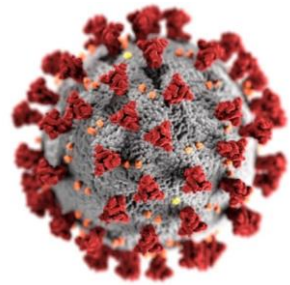


Increasing COVID-19 Vaccine Confidence among the “Moveable Middle”

Vaccinate with Confidence Team
Chief Medical Officer
Vaccine Task Force
Centers for Disease Control and Prevention



Vaccinate with **Confidence**

cdc.gov/coronavirus

1

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.

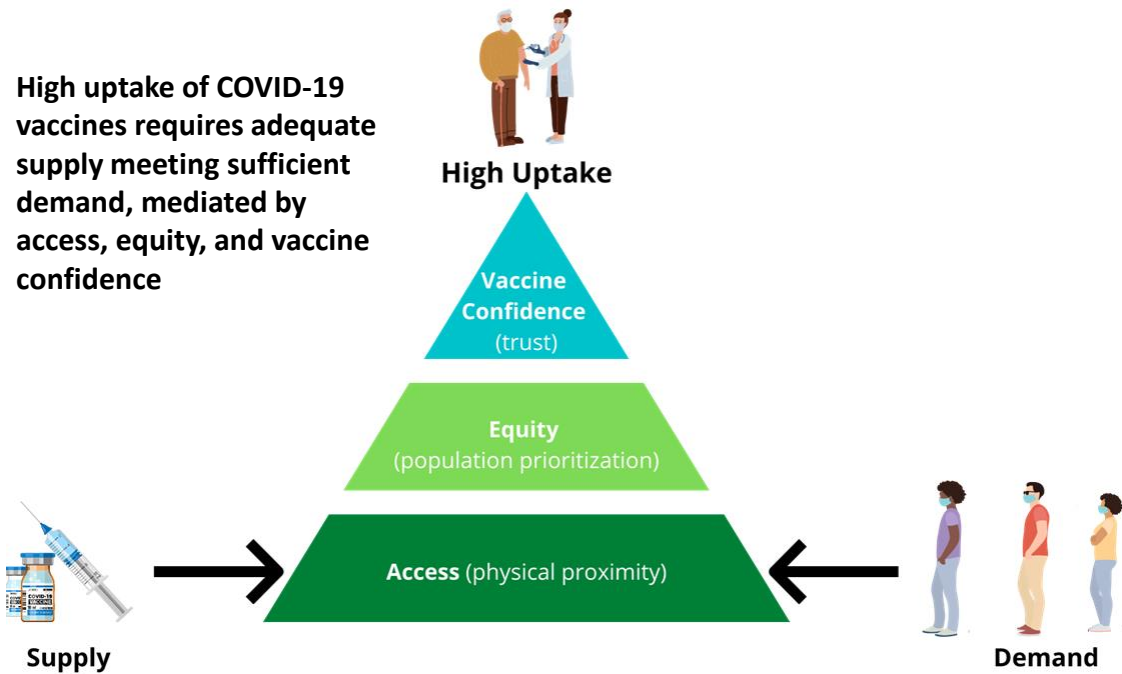


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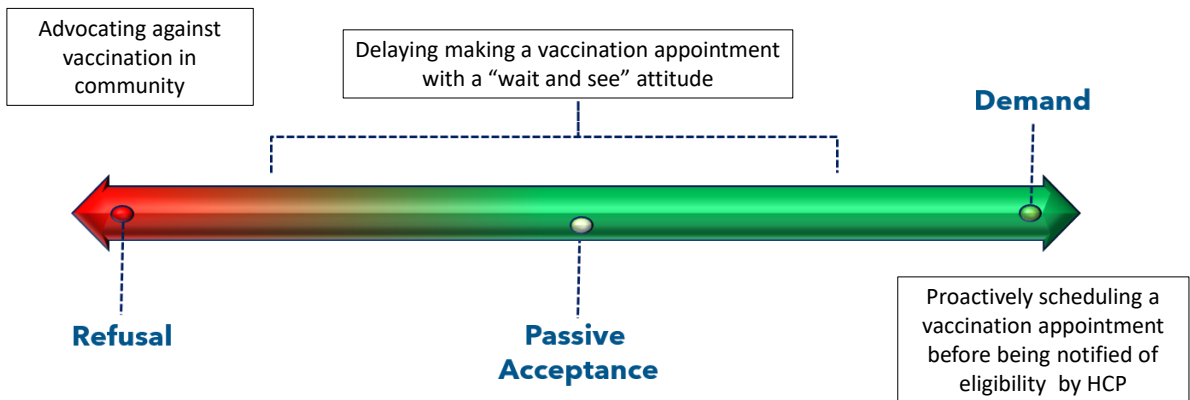
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High uptake of COVID-19 vaccines requires adequate supply meeting sufficient demand, mediated by access, equity, and vaccine confidence



