MOVING INTO THE FUTURE

In partnership with ASTHO and NPHIC, the Harvard Opinion Research Program has conducted a series of surveys to understand the public's evolving views of COVID-19 and other infectious diseases and to provide robust evidence that can help build the foundation for overarching strategy and messaging across many activities. This memo showcases select results utilizing data from the third and final nationally representative survey in this year's series, conducted November 10 – 20, 2023, among 1,632 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	Implications for Communications

Understanding and Addressing Limited Interest in COVID-19 Vaccine	• There is limited interest in COVID-19 vaccine among U.S. adults; less than third say they got the vaccine or are "very likely" to do so.
	• Limited interest may have multiple contributors:
	  ◦ Less than a quarter of adults are "very concerned" about infection with COVID-19.
	  ◦ Behaviors like washing hands, avoiding sick people, getting sleep, and eating well are more commonly seen as effective ways to avoid illness than getting the vaccine.
	  ◦ Over two thirds have seen what they consider to be false information about vaccines, much of which is negative.
	  ◦ Most feel false information is spread equally by those who think it is true and helpful and by those who know it is false and spread it for their own interests.
	• Insights from views of development of new vaccines:
	  ◦ Four in five say this is "mostly good", with protecting the vulnerable and protection against severe illness cited as top reasons. Those who say it is "mostly bad" cite lack of trust in vaccine safety, public health, and pharmaceutical companies; concerns about requirements and overall number of vaccines; and confidence in natural immunity and lack of effectiveness.
	  ◦ Doctors are the top source for information about new vaccines, followed by CDC and friends and family who work in health.
		• Acknowledge and address multiple contributors driving down interest in COVID-19 vaccine.
		• Build messages for adult COVID-19 vaccination with insights from vaccine views broadly:
		  a. Emphasize value in protection from serious illness; transparency about limitations of vaccines is valued.
		  b. Focus on personal benefits for high-risk (vulnerable) populations.
		  c. Emphasize the possibility of protecting vulnerable loved ones; clarify transmission potential.
		  d. Tread carefully when it comes to false information; messages that imply judgement on those who share false information may not be effective – acknowledging good intentions may be better received.
		• Address concerns indirectly as well as directly.
		  ◦ Provide lots of reasons to trust public health even beyond vaccines.
		  ◦ Frame messages to address tapping into natural immunity and ability to handle multiple vaccines.
		• Continue to build partnerships with trusted messengers, including a large network of people who work in the health field.

Public Health Opportunities for the Future	• Most feel measures taken by local, state, and federal public health agencies during the COVID-19 pandemic to slow the spread were "appropriate"; the largest share say this about local public health.
	• About three quarters of US adults say they trust their local public health agency, their state public health agency, and CDC, respectively, for COVID-19 information. Slightly more trust CDC "a great deal" compared to state or local public health agencies.
	• Tracking shows an increase in this trust at all levels since March 2023, suggesting trust is not in freefall.
	• There is substantial public support for many issues on the public health agenda. Mental health, chronic illness, substance addiction, and infant mortality are supported by majorities at each level of trust in state public health agencies, including by those who do not trust "at all". In contrast, addressing COVID-19 and other infectious diseases, racial/ethnic health disparities, and gun injuries are divisive among those with different levels of trust.
		• Remember that the foundation for trust still exists. Leverage any rebounding of trust that occurs as we move through COVID-19.
		  ◦ Look for opportunities to lean into strengths at federal and state levels.
		• Identify places where consensus issues can be showcased.
		  ◦ Use them to build broad support at policymaker and public levels as people see their issues being addressed.
		  ◦ Target COVID-19 and infectious disease messaging carefully.
		  ◦ Tailor messages across the trust spectrum as you expand your work to topics beyond COVID-19 and infectious disease.
		• Supplement approaches to reach the less trusting with tailored outreach that relies on partners they trust, e.g., doctors and nurses, pharmacists, and family and friends in the health field.

This project is a partnership between the Association of State and Territorial Health Officials, the National Public Health Information Coalition, and the Harvard T.H. Chan School of Public Health and is supported and funded by the Centers for Disease Control and Prevention.

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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., Principal Research Scientist and Deputy Director of the Harvard Opinion Research Program, and included Hannah Caporello, Senior Research Projects Manager and Mary Gorski Findling, Ph.D., Assistant Director.

Interviews for Survey 3 were conducted with a representative sample of 1,632 adults, ages 18 and older, in English and Spanish online (n=1,501) and by telephone (n=131). 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. The interviewing period for Survey 3 was November 10 to 20, 2023. Using parallel methodology, the interviewing periods for Survey 1 and Survey 2 were February 15 to March 6, 2023 and July 7 to 16, 2023, respectively. Additionally, a supplemental sample (n=1,031) for Survey 3 was reached through the SSRS Opinion Panel and asked a subset of questions from the main survey on November 3 to 6, 2023.

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 Survey 3 is ±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, gender, 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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