

# Increasing COVID-19 Vaccine Confidence: Meeting People Where They Are



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## SUMMARY KEYWORDS

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### 00:04 - NATALIE DAVIS

Hello everybody, and welcome to today's United States of care event, increasing COVID-19 vaccine confidence by meeting people where they are. My name is Natalie Davis and I'm a co-founder and Managing Director for public engagement at United States of Care. First, thank you again for taking your time to join today for a valuable conversation. And of course, thanks to the amazing panelists who are giving their time and expertise to us all today. United States of care is a nonpartisan, nonprofit organization, and we work to ensure that everyone has access to quality, affordable health care regardless of health status, social need or income. The health care system isn't working for millions of people in the United States and our research shows that people want a better health care system in the wake of this pandemic. In fact, we believe there may be an opening for health care reforms that weren't possible before. Core to our work and changing the health care system and driving lasting policy change is listening. And without a doubt, some of the biggest issues for our country in the months to come will be Vaccine Education, outreach and distribution, and tackling current inequities. United States of care has taken a critical role to offer trusted evidence based messaging to encourage vaccine uptake, including among hesitant or skeptical populations. And as I said, this all starts with listening.

### 01:29 - NATALIE DAVIS

How to approach talking directly to people and how that differs across populations, and in some how to meet people where they are. While there are some people who are jumping up to be vaccinated. There are a lot of people who have concerns and as supply ramps up, it's especially important that we focus on meeting people's needs and reducing disparities, concerns about the vaccine, and are real and deserve empathetic, straightforward answers and must be heard. The United States of Care's mission to ensure that everyone has access to quality, affordable health care has never been more important than the current pandemic. When the pandemic started, we shifted our resources to provide immediate support and federal government leveraging our expertise, network and resources to meet the effective response. Now, a year into our response work. We have achieved a number of successes through this challenging time. We have supported both administrations and understanding the unique and shared needs across communities. We partnered with COVIDxstrategy.com to bring reliable information to the public on the virus spread. And of course, we created and released valuable resources for state and federal officials

and healthcare leaders posted to our COVID-19 hub and continue to make policy recommendations to Congress. And now as the nation turns to vaccine distribution and education, we continue at United States of care to play a vital role in making sure people's needs for accurate information are met. We're doing this by leveraging leading research and community experts, activating our influential partners on our board, our founders Council, our entrepreneur Council, our hospital affinity group and our voices of real life. We are working closely with leading researchers and advocates to keep a pulse on the stance of the public aiming to advise future public opinion work, connecting dots across research and outreach and publishing our findings recommendations. We have a speaker's bureau of experts are Armed with evidence based information, and just last week, you can find on our website, we published a memo to interested parties for leaders, media influencers and advocates to bring together the evidence of concerns and tested messages to support all of your efforts. We hope people on the call today will find that valuable. And of course, we'll be bringing experts to the public like today and you'll hear four great perspectives from leading researchers and community leaders. My hope is that for today's conversation, you walk away with more information on the importance of listening to people's concerns what those are and how they can be addressed, that you walk away understand that we need to meet people where they are going into communities to bring the information and the vaccine and approachable, respectful way. And that our healthcare system needs to be obsessed with addressing inequities and disparities, and not create the mistakes we've done in the past. And I hope that we can change our nation's current conversation from vaccine hesitancy or poor patient behavior to a national acknowledgement that the vaccine is new, people's questions and concerns are real, and that this is all part of strong decision making process that I'm sure all of us have faced with the onslaught of new and constantly changing information.

#### 04:46 - NATALIE DAVIS

About today's webinar we aim to start every webinar at the United States of care with an interview about someone's personal story, usually someone from the public or an advocate. Today we begin with a different story for us and it comes from a leading doctor and community leader. On February 5, I interviewed our board member Dr. Rhonda Meadows about the current state of equitable impact and distribution, what keeps her up at night serving the needs of the people and her personal journey from moving to know to Yes, I'm getting the vaccine. And I want to call out to the audience that this sort of journey story a story that highlights someone moving from no to yes and why is believed to be really important when it comes to helping people move towards vaccine acceptance.

#### 05:35 - NATALIE DAVIS

Before you hear from Dr. Meadows, I'm honored to introduce three experts to join us today. Dr. Molly Brodie is Executive Vice President and Chief Operating Officer at the Kaiser Family Foundation, and executive director of the public opinion survey research program. A distinguished Public Opinion scholar Dr. Brody's research focuses on understanding the public's views and knowledge on healthcare policy issues. And she has been a true leader in collecting data during this pandemic on what the people need.

#### 06:09 - NATALIE DAVIS

Dr. Matt Motta is an assistant professor of political science at Oklahoma State University where he is especially interested in identifying the social and political determinants of anti-science attitudes, and investigating their policy impact. He is broadly interested in designing communication strategies that

promote effective engagement between the public scientific community and politically contentious issues. And you can see how his expertise is so important now during the pandemic.

#### 06:39 - NATALIE DAVIS

Finally, Dr. Lisa Fitzpatrick brings us home as she always does about what it means to be working in community. Dr. Lisa is infectious disease physician, CDC trained medical epidemiologist and founder of grapevine health, an organization focused on improving health literacy and patient engagement. Her career is impressive and has spanned research, clinical medicine, global health, community health, education and patient advocacy. Her obsession with talking directly to community members has never been important now and you can always check out her work by Dr. Lisa on the street on YouTube or grapevine health. They're wonderful videos of her talking to people on the street. After Lisa, we will turn it over to you for you to ask questions of the panel. Throughout today's presentation, please submit your questions using the q&a or chat function. And I did want to remind everyone that this event is open to the press. And now let's play the interview with Dr. Rhonda meadows.

