Increasing COVID-19 Vaccine Confidence among the “Moveable Middle”

Vaccinate with Confidence Team
Chief Medical Officer
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Defining Vaccine Confidence

- Vaccine confidence is the trust that patients, parents, or providers have in:
  - recommended vaccines;
  - providers who administer vaccines; and
  - processes and policies that lead to vaccine development, licensure, manufacturing, and recommendations for use.
High uptake of COVID-19 vaccines requires adequate supply meeting sufficient demand, mediated by access, equity, and vaccine confidence.

Vaccine Confidence Is Dynamic and Expressed in Behaviors

- Advocating against vaccination in community
- Delaying making a vaccination appointment with a “wait and see” attitude
- Proactively scheduling a vaccination appointment before being notified of eligibility by HCP
What Are the Social and Behavioral Factors that Drive COVID-19 Vaccine Uptake?

**What people think and feel**
- Confidence in vaccine benefits
- Confidence in vaccine safety
- Perceived risk — self
- Perceived risk — others
- Seeing negative information

**Social processes**
- Influential others support vaccination
- Vaccination norms
- Workplace norms
- Decision and travel autonomy
- Trust in vaccine providers
- Self-confidence in answering questions

**Motivation**
- Intention to get a COVID-19 vaccine
- Willingness to recommend a COVID-19 vaccine

**Practical issues**
- Know where vaccine is available
- Previous uptake of adult vaccination
- Ease of access
- Preferred site
- Availability of on-site vaccination

**Vaccination**
- Receives recommended vaccines

*C*Construct is exclusive to health worker survey

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**Citation:** The BeSD expert working group. Based on Brewer NT, Chapman GB, Rothman AJ, Leask J, and Kempe A (2017). Increasing vaccination: Putting psychological science into action. Psychological Science for the Public Interest. 18(3): 149-207

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**CDC’s Strategy to Reinforce Confidence in COVID-19 Vaccines**

**Build Trust**
- Objective: Share clear, complete, and accurate messages about COVID-19 vaccines and take visible actions to build trust in the vaccine, the vaccinator, and the system in coordination with federal, state, and local agencies and partners.
  - Communicate transparently about the process for authorizing, approving, making recommendations for, monitoring the safety of, distributing, and administering COVID-19 vaccines, including data handling.
  - Provide regular updates on benefits, safety, side effects, and effectiveness; clearly communicate what is not known.
  - Proactively address and mitigate the spread and harm of misinformation via social media platforms, partners, and trusted messengers

**Empower Healthcare Personnel**
- Objective: Promote confidence among healthcare personnel* in their decision to get vaccinated and to recommend vaccination to their patients.
  - Engage national professional associations, health systems, and healthcare personnel often and early to ensure a clear understanding of the vaccine development and approval process, new vaccine technologies, and the benefits of vaccination.
  - Ensure healthcare systems and medical practices are equipped to create a culture that builds confidence in COVID-19 vaccination.
  - Strengthen the capacity of healthcare professionals to have empathetic vaccine conversations, address myths and common questions, provide tailored vaccine information to patients, and use motivational interviewing techniques when needed.

**Engage Communities & Individuals**
- Objective: Engage communities in a sustainable, equitable, and inclusive way—using two-way communication to listen, build trust, and increase collaboration.
  - Empower vaccine recipients to share their personal stories and reasons for vaccination within their circles of influence.
  - Work with health departments and national partners to engage communities around vaccine confidence and service delivery strategies, including adaptation of vaccination sites to meet community needs.
  - Collaborate with trusted messengers—such as faith-based and community leaders—to tailor and share culturally relevant messages and materials with diverse communities.

*Personnel = All staff working in healthcare settings, including physicians, PAs/NPs, nurses, allied health professionals, pharmacists, support staff, and community health workers
Background: Data Collection Goals and Objectives

- **Goal:** Leverage two existing probability-based omnibus panel surveys (NORC Amerispeaks and Ipsos Knowledge Panel) of the general U.S. adult population to assess knowledge, attitudes, beliefs, and behaviors related to COVID-19 vaccines

- **Objectives:**
  - Determine COVID-19 vaccination status
  - Assess intentions to receive a COVID-19 vaccine
  - Understand knowledge, attitudes, beliefs, and behaviors related to COVID-19 vaccines
  - Determine membership in priority populations for vaccination

Methods: Ipsos and NORC Omnibus Surveys

- Both Ipsos and NORC conduct probability-based, cross-sectional, biweekly Internet panel surveys of 1,000 adults 18 years and older
- Each vendor conducts two surveys per month on rotating weeks, for a total of four weekly surveys per month
- Data collection began in December 2020 and will continue through December 2021
- **Ipsos Knowledge Panel** uses address-based sampling methodology covering nearly all households in the U.S., regardless of phone or Internet status.
- **NORC Amerispeaks Panel** uses U.S. mail notifications, telephone interviews, and in-person field interviews to recruit panel members.
Methods: Questionnaires and Vaccine Confidence Data

- **20 questions** on each survey plus additional profile variables:
  - COVID-19 vaccination status and intention to get vaccinated
  - Reasons for vaccination/non-vaccination
  - Questions about priorities/interests
    - Example: one-dose vs. two-dose COVID-19 vaccination preference
  - Profile variables: age, race, sex, political affiliation, urbanicity, etc.

