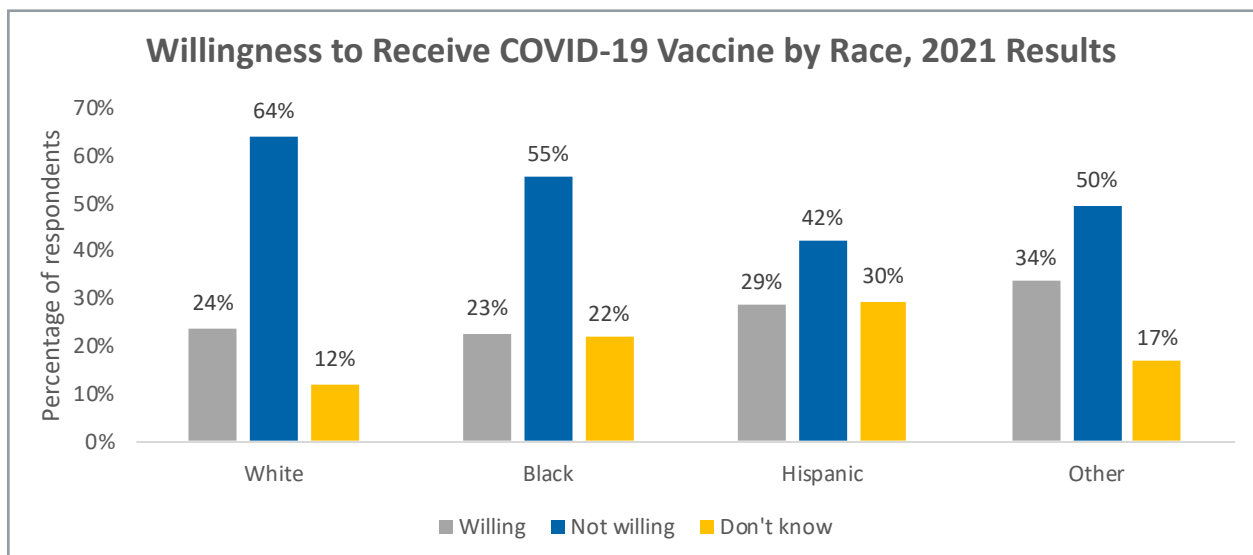


FIGURE 8B: BARRIERS TO GETTING THE COVID-19 VACCINE AMONG RESPONDENTS IN 2021 WHO HAVE NOT YET BEEN VACCINATED STRATIFIED BY RACE.

