

COVID Collaborative

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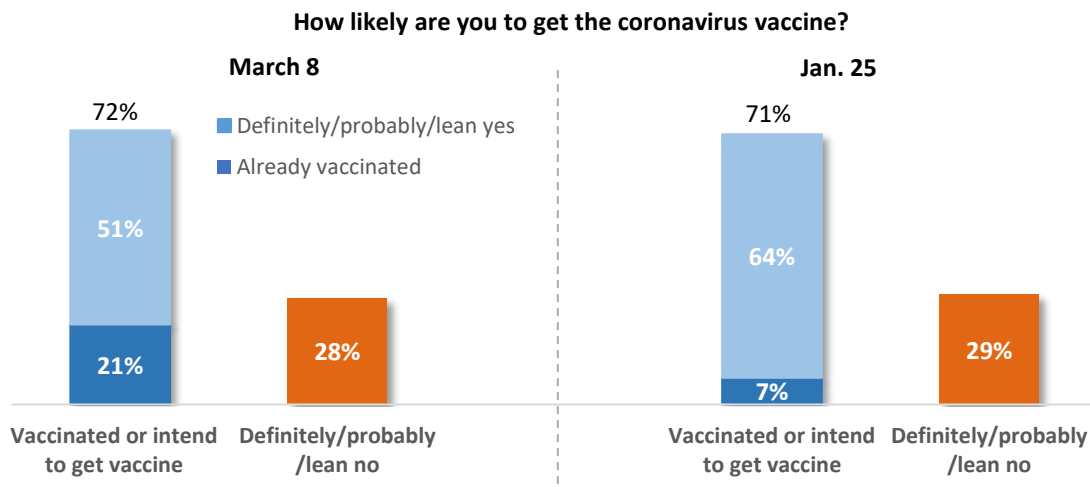
SURVEY RESEARCH DESIGN • MANAGEMENT • ANALYSIS

Coronavirus Vaccine Uptake Tracking Study – Wave 2

Vaccinations Advance but Intentions Flatten With “Wait and See” as a Stumbling Block

Americans’ actions or intentions to get vaccinated against the coronavirus held steady from January into March, marking the need for continued public awareness efforts in support of the accelerating vaccine rollout. So far, people who want a shot are signing up – but those who’ve been hesitant, remain so.

The number in the latest COVID Collaborative tracking poll who report having been vaccinated tripled from late January into March, from 7 percent to 21 percent (and rising daily). But they have come from the ranks of the willing, which has declined in tandem with uptake. As such, the total of those who have had a shot, or intend to get one, has held essentially steady, at 72 percent.



In short, vaccinations rose by 14 percentage points while the share who intend to get vaccinated fell by 13 points. The number who are disinclined remained essentially the same, about three in 10, though many fewer say they “definitely” won’t get the shot, 10 percent.

The survey also shows broad disparities and differential barriers. Twenty-five percent of whites report having been vaccinated, compared with 16 percent of Black people and 14 percent of

Hispanics. There are sizable differences by income and education, as well as by age, expected given age-specific eligibility. Indeed, in a significant milestone, a majority of seniors, 57 percent, say they've received a shot.

In terms of barriers, among people who plan to get vaccinated as soon as it's available to them, Hispanic adults report challenges simply determining their eligibility – 42 percent call this the top barrier they face, vs. about three in white and Black people alike. Black adults, for their part, are 10 points more likely than whites and Hispanics to cite lack of access – specifically, the inability to get an appointment at a convenient location.