- Use data to identify social and behavioral factors associated with different intentions to vaccinate:
  - Vaccine Refusers *(definitely will not get a vaccine)*
  - Moveable Middle *(probably will not get a vaccine, unsure, probably will get a vaccine)*
  - Vaccine Endorsers *(definitely will get a vaccine, vaccinated [≥1 dose])*

### Approximately What Percent of Adults Are in the Middle?

- **Vaccinated**: 35.5%
- **Definitely get a vaccine**: 22.4%
- **Probably get a vaccine**: 11.3%
- **Unsure**: 9.9%
- **Probably not get a vaccine**: 9.4%
- **Definitely not get a vaccine**: 11.6%

- **Vaccine Endorsers**: 57.9%
- **Moveable Middle**: 30.6%
- **Refusers**: 11.6%

Source: IPSOS and NORC Omnibus Surveys, March Wave 2 (Mar 19-29)
Who has Already Been Vaccinated, Who Intends to Get Vaccinated, and Who Plans to Refuse Vaccination?

Source: IPSOS and NORC Omnibus Surveys, March Wave 2 (Mar 19-29)

Motivations for Getting a COVID-19 Vaccine

Source: IPSOS and NORC Omnibus Surveys, March Wave 2 (Mar 19-29)

The Summit Weekly Update 4/15/2021
### Reasons for Vaccine Hesitancy

Among the **moveable middle**, percent who said each of the following made them hesitant to get a COVID-19 vaccine:

- Concerned about possible side effects: 57.1%
- I plan to wait & see if it is safe & may get it later: 49.7%
- Other people need it more than I do right now: 33.6%
- Concerned about having an allergic reaction: 25.4%
- Don’t trust COVID-19 vaccines: 24.6%
- I don’t know if a COVID-19 vaccine will work: 21.0%
- I don’t believe I need a COVID-19 vaccine: 12.4%
- Don’t think COVID-19 is that big of a threat: 11.1%
- Concerned about the cost: 9.4%
- I don’t like needles: 6.5%
- Obstacles that prevent me from getting a vaccine: 5.4%
- Other people in my community not getting vaccinated: 2.0%

Source: IPSOS and NORC Omnibus Surveys, March Wave 2 (Mar 19-29)

### Concerns about Vaccine Side Effects

How concerned are you about experiencing any side effects of a COVID-19 vaccine?

- **Very concerned**
- **Somewhat concerned**
- **Slightly concerned**
- **Not concerned**

**Source:** IPSOS and NORC Omnibus Surveys, March Wave 2 (Mar 19-29)
**Perceived Risk for COVID-19**

How concerned are you about getting COVID-19?

<table>
<thead>
<tr>
<th></th>
<th>Very concerned</th>
<th>Somewhat concerned</th>
<th>Slightly concerned</th>
<th>Not concerned</th>
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<tbody>
<tr>
<td>Vaccine Endorsers</td>
<td>23.7</td>
<td>30.6</td>
<td>28.7</td>
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<tr>
<td>Moveable Middle</td>
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<td>29.1</td>
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<td>16.7</td>
<td>63.5</td>
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</tbody>
</table>

Source: IPSOS and NORC Omnibus Surveys, March Wave 2 (Mar 19-29)

**Are the Middle Moving Toward Vaccine Confidence?**

Trends in COVID-19 Self-Reported Vaccine Confidence, by Age and Survey Wave, Jan - Mar 2021

- **Vaccine Endorsers:** Definitely will get/Received ≥ 1 dose vaccine
- **Moveable Middle:** Probably will not get/Unsure/Probably will get
- **Refusers:** Definitely will not get

Source: IPSOS and NORC Omnibus Surveys
Are the Middle Moving Toward Vaccine Confidence?

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Key Takeaways for the Moveable Middle

- The middle is moving and narrowing:
  - People who want to get a vaccine are getting vaccinated and prevalence of refusers continues to hold steady.
  - There are continued opportunities to engage fence sitters and populations not previously eligible to receive a vaccine (e.g., 18-to-29 year olds).
- Trust in COVID-19 vaccines, in particular vaccine safety and efficacy, continues to be an important deciding factor.
- Risk perception of side effects from COVID-19 vaccines is stronger than the risk of getting COVID-19.
- Concern about transmitting COVID-19 to friends and family is a top reason to want to get vaccinated, behind information on vaccine safety and efficacy.
Thank you!

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The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.