



# State & Territory Alliance for Testing, Communications Webinar

June 16, 2021

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**Carrie:** Few more minutes and then Eric and I will get started. We're gonna get underway, we have a lot to share with you today.

I am Carrie Schum, I'm an EVP here at Hattaway Communications and along with my colleagues we serve as the secretariat for the STAT communications community. And you know, this started out of the work of the State and Territory Alliance for testing a group of more than 30 States who've come together convened by the Rockefeller Foundation to share insights, success stories and lessons learned on all aspects of the COVID response.

So today we're gonna be sharing some detail with you of our fourth wave of our tracking survey. We've been doing these since August of last year, looking at all different areas of COVID response from testing initially back in August to looking more specifically at rapid testing, to looking at vaccination and now coming back to how do we talk about testing when there's so much else going on and when vaccines have really taken over a lot of the communications landscape?

So in particular we wanted to look at testing fatigue in this survey, you know, it's a term we hear a lot and really the point of this wave of the survey was to say, does it exist? Is it out there? Who is it among? And most importantly, how do we communicate about testing when some people may be overwhelmed or not understand why they should still be tested?

So I'm gonna take you through the data looking at things like attitudes, behaviors, incentives which have gotten a ton of coverage in the media lately, testing locations and any differences that we're seeing among different audiences and how they respond to those. And then Eric is gonna talk really specifically about the messages that we tested and what looked to be the most promising in continuing to talk to people about testing. As usual we'll be gathering Q and A throughout the course of this so if you have a question please drop it in the Q and A, if it's particularly urgent, we'll stop in the moment and talk about it otherwise we'll get to them all at the end. And our colleague Caroline is here to help facilitate that. So with that, we'll get underway.

So as I said, this is our fourth wave of the survey, it was conducted in mid May, came out of the field a few weeks ago and was conducted just over 1,000 U.S. adults. And every wave that we do does include over samples of black and Latino respondents as well as frontline workers to see if there are any differences among those people who've been particularly affected by the pandemic. And as always the results of this in addition to the webinar we do put together a very detailed message brief, that will be available early next week on the Rockefeller website with very detailed guidance on how to use the messages that we're gonna go over today in your own communication.

So the good news is we did not see a lot of evidence of testing fatigue, people really do see the value of continued testing even as vaccination rates are increasing. And we did push at this, we asked these questions a lot of different ways to make sure that we weren't missing anything. So the first way that we looked at it was every survey in each wave, we've asked this question, how important do you think testing is to stopping the spread of COVID-19? And the numbers have dropped, they've dropped about 10 percentage points since we first started asking this. But from 89% to 80 so the vast majority of Americans still believe that testing is important to stopping the spread of COVID-19. So then we asked another way, this is a new question that we added just to this wave to really press on this issue of even as vaccines are becoming more common, do you think it's important that we keep testing people? And we saw pretty much the exact same thing, just over 80% of people said yes it is still important that we keep testing. And then we asked the personal issue, you know, okay, you said in general, in theory, testing is a good thing, would you get tested? And again, our top two boxes of very likely and somewhat likely we're at 70% of people would still say they personally would get tested for COVID-19 if it were offered to them.

A little bit of a drop since February, but only three percentage points and if you think February was at the height of the surge this winter when there was so much talk about testing and rates of infection, even now as things are looking much brighter most people would still get tested if it were offered to them. So then we asked it yet another way and this is in a battery of items that we again have asked in every wave of the survey so when you look at this cluster of things that people are asked to do to help end the pandemic putting it among that whole list, where does getting tested show up? And again, we have seen declines in these across the board in the last year, you know, about 10 percentage points in every behavior across the board. The interesting thing in this is that getting tested actually remained pretty stable since February so other things declined a bit, people still say they're very willing to get tested even as the number of people who say they're very willing to get vaccinated went up by about seven percentage points. So people see the value of both is the key takeaway from this slide. Yes it's important to get vaccinated, I would be willing to do it and I'm willing to get tested.

So then we dug into this to say, well who are the people who might be less willing to get tested? Unsurprisingly for those of you who've been on these series of webinars, what we generally see is pretty much carried out here with one exception which is that pandemic related behaviors travel together, people who are vaccinated are also doing the other things, people who are concerned are concerned and doing everything they can so the vaccinated people are more likely to also say they'd get tested versus people who are unvaccinated, older people who have been at higher risk are more likely than younger people who are less at risk, Democrats are more likely than Republicans. The one thing that did jump out a little bit differently here is people who are very confident that the pandemic has been contained in their local community are a little bit less likely to say they'd get tested versus people who say they're not confident.

Our assumption here is that this is about personal risk.

