



TO: Interested Parties
 FROM: United States of Care
 SUBJECT: Vaccine Research Memo: Meeting people where they are to build confidence
 DATE: May 20, 2021

Today, nearly [275M doses](#) of the COVID-19 vaccines have been administered. Uptake over the past two months has been propelled by early enthusiasm, increased vaccine supply, and expanded eligibility. There is a significant amount of momentum to celebrate and the latest research from our partners in the Vaccine Hesitancy Research Consortium provides us with clear insights into vaccination opportunities and challenges ahead for the United States.

For the next several months, public health officials, providers, and advocates will be working towards the Biden Administration’s [goal of getting 70% of adults either fully or partially vaccinated](#). This will require the continuation of robust COVID-19 vaccination public education efforts that meet people where they are, focus on the basic facts that address common questions and concerns, and engage the most trusted messengers — usually people’s personal physicians.

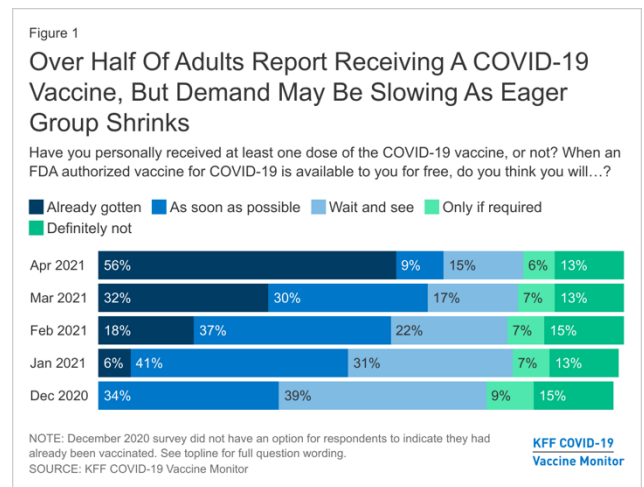
About this document: This memo was created by assembling studies and polling results conducted over the past three months, interviewing researchers, and interpreting their findings. The analysis and resulting messaging recommendations in this document can form the baseline for how we, as health and vaccine advocates, engage in the effort to address people’s concerns and help the country reach maximum vaccination levels.

Current trends and enthusiasm:

In the recent [April COVID-19 Vaccine Monitor](#) from Kaiser Family Foundation (KFF), they found that **uptake continues to increase, but there are signs enthusiasm is plateauing**. As of KFF’s April report, 64% of adults said they had gotten at least one dose of a vaccine or intended to do so as soon as possible, which was up 3% from March (61%) (*Figure 1*).

Encouragingly, for the first time, the report found a **majority (55%) of Republicans now say they have received at least one dose of the vaccine or intend to do so**, which is up from 46% in March. While one in five Republicans (20%) still say they definitely won’t get vaccinated, this number is down from 29% in March. Other key findings from KFF’s report included:

- Among those who are open to getting vaccinated but have not yet tried to get an appointment, reasons range from safety concerns to logistical barriers to questions about eligibility, and vary widely by vaccination intention.
- KFF continues to find that lack of information and access are barriers for some individuals, particularly for people of color.



- About a quarter of young adults ages 18-29 say they still want to “wait and see” how the vaccine is working, higher than any other age group.
- Prior to the recent vaccine authorization for children age 12-15, three in ten parents of children in that age range say they would get their child vaccinated as soon as a vaccine is available.

Understanding hesitant communities:

Despite the increases in access and eligibility that have driven vaccine uptake, concern about the COVID-19 vaccine persists among pockets of Americans across varying demographics, including political conservatives, rural Americans, and communities of faith.

Political Conservatives

In March, the de Beaumont Foundation commissioned [a nationwide survey of registered Republican voters](#) (n=1,000). Voters were polled on their concerns, as well as the words, sentences, phrases, and arguments that would make them more likely to take a COVID-19 vaccine.

Respondents were asked “*Other than side effects, which of the following makes you most opposed or hostile to taking the COVID-19 vaccine?*” Below are the top three responses among all GOP respondents, those identified as Trump Republicans, and those under and over 50. Relationships across groups can be observed in the charts’ color coding.