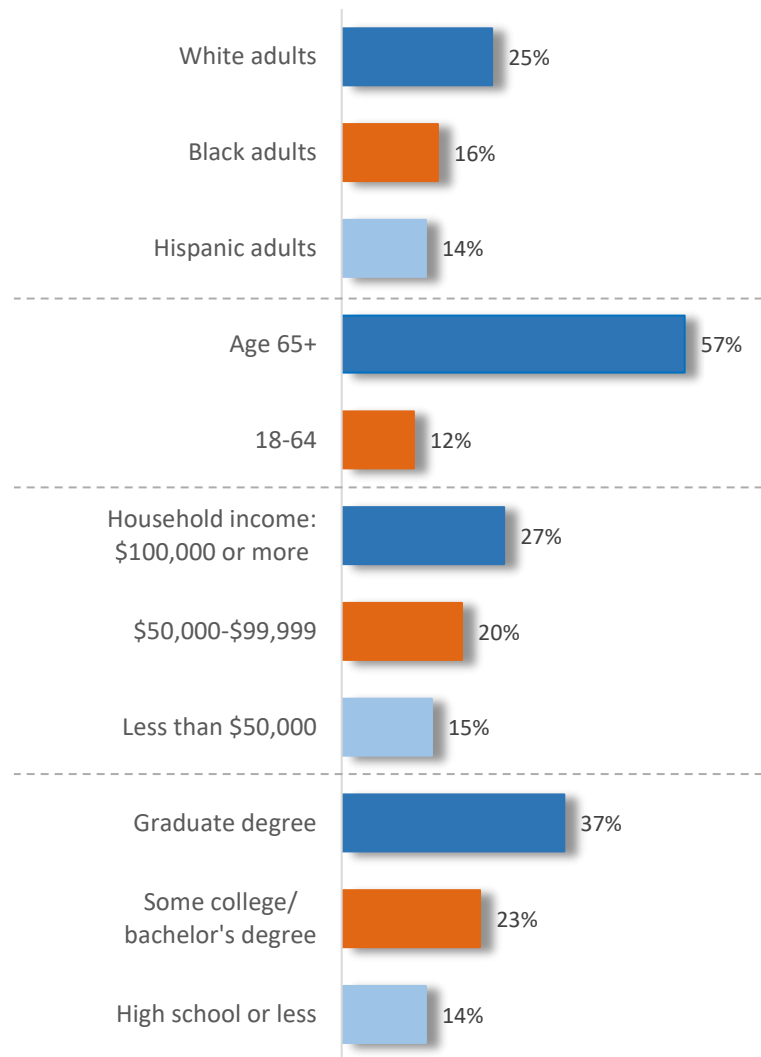
Barriers differ by education as well. People without college degrees are more apt to report challenges finding out if they're eligible (38 vs. 25 percent) and getting an appointment at a convenient location (22 vs. 11 percent). College graduates instead are more likely to cite finding out how to get an appointment (18 vs. 9 percent) or actually getting one (43 vs. 30 percent) as the main barriers they face.

Regardless, an improved information flow about eligibility is warranted. Among those who don't think they're eligible for the vaccine but want to get it as soon as they can, four in 10 say finding out whether they're eligible has been their biggest barrier to getting vaccinated.

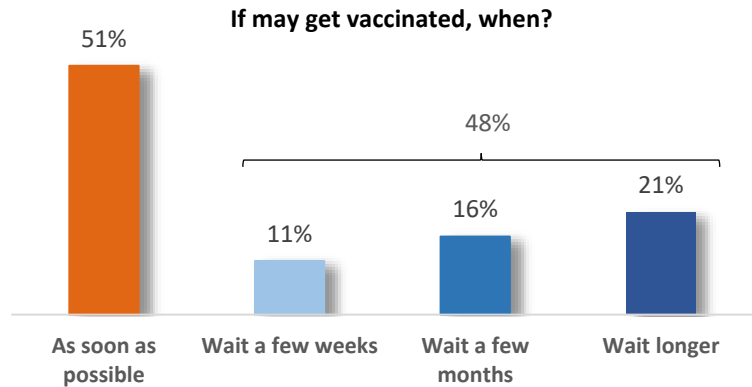
And, as things stand, 20 percent of Americans – one in five – don't know if they're eligible, including 25 percent of Hispanics and 23 percent of Black people, compared with slightly fewer whites, 19 percent. There are much broader knowledge gaps by education and income (which are associated). And being unaware of one's eligibility reaches 29 percent in rural areas, vs. 19 percent in cities and 18 percent in the suburbs.

