

# Enhancing Trust in Public Health

## Covid-19 Boosters and Seasonal Flu Vaccination

In partnership with ASTHO and NPHIC, the Harvard Opinion Research Program is conducting a series of surveys to understand public trust in public health and to provide robust evidence that can help build the foundation for overarching strategy and messaging across many activities. This memo showcases select results from the third nationally representative survey, conducted July 6 to 16, 2022 among 1,564 U.S. adults. Key implications for state, territorial, and local health departments were developed from the results and can be used to shape communications and outreach.

### Key Findings

#### Covid Boosters: Motivators and Hesitations

- Over half of U.S. adults have gotten a COVID-19 booster. Many were motivated by protecting themselves and others, though routine and convenience also played a strong role.
- Of those who have gotten a COVID-19 vaccine but not a booster, most trust public health agencies but hesitated on boosters because they felt their first vaccines were enough protection or they had COVID. Side effects and safety were also concerns.
- Most of those who have gotten boosters are very likely to do so again, though a booster reformulated to match current variants doesn't increase appeal.

#### Seasonal Flu Vaccine: Motivators and Hesitations

- Half of adults say they are very likely to get a flu vaccine this coming season. Routine and convenience are major drivers, plus the desire to protect others.
- Among the "moveable middle" – those who are somewhat or not too likely – there are minor concerns around safety of the vaccine, but no major barriers.
- Only a minority thought last year's flu vaccine was not very effective, but this group was much less likely to say they would get the flu vaccine this year compared to those who felt it was very effective.

#### Possible Motivations: Put Vaccines Together

- Most adults who are likely to get a flu vaccine and a COVID-19 booster in the future would prefer to get both shots in the same visit, with convenience being the major factor. Those who would not cite concerns about having too many or worse side effects.

#### Possible Motivations: Focus on health, doctors

- The vast majority of adults are likely to see a primary care provider for a check-up in the coming year, and nearly all plan to do so in-person.
- Nearly all adults say taking care of their health is a priority this year, with half saying it is a "top priority". Major motivations include being healthy for family, improving mood, and strengthening immune systems, as well as better looks.

### Implications for Communications

#### Covid Boosters: Moving the Hesitant

- There are opportunities to move people who have not had boosters, given ample trust in much of this population.
- Consider renewing emphasis on the need for regular COVID-19 vaccination updates and add more messages about long-term safety of boosters. Include secondary messages about protecting family and friends at high risk.
- Create messages to normalize getting updated formulations, in parallel to seasonal flu, to help with concerns about novelty.

#### Seasonal Flu Vaccine: Moving the Hesitant

- Prioritize messaging that emphasizes the ease and routine of flu vaccines, as convenience is likely to shape demand.
- Continue to include secondary messages about safety of the flu vaccine and protection for those at high risk of severe illness.
- Share messages about flu vaccine effectiveness for a given year in a clear context so as not to disrupt overall support.

#### Tapping Into Preferences for Vaccine Convenience

- Enhance the perception of – and actual – convenience by offering both flu vaccines and COVID-19 boosters together – though this is likely to be effective only for those who were already planning to get both vaccines.
- There is little evidence that offering both vaccines together would taint the acceptance of flu vaccine.

#### Tapping Into a Focus on Health

- Seek opportunities for doctors to reinforce messages at check-ups.
- Consider framing to position vaccination as part of: routine health, a set of strategies to boost immunity, and taking care of yourself for your family.

## Methodology

Results are based on survey research conducted by Harvard T.H. Chan School of Public Health, in partnership with the Association of State and Territorial Health Officers (ASTHO), the National Public Health Information Coalition (NPHIC), and funded by the Centers for Disease Control and Prevention (CDC). Representatives from all four organizations worked closely to develop the survey questionnaires, while analyses were conducted by researchers from Harvard and the fielding team at SSRS of Glen Mills, Pennsylvania.

The project team at Harvard was led by Gillian K. SteelFisher, Ph.D., Senior Research Scientist and Deputy Director of the Harvard Opinion Research Program, and included Hannah Caporello, Senior Research Projects Manager.

Interviews for Wave III were conducted with a representative sample of 1,564 adults, ages 18 and older, in English and Spanish online (n=1,419) and by telephone (n=145). Online respondents were reached through the SSRS Opinion Panel and the Ipsos Knowledge Panel, each of which are nationally representative, probability-based web panels. Telephone respondents were screened for being non-internet users and they were selected from the SSRS Omnibus, a bilingual survey of cell phone and landline users selected through RDD. Telephone interviews were conducted to ensure that people who do not access the internet were included. Using parallel methodology, the interviewing period was March 31 to April 12, 2022 for Wave II and February 1 to 22, 2022 for Wave I.

When interpreting findings, one should recognize that all surveys are subject to sampling error. Results may differ from what would be obtained if the whole U.S. adult population had been interviewed. The margin of error for the full sample in Wave III is  $\pm 3.0$  percentage points.

Possible sources of non-sampling error include non-response bias, as well as question wording and ordering effects. Non-response in web and telephone surveys produces some known biases in survey-derived estimates because participation tends to vary for different subgroups of the population. To compensate for these known biases and for variations in probability of selection within and across households, sample data are weighted in a multi-step process by probability of selection and recruitment, response rates by survey type, and demographic variables (race/ethnicity, sex, age, education, region, internet access, civic engagement, and urban status) to reflect the true U.S. population. Other techniques, including random sampling, multiple contact attempts, replicate subsamples, and systematic respondent selection within households, are used to ensure that the sample is representative.



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