GOP	TRUMP	18-49	50+
It was developed too quickly and may have skipped rigorous testing, precautions, and protocols. (29%)	It was pushed by the politicians and funded by the government. I don't trust them. (30%)	It is being pushed by the media. (31%)	It was developed too quickly and may have skipped rigorous testing, precautions, and protocols. (26%)
It is being pushed by the media. (17%)	It is being pushed by the media. (24%)	It was developed too quickly and may have skipped rigorous testing, precautions, and protocols. (24%)	It was pushed by the politicians and funded by the government. I don't trust them. (21%)
It was pushed by the politicians and funded by the government. I don't trust them. (15%)	It was developed too quickly and may have skipped rigorous testing, precautions, and protocols. (23%)	It was pushed by the politicians and funded by the government. I don't trust them. (24%)	The politicization of science is wrong. (18%)

When these Republican respondents were asked “*what would motivate you to get [the COVID-19] vaccine the MOST?*” The same groups showed consistency in their responses.

GOP	TRUMP	18-49	50+
If getting vaccinated will guarantee the economy will fully reopen. (32%)	If I had more data about long-term side effects from the vaccine. (29%)	If I had more data about long-term side effects from the vaccine. (34%)	If getting vaccinated was the only way I was able to get back to living my life the same way as before COVID. (33%)
If getting vaccinated was the only way I was able to get back to living my life the	If getting vaccinated was the only way I was able to get back to living my life	If my employer offers incentives for employees to get the vaccine. (19%)	If I had more data about long-term side effects from the vaccine. (24%)

same way as before COVID. (31%)	the same way as before COVID. (21%)		
If I had more data about long-term side effects from the vaccine. (23%)	If I'm required to get vaccinated to fly or travel. (19%)	If getting vaccinated will guarantee the economy will fully reopen. (18%)	If getting vaccinated will guarantee the economy will fully reopen. (22%)

Polling has consistently made the point that **Republican audiences are not monolithic, and similar concerns and questions about the vaccines exist across all demographics.** Using simple, factual, empathetic messages goes far in addressing their specific concerns about vaccines' short and long-term safety. These includes:

- [71% of Trump voters have either received at least one dose or plan to get vaccinated.](#)
- [The vaccines are over 90% effective, while the annual flu vaccine is usually less than 60% effective.](#)
- [The speed of the vaccines' development was due to reducing administrative bureaucracy, not bypassing any safety precautions. We didn't cut corners on safety. We cut red tape.](#)
- [If enough people are vaccinated, we can prevent an additional 100,000 deaths.](#)
- [The vaccine will help protect you from getting sick from COVID-19.](#)

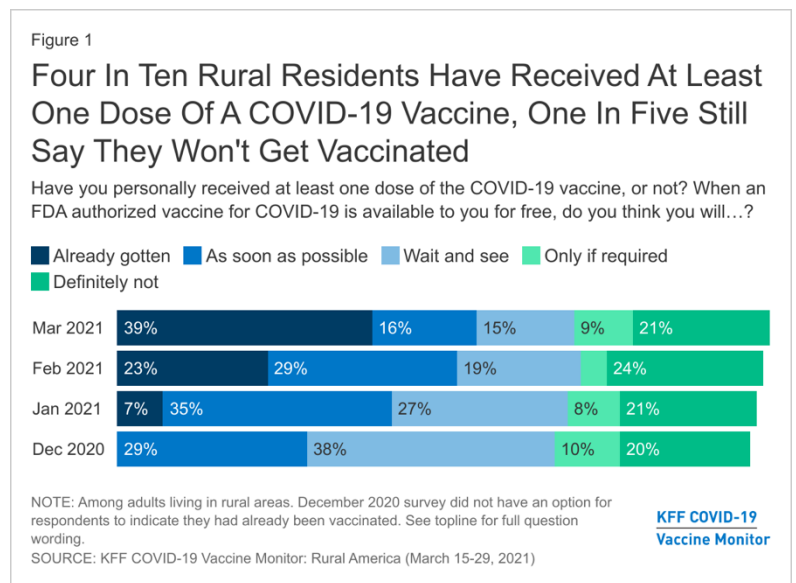
Rural Americans

In March, the Kaiser Family Foundation fielded a survey of adults residing in rural communities (n=1,001) and found that 39% reported being fully vaccinated, with an additional 16% saying they plan to get vaccinated (*see figure 1*). However, the polling also found that “three in ten rural residents say they will either “definitely not” get vaccinated or will only do so if required, and few unvaccinated rural residents (11%) say they have tried to get an appointment.