#### 07:44 - RHONDA MEADOWS

COVID pandemic just amplified what we were already being concerned about in terms of health disparities and resource inequities and basically put to the forefront all those things that we were not doing so particularly well with for people of color people. who are lower income or otherwise marginalized with COVID itself, we still are only early on and only an increased rate of exposure, but also an increased rate of more severe illness. So people were showing up more frequently in our emergency rooms in our hospitals. And then we started to notice mortality rates were higher to where blacks and Latinx people it was three to four times higher for indigenous people. It could be anywhere from five to I think the Navajo people themselves report 19 times higher which was traumatic To the whole population. So we know that there's increased risk of exposure, particularly for people who are working in part time retail or service oriented jobs. But we also know that people with chronic conditions, particularly their people of color, and as they get older, that's like a triple threat in terms of their increased risk for more severe illness, and mortality.

#### 08:59 - RHONDA MEADOWS

Number one is to basically make sure that we are listening to those concerns and questions not being dismissive. The past history of what has happened to people of color, with respect to research, public health research, clinical research, and clinical care cannot be erased or ignored, it can only be improved upon. I mean, that is a reality that people will share with you is basing their concerns on the errors. Also, the more recent things that have happened, and as well as the persistent health disparities, implicit bias and other challenges. These are long standing, they've been there the whole time. Now, in the midst of a pandemic, with a deadly viral infection, it is only been amplified. And when we have to listen to what people are talking about and asking about, that, we have to make sure that we are there to give them what information we actually have. One thing that I would say is be truthful and honest about what we do now. And what we don't know. So unless we actually are honest in our answers and don't sugarcoat things, people become very suspicious and very unlikely to participate. Because they feel like you're not treating them with the respect and dignity that they deserve. And that they are really thinking adult people who are clearly able to make the decisions, or once you're given the right information, when they get in and they have questions again, you have to respect their questions and their concerns.

#### 10:23 - RHONDA MEADOWS

I'm going to share with you a little bit here, okay. And that is this. I started in the hell to the no box. I am a physician, board certified practice for we're going to say a couple of decades and leave it at that. Okay. vaccinated myself, vaccinated my children, vaccinated all of my patients, and did all those things. So I am definitely pro vaccine. But I had serious questions about what a vaccine would look like, and its safety and efficacy. So having the reassurance that there's actually scientists involved, that has gone through much rigor and much of study actually helped me tremendously. Now, I will also tell you that going from the hell to the no box, to the no to the maybe and then finally accepting the vaccine myself, took a lot of research, a lot of learning for me to get that level of comfort. And then I don't go to my family, friends and co workers unless I'm comfortable with what I know.

#### 11:27 - RHONDA MEADOWS

Being able to go from the no to the yes was one gaining the information the inside and feeling comfortable and competent at it. The other is actually doing my own work and weighing the risks of the vaccine to the risk of the Coronavirus itself, I know that I am personally at higher risk for them for severe illness, right. So that makes a big important point. And for me, same thing with some of my relatives and family members if they're at higher risk, because of chronic condition, their age, a whole host of things and I'm going to make sure that they know that the risk of the vaccine side effects long term something we don't know about. But the risk of the Coronavirus itself is very real, it is very present it is right here today. And for my family and other families people of color. We know that because we have suffered losses. So in my family alone, we've lost 10 people. And that is in less than a year's time. I have a large family from New York, Georgia and Florida. We've lost that as a generation.

#### 12:29 - RHONDA MEADOWS

I think what keeps me up at night is the concern that we're going to fall back and we meaning the industry health care, public health government that will fall back to the way that we have distributed new vaccines and new medicines in the past. We do mass vaccination centers in places where the population is predominantly white or higher income or just professionals, as opposed to putting it into local neighborhoods and community centers in community college parking lots in churches, wherever it is you want to go. But you have to go to the people to give them access. I'm concerned that the extra effort that it takes to have real conversations to inform people and to be respectful of their concerns won't happen at a scale to get people of color confidence to continue to talk and build themselves up to get to the point where they will accept the vaccine. So I'm worried that we're just going to see a replay of that same movie that we've seen again and again. A new treatment comes and a new vaccine comes the get distributed. People get them and receive them in general, two to three years down the road, we look back and we say, oh, my goodness, why is the severity and mortality rates still higher and as a population, when we know we have a vaccine that is effective? Why won't those people get the vaccine. And they usually come back around when we figure out but nobody went to them in any kind of a concerted or sustained way. Nobody actually asked them about the concerns, worked with them through those concerns, gave them the information they needed, nobody made the extra step to make sure that not only is local access there, but the quality of care at those access points is of good quality. But you also have to address the fact that these are whole human beings who have other concerns, like vaccine clinic hours that are right when they're working. They're paid hourly, they can't get off, they lose wages, they need their wages to eat, to pay rent, right? If they take off too long, I don't know how long

your vaccine clinics and experience have been mine was pretty quick. But if you're waiting for a while, you can lose a whole day, you can also lose your whole job.

#### 14:38 - RHONDA MEADOWS

And right now, when it's really hard economically, there may not be much options for them. So if you are the one who's in charge of your household, making sure people eat sleep have a basis to live. You might think about well, you know what I have to weigh in my if I What if I get sick from the vaccine? That's the other question, right? I might actually be able to take off work well, I have health insurance or coverage to pay to treat me? 33 million vaccinated of the ones that were vaccinated. In the first month, we only have race and ethnicity data for 52%. Of that 52%, 60% who received the vaccine are white, 5% are black, 11.5% are Latinx, and 2% are native and indigenous people. So you can see where there's an obvious hold and gap that needs to be filled. Because otherwise we're going to be looking for long term, severity of illness and death rates impacting people of color.

#### 15:48 - NATALIE DAVIS

Great, it's always so helpful to have framing and thoughts and hearing, you know, Rhonda's personal story. We're thankful for that interview. I'll now hand it over to Molly Brodie to share information from Kaiser Family Foundation.