Wait and see

Percent who have been vaccinated against the coronavirus



In another challenge, among those inclined to get vaccinated, about half continue to say they'll "wait and see" before doing so – with nearly four in 10 saying they'll wait a few months (16 percent) or longer (21 percent). Concerns motivating those inclined to wait chiefly involve safety and effectiveness, though some reflect altruism – letting those in greater need go first – or ease in getting an appointment.



Intention to wait and see reaches peaks among groups with more vaccine skeptics. It's 54 percent among Americans without a college degree vs. 34 percent of college graduates. It's 60 percent among Republicans and GOP-leaning independents, vs. 39 percent among Democrats and Democratic leaners. Sixty percent of Black people are inclined to wait, vs. 49 percent of

| Percent who plan to wait (Among respondents who may get vaccinated) | |
|--|-----|
| No college degree | 54% |
| College graduate | 34 |
| White adults | 45 |
| Black adults | 60 |
| Hispanic adults | 49 |
| Democrats/leaned Democratic | 39 |
| Republicans/leaned Republican | 60 |
| Evangelical Christians | 61 |
| Not evangelical | 44 |

Hispanics and 45 percent of whites. Intention to wait also peaks among conservatives, at 60 percent, and evangelical Christians, at 61 percent.

Among attitudinal factors, intending to wait and see is far higher among people who are less trusting in vaccine safety and effectiveness, think side effects are likely, are less worried about catching COVID-19 and are less apt to see a social responsibility in getting vaccinated or to think that most people close to them want them to do so.

The survey explores which messages and messengers may be most persuasive in encouraging Americans to take action promptly rather than delay. Information on the vaccines – their safety and effectiveness, and also their development and testing – are most apt to be rated as impactful, followed by the encouragement of one's doctor or healthcare provider.

Other elements can matter as well. The ability to get easy, convenient appointments may motivate nearly half of the wait-and-see group. Four in 10 say they are open to the input of family and friends; about two in 10, to public service advertisements.

The role of healthcare providers in encouraging uptake also is reflected in another result: Asked their preferred location to get a shot, 37 percent of Americans pick their usual doctors' office, more than any other choice. Contrary to that preference, vaccine distribution has not focused on doctors' offices.

The next most popular spot to get a shot is anywhere it's available first, selected by 26 percent. Sixteen percent choose their local pharmacy, with other options – drive-through sites, local clinics or hospitals and mass vaccination centers – each in the single digits.

This survey is the second in a series of tracking studies on vaccine uptake produced by [Langer Research Associates](#) for the [COVID Collaborative](#), a nonprofit dedicated to supporting state and local responses to the pandemic. Interviews were conducted online, in English and Spanish, Feb. 26 to March 8, 2021, among a national sample of 1,845 adults, including oversamples to a total of 490 Black adults and 501 Hispanic adults, via the probability-based Ipsos KnowledgePanel®.

Changes in underlying views

There has been positive but slight movement in some underlying views on vaccination, if not enough to impact the bottom line of uptake intention. These include:

- A 5-point gain, to 61 percent, in the share of Americans who trust that the vaccines are effective, and a 4-point gain, to 60 percent, in the share who think they're safe. These are key measures; trust in the safety and effectiveness of coronavirus vaccines remains the strongest independent predictor of intended uptake by far.
- An 11-point advance among Black Americans in trust that the vaccines have been adequately tested specifically among Black people. Among Hispanic people in terms of their community, however, this trust item did not significantly change.
- An overall 5-point increase in people's recognition that all or most of those close to them want them to get vaccinated. This factor, known as a subjective social norm, is another important predictor of intended uptake.