Within rural communities, those who are less enthusiastic about getting the vaccines were “Republicans, White Evangelicals, essential workers in fields other than health care, and young adults 18-49.” Meanwhile, **64% of Black rural adults said they had either received a vaccine or that planned to do so as soon as possible.**

However, access remained a challenge for Black rural adults:

“Less than half of Black adults say their rural communities have enough supply of COVID-19 vaccine (compared to 59% of White rural adults) and half (53%) say their community has enough vaccination locations (compared to 69% of White adults). Access to COVID-19 vaccines within the Black community is consistent with other forms of health care access in rural communities with Black residents also less likely than



White residents to say their community has enough hospitals and doctors and health care providers.”

KFF also tested various [messages](#), [incentives](#), and data points to gauge their effectiveness to increase vaccine uptake within rural communities. While no message was particularly persuasive with the most resistant communities, there were various messages and incentives that tested well among those in the “wait and see” group, including:

- The vaccines are nearly 100% effective at preventing hospitalization and death from COVID-19 (65% among “wait and see” group).
- Although the COVID-19 vaccines themselves are new, scientists have been working on the technology used in these vaccines for 20 years (52%).
- The U.S. Centers for Disease Control said that vaccinated people could travel freely and would not need to wear masks in most situations (45%).
- Airlines required passengers to be vaccinated before they could fly (44%).
- The COVID-19 vaccine was offered to them during a routine medical visit at a place they normally go for health care (44%).
- The COVID-19 vaccine was offered to them during a routine medical visit at a place they normally go for health care (41%).

Communities of Faith

At the end of April, PRRI [released a survey of 5,149 adults](#) that showed how faith-based approaches can increase vaccine enthusiasm among key communities. Among hesitant people, 26% indicated that one or more faith-based approaches would make them at least somewhat more likely to get vaccinated. Even among the most unlikely, 6% say one or more faith-based approaches could persuade them.

TABLE 1.6 Impact of Faith-Based Approaches on Vaccine Willingness

Percent who say the following would make them at least somewhat more likely to get the vaccine:

	Hesitant	Refuser
A religious leader encouraged you to get the vaccine	13%	4%
Your religious community held a forum to discuss the safety of the vaccine	14%	3%
A religious leader you trust got the vaccine	13%	4%
A member of your religious community got the vaccine	11%	3%
You could get the vaccine at a nearby religious congregation	10%	3%
Your religious community provided assistance in getting an appointment to get the vaccine	11%	3%

Source: PRRI-IFYC March 2021 Survey.

Also, worth noting from the PRRI survey: Church attendance among Black Protestants correlates positively with vaccine acceptance. **Their survey found 57% of Black Protestants attending services at least a few times a year are vaccine acceptors.**

Meanwhile, 43% of White Evangelicals who regularly attend religious services are vaccine acceptors, compared to 48% of those who attend services less frequently.

Messaging to meet people where they are:

We must continue to recognize that people have important questions about the vaccine, and they deserve empathetic, straightforward answers as they consider if the vaccine is right for them. Research makes clear that people — across all demographics and political affiliations — want accurate information they can rely on to keep themselves and their families safe. Building confidence starts by meeting people where they are and encouraging them to seek the information they need from their doctors so they can make their personal choice to take the vaccine.

Share the facts

Multiple rounds of messaging research have pointed to one basic truth: Vaccine confidence and enthusiasm increase when audiences are presented with a set of straightforward, factual messages about the vaccines' effectiveness.