#### 16:03 - MOLLYANN BRODIE

Hi, thank you so much Natalie and United States of care for having me here. Let me share my screen quickly. And somebody can give me a thumbs up that everyone can see it. And thanks, Natalie, I want to just really briefly give you a look at some of what we learned about where people are in terms of their comfort with getting vaccinated from our COVID-19 vaccine monitor. And this is an ongoing research effort that's designed to make sure to scientifically represent the views and experiences of all Americans, but particularly some of the hardest to reach and most disproportionately affected groups in our country, the black and Hispanic adults, those living in rural communities. were listening hard to what people are telling us through their responses to our questions, and in their own words. So to start with the question of people's willingness to get vaccinated, we think about the public in sort of three large buckets. There's the eager, there's sort of the middle group the wait and see moveable middle, and then there's the outright reluctance. The good news is that we've been seeing evidence that the eager group is growing over the past few months, as vaccination has shifted from being hypothetical to being an actual reality. So as of now, as you see here, 47% are eager to get it as soon as possible, or have already gotten it. And that's up from about a third and December, the weight and C group, which I believe is one of the most important first of all to be paying attention to, for the country to reach herd immunity. That right now stands about three and 10 of the public. I'm going to focus most of my discussion today on this group. And finally, it's important to note that about two and 10 are very reluctant. They either tell us they won't get back won't get vaccinated until they're required to or they're definitely not going to get vaccinated like we just heard a hell no response. These groups are about the same size as they were in December and I expect them to be the hardest group and maybe the last to move in any direction. Now, of course, intention to get vaccinated vary across the population. In terms of the wait and see group which is which I'm showing you here. Young adults, black adults, Hispanic adults and urban residents are much more likely to say they're in the residency category than other groups.

18:22 - MOLLYANN BRODIE

But while it's helpful to think about which groups are more or less likely to be in a given category, I think it is really crucial that we don't talk about any given group. As a monolithic entity, because clearly there's very good intentions across every one of these groups, so very. So for example, just look that among black adults, the largest share the 43% I have circled falls into this "wait and see" category that we're talking about. But another 35% want to take it as, as soon as possible. For rural residents, you see that 42% are eager, 27% are in the wait and see group and 28% are in the definitely won't get vaccinated group are only a fire group. So we talk about rural residents as being very reluctant. But you can see that even among people in the rural communities of our country 42% want to get it right away. I think this has real implications for how we think about talking and communication and communicating within each population group. So what have we learned that can help us understand what the wait and see group is telling us and what's important for them? Well, first, we know that most people in this group do already worry that they or someone in their family will get sick from Coronavirus. That's 64%. You see at that top on your left. We also know that more than half of this group believes that getting vaccinated is more of their own personal choice, rather than part of everyone's personal responsibility to be part of a community. So I think the conversations with this group really need to help them come to their own conclusion that the best choice they can make for themselves will be to get vaccinated very much like the journey we just heard.

20:00 - MOLLYANN BRODIE

We've also learned that those in the wait and see group have a variety of real concerns about the vaccine, they're much more likely to say that the concerned about the long term effects of the vaccine are unknown, that they might experience serious side effects from the vaccine, and that the vaccines might not be as safe as people say they are. Also note at the bottom, the 42%, who say that they're concerned that they might get COVID-19 itself from the vaccine. And note that even within the wait and see groups, we see that concerns differ among other subgroups. So for example, black and Hispanic adults who say that they want to wait and see are more likely than their white adult counterparts to say they're concerned about the safety and effectiveness of the vaccines. And you can see the numbers I circled at the bottom, about six and 10 of black and Hispanics in this group say that they are concerned they might get COVID-19 from the vaccine. That's compared to about half as many as their white counterparts. We've also learned that hearing that even a small number of people had serious allergic reactions or short term side effects causes those in the wait and see group to say that they're less likely to get vaccinated. For example, note that 60% of the wait and see group says there'll be less likely to get vaccinated if they heard that even a small number of people had a serious allergic reaction. And 50% say the same about short term side effects. So addressing these worries head on is going to be important. And another challenge is that there are some serious misperceptions and myths about the vaccine that are circulating. They're circulating, both unintentionally from those who just don't know. And they're circulating intentionally from nefarious actors. For example, about one in five have told us that the COVID vaccine, that they've heard that the COVID vaccine contains live virus, and they either believe that that's true, or they're not really sure. Another 12% say the same about whether vaccines cause infertility. Overall, then about one third of the public holds at least one of these three misperceptions that we recently measured. Note that that grows to 41% among the wait and see group and more than half the definitely not group.