Still, other elements did not move positively. A third key predictor, the “moral norm” of thinking that getting vaccinated is a community responsibility, not just a personal choice, is unchanged. Seeing side effects as likely increased by 6 points, with similar movement among those who intend to get vaccinated and those who do not. (Notably, these expectations are 15 points higher among women than among men.) And worry about catching the disease, a further predictor of intended uptake, eased by 14 points among vaccinated adults, but also by 9 points among the unvaccinated – likely reflecting the sharp decline in cases nationally.

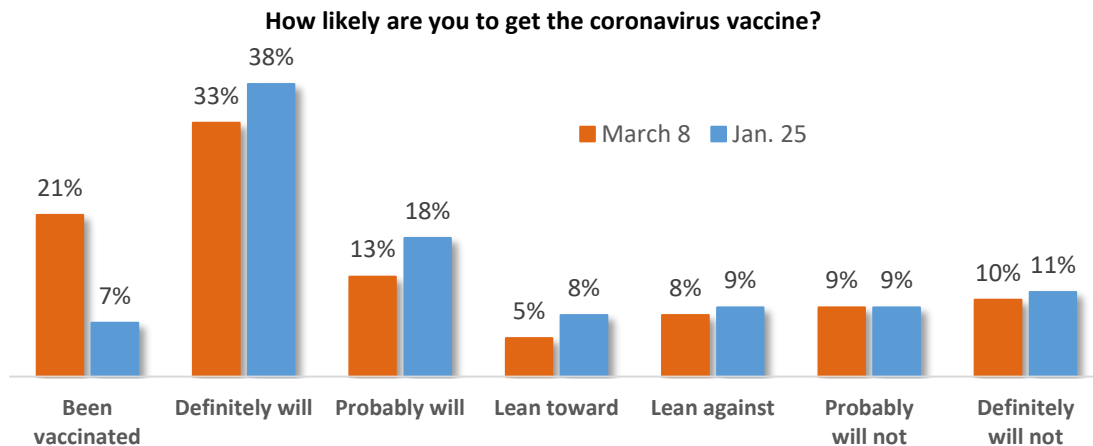
Among groups, trust in the vaccine's effectiveness saw notable gains among Black people, seniors and those very worried about catching the virus (each +9 points). Trust in the vaccine's safety also made key gains among Black adults (+10 points), Hispanics (a slight +7 points) and those age 65 and older (+7 points).

When it comes to the subjective social norm of getting vaccinated, perceptions rose among those who've caught the virus (+14 points) and, again, seniors (+10 points). Encouragingly, this important perception also is up by a slight 4 points among those who do not currently intend to get vaccinated.

Uptake intentions

All told, beyond the 21 percent who report having received a vaccination, an additional 51 percent say they'll definitely or probably do so, or lean favorably. (That's 33 percent definite, 13 percent probable and 5 percent leaning favorably.) The net total, 72 percent, is almost identical to its level in the first COVID Collaborative tracking survey completed Jan. 25, 71 percent.

That number approaches the approximate minimum that's been posited to achieve herd immunity. It leaves nearly three in 10 Americans disinclined to get vaccinated – 8 percent leaning against, 9 percent probably not and 10 percent who rule it out.



Another group of interest in intended uptake is the 7 percent of Americans who say they've already caught the virus; people in this group are 15 points less likely than others to be inclined to get vaccinated, perhaps reflecting a belief they've already achieved immunity. The Centers for Disease Control, however, says people should be vaccinated regardless of whether they already have had COVID-19, since it's unknown how long protection from having been infected may last.

Among groups, the share who intend to get vaccinated or already have is comparatively low among evangelical Christians (57 percent), those who are less worried about catching the virus (also 57 percent), people who've had the virus (58 percent), Republicans and GOP-leaning independents (61 percent), conservatives (63 percent), Black people (64 percent), those in rural areas (64 percent) and those without college degrees (65 percent). Underscoring the importance of subjective social and moral norms, it falls to 43 percent of those who see vaccination as an individual choice rather than a social responsibility, and just 25 percent of those who think few or none of the people close to them want them to get vaccinated.