So if you're not confident, it's contained locally, you feel like you were at greater risk, you are more likely to go get tested. And then we asked a question that for us we have not been able to find this data anywhere else, so we asked it which is how often has any individual person been tested over the last 10 months? And when you think of this question of testing fatigue and look at these numbers, it's actually not surprising that we're not seeing fatigue, most people have been tested either not at all or very rarely during the pandemic. Only a very tiny fraction of people have been tested more than five times. So I wanted to pause here and see how this felt to you, I don't know if anyone else has been tracking this kind of data and has any numbers that you wanted to share or wanted to talk about this in particular? Yeah, there's a lot of data about overall testing numbers or testing in certain areas but this individual level of how often have you done it, we have not seen anywhere else. Yeah, Pamela has raised her hand to talk about this.

**Pamela:** Yes, I live in Montgomery County, Virginia and we have two universities nearby and they require random testing of students and faculty and staff at Virginia Tech and at Radford University so we do have a lot of testing fatigue here in this particular area. We also have two or three large businesses and they are also doing mandatory testing for anyone who possibly was exposed, but then random testing just to kind of keep everybody honest so we're seeing a little bit of that testing fatigue for sure.

**Carrie:** Yeah and I think that's what, you know sort of fits with what we're seeing is there are certain places where people are being asked to do it a lot but the vast majority of people it's not something they're being asked to do most of the time. Yeah and our assumption is the people who were tested often are exactly those things, they're in a workplace that is requiring it or having random testing or in some field where they are tested frequently versus the rest of us who are just sort of going about our lives. I actually had not thought about it I have never been tested myself despite all of this work that we've done, you know, my family members have been but I have not so I'm right there with that 49% of the rest of us. So then the next section that we looked at was we looked at, you know, again who is more or less likely to be tested? And it is linked to some overall COVID attitudes and behaviors so we cut the data a couple of different ways. So the first thing we looked at it again is this confidence in local containment. And, you know, again those people who are more or less confident that things have been contained in their local community.

And unsurprisingly as we said earlier, the people who think it's contained are more likely to be doing everything. And the people who are not confident at all are less likely to be doing everything and if you were paying attention a couple of slides ago you noticed we showed a slide that had some different numbers, we did ask this confidence question two ways. So the data we showed earlier where the people who were not confident at all said they were more

willing to get tested, that was kind of a clean read on that question, in other words they were asked that as a standalone. Then we asked the same question but it was sort of hidden in this broader list of items. So as people were going through this question that ask them a battery of questions things all at once, the numbers switched again. So that's just an interesting thing about question writing and data, you know, things that you learn when you do this a lot which is why we ask things different ways.

So this is a little more what we're used to seeing which is that the people who are concerned are very concerned and the people who are not confident are less likely to be doing everything. And then we looked at vaccine status because that is the one big thing that's changed substantially in the last three months. And we looked at it three ways, so we looked at people who were already vaccinated, people who were very likely that the cut here is people who've either scheduled an appointment or say, well I'm about to schedule an appointment and then people who are hesitant who are saying that they're still deciding or they don't intend to get vaccinated. And again, as you can see all of these behaviors sort of track down the continuum with a couple of small exceptions so people who are already vaccinated, still willing to do all of the other things we've been asking people to do over the last year, people who are very likely, you know, we call this of two minds, they're sort of wrestling with their decision and so they're wrestling right in the middle with some of these other things. What I did think was interesting was they are just as likely as the hesitant people to say that they're willing to socially distance so that idea of well if I stay further away from people I'm less likely to get it seems consistent across those two audiences. And then the hesitant people are higher than the very likely to wash their hands and that kinda makes sense when you look at these altogether, you know, I'm not gonna get vaccinated but there's some other simple things that I can control, that I can do that will likely reduce my risk.

And then we looked at agreement with how important do you think it is by those same three statuses? And again, vaccinated people most likely to say they think it's important, less likely, less likely and all the way down to hesitant but still we're at over 50% of even the vaccine hesitant people saying they think testing is important to stopping the spread of COVID-19. And then this is the question about how important is it to keep testing even as vaccination becomes more common? And again, you're seeing very high numbers among the vaccinated and the likely to get vaccinated, less likely am I hesitant but still over 50%. So when you look at all of this that we found, asking people all these questions multiple different ways, testing, you know it's been reinforced for almost a year now, people have heard those messages, people who are more engaged have heard them probably more loudly but even your most resistant audiences most of them are still getting the testing message and believe it's important.

Now unto I would say probably the issue getting the most media coverage these days which is about incentives. Certainly there's incentives about vaccines, there's also incentives around

testing and so we asked about them and they're intriguing but there's no one magic bullet. People were allowed to select all that applies so the question was would any of these make you more likely? We found it fairly reassuring that the most common answer was I don't need incentives for this. So most people see the value are going to get it when they need it and don't need to be swayed into it. But that said still almost 60% of people said something would help them and make it more likely.

