



Encouraging Trust in Community Conversations About Vaccines: Strategies & Steps

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Encouraging Trust in Community Conversations about Vaccines: Strategies & Steps

- Foundations of the Outreach Work
- Polls: Engaging People/Communities about Vaccines/Vaccination
- Strategies & Steps:
 - The Context of Decision-Making about Vaccines
 - Why focus on trust?
 - Practical Trust-Building Strategies Rationale for Reaching Out to Communities
- Q & A

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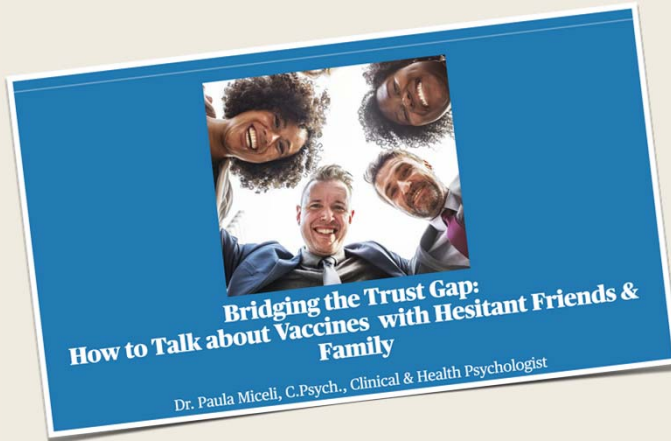
Community Outreach: Foundations

- 2020-2021: Designed + offered several hour-long online presentations in the community
 - ***“Bridging the Trust Gap: How to Talk About Vaccines to Hesitant Friends & Family”***
- Putting knowledge about *health psychology into practice* in the community:
 - support people as they navigate (i.e., make choices about) the treatment or prevention of any health condition
 - incl. a variety of medicines & modalities, such as vaccines, psychotropics, analgesics, physiotherapy, diet/nutrition, exercise, psychotherapy, etc.
 - immunization is an adaptive health behaviour: enables the primary prevention of disease, particularly infectious diseases (eg., major causes of death & disability)

TAYLOR & SIROIS (2009); MARKS ET. AL. (2006)

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Community Outreach: Goals & Tasks



- To encourage attendees to:
 - have thoughtful, kind conversations about vaccines in their social network(s)
 - share (in our meetings) the challenges/concerns that they faced when talking about vaccines
- Provide information about:
 - the **decision-making context** related to vaccination
 - the **role of trust** & how to cultivate it as we talk about vaccines/vaccination
 - practical **engagement strategies**

5

Poll #1.... Your votes are anonymous.



I am concerned about a friend, family member or member of my community who is unvaccinated.

- Yes
- No

Results will be shared in a few moments.

6

Poll #2.... Your votes are anonymous.



I am concerned about the vaccination rate in the broader community in which I reside and/or work (eg., neighbour-hood, county, state, province).

- Yes
- No
- Unsure

Results will be shared in a few moments.

7

Poll #3.... Your votes are anonymous.



In the past, I have engaged in conversations about vaccines with friends/family or members of my community who are unvaccinated.

- Yes
- No
- Unsure

Results will be shared in a few moments.

8

Poll #4.... Your votes are anonymous.



Rate your level of comfort in having conversations about vaccines with a friend, family member or member of the community who is unvaccinated.

- Very uncomfortable
- Uncomfortable
- Neutral
- Comfortable
- Very comfortable

Results will be shared in a few moments.

9

Poll #5.... Your votes are anonymous.



I would consider offering community outreach activities that support and encourage people to have conversations about vaccines/vaccination:

- Yes
- No
- Thinking about it
- Uncertain

Results will be shared in a few moments.

10

Poll #6.... Your votes are anonymous.



Rate your level of comfort in offering community outreach activities that support and encourage people to have conversations about vaccines/vaccination:

- Very uncomfortable
- Uncomfortable
- Neutral
- Comfortable
- Very comfortable

Results will be shared in a few moments.

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Poll #7.... Your votes are anonymous.



Tell us about your role in the health care sector:

- I am a regulated health care professional
- I work in the health care sector (not as a regulated health care professional)
- I do not work in the health care sector

Results will be shared in a few moments.

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The Context of Decision-Making about Vaccines



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Vaccines* are a ***Disease Prevention*** Strategy (Not a Treatment Strategy)

| | Disease Prevention Strategy* | Treatment Strategy |
|----------------------------|--|--|
| Clinical Status | Healthy person | Person has Organ System(s) Deterioration or Injury (Visible or Invisible) |
| Strategy | Reduce risk of acquiring disease Mitigate risk of serious disease, if acquired | Mitigate influence Restore/improve function |
| Patient's Lived Experience | Typically, no experience of disease Diseases are initially present in the community, then rarely present | Functional loss occurs Seeks full (ideally) or partial restoration |

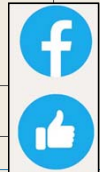
*Vaccines involve the deliberate insertion of a weakened pathogen or foreign protein into healthy persons.