22:09 - MOLLYANN BRODIE

And finally, one more challenge that really needs to be on our agenda to tackle head on is that it is super hard for people to just get the basic facts about the vaccine from a trustworthy source. You'll note here, the majority, especially for the wait and see group, say they don't have enough information about when or where people like them should be able to get the vaccine, or even what the potential side effects are. Fully 77%. Almost eight out of ten in this group want more information about this. So in addition to learning more about what people are concerned about and what their information needs are, we've also learned a lot about the actual messages that resonate most with this group. We find that hearing the vaccine is really effective at preventing illness and protects you from getting sick, and that it's the quickest way to get us back to normal. resonates with the largest shares, particularly among the wait and see group, but also persuasive is hearing that millions of people have already been safely vaccinated. On the other hand, it's worth noting that that definitely not group is pretty dug into their opinions. They basically tell us that none of these messages would make them more likely to get vaccinated. Furthermore, furthermore, we all know that messengers themselves are as important if not more important than the messages. At this point. We've only begun to dig into the most trusted messengers, but it should be no surprise that for virtually all of groups, people's own known health care provider ranks at the top. And for the wait and see group health care providers and people's own family and friends loom as trusted sources. But as with concerns, not all messengers are equally appealing to all members of the wait and see group for example, and perhaps not surprisingly, among Republicans in this group, the CDC and state and local health department's ranked considerably lower than they do for Democrats, for example. And as important as I think representative quantitative data is to really help us understand and make plans for how to help move the country to herd immunity. There's really nothing like hearing straight from people in their own words, we have released for your own perusal the actual responses from a national random sample of over 1000 people to three key questions. We ask people, what are you? What's your biggest concern you have about getting the vaccine? Is there one message or piece of information that you would hear that would help make you be more likely to get vaccinated? And is there any person who would make you more likely to get vaccinated if you heard that they had been vaccinated? Here, you just see a small flavor of some of what we learn as we actually listen to people in their own words. For example, I'm going to get the vaccine, I just don't want to be anywhere near the front of the line. Or the person who said, I know COVID is so devastating to human organs that I'm concerned about not only the effectiveness of the vaccine, but about the long term effects over years in my body, especially if I'm going to need this on an ongoing basis. They're worried about side effects. They're worried about all sorts of things. And I promise you that it's worth your time to read through everything that we heard from people especially who they want to hear from.

#### 25:17 - MOLLYANN BRODIE

I think what this that the open ends really illustrates is it really does help us to take people's concerns and mistrust and information needs is valid and real. And it's up to all of us to help meet them where they are with this information. As Natalie said at the forefront. This is not the time or there's not a challenge here to create the slickest messaging we're not trying to sell a product here. This is about hearing and listening to people's real concerns and addressing those in a personal trustworthy way. I think we're definitely in a dynamic situation, the real life events and announcements are impacting the public's reactions, we should expect this to continue. The misinformation spread both intentionally and unintentionally is a real problem. The distribution process and how it continues and whether people feel like they can navigate it is going to matter a lot to whether we hit her herd immunity anytime soon. The hesitant group is really not monolithic, we have to remember that there's a large share in the

movable metal. And they very much want a chance to wait and see what happens to those who take the vaccine ahead of them. And they want to hear their concerns and their worries addressed by the people they trust. And we know so far that this wait and see group wants their valid concerns about the safety, the side effects and their worries about getting COVID itself from the vaccine address. They want messages delivered by trusted sources. And they want to hear that the vaccine is effective and protective. And that has the most chance of helping them get back to any kind of life before they are even in the place of trying to come to the conclusion that getting vaccinated is the right choice for them and their family. So thank you, I'm looking forward to our discussion. And for now I'm gonna stop sharing and turning it over to Matt to take us further into this tough issue.

27:09 - MATT MOTTA

Thank you so much, I'm going to go ahead and share my screen here. Okay, well, thank you again for having me. And you know, as Molly noted in her talk COVID vaccine hesitancy is a really important problem. And I want to pick up where Molly left off by saying, you know, here are some tested strategies that my colleagues and I and other academic research suggests might be effective at combating COVID-19 vaccine hesitancy and encouraging people to vaccinate. But before I do, I wanted to begin by talking about what does work, what doesn't work, some of the myths that exist around COVID and other vaccine communication. And so, you know, so often, I and others hear phrases like this, that if only vaccine skeptics, if only we could talk to vaccine skeptics the way that medical experts talk to each other with the presentation of facts and evidence that this would be a way to encourage people to get vaccinated. You know, another way that we could think about this is by saying that if only people knew the facts, they'd be willing to side with scientific consensus and get vaccinated. But there's a couple of issues with that approach. The first is that this approach assumes that the reason why people reject vaccine safety is because they're unaware of scientific consensus that they're unaware of the fact how vaccines work, how disease spreads. And a lot of social science research suggests that this really isn't the case. Oftentimes, skeptics are aware of the scientific facts, they know their stuff, but they're nevertheless motivated to reject them. And that's going to be a big part of what we talk about today. They're motivated by social, political and psychological concerns, to reject the facts or interpret the facts are in line with what it is they want to believe. In fact, we often find that people will use their superior understanding of the facts in order to validate their skepticism. I teach a course at Oklahoma State on misinformation. And one of the things I always tell my students is that if you want to know something about the curvature of the earth, ask a flat earther. Because they know everything about it. It's not that they don't understand the science, it's that they're selectively using the science in service of arriving at a particular conclusion.

30:05 - MATT MOTTA

And so what all of that means is that presenting people with the facts, fact checking, and debunking isn't always going to be enough. And just a quick procedural note, you'll note throughout this presentation, I'm going to put screen grabs from scientific and academic articles. I do that so that way you can cross reference the images in the slides, if you're watching now, or watching later on on YouTube, with those studies. And every study of mine that I'm going to talk about in this talk I've made available to Ryan and Natalie. And so I'm happy to share those with you. So what we know from past research, is that fact checking can be effective. Fact checking is most likely to change people's minds about scientific consensus, including vaccine related issues, when those issues are not politically, socially, religiously or culturally contentious, when you know those factors aren't necessarily dividing people's opinions about

