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**CONTACT:**

Ashley Koning, Director  
Office: 848-932-8940  
Cell: 908-872-1186  
[akoning@rutgers.edu](mailto:akoning@rutgers.edu)

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**About One in Six New Jerseyans Say They Won't Get COVID-19 Vaccine**

*Two-thirds of parents will definitely or probably vaccinate their children or have done so*

NEW BRUNSWICK, N.J. (June 3, 2021) – Seventy-three percent of New Jerseyans say they have received at least one dose of a COVID-19 vaccine, and while another 10 percent say they will likely roll up their sleeve for it, 16 percent remain unwilling, according to the latest Rutgers-Eagleton Poll.

The large number of Garden State residents getting vaccinated is a drastic change from the [widespread vaccine hesitancy](#) last fall before Pfizer and Moderna's initial news of successful vaccine trials.

Older residents, higher income residents, and residents with higher levels of education are all more likely than their counterparts to say they have received at least one dose of a vaccine, as are exurban (81 percent), suburban (77 percent), and urban (75 percent) residents compared to those living in other regions of the state. Republicans (32 percent) and independents (34 percent) are twice as likely as Democrats (16 percent) to report not getting a dose yet.

Among people unwilling to get vaccinated, 67 percent cite a concern about side effects (down from 80 percent), 58 percent cite a distrust in the government and 57 percent cite the belief that the vaccines were developed and tested too quickly as "major reasons" for their resistance.

Fifty-five percent of those vaccine-hesitant say a "major reason" is that they feel they do not need it (up from 25 percent). Forty-nine percent cite wanting to know more about how the vaccine works (down from 82 percent), and 47 percent cite seeing too many mistakes from the medical system in the past as "major reasons." Thirty-three percent say a "major reason" is that they simply do not get vaccines in general.

When asked what would make them more likely to get the vaccine, 49 percent of those currently unwillingly say nothing would change their mind; 8 percent mention the need for

more information, and 7 percent say they simply need more time.

“The enduring nature of vaccine hesitancy for a small yet notable portion of the population in New Jersey resembles what we are seeing throughout the rest of the country,” said Ashley Koning, an assistant research professor and director of the [Eagleton Center for Public Interest Polling \(ECPiP\)](#) at [Rutgers University–New Brunswick](#). “And while some of those unwilling may ultimately be convinced, others may not. Unfortunately, we know from [current data](#) that infection, hospitalization, and death rates are currently much higher for those who are unvaccinated compared to those who are immunized.”

Among those vaccinated, 50 percent experienced no side effects; the rest mostly experienced mild (31 percent) or moderate (15 percent) side effects, while just 5 percent had severe ones.

Among parents in the Garden State, 36 percent say they will definitely get their child vaccinated when a vaccine is available for their child’s age group; another 22 percent say they will probably get their child vaccinated; and 7 percent have already gotten their child vaccinated. Just over half (53 percent) say they will get their child vaccinated right away, while 43 percent say they will wait to see how the vaccines work; 4 percent are unsure.

Seventy-two percent of New Jerseyans say they and/or someone they know has tested positive or been officially diagnosed with coronavirus. Among those who do not know someone who tested positive, 20 percent say they and/or someone they know most likely had coronavirus despite no official diagnosis or test.

Concern over the coronavirus is at an all-time low. Forty-one percent are worried (14 percent “very,” 27 percent “somewhat”) that they or someone in their household will get sick from the coronavirus; this is down considerably from the fall (30 percent “very,” 41 percent “somewhat”).

Results are from a statewide poll of 1,004 adults contacted by live interviewers on landlines and cell phones from May 21–29. The full sample has a margin of error of +/- 3.8 percentage points.

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**Broadcast interviews:** Rutgers University–New Brunswick has broadcast-quality TV and radio studios available for remote live or taped interviews with Rutgers experts. For more information, contact John Cramer at [john.cramer@rutgers.edu](mailto:john.cramer@rutgers.edu).

**ABOUT RUTGERS—NEW BRUNSWICK**

*Rutgers University–New Brunswick is where Rutgers, the State University of New Jersey, began more than 250 years ago. Ranked among the world’s top 60 universities, Rutgers’s flagship university is a leading public research institution and a member of the prestigious Association of American Universities. It is home to internationally acclaimed faculty and has 12 degree-*

*granting schools and a Division I Athletics program. It is the Big Ten Conference's most diverse university. Through its community of teachers, scholars, artists, scientists, and healers, Rutgers is equipped as never before to transform lives.*

**ABOUT THE EAGLETON CENTER FOR PUBLIC INTEREST POLLING (ECPIP)**

*Home of the Rutgers-Eagleton Poll, ECPIP was established in 1971 and is the oldest and one of the most respected university-based state survey research centers in the United States. Now in its 48<sup>th</sup> year and with the publication of over 200 polls, ECPIP's mission is to provide scientifically sound, non-partisan information about public opinion. To read more about ECPIP and view all of our press releases, published research, and data archive, please visit our website: [eagletonpoll.rutgers.edu](http://eagletonpoll.rutgers.edu). You can also visit our [Facebook](#) and [Twitter](#).*