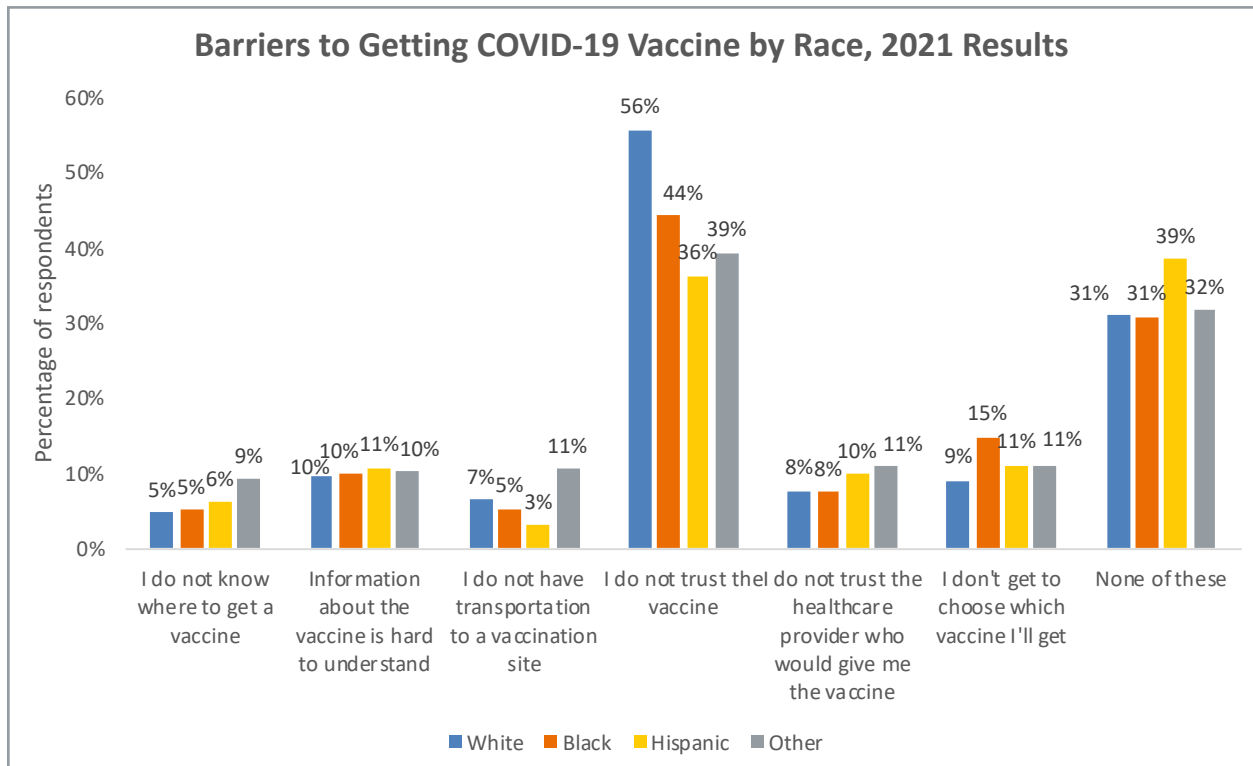


FIGURE 9A: WILLINGNESS TO RECEIVE THE COVID-19 VACCINE AMONG RESPONDENTS IN 2021 WHO HAVE NOT YET BEEN VACCINATED STRATIFIED BY EDUCATION LEVEL.