the science. And in those cases, fact checking can absolutely work. But that's not typically the case for vaccine related issues pertaining to the novel Coronavirus and several other important vaccines. You know, my colleagues and I find in our research is that COVID-19 vaccination intentions are politically psychologically and culturally polarizing. And just to give you a quick example of what this looks like, we know based on the research that Molly cited as well as other public opinion polls that somewhere between fifth and a third of Americans, depending on the survey and when it's taken might refuse a Coronavirus vaccine, but Coronavirus vaccine refusal is not equal. Throughout the population, some people are more likely to refuse vaccination than others. We know for example, from our research and others that women versus men are more likely to intend to not vaccinate. African Americans and people of color in the US are less likely to intend to vaccinate than white folks. And what I've put on the right hand side of the screen here to kind of serve as a motivating example, for this talk, is the possibility that we are divided by political ideology with respect to whether or not we intend to vaccinate it what this graph shows that early on in the pandemic, Democrats and Republicans intended to vaccinate at roughly equal rates. But as the pandemic wore on, and particularly in response to former President Trump's rhetoric, downplaying the severity of the Coronavirus. We tended to see growing partisan asymmetries such that Republicans became less likely to intend to vaccinate. And that makes sense. Why would you vaccinate against an illness that isn't all that bad or if we're turning a corner? That of course changed in the early fall, notably following the vice presidential debate. Now vice president Kamala Harris Express expressed some skepticism about whether or not she would receive a vaccine that was approved by the Trump administration. And what we see is a dramatic reversal in that time period in vaccination in tensions between Democrats and Republicans, such that Democrats now became less likely to intend to vaccinate and following the election of Joe Biden's president. See, we've kind of seen a return to what we saw earlier on this summer. The reason I share that example is because I think it's useful for thinking about the ways that social factors, politics and psychology, can influence our decisions to vaccinate in ways that have nothing to do with the science itself. We also know, for example, that while safety concerns loom large for African Americans and people of color in the US, our research suggests that access concerns are also a major factor regarding why it is that especially people of color in the US are less likely to intend to vaccinate than white folks in the US, which is a point that I think is kind of underplayed in some of our discussion about vaccine hesitancy. And I'm happy to talk about some of the research that my colleagues and I have done on the correlates and determinants of vaccine hesitancy in q&a.

#### 34:35 - MATT MOTTA

So now, I want to get to talking about what it is that we can actually do to move the needle on COVID-19 vaccine uptake. I'm going to briefly share some insights from research that my colleagues and I have worked on in the past and that we're working on right now. And specifically, I want to introduce an approach to doing this, which is known as the science of science communication. And the science of science communication basically works like this. The first thing My colleagues and I try to do is to determine how many Americans hold views that are inconsistent with the best available scientific data, we typically do that using correlational, Survey Research, and public opinion polling. We then try to determine why some people are more likely than others to be vaccine hesitant or to hold views that are inconsistent with the science. And then critically, we use what we learn in stage two, the reasons why some people are more vaccine skeptical than others, to then inform communication strategies that are trying to meet people where they are, that use that information to encourage vaccine uptake. So to give you a quick example, my colleagues and I found in our previous research, that one factor that underlies

people's decision, especially parents decision to refuse MMR vaccination for their children, our feelings of moral purity, this idea that your body is a temple, and that putting any foreign substance into it is a violation of bodily sanctity. What we try to do in this situation is to tell people look, we totally get it. Vaccines are a foreign substance necessarily entering your body, and we understand why that might be a violation of these feelings. But you know, what else is a violation of bodily purity, measles, mumps, and rubella, the very diseases that these vaccines were designed to protect your children against. And we find that when we make that connection with people, and we meet them where they are, they're more likely to hold views about MMR vaccine safety that are consistent with scientific consensus. And so what my colleagues and I have been trying to do throughout the coronavirus pandemic is to apply those insights to understanding COVID-19 vaccination. Just a couple examples of where we've done this in a recent randomized controlled trial that we published a couple of weeks ago. And we found what we found that personal narratives, highlighting the risks of not vaccinating, that is to say the possibility that you could develop severe illness from COVID. As well as the social benefits of vaccinating, getting the COVID shot in order to help those who are immune compromised. were roughly effective for both Democrats and Republicans alike, thinking back to our motivating example, from a few slides ago to encourage people to intend to vaccinate. And we found as well, that advice coming from medical experts on the personal health risks of not vaccinating was also effective for both Democrats and Republicans at getting them to vaccinate. less effective, but somewhat surprisingly, I think, but less effective. we're emphasizing the macro economic costs of not vaccinating, vaccinate in order to help the economy or to get back to work, as well as medical expert assessments of the collective public health risks of vaccine refusal.

### 38:11 - MATT MOTTA

Additionally, there we know, again, as I mentioned a few slides ago that Republicans at this point in time are a bit less likely than Democrats to intend to vaccinate against covid 19. And a messaging attempt that I am working out in a working paper that hasn't yet been peer reviewed, is to try to talk about the accomplishments of the Trump administration, in order to encourage Republicans to get vaccinated if we recast the Biden administration's vaccine rollout responsibilities and obligations, and instead talk about the foundation that the Trump administration laid for this, and what I find using this approach, and again, keep in mind, this is a working paper, it's something that we're we're working through, is that being told about the previous administration's accomplishments makes republicans a bit more likely to believe that the vaccine will be rolled out safely and fairly and equitably. It's less effective at changing minds about the vaccine or intentions to vaccinate. But we know from previous research, as well as research from the Kaiser Family Foundation, which we we just talked about, that typically, we've seen some correlational evidence that when confidence in rollout increases, so to two opinions about the vaccine or positivity, I should say about the vaccine, and intentions to vaccinate. So that's something to potentially keep an eye on. And, you know, I'm actually going to just skip ahead a couple slides. I know I'm running short on time. But another thing to consider when trying to win over vaccine skeptics on the ideological right is to employ skeptics who have seen the light, so to speak, in communicating vaccine safety. Now, Joni Ernst, for example, had some very derogatory things to say, about doctors treating patients with COVID-19. And yet she chose to vaccinate, emphasizing those types of decisions, you know, irrespective of how it is that we might feel about them might encourage individuals who are otherwise vaccine skeptical to listen to people who share their political views, who have some point of common connection with them in areas unrelated to the science and the vaccine itself. So just really briefly, putting all of this research together and offering a few lessons that I think we

can take away from it. The first is that there's no one size fits all, to improve COVID-19 vaccine uptake. That's because there's a lot of different reasons why people might intend to refuse a vaccine, if we're meeting people where they are. This implies that we're going to need lots of different messaging strategies in order to do it. The second is that pluralism is key, both with respect to the messages we try, as well as the individuals who source those messages, the messengers, so to speak, some people are going to be more credible communicators than others, in part because what we mentioned in point one, that there's a lot of different reasons why people might choose to to rejected that scene. And if we want to meet them where we are different people are going to be better at doing that than others. And then finally, we need to make an effort to understand why it is that people reject vaccine safety. This is why the work that Molly and others are doing is so important, because if we can understand why it is that some people are more likely to refuse vaccination than others, we can use that information using the science of science communication approach that I mentioned earlier, in order to create messages that meet people where they are, and hopefully encourage vaccine uptake. So thanks again for having me here is my contact information. And once I can get back into the zoom here, I am going to turn things over to Dr. Fitzpatrick.