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The Decision-Making Context

- So, one's motivation to accept a vaccine does not arise from the direct experience of feeling unwell (eg., no symptoms of a disease)
- Rather, what we believe is central to the decision-making process, including *beliefs about*:

| Health Threat | Vaccine/Vaccination | Social Norms |
|---|---|---|
| <ul style="list-style-type: none"> • <i>Susceptibility</i> to COVID19 infection • <i>Seriousness</i> of the disease, its impacts (while infected and afterward) | <ul style="list-style-type: none"> • <i>Benefits</i> of vaccination in terms of extent & value • Potential <i>negative</i> impact(s) of vaccination | <ul style="list-style-type: none"> • <i>Normative beliefs</i> - what a person believes others think that they should do • One's <i>motivation</i> to go along with social norms |
| + Extent of interest/concern about one's health | | |



TAYLOR & SIROIS (2009); MARKS ET. AL. (2006)

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Risk Perceptions - General Principles

- Risk perceptions (RPs) are **predictors** of adult vaccination behaviour. They arise in relation to:
 - past experiences (health services, vaccinations)
 - one's everyday observations of the prevalence of a vaccine preventable disease (eg., the view of COVID19 as being "not around" or "not too bad")
- **Trust** is essential to risk perceptions about infectious diseases
 - Focus group study of trust & MMR vaccination in parents revealed that trust is based on:
 - **knowledge** (vaccines, disease)
 - **'a leap of faith'** made possible because of their relations with HCPs (*who offer a risk assessment & prevention strategy*)

DUBE ET. AL. (2013)

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Risk Perceptions & Bias

- In addition to our beliefs, we may use a variety of mental shortcuts (*cognitive heuristics*) to aid decision making. Heuristics may cultivate conditions for certain types of bias or distortions in our risk perceptions
 - Some of the biases relevant to vaccination:
 - *Omission Bias, Availability Bias, Affect Heuristic, Confirmation Bias, Bandwagon Effect, Illusions of Causality* (Dr. Kate Allan, Nov 1, 2021)
 - **Omission bias:** individuals are more averse to risks associated with an *action* (having an AE from a vaccine) than to the risks associated with *inaction* (not vaccinating and contracting a vaccine-preventable disease)
 - With COVID-19 as a '**low probability - high consequence**' event, conditions are ripe for omission bias

ALLAN (2021); DUBE ET. AL. (2013)

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Decisions About Vaccines: Role of Knowledge

Survey of adult Canadians' attitudes and knowledge about vaccines revealed "generally positive attitudes about vaccines" but "insufficient knowledge may render Canadians to be susceptible to messages from anti-vaccination groups".

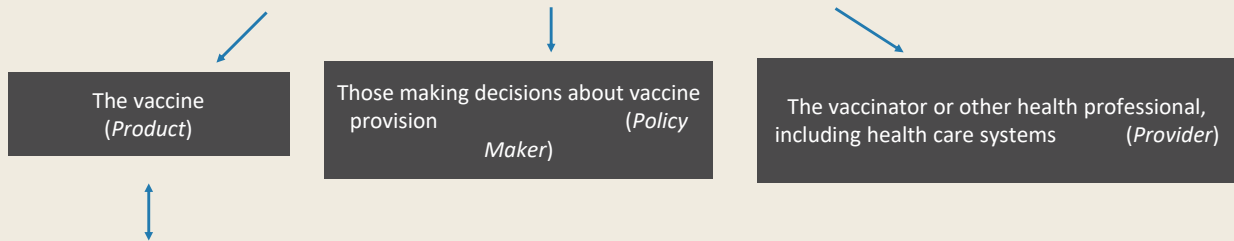
| Survey Item | Agreement | Disagreement | Insufficient Knowledge to Answer |
|---|-----------|--------------|----------------------------------|
| The vaccines available are very carefully and consistently tested for safety. | 67.1% | 5.3% | 22.9% |
| Taking a new vaccine makes me very anxious. | 42.6% | 39.5% | 9.5% |
| I don't really know what a vaccine is and how it works. | 22% | 67.6% | 6.9% |
| The safeguards used in making vaccines are slack and ineffective. | 12.7% | 44.1% | 40.4% |

(N=1057, 50% FEMALE; RITVO ET AL., 2003)

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Decisions about Vaccines: Role of Trust

Larson et al. (2015) asserts that the ultimate decision to accept or refuse vaccination is related to trust in the following:



- scientific foundations underlying vaccine technology
- production methods of the specific vaccine received
- drug-related safety systems (surveillance)
- time since approval (new vaccines = more concern)