3

Vaccine Confidence Is Dynamic and Expressed in Behaviors

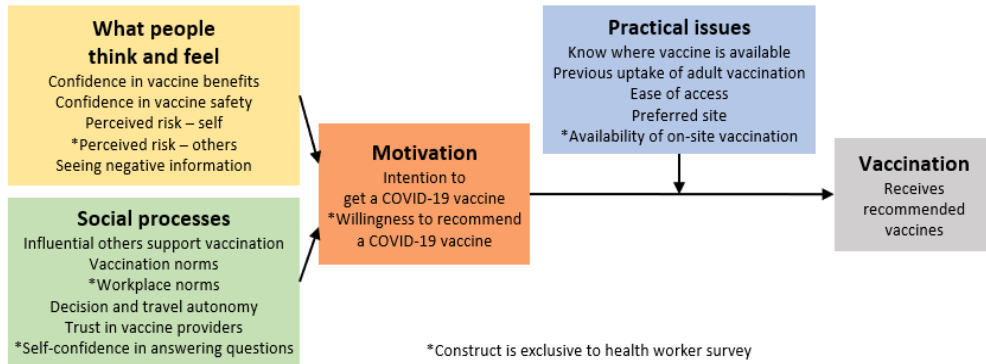


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4

What Are the Social and Behavioral Factors that Drive COVID-19 Vaccine Uptake?



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



Vaccinate with Confidence

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 vaccinators, 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

7

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.

8

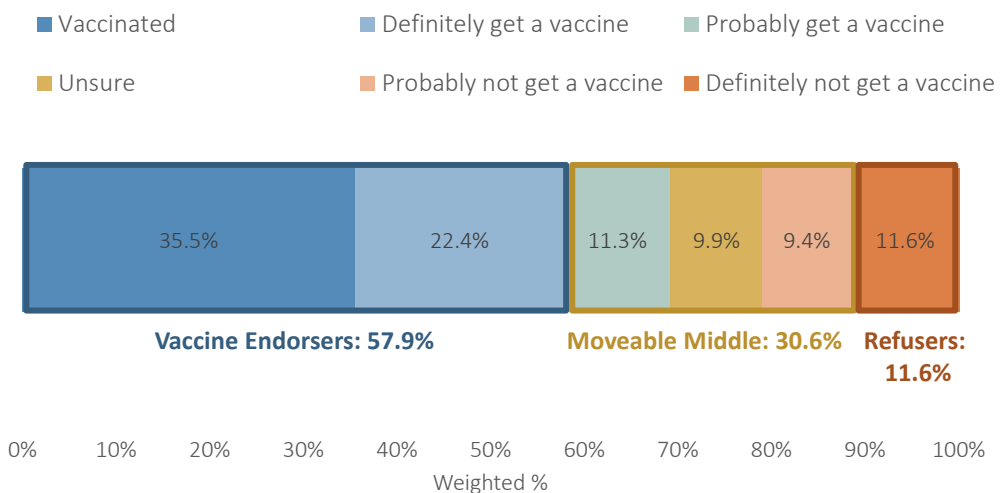
Methods: Questionnaires and Vaccine Confidence Data