#### 42:40 - LISA FITZPATRICK

Thank you, Matt. Hello, everyone. And it's my job to give you a break from data slides. And next slide because I want to talk about the context around what's happening in the community, what people are saying about this vaccine, how they feel about it. And I want you to, to get a sense of a hope, based on what I'm hearing from people. I'm so happy. Several of you listening are from the press because some of you may have even called me to ask me about vaccine hesitancy. And I may have said to you, I think we should change this narrative. This is we shouldn't be talking about vaccine hesitancy. We should be talking about what I call the vaccine acceptance continuum. Which is basically what Mollyann described, because according to her data, 80% of the people are somewhere on this continuum toward accepting this vaccine. This is my strong opinion is that we should be focusing on that. And I agree with the focus on the 43%, who are in the wait and see category. And those are the folks I'm talking to actively. So I want to share some information about what I'm hearing. So I have, I only have two slides. So I want you to see some of the activities that are happening in the community so that you understand the context in which I am learning and becoming, and are starting to understand this information. So I'm physically on the ground with people. I'm in webinars with community members, at least twice a week, hearing people's concerns firsthand. But before I talk about that, I just for those of you who don't know, I am a Moderna vaccine trial participant. So this is the picture of me. And then in the middle, I've been sharing my journey on social media. I'm trying to offer some transparency. Because we don't talk about clinical trials. I'm I'm happy the public is now tuned in and learning about clinical trials. But before now, you know, the best time to educate people or to build trust with people is not during a crisis. So I think that's part of the reason we're failing, in some ways. But in the absence of that, I thought my story could help provide information and education people are seeking. You might be wondering why I decided to participate in a vaccine trial. I had no intention to do so. But on one of my strolls in the community, I encountered a man who said to me, what first he said, I have no interest in the vaccine, because that's Trump's vaccine. And I don't want anything to do with it. So similar to some of the comments, you heard even from Dr. Meadows. But after our conversation, I said Well, before, before I leave you, what would make you comfortable taking the vaccine? And he said, Well, if I can see other black people associated with it, so after that, I filled out and I completed the form and was accepted into the trial. And, and that is, that's how I became part of the trial. And so it's been very

interesting to talk to people about that on the street, people who are in this 43%, who come up and say, Oh, I have no interest in this vaccine, the first thing I do is try to help people separate the politics from the science because that's what's happening. People are conflating messages they're hearing from politicians, and making decisions, as you just heard from Matt about whether or not they want to take this vaccine. So trying to help people separate that out. And I might ask, Well, I'm a physician, would you call me to fix the plumbing in your house? Well, it's pretty obvious you wouldn't. So trying to provide different contexts for people to think about how they're making these decisions, has been pretty useful.

#### 46:55 - LISA FITZPATRICK

So what am I hearing the most? The most common questions I get? And I've written about this, in case you haven't seen it, they're the same questions Mollyann shared. Is it safe? What are the side effects, which I see as related, but the community sees them as separate issues until I explain how clinical trials works and what we're looking for. And also this notion about going first? Well, maybe maybe I'll just, you know, I'll wait and see. But I remind people that if you think back to when the first person received a Coronavirus shot, the vaccine was actually almost a year ago. And when I remind people that they realize, oh, wow, because some people have even said to me, Well, I'm going to wait a year to see what the side effects are. And then I'll think about getting the vaccine. So when I say well, March, you know, the first part of March will be a year. So how, you know, what do you think about it? What do you think about that now, and they may have other questions, so I share my experience. In the trial, I had side effects. I had a very uncomfortable night, with lots of body aches and a low grade fever. I was tired, pretty fatigued for a couple days and I share that with people and help them understand the phases of the vaccine trials, and why I felt comfortable even with the side effects. The side effects were identified during phase one. So again, helping to educate people about the different aspects of the trial. It really helps, helps provide the information and support they need to make a decision. And finally, I have been getting a lot before I go on to the ask the doctor sessions. I want to talk to you a little bit about that. But I want to, to ensure you know, the people I talked to on the street, no one is asking me about Tuskegee. Because this is also a question I get well, do you think people are hesitant because of Tuskegee. They're not. People know about Tuskegee, but they don't know the essence. They don't know exactly what happened. In fact, when I tell people, you're concerned about this vaccine, and if Tuskegee somehow comes up in the conversation, I remind them, there are no vaccines associated with Tuskegee. So when you talk to people about what's the real mystery, the root of the mistrust, it's really about how people are treated in our healthcare system today. And they have family members, my company is called grapevine health, because a lot of health information is transmitted organically at the bus stop at the dinner table, through friends and family. This is where people are getting trusted health information. So we want to help augment that and address the misinformation that's on the grapevine. So when I tell people about my experience, and then ask them to tell other people, this is how we are also hoping to spread information about the trial. But related to Tuskegee, when I talk about the vaccine, and the vaccine not being related to Tuskegee, someone will tell me Well, when my grandfather went to the hospital, we never saw him again, he died in the hospital. So I think these are the things we should focus on now what is going on within our healthcare system in 2021, that is making people distrustful of the people who are delivering health care.