Conversely, uptake or intended uptake peaks among those who trust that the vaccines are safe and effective (97 percent), see vaccination as a social responsibility (95 percent), those who think all or most of the people close to them want them to get a shot (94 percent), liberals (89 percent), seniors (88 percent), college graduates (88 percent) and those very worried about catching the virus (88 percent).

Predicting uptake

A statistical analysis called regression identifies the strongest individual predictors of uptake intention, holding other available variables constant. Similar to results in the January survey, they include the following:

- **Trust that the vaccine is safe and effective.** As noted, this remains far and away the single strongest predictor of intention to get vaccinated – a finding buttressed by strong interest in information on safety, effectiveness, development and testing, as detailed in the next section.
- **The subjective social norm** of recognizing that others want you to get vaccinated continues to be the second-strongest predictor, albeit distantly. Currently 62 percent think all or most of the people close to them want them to get vaccinated, compared with 57 percent in the survey’s first wave. Fewer, 53 percent, say they’re likely to recommend getting vaccinated to their family and friends.

Vaccine proponents would be well-served to build this norm. In one potential approach, people who’ve just been vaccinated, in the brief waiting period after receiving their shot, might be given encouragement to go out and advise their loved ones to follow suit.

- **Worry about catching the virus** is another predictor, alongside the **moral norm** of seeing vaccination as a community responsibility, not just an individual choice. An underwhelming 55 percent currently perceive this norm, essentially unchanged from 57 percent in late January.

The model is a strong one, explaining 79 percent of the variance in intended uptake.

Another model, predicting preference to wait and see before getting vaccinated, produces similar results, with inclination to delay predicted by concerns about safety and effectiveness, lack of perceived subjective social or moral norms and less concern about getting sick.

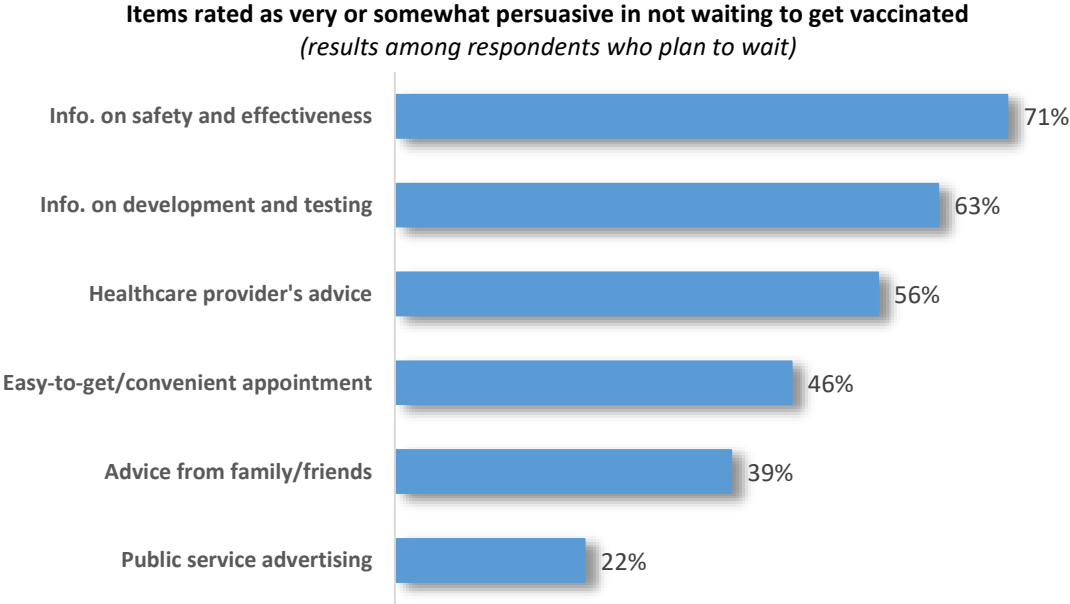
The role of information

Information matters. Among the wait and see population, the single most-cited item as influential in persuading them to act as soon as they’re eligible is “having more information on the vaccine’s safety and effectiveness,” cited as very or somewhat persuasive by 71 percent.