- **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])

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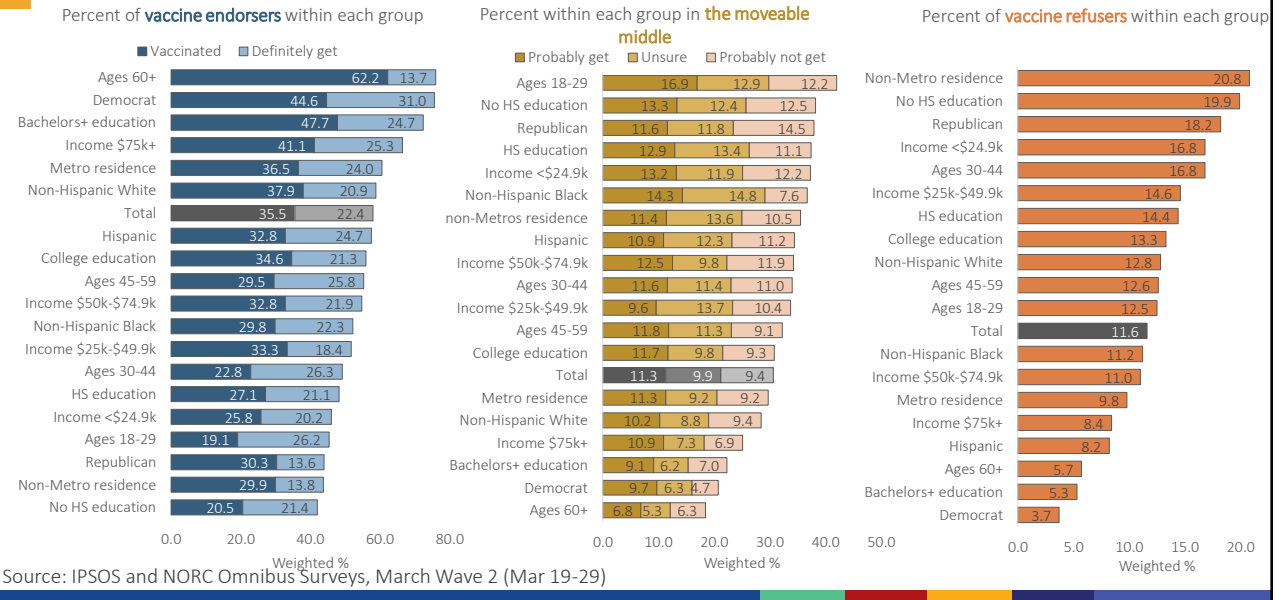
Approximately What Percent of Adults Are in the Middle?