#### 50:53 - LISA FITZPATRICK

Doctors are one of the most trusted sources of information for people in the community. However, even doctors, I've encountered a few doctors who are still somewhat reluctant. And I think this is what I'm seeing. And this is me talking all qualitative information. I think this is related. This is a generational issue. So in one of the webinars I delivered a few weeks ago, I talked about my research trial experience, I answered all the questions. And someone said, Well, Dr. Lisa, I've just met you. But I've been with my doctor for over 10 years. And my doctor told me not to take this vaccine, why would I trust you over my doctor. And I have to admit, I was a little caught off guard by that. But I did a little bit of homework. And I also reached out to this person to get more information. And it turns out his doctor was in his seventh decade, he'd never been involved in research, he'd never worked in an academic setting. And I think this is also part of the reason we are seeing this disconnect with some providers. Because the public sees doctors and they conflate us with researchers and scientists and even people in the lab, they will because you're a doctor, you must understand all these things. And it's and it's not true. So I think there is a need to better educate providers, also, particularly providers who've never practiced in an academic setting or who are not familiar with research processes. And when I found out about it, the reason I felt comfortable in addition to knowing this phase one safety data, I felt comfortable participating in a research trial, because I knew the investigators at George Washington University, and I called them up and said, Hey, what's going on? What is this messenger RNA, so I had access. And I think that is something that's missing. And we need help. And we need support to help bridge that gap between providers in the community who may not have such easy access to researchers who really understand and can credibly talk about clinical trials and vaccine research. So finally, the next slide is just a segway for me to talk to you about these ask the doctor sessions. So I started these tasks Dr. Sessions four weeks ago, we have a speaker bureau grapevine health has a speaker Bureau. And we are rotating on Tuesday night to answer questions directly from the community. There's a lot of information and education out there. But it's usually me talking to someone or some scientist or researcher clinician with their didactic or they're talking to colleagues, I wanted the community to be able to reach indirectly and talk to a provider without a filter. So we started these ask the doctor sessions and at the beginning of everyone, there's a poll. So I'm not sure if you can see this. I hope you can. But the poll is always asking, we always ask people if you will get the vaccine. And so, for this webinar, most of the attendees are seniors. So 61, or 67%, are over the age of 61. But look at the third question, do you plan to get a COVID vaccine? Look at how many people said no way? Zero? 33%? Not sure. So I think this is encouraging. And this is basically what we see. Every week. so far. It's also reflective of what I'm hearing in the community, the people who are not sure they are seeking their questioning, they want answers to their questions. And so this is the service I am providing in the community. I understand the data, I understand research, I'm an infectious diseases doctor, I can understand these concepts, but the community doesn't. So I've chosen to serve as a bridge between the community, researchers, scientists, and really help move people along this continuum. And I think, where we're doing okay. And finally, I'll say that 80%, if we get to 80%, who are on the continuum, we'll get on to this pandemic. So thank you for listening. And I really hope those of you who are in the press can help us shift this narrative toward acceptance, because who wants to be part of a negative narrative. And I think, as people see more folks who look like them better taking this vaccine, we will only see these numbers continue to increase. So thank you very much. And it was a pleasure being here. Thanks for asking me.

56:06 - NATALIE DAVIS

Great, thank you, Lisa. And Molly and Matt, I invite you guys back on screen. And we will do a lightning round of questions. And maybe go a little bit over time, because we've had some really good ones. But we'll keep this quick. And something that has come up, you know, in the questions, but also as you think about a narrative or even how we talk about it among our friends, this idea of back to normal, is this a motivator to people to get the vaccine? It's kind of hard to imagine normal exists anymore. So what if maybe starting with Lisa, and then Molly and Matt, how do we think about this? Is it a helpful narrative not to get too vaccine acceptance?

56:55 - LISA FITZPATRICK

Well, I mean, as Matt mentioned, it's not one size fits. All right. So I think there are some people that message will definitely resonate. And I lectured a GW class last night, and this same question came up, and someone said, well, we're never going back to where we were before. And actually, I don't believe that because I look at 911. We said the same thing after 911. It might take a while. But we will slowly revert back to where you know where we were. So I think yes, it can be a motivator. But for most people I'm encountering, they just want information. They want credible, trustworthy information.

58:58 - MOLLYANN BRODIE

Yeah, in the interest of time, I'm just gonna say. Yes, Dr. Lisa, of course, you got exactly it right. And the other thing I would say is that this does, I think, complicate the communication right now, because the science is, you know, is not yet caught up to this expectation that once you're vaccinated, you don't need to wear masks, and you're not a risk anymore. And I think, you know, slowly, there were some, you know, hopeful science in the last week or so. And I think as that science catches up, we're going to be in a better position to actually speak with more clarity on that. And I think that will be really helpful.

58:08 - MATT MOTTA

Yeah, I just want to echo everything that's been said before and to note that when my colleagues and I have tried to get back to normal frames, those haven't been as successful. And I think what's going on here is that that's a much more abstract reality, the possibility of getting sick, the possibility of getting someone else sick. I think that's very tangible. What is normal, how do we get back to it and how does a vaccine get you there? I think it's more nebulous. And so I think that might be why.

58:36 - NATALIE DAVIS

So perhaps it's talking more about back with our family back to school and back to work. We can talk about it without using normal unless that does motivate them. Really interesting to hear through here that forever republican wait and see republicans hesitant Republicans, this idea that Trump helped, you know, the vaccine was truly created under the Trump administration, and now through another administration is being administered and knowing that that we know is also scares off a lot of, you know, people of color and others. How do we model you just mentioned the complication of messaging and stop talking about this publicly when something really works for one population? And really turns off another? Any more thinking or no advice or about that topic?

