

# BUILDING TRUST GOING FORWARD: BOOSTERS AND BEYOND

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 in this year. This memo showcases select results utilizing data from the fourth nationally representative survey in this series, conducted October 17–November 1, 2022, among 1,460 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

- Public concern about and interest in COVID has dropped substantially, with few U.S. adults personally concerned or following COVID news closely.
- A quarter of adults still say COVID is the most urgent health problem in the U.S., but this is far fewer than in 2020 or 2021.
- Increasing numbers say obesity and mental health are urgent issues. The public also believes these should be priorities for state and local public health agencies (see Wave II).

- Most of those eligible for the updated coronavirus booster have gotten it or are likely to do so.
- A third are “very likely” but have not gotten it yet; they cite reasons for not getting it already as a lack of awareness (30%) and not having time to schedule (30%), reflecting a lack of urgency.
- Reasons for greater hesitation vary with receptivity: “Somewhat likely” adults want more research and already feel protected enough, while the “not too” likely are also less concerned about COVID and don’t feel the booster is effective. In contrast, those who are “not at all” likely have concerns about safety and the trustworthiness of public health and manufacturers.
- Public makes little distinction between effectiveness of vaccine against infection and effectiveness of vaccine against hospitalization or serious illness.

- Nearly half of parents are “very likely” to get the updated booster for their eligible children; a few already have.
- Among those who are not very likely to get the booster for their children, the largest points of hesitation are around safety, wanting more research, and feeling that prior vaccines are enough protection.
- Neither views of childhood vaccine safety nor trust in public health agencies for this issue have declined since before COVID, but support for mandated vaccines for school has; many opponents cite importance of parental/individual rights.
- Trust and policy support remains higher among those who are white, older, and have more education.

## Implications for Communications

- There is limited appetite for COVID messaging, which suggests:
  - Keep COVID messaging simple
  - Messages about risk should be targeted to those at higher risk for severe illness
  - Integrate COVID messaging into larger wellness messages for adults at lower risk
- Provide information about complementary health issues that your department is addressing; promote efforts that align with public priorities when possible.

- Create targeted messaging alongside ensuring easy access to COVID & flu vaccines:
  - For “very likely”, who cite lack of awareness & motivation: Provide simple messages that the vaccine is available; Emphasize that everyone who is vaccinated is eligible; Consider messaging with a deadline – e.g., Give Yourself a Gift Before the Holidays: A COVID Booster.
  - For “somewhat likely”, who cite lack of motivation & desire for reassurance: Frame booster as way to keep up immunity; Disseminate research about effectiveness - emphasize protection from serious illness.
  - For “not too likely”, who cite lack of concern & desire for assurance: Disseminate research about effectiveness.
  - For “not at all likely”, who cite entrenched reasons for concern including distrust: Support vaccination messages with messages about overall health protection and well-being.

- Emphasizing the requirement of vaccination is unlikely to appeal to less supportive populations and risks further alienation from public health measures broadly.
- Efforts to connect with minoritized groups are needed to enhance trust and support for policies
- Messages around safety of the vaccine are always needed.
- Seek new opportunities to reinforce this as more children are vaccinated.
- Efforts to backfill on missed vaccinations during COVID may help bolster support insofar as the experience reinforces community norms around protection.

Public Mood around  
Outbreaks

Motivators & Hesitations around  
Updated COVID Boosters

Views of Boosters for Children and  
other Childhood Vaccinations

## 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, Mary Gorski Findling, Ph.D., Assistant Director, and Rebekah Stein, Research Assistant.

Interviews for Wave IV were conducted with a representative sample of 1,460 adults, ages 18 and older, in English and Spanish online (n=1,327) and by telephone (n=133). 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 July 6 to 16, 2022 for Wave III, 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 IV is  $\pm 4.0$  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.



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.