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

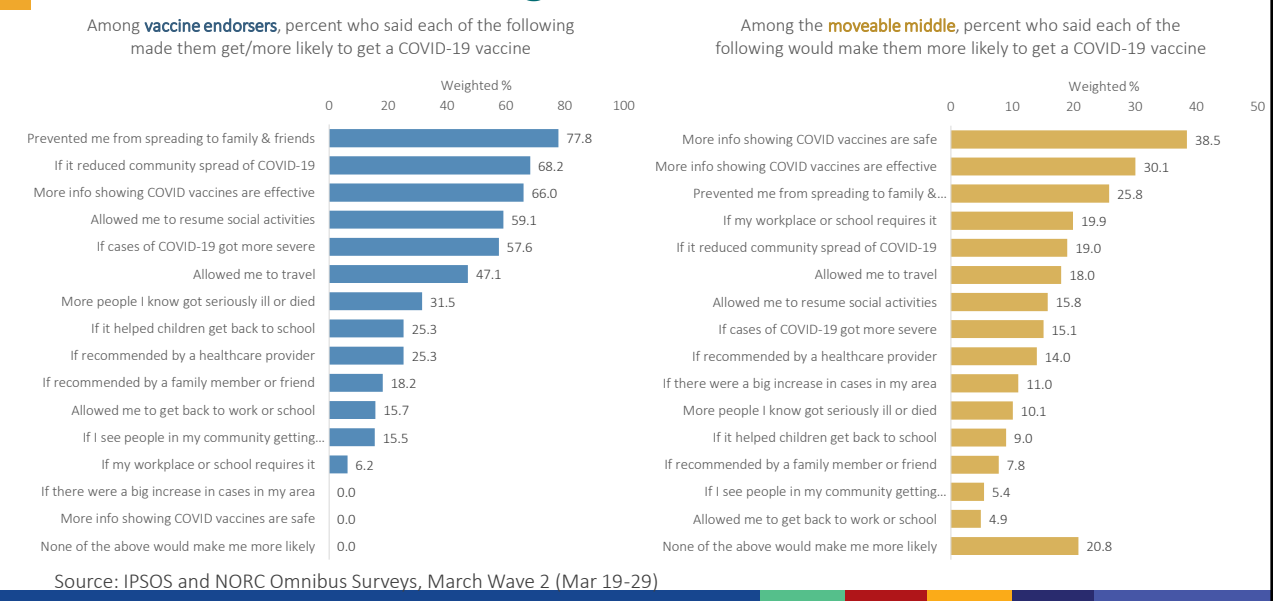
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Who has Already Been Vaccinated, Who Intends to Get Vaccinated, and Who Plans to Refuse Vaccination?



11

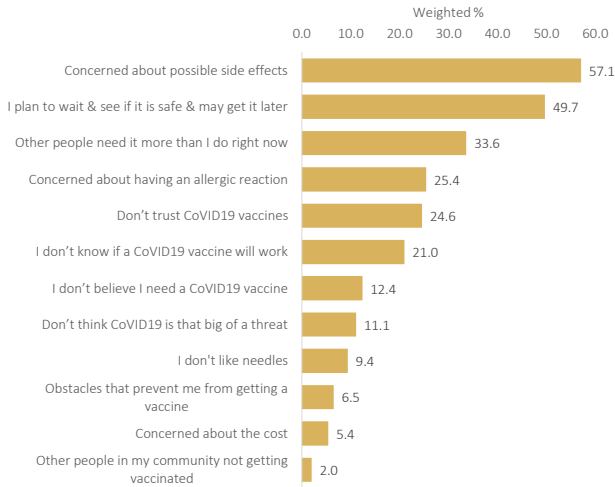
Motivations for Getting a COVID-19 Vaccine