DUBE ET AL. 2013; LARSON ET AL., 2015; LIAU & ZIMET, 2001 ; RITVO ET AL., 2003

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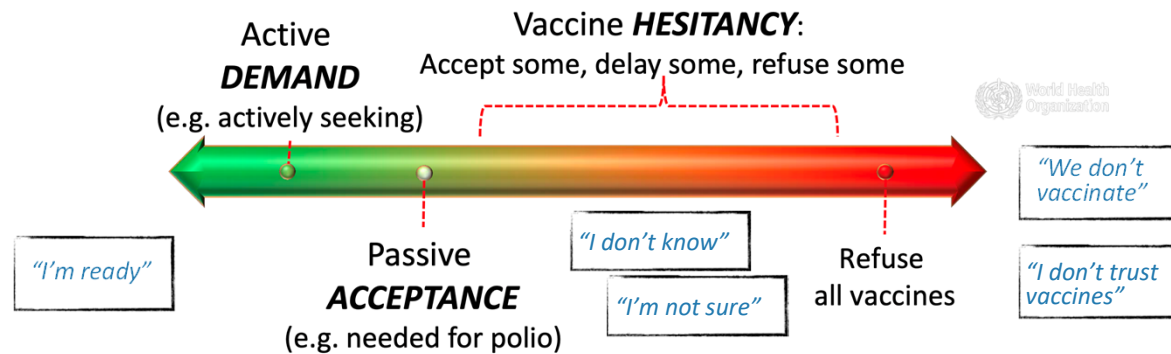
Identifying Where People Are At in their Decision-Making Process

relation of no
point of view.
Trust [trast] n
confidence in
dependence
contingent a



20

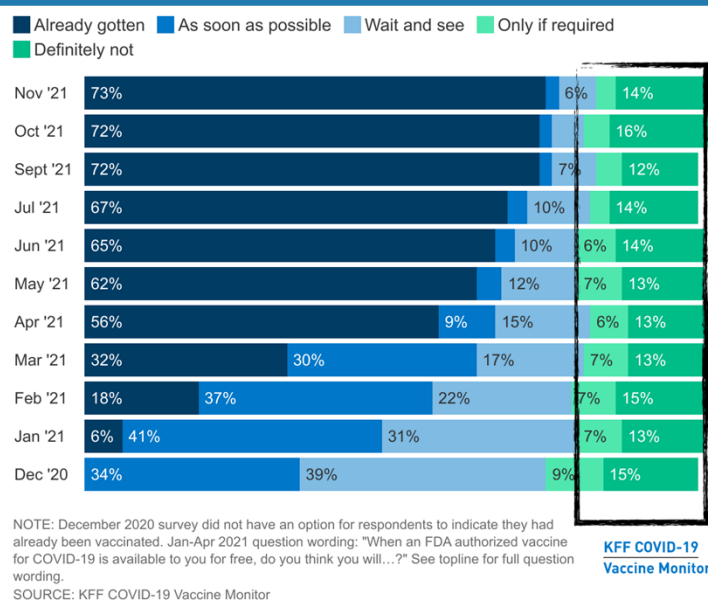
Core concepts: A continuum of attitudes and behaviours



Vaccine hesitancy: a delay in acceptance or refusal of vaccines, despite available services. Is complex and context specific, varying across time, place, and vaccine

SAGE WORKING GROUP ON VACCINE HESITANCY (OCT 2014), WORLD HEALTH ORGANIZATION (2018)

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USA Trends in COVID-19 Vaccination Intentions & Uptake in Adults

Question: Have you personally received at least one dose of the COVID19 vaccine or not? As you may know, an FDA-authorized vaccine for COVID19 is now available for free to all adults in the U.S. Do you think you will...?

- 1 in 4 (25%) adults remain unvaccinated
- 1 in 7 (14%) say they definitely won't get a vaccine

RANDOM DIGIT DIAL SAMPLE OF N= 1820 ADULTS OVER 18 YOA; KFF MONITOR (DEC 2021)

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The Impact of ~~MIS/DIS~~ information

Since beliefs inform our intentions to vaccinate, & subjective norms can encourage vaccination behaviours, *we can also be discouraged to act by false or misleading information*. The internet offers an opportunity for more information (accurate/inaccurate), as well as more *confusion*.

| Health Threat | Vaccine | Others |
|---|---|--|
| <ul style="list-style-type: none"> • <i>Susceptibility</i> to COVID19 infection | <ul style="list-style-type: none"> • <i>Benefits</i> of vaccination in terms of extent & value | <ul style="list-style-type: none"> • <i>Normative beliefs</i> - what a person believes others think that they should do |
| <ul style="list-style-type: none"> • <i>Seriousness</i> of the disease, its impacts (while infected and afterward) | <ul style="list-style-type: none"> • Potential <i>negative</i> impact(s) of vaccination | <ul style="list-style-type: none"> • One's <i>motivation</i> to go along with norms |

~~X~~ minimized

~~X~~ minimized

~~X~~ minimized

amplified
"Vaccines are not to be trusted"



"People remember allegations, not rebuttals." (Researcher, Vaccine Congress 2021)

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"Society has changed in the speed with which information - and *misinformation* - are transmitted, as well as in an increased patient role in the patient-clinician relationship.

Simply promoting the use of vaccines no longer meets the needs of individuals and families *seeking to make informed decisions amidst a maelstrom of conflicting messages.*"

PRIORITIES FOR THE NATIONAL VACCINE PLAN
(INSTITUTE OF MEDICINE, 2010; P. 10)

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Facilitating Effective Decision-Making: What is My Role as a Psychologist?