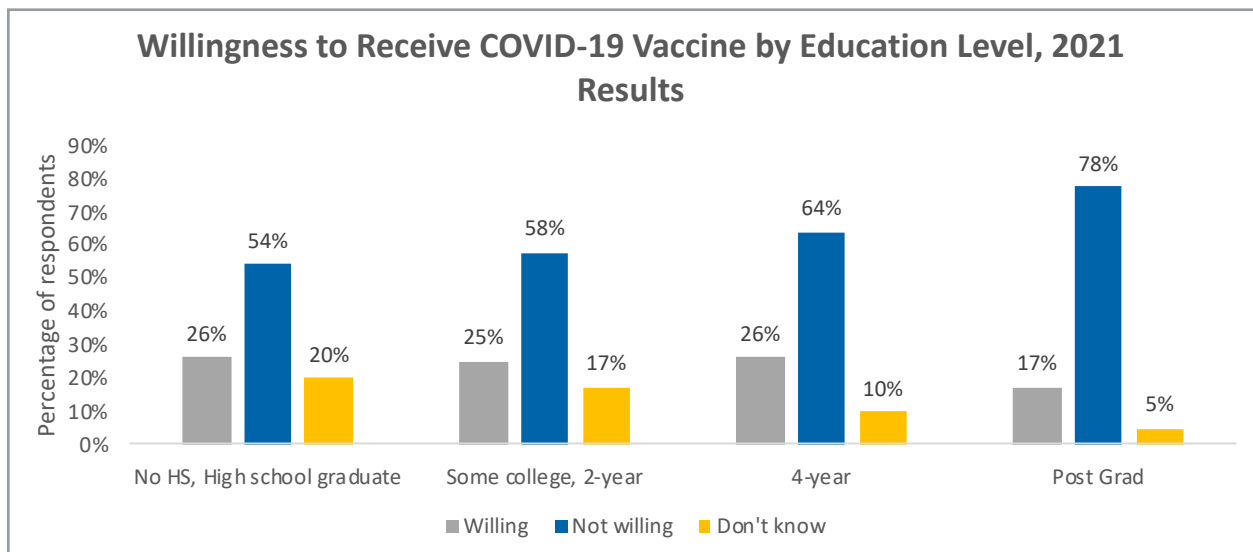
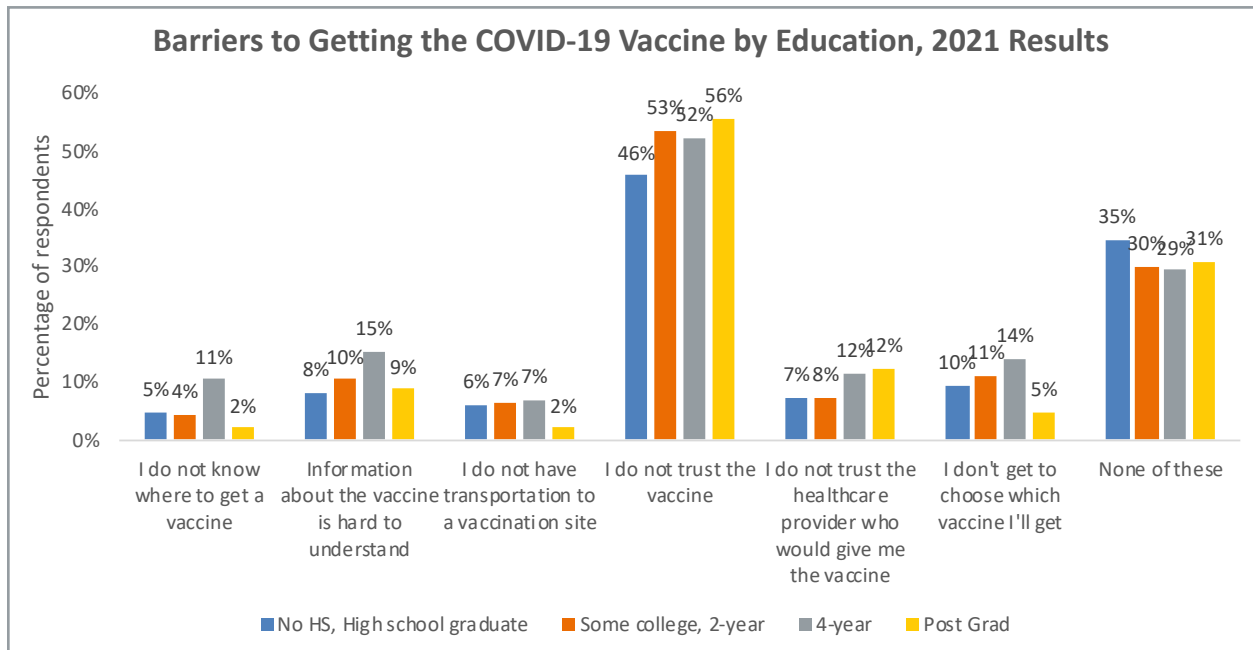


FIGURE 9B: BARRIERS TO GETTING THE COVID-19 VACCINE AMONG RESPONDENTS IN 2021 WHO HAVE NOT YET BEEN VACCINATED STRATIFIED BY EDUCATION.



DISCUSSION

In 2021, Americans are still most concerned that a natural disaster will affect their community compared to other types of disasters. The spikes that were observed in 2020 surrounding concerns about exotic disease or common disease outbreaks during the COVID-19 pandemic are declining in 2021. The trend in respondents citing exotic diseases as the disaster of greatest concern went from 4% in 2019, to 19% in 2020 and down to 9% in 2021. Although the concern for exotic diseases is waning, continued COVID-19 vaccination efforts are needed to reduce the threat of COVID-19.

The 2021 domestic preparedness poll found that those with a postgraduate education had an increased likelihood of having complete prescription knowledge and engaging in preparedness behaviors, than the respondents with lower levels of education. In the total population, only one in three people (29%) are likely to keep a bag packed with emergency supplies. That has not changed significantly since 2020 despite the fact that 57% of respondents in 2021 think it is likely that a major disaster will impact them. Respondents who fell in the lowest income bracket were less likely to report practicing preparedness behaviors, such as keeping cash on hand. There is an opportunity to address these disparities in medical literacy and disaster preparedness capability in pre-disaster planning to help mitigate adverse health effects during an event, especially with a population that has concerns about disasters impacting their lives.