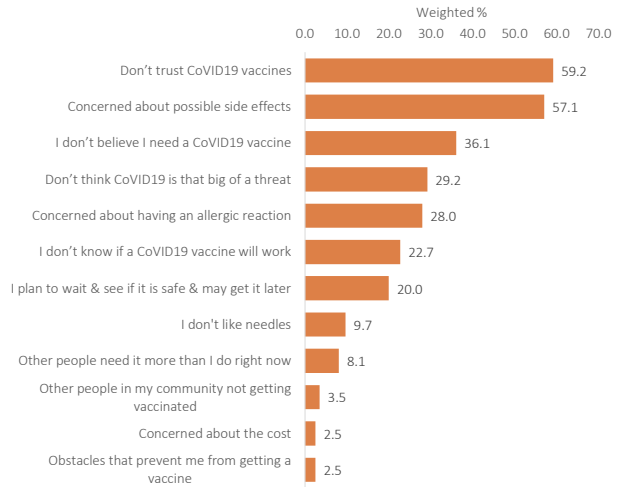
12

Reasons for Vaccine Hesitancy

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



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



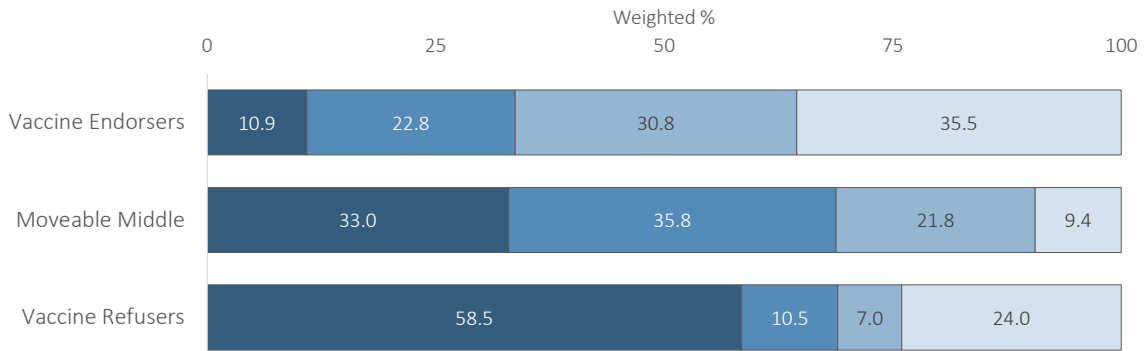
Source: IPSOS and NORC Omnibus Surveys, March Wave 2 (Mar 19-29)

13

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

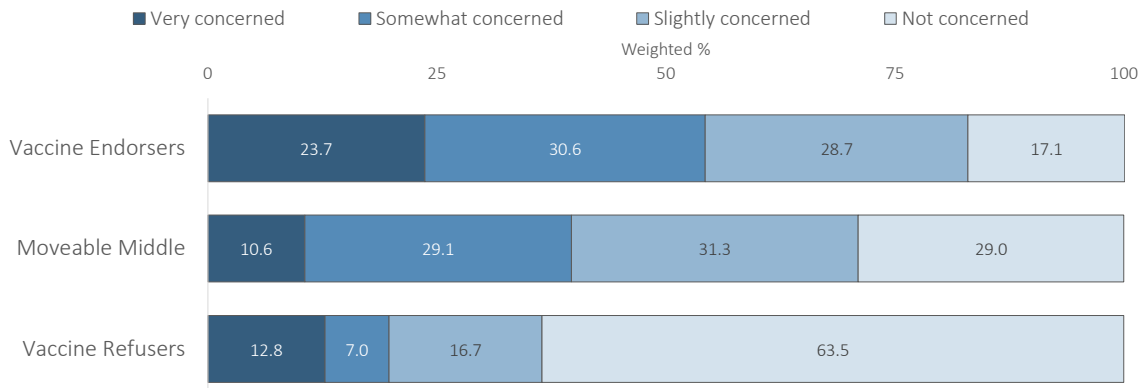


Source: IPSOS and NORC Omnibus Surveys, March Wave 2 (Mar 19-29)

14

Perceived Risk for COVID-19

How concerned are you about getting COVID-19?