- ISN'T:
 - Providing facts about vaccine efficacy and safety
 - About agreeing or disagreeing whether vaccines are safe
 - About persuading others to use vaccines
- IS:
 - Support, nudge others towards health care encounters with experts who can advise about risk assessment and disease prevention
- APPRECIATE:
 - Decision making is a process
 - Trust is vital (and not static!)
 - Fear and distrust may be obstacles

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Rationale for Conducting Community Outreach Activities

relation of no
point of view.
Trust [trʌst] n
confidence in
dependence
contingent a



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“Getting Out of the Place We’re In”

“There is a challenge that vaccines do not perfectly prevent transmission, but *they do prevent transmission at some level*. You will have to have *very high vaccine coverage* in order to have an impact on transmission. ... **Getting out of the place we are in requires much higher levels of vaccination.**”

DR. MICHAEL RYAN, WORLD HEALTH ORGANIZATION
DEC 29, 2021

- World Health Organization: *Primary Objectives*
 1. eliminate severe COVID-19 disease & long COVID
 2. suppress the emergence of new variants (via reductions in transmission)
- Conditions needed to end the acute phase of the pandemic (by July 2022):
 - 70% vaccine uptake in every country (this includes all vulnerable groups and persons at risk)

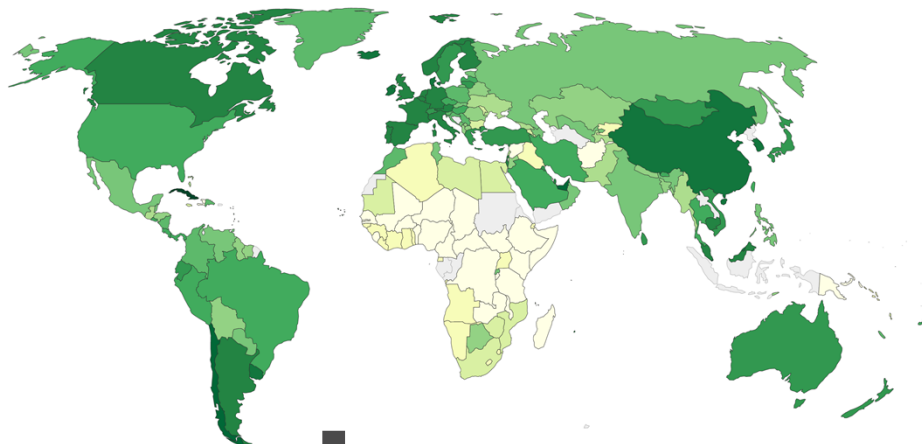
D'ANDREA (2021)

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COVID-19 vaccine doses administered per 100 people, Jan 15, 2022

All doses, including boosters, are counted individually. As the same person may receive more than one dose, the number of doses per 100 people can be higher than 100.

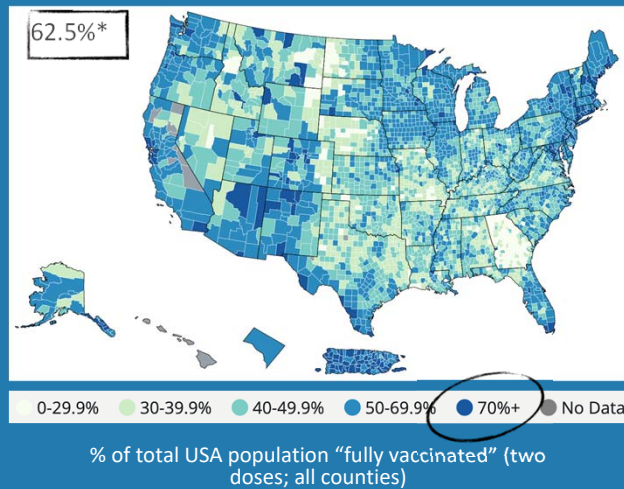
Our World
in Data



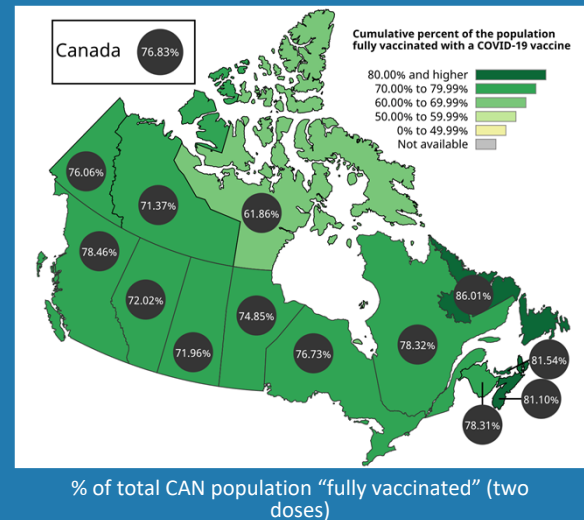
OUR WORLD IN DATA (ACCESSED JAN 16, 2022, 11:30 LONDON TIME)

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Trends in COVID-19 Vaccine Uptake: Canada & USA



CDC COVID DATA TRACKER (JAN 9/22 & *JAN 16/22)



GOVERNMENT OF CANADA (JAN 1, 2022)