That result is in accord with the strong predictive power of trust in the vaccines’ safety and effectiveness in intended uptake and wait-and-see attitudes alike. It also aligns with the most-cited reasons (of five offered) why people say they’re inclined to wait and see – to see if it’s safe or effective in other people, 57 percent.

Next highest on the persuasive list again is more information – in this case, on how the vaccines were developed and tested, cited by 63 percent. The third item mentioned by a majority as a potential reason to act is advice from their doctor or healthcare provider not to wait, 56 percent.

Other items, while rated less broadly persuasive, are not to be discounted in efforts to meet people where they are.



There are differences in these results based on how long people are inclined to wait. Among those who say they’ll wait a few weeks after the vaccine is available to them, eight in 10 see three factors as persuasive – more information on the vaccine’s safety and effectiveness, advice from their doctor saying not to wait and an easy-to-get vaccination at a convenient location. Seven in 10 in this group say the same about more information on development and testing.

Across all six items, those planning to wait a few weeks are much more persuadable than those who say they’ll wait longer than a few months. For instance, eight in 10 in the wait-a-few-weeks group say advice from their doctor not to delay would be persuasive; this drops to two-thirds of those who think they’ll wait a few months and about a third of those who say they’ll wait longer.

For the harder-to-reach population – those planning to wait longer than a few months – more information on the vaccine’s safety and effectiveness (56 percent) and more information on how the vaccines were developed and tested (52 percent) are highest-rated as persuasive, albeit at comparatively low levels.

Attitudes among Black and Hispanic Americans

Crucial disparities persist by race and ethnicity. Seventy-five percent of Hispanics and 71 percent of whites are inclined to get vaccinated or have done so, vs. 64 percent of Black adults. And, as

noted, current uptake lags sharply among Hispanics (14 percent) and Black people (16 percent) compared with whites (25 percent).

Beyond access problems, hesitancy also is a factor among Black people. Among those who don't rule out getting vaccinated, Black adults (60 percent) are more apt to intend to wait and see than Hispanics (49 percent) or whites (45 percent).

Encouragingly, as mentioned, attitudes among Black adults have shifted on key measures since January – namely, +11 points on trust that the vaccines have been adequately tested specifically among Black people, +10 points on trust in the vaccine's safety and +9 points on trust in its effectiveness. And among Hispanics, trust in safety has risen a slight 7 points.

Still, trust gaps remain. Black adults are 10 points less apt than Hispanics and 17 points less apt than whites to trust in the vaccine's safety; gaps are similar for trust in its effectiveness. And when it comes to equity in vaccine distribution, Black adults are 13 points less apt than Hispanics and 19 points less apt than whites to trust that they're being distributed fairly.

Disparities also persist on perceived subjective social and moral norms. Roughly six in 10 whites and Hispanics think all or most of the people close to them want them to get vaccinated, vs. just four in 10 Black people. On seeing vaccination as a community responsibility, Black adults are 10 points less apt than Hispanics and a slight 6 points less apt than whites to perceive this norm.

Despite gaps, key attitudinal predictors of intended uptake are similar in statistical modeling among only Black adults and only Hispanic adults. (See Table 2 in the Appendix to this report.) Accordingly, to address skepticism and hesitancy, the public health community should work to establish trust, emphasize community-based values and support personal communication among individuals encouraging their friends and families to get vaccinated.

Additional materials

The survey questionnaire with topline data, methodological details and a summary of the statistical modeling used in this report are provided in a separate appendix. All materials are available via the Societal Experts Action Network (SEAN) COVID-19 Survey [Archive](#).