The youngest respondents (between the ages of 18-24) saw an increased reliance on prescription medications this year, with 27% reporting being able to go no longer than one week without their medications. However, this group had the least amount of prescription knowledge when compared to the other age groups with only 21% of respondents being able to list all of their medications. Investing in preparedness and education outreach for this group will help to strengthen and build community resilience with a population that is increasing relying on prescription medications. A majority of respondents over the age of 55 (55%) would be able to list all of their medications, which may be a result of increased exposure to health services and their greater reliance on medication.

For respondents who have not yet received the vaccine, only one in four are willing to receive it. Mistrust in the vaccine is the highest barrier to getting vaccinated – up to four times higher than other barriers, including not knowing where to get the vaccine, not trusting the healthcare provider, or not being able to choose which vaccine they would receive. Not having enough information and having access to misinformation can exacerbate mistrust in the vaccine.

There is an opportunity to push information regarding disaster preparedness and response to communities and individuals regardless of socioeconomic status. Emergency management organizations are encouraged to take an all-hazards approach to preparedness and response to strengthen their ability to efficiently respond to different events especially during the pandemic. To increase vaccination levels across the US, officials need to prioritize dissemination of accessible vaccine education materials in order to build trust in the vaccine and providers.

The COVID-19 pandemic has shed light on the inequities experienced by communities of color that were prevalent prior to the pandemic. Moving forward, preparedness and response policies and procedures should be implemented through an equity lens, so that disparities are not exacerbated during a disaster. This is especially true in communities already susceptible to natural disasters and those impacted by COVID-19 the most. Although more White respondents cited not trusting the vaccine as the greatest barrier to receiving the vaccine, all racial groups cited mistrust as the number one reason for not getting the vaccine. When medical mistrust, institutional mistrust, or the need for more information is compounded by unpreparedness, communities most at-risk for disasters.

APPENDIX

Appendix A

1. There is a statistically significant association between region and disaster of concern; that is, each region is not concerned about the same disaster ($\chi^2= 60.868$, p-value $<.0001$). Using Phi and Cramer's V test, we see that the strength of association between the variables is strong (phi=.219; Cramer's V=.126; p-value $<.0001$).
2. There is a statistically significant association between race and disaster of concern; that is, each race is not concerned about the same disaster ($\chi^2= 72.637$, p-value $<.0001$). Using Phi and Cramer's V test, we see that the strength of association between the variables is strong (phi = .239; Cramer's V = .138; p-value $<.0001$).
3. There is a statistically significant association between age and disaster of concern; that is, each age group is not concerned about the same disaster ($\chi^2= 71.246$, p-value $<.0001$). Using Phi and Cramer's V test, we see that the strength of association between the variables is strong (phi = .237; Cramer's V = .167; p-value $<.0001$).
4. There is a statistically significant association between race and prescription knowledge; that is, each race does not have the same level of prescription knowledge ($\chi^2= 51.609$, p-value $<.0001$). Using Phi and Cramer's V test, we see that the strength of association between the variables is strong (phi = .202; Cramer's V = .116; p-value $<.0001$).
5. There is a statistically significant association between age and prescription knowledge; that is, each age group does not have the same level of prescription knowledge ($\chi^2= 124.477$, p-value $<.0001$). Using Phi and Cramer's V test, we see that the strength of association between the variables is very strong (phi = .313; Cramer's V = .221; p-value $<.0001$).
6. There is a statistically significant association between age and time away from medicines; that is, each age group cannot go the same amount of time away from their medicines. Using Phi and Cramer's V test, we see that the strength of association between the variables is strong (phi = .218; Cramer's V = .154; p-value $<.0001$).
7. There is a statistically significant association between region and likelihood of a major disaster; that is, each region has a different proportion of those who believe a major disaster will affect their families. ($\chi^2= 10.748$, p-value = .013). Using Phi and Cramer's V test, we see that the strength of association between the variables is weak (phi = .092; Cramer's V = .092; p-value $<.0001$).

Appendix B

| CRAMER'S V LEVEL OF ASSOCIATION | DESCRIPTION |
|---------------------------------|-------------------------|
| 0 | No relationship |
| 0.00-0.05 | Low or weak association |
| 0.10-0.15 | Moderate association |

| | |
|-----------|--------------------|
| 0.15-0.25 | Strong association |
|-----------|--------------------|