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Encourage Adaptive Behaviours

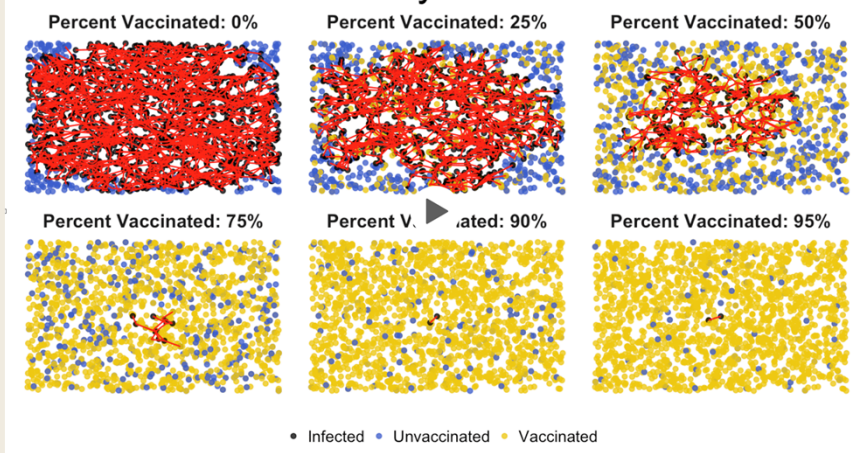
Mental health care providers are also in a unique position to encourage activities in the following areas:

- Facilitate **EFFECTIVE DECISION-MAKING**:
 - Encourage thoughtful, kind conversations between people in their trusted social network to bridge the "trust gap"
- Facilitate **VACCINE ACCESS**:
 - Identify & breakdown barriers to vaccination (eg., reduce digital or transportation barriers, request a vaccination mobile unit)
- **LIMIT** viral spread:
 - Encourage ongoing use of public health precautions, despite fatigue
- **SUPPORT** global vaccination efforts
 - Contribute time/money to WHO or related projects
- Identify & Respond to your own **VACCINE HESITANCY**, if present.

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Share Trusted Resources

Herd Immunity: How It Works



- At low levels of vaccination, everyone gets infected.
- At medium levels, the progression of infection is slowed, but protection to the unvaccinated is not robust.
- At high levels, the disease gets "road-blocked" - it can't infect quickly because it encounters too many vaccinated individuals.
- This is when unvaccinated people can be protected by the "herd".

[HTTPS://IMGUR.COM/GALLERY/8M7Q8#J7LANQ4](https://imgur.com/gallery/8M7Q8#J7LANQ4)

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Community Immunity = "An Umbrella of Protection"

Umbrella =
"Community
Immunity"

Rain = Germs

Raincoat =
Vaccination



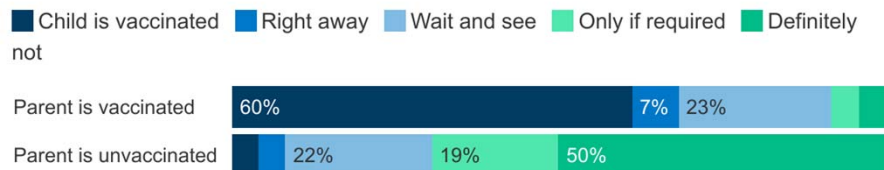
- Think of germs as rain. Vaccination is a raincoat. Even with a raincoat on, you can still get wet.
- So, you need an umbrella, too. The umbrella is "community immunity."
- Those who don't vaccinate rely on others to share their umbrella when it rains (eg., newborns, immunocompromised persons).
- We need our communities to invest in umbrellas together.

[HTTPS://IVACCINATE.ORG/ABOUT-VACCINES/VACCINES-PROTECT-EVERYONE/](https://ivaccinate.org/about-vaccines/vaccines-protect-everyone/)

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We Protect our Children when Adults Understand & Address their Hesitancy about Vaccines

Thinking about your child between the ages of 12 and 17, have they received at least one dose of a COVID-19 vaccine, or not? IF NOT: As you may know, the FDA has authorized the Pfizer COVID-19 vaccine for use in children ages 12 and up. Thinking about your child between the ages of 12 and 17, do you think you will...?



NOTE: Among parents or guardians of children ages 12-17. April 2021 question wording: "Once there is a COVID-19 vaccine authorized and available for your child's age group, do you think you will...?" See topline for full question wording.

KFF COVID-19
Vaccine Monitor
N= 1259

- Positive relationship between parental vaccination status & children's vaccination status.
- U.S. Telephone/Online Survey of adults who are the parent/guardian of a child <18 living in their household:
- Vaccinated parents: 6 in 10 say their child has received COVID19 vaccine
- Unvaccinated parents: 50% say 'definitely not'

KFF COVID-19 VACCINE MONITOR: PARENTS AND THE PANDEMIC (JUL 15 - AUG 2/2021)

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Obstacles to Effective Decision-Making: Health Misinformation

I am urging all Americans to help slow the spread of health misinformation during the COVID-19 pandemic and beyond. Health misinformation is a serious threat to public health. It can cause confusion, sow mistrust, harm people's health, and undermine public health efforts. Limiting the spread of health misinformation is a moral and civic imperative that will require a whole-of-society effort.