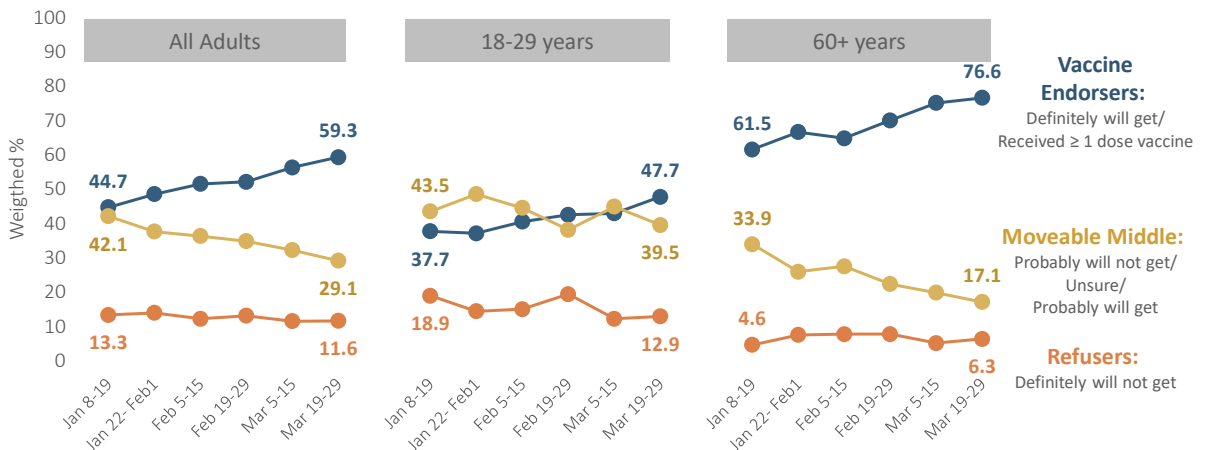


Source: IPSOS and NORC Omnibus Surveys, March Wave 2 (Mar 19-29)

15

Are the Middle Moving Toward Vaccine Confidence?

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

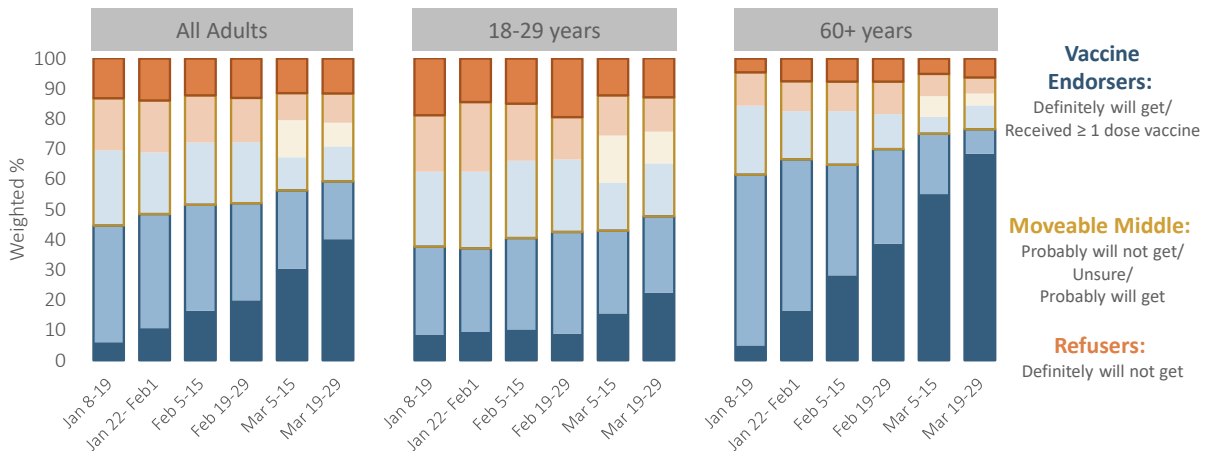


Source: IPSOS and NORC Omnibus Surveys

16

Are the Middle Moving Toward Vaccine Confidence?

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



Source: IPSOS and NORC Omnibus Surveys

17

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.

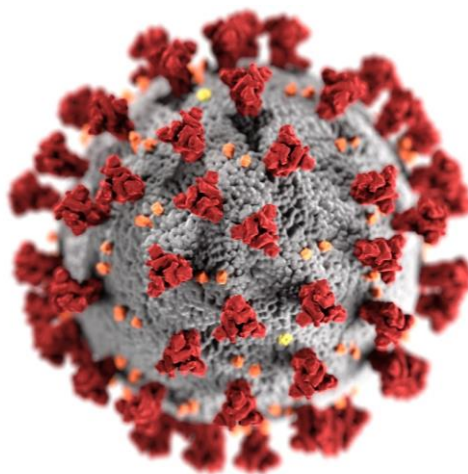


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Thank you!

Brittney Baack, MPH
Epidemiologist
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For more information, contact CDC
1-800-CDC-INFO (232-4636)
TTY: 1-888-232-6348 www.cdc.gov

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.

