

## Preventive Behaviors in the Evolving COVID-19 Context

### A Tracking Survey for Communication Strategy, Wave III: June 11-21, 2021

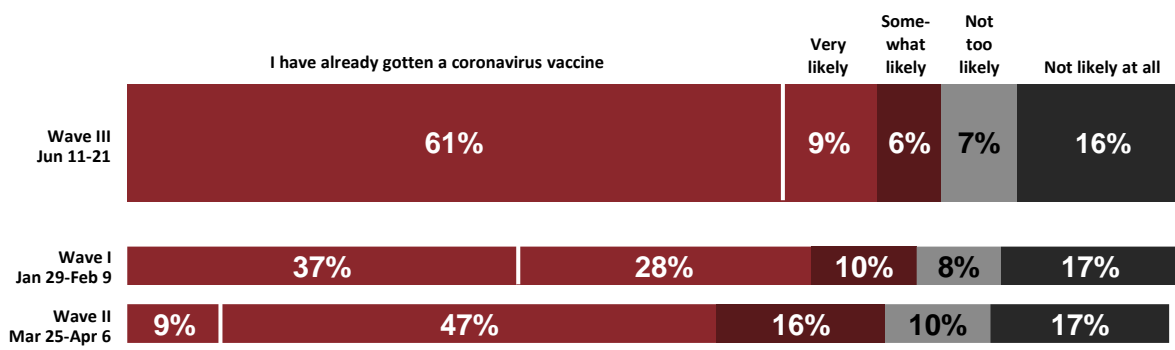
In partnership with ASTHO and NPHIC, the Harvard Opinion Research Program is conducting a series of surveys to provide robust evidence that can guide communications strategy around mask-wearing and vaccination in the evolving COVID-19 context. This brief update showcases select results about vaccination utilizing data from three waves—Wave III: June 11-21 (n=2638), Wave II: March 25-April 6 (n=2001), and Wave I: January 29-February 9 (n=1395). Key findings and tips for state, territorial and local health departments were developed from the results and can be used to shape communications and outreach. This project is funded by CDC.

### Summary and Implications for Communications

Results of the latest tracking survey suggest important successes for coronavirus vaccination, with a growing fraction of ‘vaccine acceptors’, which is those who say they have gotten it and those who say they are “very likely” to do so. Results also show opportunities to reach others in the ‘moveable middle’ – primarily those who say they are “somewhat likely” to get vaccinated. In particular, making the vaccine available as part of routine care with familiar providers or providing sizable direct payment (\$100) could help encourage some of those adults to get vaccinated. It may also be useful to explore vaccine requirements for air travel or similar activities. Such incentives should be offered in the context of continued customized messaging about vaccine safety and efficacy, with trusted sources that reflect the diversity of communities with lower vaccination rates.

Survey results also show an unmoved group of adults who are strongly vaccine hesitant. None of the proposed incentives are motivating for this group, which is consistent with past results suggesting a deep and abiding distrust of government as well as parts of the health care system underlies their views of vaccination. A longer-term approach based on creating meaningful connections and addressing deeply rooted distrust will be needed to help ensure these adults also have appropriate information and support for coronavirus vaccination decisions.

**Figure 1: Vaccine acceptance among U.S. adults, early February to June 2021.**



**Figure 2: Influence of incentives among unvaccinated U.S. adults, by likelihood of vaccine acceptance.**

Incentives	Percent saying incentive would make them “a lot more likely” to get a coronavirus vaccine		
	a. Among those somewhat likely to get a coronavirus vaccine	b. Among those not too likely to get a coronavirus vaccine	c. Among those not likely at all to get a coronavirus vaccine
Being vaccinated was required to fly on a plane internationally, meaning to travel outside the United States	25% <sup>bc</sup>	9%	6%
The vaccine was offered at a place you normally go for health care	25% <sup>bc</sup>	7%	3%
They would be offered \$100 from your state government	24% <sup>bc</sup>	9% <sup>c</sup>	3%
Being vaccinated was required to fly on a plane domestically, meaning to travel inside the United States	22% <sup>bc</sup>	6% <sup>c</sup>	5%
Being vaccinated was required to attend large gatherings such as sporting events and concerts	17% <sup>bc</sup>	5% <sup>c</sup>	1%
They could skip the admissions line at a sporting event or amusement park if they chose to get a one-dose vaccine at an on-site mobile medical van before entering	14% <sup>bc</sup>	7% <sup>c</sup>	1%
They would be offered a \$20 restaurant gift card for food or drinks	12% <sup>bc</sup>	3%	2%
A mobile medical van offering a one-dose vaccine stopped in your neighborhood	11% <sup>bc</sup>	3%	0%

<sup>abc</sup> Percentage is statistically significantly greater than the percentage among the corresponding group.