Vivek Murthy
Vivek H. Murthy, M.D., M.B.A.
Vice Admiral, U.S. Public Health Service
Surgeon General of the United States



CONFRONTING HEALTH MISINFORMATION

*The U.S. Surgeon General's Advisory on
Building a Healthy Information Environment*

2021

U.S. PUBLIC HEALTH SERVICE (JULY 15, 2021)

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Contribute to a Healthy Information Environment (& Ask Others to Do So Too)

- Make choices about what you amplify, both online and in-person
- Consider reporting tweets/posts on social media forums. Pay attention to changing criteria in the channel's guidelines.
- Stay informed on the issue of "health misinformation"
- Attend/promote health literacy programs in your community
- Assist in communities disproportionately affected by health misinformation
 - e.g., areas with lower vaccine confidence

U.S. PUBLIC HEALTH SERVICE (JULY 15, 2021)

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Mental Health Care Professionals are *Uniquely Suited* to Assist



- *leadership roles* in our communities
- act as partners in our clients' health care decision-making
- *unique* knowledge & skills:
 - support client autonomy to make decisions & self-educate about health
 - trust-building in relationships
 - stages of conflict, conflict resolution
 - ++ conflict & polarization between vaccinated & unvaccinated persons (Woolf, 2021)
 - overt (arguing), avoidance, or "de-friending"

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Building Trust by Enhancing Trustworthiness



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Build Trust by Enhancing your Trustworthiness



- **Trust** is essential to the process by which members of the community form perceptions of risk (about vaccines & the disease)
- Each of us has the capacity to contribute to building trust around vaccination.
 - People are open to hearing personal anecdotes about overcoming vaccination hesitancy from one's close personal network, as long as they are offered authentically (VEI).
- Bridge the "trust gap" by enhancing your trustworthiness in conversations about vaccines.

VACCINE EDUCATION INITIATIVE (2021)

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Some Thoughts about Approach - I

- Approach these conversations in a non-judgmental, empathic and encouraging way.
 - If you're feeling impatient, angry or frustrated, take a break or don't engage
 - People need to feel supported and confident to ask questions and express their views
- State **cooperative goals** (eg., restoring human connections that we took for granted) and **express cooperative intentions** (e.g., protecting myself, my family, and those in my community).
- Be mindful that some people may feel embarrassed or anxious, while others may have had a traumatic experience in a health care setting or situation
- People also need time to sort out the confusion they experience when encountering conflicting messages about vaccine benefits/risks & other messages they have heard

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Some Thoughts about Approach - II

- Be realistic about your expectations
 - The aim is to nudge people towards a healthcare encounter with a doctor, nurse or pharmacist, not to change their views or beliefs
 - We all bring different levels of knowledge about vaccines into these conversations
 - In adults, those who have not received the vaccine have hesitated or refused for some time
- Be safe: consider differences between *hesitancy* and *hostility*
 - These conversations should be free of aggression; if they turn in this direction (or you expect them to), please end your engagement

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Discerning Trust, Mistrust & Distrust

| | | |
|----------|--|---|
| Trust | "An assumption that the focus of trust has your interests at heart and will take them into account in their decisions" (Hardin, 2006) | A belief that the <u>other</u> <u>IS</u> trustworthy |
| Mistrust | "A cautious attitude towards others, including a careful and questioning mindset when approaching interactions" (Lenard, 2008, p.313) | Doubt/skepticism about the trustworthiness of others |
| Distrust | "A suspicious or cynical attitude towards others" (Lenard, 2008, p.313) | A belief that the <u>other</u> <u>IS NOT</u> trustworthy (eg., "Scamdemic") |

ALL CITATIONS FROM JENNINGS ET AL. (2021)

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| Affiliation | Level of Vaccine Acceptance | Today's Presentation |
|---|--|-------------------------------------|
| Trusted Network of Close Relationships (Family, Friends) | Uncertain/Undecided Nervous/Anxious Low Readiness or Motivation Skeptical, Mistrust | <input checked="" type="checkbox"/> |
| | Distrust | <input checked="" type="checkbox"/> |
| Broader Social Network (Acquaintances, Neighbours, Casual Relationships) | Uncertain/Undecided Nervous/Anxious Low Readiness or Motivation Skeptical, Mistrust | <input checked="" type="checkbox"/> |
| | Distrust | <input checked="" type="checkbox"/> |
| Online Relationships (Twitter, Instagram, etc) | | |

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There is Nothing Simple about Trust

- The foundation to caring, cooperative and productive relationships (family, friends, HCWs)
 - Involves having confidence in one's words and deeds; relying on others, making ourselves vulnerable
- It can be **fragile**:
 - takes time to build/easy to destroy
 - can be injured & and it (sometimes) can be repaired
- Distrust is costly in society, given our level of interdependence in society
- It is **not fixed** - changes all the time (increases/decreases based upon the actions of people/organizations)
 - the decision to trust can lead to gains/losses
- In relationships, what we expect about another's trustworthiness can create a *self-fulfilling prophecy*
 - Act very guarded, suspicious -> others withdraw