- Highlight the basic facts and reasons to get vaccinated that cut across demographics.
 - **Messaging example:** *“The vaccines are over 90% effective, while the annual flu vaccine is usually less than 60% effective.”*
 - **Messaging example:** *“If enough people are vaccinated, we can prevent an additional 100,000 deaths.”*
 - **Messaging example:** *“The vaccine will help protect you from getting sick from COVID-19.”*
- Do not be dismissive of questions or common concerns. Address them with clear and basic facts.
 - **Messaging example:** *“It's understandable that some people are concerned about the speed at which the vaccines were created. But with this vaccine, scientists have been working on the technology used to develop the vaccine for nearly 20 years. The reason for its speed was that we were able to cut red tape and administrative bureaucracy that often slows down life-saving medical innovations.”*
 - **Messaging example:** *“It is true that we don't currently know if the vaccines will have any long-term side effects. But we do know that people who received the vaccine in trials a year ago have shown no ill effects and we know that many suffer long-term, seemingly random, effects of COVID, like increased fatigue and loss of taste and smell.”*
- Talk about the encouraging vaccine successes without making the “hard sell.”
 - **Messaging example:** *Every one of the more than 150 million people who have been vaccinated are ensuring we finish this battle against COVID-19 and return to our unrestricted way of life.*
 - **Messaging example:** *Half of adults have gotten at least one dose*, which is amazing and so encouraging. It still leaves a lot of people still to be vaccinated and it's easy to see how universal eligibility, adequate supply, and easy access to the basic facts will be critical to building confidence and closing the gap.
 - **Messaging example:** *Some of those who want to “wait and see” have been uncertain about vaccine costs or eligibility. Fortunately, the COVID-19 vaccines*

are free, and every person in the United States age [12 and older](#) is now eligible to receive one.

- Encourage folks to get more information from a trusted source, like their personal physician.
 - **Messaging example:** *The decision to get the COVID-19 vaccine is a personal one. Now that all adults in the U.S. are eligible to be vaccinated, we encourage everyone to reach out to their doctors for additional information.*
 - **Messaging example:** *Individual questions or concerns about the vaccine are important, and they should be discussed with a trusted medical professional.*

Hesitant populations are not monolithic and there are many things that are driving their understandable concerns. Do not shame or label people for having concerns, and do not coerce or guilt them into taking it. Share the facts, encourage them to speak with their doctors, and remind them that every person in America, 12 and older, is now eligible to receive the vaccine.

###

Appendix: Research from the Vaccine Hesitancy Research Consortium

Recent data and polling resources since March 1st, 2021 are linked below:

- **de Beaumont Foundation:** [Vaccine Confidence Rising Despite Johnson & Johnson Pause](#)
 - Methodology: The nationwide survey was conducted April 15-16 by pollster Frank Luntz, with 1,000 registered voters, including an oversample of 200 voters age 18-34, modeled demographically based on voter turnout in the 2020 presidential election (+3% margin of error).
- **de Beaumont Foundation:** [Trump Voters want vaccine information from doctors, not politicians](#)
 - Methodology: The nationwide survey was conducted March 14-16 by pollster Frank Luntz, with 1,000 registered GOP voters who voted for President Trump in the 2020 election (+3% margin of error), modeled demographically based on voter turnout. They were polled about the specific words, sentences, phrases, and arguments that would make them more likely to take a COVID-19 vaccine.
- **Kaiser Family Foundation:** [COVID-19 Vaccine Monitor - Rural America](#)
 - Methodology: The survey was conducted March 15-29, 2021 via telephone and online among a nationally representative sample of 1,001 adults residing in rural counties (including interviews from 159 Hispanic adults and 170 non-Hispanic Black adults).
- **Kaiser Family Foundation:** [KFF/The Washington Post Frontline Health Care Workers Survey](#)
 - Methodology: Nationally representative survey conducted from February 11-March 7, 2021 with a sample of 1,327 frontline health care workers (those with direct contact with patients and their bodily fluids), representing hospitals, doctors' offices, outpatient clinics, nursing homes and assisted care facilities, and those working in home health care. The project also includes a comparison survey allowing researchers to compare the group of frontline health care workers to the general population, that included 971 U.S. adults not working as frontline health care workers, with a margin of error of +/- 3% for the health care workers and 4% for the general public.

- **Kaiser Health News** : [Covid Vaccine Hesitancy Drops Among All Americans, New Survey Shows](#)
 - Methodology: The survey was conducted March 15-22 among 1,862 adults and has a margin of error of +/-3 percentage points.
- **Ad Council and COVID Collaborative**: [New Study Shows Large Vaccine Hesitancy Among White Evangelicals](#)
 - Methodology: Wave 2 of the COVID Collaborative coronavirus vaccine uptake tracking survey was conducted Feb. 26-March 8, 2021, among a random national sample of 1,845 adults. The study was produced for the COVID Collaborative by Langer Research Associates, with sampling and data collection by Ipsos Public Affairs via its online, probability-based KnowledgePanel®, which provides internet access as needed to randomly recruited participants. Results have a margin of sampling error of 2.8 percentage points