**ABOUT THE EAGLETON INSTITUTE OF POLITICS**

*The Eagleton Center for Public Interest Polling is a unit of the Eagleton Institute of Politics at Rutgers University-New Brunswick. The Eagleton Institute studies how American politics and government work and change, analyzes how the democracy might improve, and promotes political participation and civic engagement. The Institute explores state and national politics through research, education, and public service, linking the study of politics with its day-to-day practice. To learn more about Eagleton programs and expertise, visit [eagleton.rutgers.edu](http://eagleton.rutgers.edu).*

**QUESTIONS AND TABLES START ON THE FOLLOWING PAGE**

**Questions and Tables**

*The questions covered in this release are listed below. Column percentages may not add to 100% due to rounding. Respondents are New Jersey adults; all percentages are of weighted results. Interpret groups with samples sizes under 100 with extreme caution.*

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**Q. Have you, or has someone you know, ever tested positive for or been officially diagnosed with coronavirus, or not?**

Yes – self	6%
Yes – someone else	56%
Yes – both	10%
No	28%
Unweighted N=	983

**Q. Have you, or has someone you know, most likely had coronavirus despite no official diagnosis or test, or not?**

Yes – self	3%
Yes – someone else	12%
Yes – both	5%
No	80%
Unweighted N=	249

**Q. Have you received at least one dose of a COVID-19 vaccine, or not?**

Yes	74%
No	26%
Unweighted N=	977

**Q. Did you experience side effects from the COVID-19 vaccine, or not?**

Yes	50%
No	50%
Unweighted	775

**Q. Were your side effects mild, moderate, or severe?**

Mild	61%
Moderate	29%
Severe	10%
Unweighted	393

**[COMBINED]**

Mild	31%
Moderate	15%
Severe	5%
None	50%
Unweighted	774

**Q. Thinking about the COVID-19 vaccines that are currently available, do you think you will ...**

Definitely get a COVID-19 vaccine	14%
Probably get it	22%
Probably not get it	22%
Definitely not get it	35%
Don't know (VOL)	7%
Unweighted N=	207

**[COMBINED WITH THOSE WHO HAVE ALREADY RECEIVED AT LEAST ONE DOSE OF A COVID-19 VACCINE]**

Already received at least one dose	73%
Definitely get a COVID-19 vaccine	4%
Probably get it	6%
Probably not get it	6%
Definitely not get it	10%
Don't know (VOL)	2%
Unweighted N=	984

**Q. Please tell me whether each of the following is a major reason, minor reason, or not a reason for why you would NOT get a COVID-19 vaccine. First:**

	You are concerned about the side effects	You do not trust the government	The vaccines were developed and tested too quickly	You do not think you need it
Major reason	67%	58%	57%	55%
Minor reason	17%	18%	19%	18%
Not a reason	12%	20%	23%	21%
Don't know (VOL)	4%	4%	2%	6%
Unweighted N=	125	124	126	124

	You want to know more about how well it works	Seen too many mistakes from the medical care system in the past	You do not get vaccines, in general
Major reason	49%	47%	33%
Minor reason	16%	24%	14%
Not a reason	33%	23%	50%
Don't know (VOL)	2%	5%	4%
Unweighted N=	126	126	125

**Q. In just a word or two, what, if anything, would make you more likely to get the vaccine?**

Nothing	49%
Need more information	8%
Need more time	7%
Something else	25%
Don't know (VOL)	11%
Unweighted N=	120

**[PARENTS ONLY]**

**Q. Once there is a COVID-19 vaccine authorized and available for your child's age group, do you think you will ...**

Definitely get them vaccinated	36%
Probably get them vaccinated	22%
Probably not get them vaccinated	10%
Definitely not get them vaccinated	17%
They are already vaccinated	7%
Don't know (VOL)	8%
Unweighted N=	257

**[PARENTS ONLY: DEFINITELY/PROBABLY WILL GET CHILD/CHILDREN VACCINATED]**

**Q. Do you think you will get them vaccinated right away, or will you wait a while to see how the vaccine is working first?**

Right away	53%
Wait a while	43%
Don't know (VOL)	4%
Unweighted N=	151

**Q. How worried, if at all, are you that you or someone in your household will get sick from the coronavirus – very worried, somewhat worried, not very worried, or not worried at all**

Very worried	14%
Somewhat worried	27%
Not very worried	31%
Not worried at all	29%
Unweighted N=	994

**Methodology**

The Rutgers-Eagleton Poll was conducted by telephone using live interviewers May 21-29, 2021, with a scientifically selected random sample of 1,004 New Jersey adults, 18 or older. Persons without a telephone could not be included in the random selection process. Respondents within a household are selected by asking randomly for the youngest adult male or female currently available. If the named gender is not available, the youngest adult of the other gender is interviewed. The poll was available in Spanish for respondents who requested it. This poll included 435 adults reached on a landline phone and 569 adults reached on a cell phone, all acquired through random digit dialing; 101 of the cell phone completes were acquired through one-to-one SMS text messaging by live interviewers that led respondents to an online version of the survey. Distribution of phone use in this sample is:

	<b>Individual</b>	<b>Household</b>
<b>Cell Only</b>	29%	29%
<b>Dual Use</b>	27%	27%
<b>Dual Use, Reached on LL</b>	41%	41%
<b>Landline Only</b>	3%	2%

The data were weighted to be representative of the non-institutionalized adult population of New Jersey. The weighting balanced sample demographics to target population parameters. The sample is balanced, by form, to match parameters for sex, age, education, region, race/ethnicity and phone use. The sex, age, education, race/ethnicity and region parameters were derived from 2018 American Community Survey PUMS data. The phone use parameter was derived from estimates provided by the National Health Interview Survey Early Release Program.<sup>1</sup> Weighting was done in two stages. The first stage of weighting corrected for different probabilities of selection among the RDD samples associated with the number of adults in each household and each respondent’s telephone usage patterns. This adjustment also accounts for the overlapping landline and cell sample frames and the relative sizes of each frame and each sample.<sup>2</sup> The second stage of weighting balanced sample demographics, by form, to match target population benchmarks. This weighting was accomplished using SPSSINC RAKE, an SPSS extension module that simultaneously balances the distributions of all variables using the GENLOG procedure. Weights were trimmed to prevent individual interviews from having too much influence on survey estimates. The use of these weights in statistical analysis ensures that the demographic characteristics of the sample closely approximate the demographic characteristics of the target population.

Post-data collection statistical adjustments require analysis procedures that reflect departures from simple random sampling. We calculate the effects of these design features so that an appropriate adjustment can be incorporated into tests of statistical significance when using these data. The so-called "design effect" or *deff* represents the loss in statistical efficiency that results from a disproportionate sample design and systematic non-response.<sup>3</sup>

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<sup>1</sup> NCHS, National Health Interview Survey, 2014–2018; U.S. Census Bureau, American Community Survey, 2013–2018.

<sup>2</sup> Buskirk, T. D., & Best, J. (2012). Venn Diagrams, Probability 101 and Sampling Weights Computed for Dual Frame Telephone RDD Designs. *Journal of Statistics and Mathematics*, 15, 3696-3710.

<sup>3</sup> The composite design effect for a sample of size *n*, with each case having a weight, *w*, is computed as  $deff = n \sum w^2 / (\sum w)^2$ .



**COVID-19 June 2021  
Rutgers-Eagleton Poll**

All surveys are subject to sampling error, which is the expected probable difference between interviewing everyone in a population versus a scientific sampling drawn from that population. Sampling error should be adjusted to recognize the effect of weighting the data to better match the population.

In this poll, the simple sampling error for 1,004 New Jersey adults is +/-3.1 percentage points at a 95 percent confidence interval.<sup>4</sup> This means that in 95 out every 100 samples using the same methodology, estimated proportions based on the entire sample will be no more than 3.8 percentage points away from their true values in the population. The design effect<sup>5</sup> is 1.48, making the adjusted margin of error +/- 3.8 percentage points. Thus, if 50 percent of New Jersey adults in this sample favor a particular position, we would be 95 percent sure that the true figure is between 46.2 and 53.8 percent (50 +/- 3.8) if all New Jersey adults had been interviewed, rather than just a sample.

Sampling error does not consider other sources of variation inherent in public opinion studies, such as non-response, question wording, or context effects.

This Rutgers-Eagleton Poll was fielded by Braun Research, Inc. with sample from Dynata. The questionnaire was developed and all data analyses were completed in house by the Eagleton Center for Public Interest Polling (ECPIP). Dr. Kyle Morgan, David Martin, and Panktiben Patel assisted with analysis and preparation of this report. The Rutgers-Eagleton Poll is paid for and sponsored by the Eagleton Institute of Politics at Rutgers, The State University of New Jersey, a non-partisan academic center for the study of politics and the political process. Full questionnaires are available on request and can also be accessed through our archives at [eagletonpoll.rutgers.edu](http://eagletonpoll.rutgers.edu). For more information, please contact [poll@eagleton.rutgers.edu](mailto:poll@eagleton.rutgers.edu).

**Weighted Sample Characteristics  
1,004 New Jersey Adults**

<b>Male</b>	48%	<b>Democrat</b>	42%	<b>18-34</b>	26%	<b>HS or Less</b>	29%	<b>White</b>	57%
<b>Female</b>	52%	<b>Independent</b>	36%	<b>35-49</b>	23%	<b>Some College</b>	31%	<b>Black</b>	13%
		<b>Republican</b>	23%	<b>50-64</b>	30%	<b>College Grad</b>	22%	<b>Hispanic</b>	18%
				<b>65+</b>	21%	<b>Grad Work</b>	19%	<b>Other</b>	12%

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<sup>4</sup> The survey's maximum margin of error is the largest 95% confidence interval for any estimated proportion based on the total sample – one around 50%.

<sup>5</sup> Post-data collection statistical adjustments require analysis procedures that reflect departures from simple random sampling. We calculate the effects of these design features so that an appropriate adjustment can be incorporated into tests of statistical significance when using these data. The so-called "design effect" or *deff* represents the loss in statistical efficiency that results from a disproportionate sample design and systematic non-response.