JOHNSON (1993)

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There is Nothing Simple about Trust - II

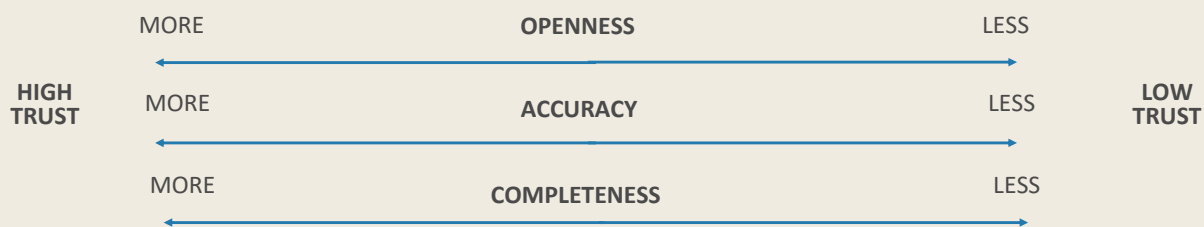
- Trust is an aspect of a relationship
 - both parties have to act in trusting and trustworthy ways in order for trust to be built and maintained
- Are individual differences in the willingness to trust others
 - High truster: trusts until one has evidence that another can't be trusted
 - Low truster: trusts only after having clear evidence that one can be trusted
- In healthcare relationships, a high degree of trust is needed
 - errors rupture trust, create fear/anxiety & lead one to re-consider their assumptions about the trustworthiness of the relationship
- In a health crisis (like an epidemic), trust requires consistent attention

JOHNSON (1993)

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Why Trust Matters

- When we interact with a person who is mistrustful, s/he is diverting energy to self-protection (eg., monitoring the behaviour & motives of others to minimize vulnerability).
- Mistrust creates **problems in communication**, because those with mistrust will withhold/distort information to protect themselves and reduce anxiety.



JOHNSON (1993)

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Responses that Strengthen Trust (Do More Often)

| Your Response | Sounds like.... | Response of the Other Person |
|--|---|--|
| Ask questions. Listen. | "What have you heard about it?" | Feels safe/trust. Shares their concerns. |
| Offer support, without advice. <u>Validate</u> feelings. | "It's ok to have questions or want information." "Every person (parent) wants to make the best choices for themselves (& their children)". | Feels safe/trust. May disclose more feelings. |
| Share your personal motivations for choosing to be vaccinated (eg, protecting self/others against COVID) | "I want to visit with my family again. What about you?" "I want to take care of my granddaughter every Thursday." | Hears and understand your motivations. |

BENJAMIN (1996); WORLD HEALTH ORGANIZATION (2017/2021)

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Responses that Strengthen Trust (Do More Often)

| Your Response | Sounds like.... | Response of the Other Person |
|---|---|--|
| <u>Share</u> your experience of having concerns and how you came to sort them out | "I talked to my pharmacist and got answers to my questions." "There's no wrong question" | Feels empowered to rely on a trusted source. Feels validated. |
| <u>Acknowledge</u> autonomy. | "I chose to get vaccinated. The choice is yours to make." | Feels respected. |
| <u>Invite</u> them to identify/seek out a trusted source of information. | "Do you have a health provider you trust to talk about your concerns?" | Feels empowered to identify a trusted source of information about vaccines |
| Find common ground. | "The restrictions have been hard on everyone". | Feels acknowledged. |

BENJAMIN (1996); WORLD HEALTH ORGANIZATION (2017/2021)

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Responses that Undermine Trust (Do Less Often, Or... Never)

| Your Response | Sounds like.... | Response of the Other Person |
|----------------------------------|--|---|
| Dismiss/reject their concerns | "That doesn't matter." "Just get the shot." | Wall off from others (isolate). Protect own beliefs. Refuse/delay healthcare. |
| Debate & argue about evidence | "Research supports vaccines." | Withdraw or Counter-Attack. Protect own beliefs. Refuse/delay healthcare. |
| Be directive or confrontational. | "Vaccines are good for you." | Withdraw or Counter-Attack. Protect own beliefs. Refuse/delay healthcare. |
| Shame/Criticize them | "Only idiots wouldn't vaccinate their kids." | Withdraw or Counter-Attack. Protect own beliefs. Refuse/delay healthcare. |

BENJAMIN (1996); WORLD HEALTH ORGANIZATION (2017)

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Next Steps



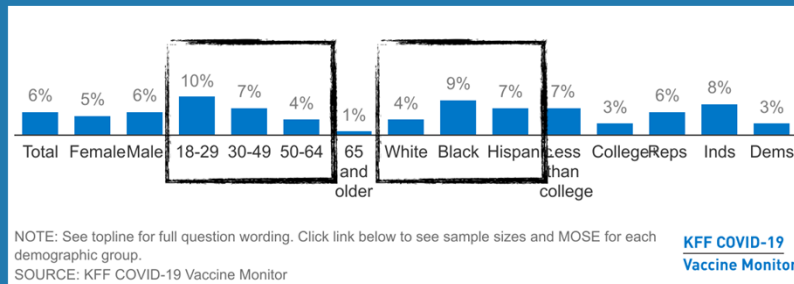
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Reflections