59:23 - MOLLYANN BRODIE

Well, I think this is why it's so important to really not think in any monolithic terms, right. Everything about this pandemic, everything about how we have to talk to people has to be really on an individual basis. And just really, as you know, you started this session off, meet people where they are. I will say

that one thing that we know about, you know, the republican sort of perspective on this is that they don't believe they think that it's been exaggerated. And so again, that sort of suggests another avenue of like, you know, this is scary, scary, scary thing might work for some populations, but doesn't work for others who feel like that's not actually what the reality has been. So it's this micro conversations. I don't I don't know how else it's, you know, again, back to this is not some big, flashy national campaign that goes on the Super Bowl, right? Like, this is not what we're talking about here. We're talking about the kinds of conversations Dr. Elise was just talking about. It's hard, it's resource intensive, it's necessary.

1:00:29 - MATT MOTTA

Yeah, if I can just briefly piggyback on that, you know, we live in an age where micro targeting is possible on on social media and other platforms, we don't have to rely on national campaigns and ads aired during the Super Bowl, as long as we know who our audience is, and why it is that they're skeptical. We can with, you know, Razor- like precision, find members of that skeptical audience and try to give them the messages that we think would be most effective.

1:01:00 - NATALIE DAVIS

Lisa, how is it been talking to folks in the community when it's hard to get a vaccine right now? And so a question that's come in is how do we think about message timing and messaging, when access is still kind of tough for a lot of places in the community? And it's, you know, we're still in these like, no smaller groups that are able to, to be prioritized to get it?

1:01:22 - LISA FITZPATRICK

Yeah, it's really, it's really unfortunate, because the rollout should have been planned around the same time the vaccine studies were executed. So you know, there's a saying that the best time to plant a tree was 20 years ago, the second best time is now so I think it's not too late. We can do both at the same time. But I think, again, these trust, trusted messengers are the key. They're out there all over, we just have to find them. And they can ask for patience. They can educate, help educate people at the same time, but also their voices need to be heard at these policy tables. And I'm so glad someone like Andy is now at the White House who can, you know, carry these messages forward. But it's a tricky, it's a tricky situation, and definitely needs to be managed. But I'm still optimistic that despite the mess, because I think a lot of the skepticism came from the previous administration, if I'm being honest, and I think people feel like, you know, they have a sense of help is on the way. It's a little bit of a mess, but I'm willing to wait until I can get access. So let's just figure out how to get them access.

1:02:42 - NATALIE DAVIS

That's great. Any lightning round? Any last words for the media for our reporter friends? what's your round? Robin? Lisa, advice to cover this issue?

1:04:23 - LISA FITZPATRICK

I mentioned in my remarks, and that is, let's shift away from hesitancy and start highlighting acceptance and focus on this 43% Mollyann told us about the same group I'm seeing in the community. And finally, I'll just address this question I'm seeing from I think it's dunya alaikum. Sorry, if I mispronounced your name. Yes, there are a few of us. But we are not the only trusted messengers. Just because you are white doesn't mean you can't talk to a black population. This is really about building trust. Are you listening? Are you incorporating the feedback you're getting from people? Those are the

cues people are using to decide if they trust you. Is your report if these are our reporters? Is your reporting accurate? And is it genuine and authentic? Those are the things people are looking for. So it doesn't have to be a black person. So all of us have to help solve this problem. Is there aren't enough of us.

1:03:54 - NATALIE DAVIS

Thank you, Molly.

1:03:56 - MOLLYANN BRODIE

To tee off was something Dr. Lisa just said is, you know, I get the purpose of journalism is to report the news. But there's, there's good news, and there's bad news. And I feel like sometimes in this conversation, you know, yes, there's a lot of challenges with distribution. And yes, the disparities are getting worse. And there's all sorts of challenges. But there's also some hopeful notes. There's a lot of vaccines that have already got an out, there's tons of vaccines that have been given with no side effects. And as much as we report on the occasional bad side effect, reminding people that there's how many millions of vaccines already been given out over the world with no side effects or or low side effects. I think it's just getting that balance, right, and getting that information out and not forgetting both sides. When you have such short news, I get it. The news holes are short, the ability I mean, I get it the challenges, but just really to remember that.

1:05:07 - MATT MOTTA

Yeah, if I can share just one parting piece of advice. You know, one of the things that I've been trying to do to motivate new efforts to try to reach the vaccine hesitant, is watching videos of people who formerly believed in Q anon conspiracy theories, and I've seen the light and I've changed their minds. And in those videos, I have never once seen someone say, you know, what, I came across this piece of evidence that was just so damning, I had to change my mind. Fact checking is important. And when I talk to journalists about this, you know, I totally understand the need to fact check. But there's an equally important need to try to understand why some people are vaccine hesitant, and to affirm those views not to debunk not to cast doubt on the science, but to say we understand why it is that you're skeptical. Here's why you should vaccinate anyway. So fact checking, absolutely important, but I don't think it should be the only thing that we do.

1:06:08 - NATALIE DAVIS

Great. And I know from Molly's research and Matt's and Lisa says that they even picked up on keywords right there about talking about the, you know, the minimal side effects, the importance of getting back to family and loved ones and other other nuggets that are directly from the research on what motivates people, United States and Care's summarized a lot of that in our interested parties memos. So we are trying to pull out what the research data is and how we can talk about this. I want to thank the four panelists for coming on today with Rhonda and sharing her story, and really thankful for everybody spending a little over an hour with us. I encourage everyone to go to our website [UnitedStatesofcare.org](https://www.unitedstatesofcare.org). To access resources referenced today, we'll make sure to send out an email summarizing and providing links to a lot of this research as well as the video. And if you're inclined, please consider donating to United States of care and support in our work and please be safe, take care and have a great day.