- Monitor your own levels of emotional labour & fatigue: community outreach is labour intensive, especially for independent practitioners
- Make resources available to your attendees
 - eg., no cost telephone consultation services with physicians regarding vaccines/vaccination (VAXFacts in Canada: <https://www.shn.ca/vaxfacts/>)
- Charge a nominal fee for outreach event, proceeds to global vaccination effort (?)
 - \$10, funds donated to UNICEF #GiveAVax program

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Potential Areas for Outreach



The Hesitant (USA)

- Potential target populations:
- Younger populations (18-29 yoa)
- Persons of Colour

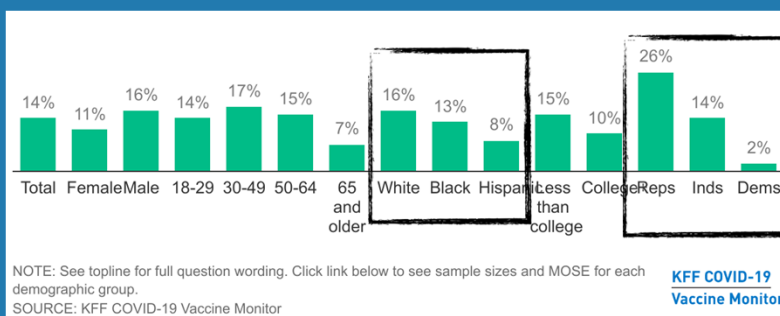
Already got vaccinated ASAP **Wait and see** Only if required Definitely not

Question: Have you personally received at least one dose of the COVID19 vaccine or not? As you may know, an FDA-authorized vaccine for COVID19 is now available for free to all adults in the U.S. Do you think you will...?

RANDOM DIGIT DIAL SAMPLE OF N= 1820 ADULTS OVER 18 YOA; KFF MONITOR (DEC 2021)

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Potential Areas for Outreach - II



The Refusers (USA)

- Understanding the role of political beliefs in decision-making about vaccines & how to support and encourage community conversations

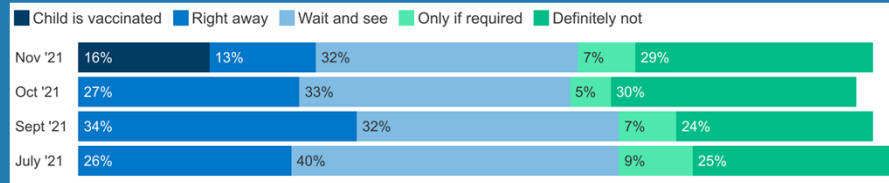
Already got vaccinated ASAP Wait and see Only if required **Definitely not**

Question: Have you personally received at least one dose of the COVID19 vaccine or not? As you may know, an FDA-authorized vaccine for COVID19 is now available for free to all adults in the U.S. Do you think you will...?

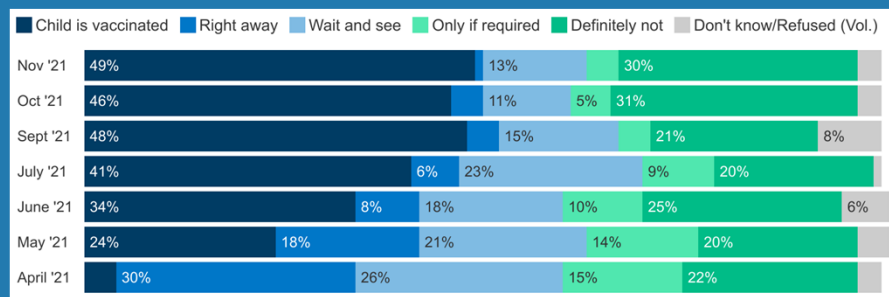
RANDOM DIGIT DIAL SAMPLE OF N= 1820 ADULTS OVER 18 YOA; KFF MONITOR (DEC 2021)

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Potential Areas for Outreach: Parent/Family Support



Ages 5-11



Ages 12-17

*Question: Thinking about your child between the ages of 5 and 11 (*or 12 and 17), have they received at least one dose of a COVID-19 vaccine, or not? If not, do you think you will get them vaccinated...?*

TELEPHONE/ONLINE SAMPLE OF N= 1196 PARENTS WITH A CHILD < 18 YOA; KFF MONITOR (DEC 2021)

53

Closing polls (Poll #8).... Your votes are anonymous.



I would consider offering community outreach activities that support and encourage people to have conversations about vaccines/vaccination:

- Yes
- No
- Thinking about it
- Uncertain

Results will be shared in a few moments.

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Closing polls (Poll #9).... Your votes are anonymous.



Rate your level of comfort in offering community outreach activities that support and encourage people to have conversations about vaccines/vaccination:

- Very uncomfortable
- Uncomfortable
- Neutral
- Comfortable
- Very comfortable

Results will be shared in a few moments.

55

Questions/Discussion



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