The more straightforward incentives are more popular things like cash, a retail gift card and then the intangible, that ability to socialize with friends and family is among that sort of top tier of incentives. The rest of the things are there's a middle tier and a lower tier and the interesting thing is the sort of more novel incentives, the things that are getting a lot of media coverage like getting a donut or getting a beer are far less intriguing to people than some of the more straightforward things.

For those of you in public health I hope you are as happy as we were to see that people were much more likely to say that a free health checkup would be a meaningful incentive than a beer, that again, people are not as, I don't know what the right word is but people take this stuff seriously and they are paying attention and some of these things they're not driving testing, what they may do though is drive media coverage which allows people to reinforce information about testing so why it's important, where people can get it if they need it. So there is value in it even if the incentive itself may not have as much impact as you hope it would have.

And then we looked at were any of these, you know we didn't see real big pop up overall but were any of them more likely to get certain types of people in to get tested? And again, it's pretty standard across the board cash and a retail gift card, we did see that the slightly older younger cohort says the ability to socialize is their second most popular incentive and then the younger adult audience that idea of like tickets to a concert or a sporting event was more interesting to them than to some of the other people. But in general pretty standard across the board cash retail and that ability to see my friends and family again are really what drive people get tested.

So then we asked people where they would want to get tested, you know, there's been a lot of focus on where as we talked about workplace testing, university testing and it can make a difference but perhaps not in the way that you thought, the most popular sites for testing are medical sites, pharmacy, clinic, testing site, that's where we gave people a list and ask them rank order them, drive through sites have a certain amount of interest and getting it at home, we thought was kind of interesting that as many as almost a third of people thought that was interesting given that there really hasn't been widespread rollout of at-home testing kits. So that's a place that I would wanna watch and see as we see more advertising for those as they get more widely available do people's preference for those rise. But as is a theme throughout this presentation, we asked it a couple of different ways.

So we asked it as part of a battery and then we asked people directly. So this was overall do you have a preference? And then we asked if your workplace offered it, how likely would you be? And we saw that nearly, you know over 40% of people then said they would get it at work so if you ask it in a battery that says where would you go to get it? Work is at the lower tier, when you say your workplace is offering it how appealing is that then people are interested. So I wouldn't take this as a nobody wants to get tested at work, it's actually pretty promising that this many people would be open to getting tested at work. And then we asked about school testing and I thought this was a really positive finding. 75% of parents who have children under 18 in the home said they would allow their child to be tested for COVID if it were offered in their school and I know this is obviously a huge thing, many people are wrestling with how to open schools safely in the fall particularly for younger children for whom the vaccine isn't approved yet. And we did do focus groups on this last fall, so quite a while ago, the sort of deciding point for a lot of parents was the how? So they said, you know, that seems interesting but how would it work? And once their questions were answered then they were wildly enthusiastic so I do think even the 25% might be a little bit high if parents have all the information about how often? Where? How? You know a lot of concerns about children being sort of in a room with lots of other children being tested, potentially exposed to someone who's positive things like that. So the logistics of school testing are really important for parents.

So we wanna take a pause there and just see if we have questions that we wanna address now before Eric jumps in to talk more specifically about the messages that we tested.

**Eric:** Thanks Carrie, yeah a couple of questions came up in the chat that may make sense to address here. So Liz Ortiz was wondering what were the predictors of greater frequency testing? Do we know which audiences if any were more likely to be tested more often?

**Carrie:** You know, we don't but we can dive into that and see more about that 'cause we don't have a lot of granularity in that right now.

**Eric:** Yeah. And then Sarah Crittendon sort of made an observation that I thought was interesting so my colleague is currently running a testing booth at a conference in Florida, 500 attendees 15 have chosen to get tested attendees are pointed towards the booth at arrival and encouraged to get tested, but very little uptake so I think this raises an interesting question of outside of a survey environment, you know what is actually gonna motivate people when they're not required to get tested to make the choice to do so if it's completely voluntary? So what could we think about in a environment like that?

**Carrie:** Yeah, I guess my question there is how was it presented to people? Do you know anything specific about that? Was it just, you could get a test or was it you know, requirement for attendance at the conference just generally encourage that testing is a good thing?



**Eric:** Yeah, she just mentioned in the chat, it was encouraged.

**Carrie:** Who were the people there and what kind of conference was it?

**Eric:** Sarah, I'm gonna go ahead and unmute you if you wanna just offer context through audio.

**Sarah:** Excellent yeah, unfortunately it's a conference of emergency responders.

**Carrie:** Oh, interesting.

**Sarah:** Many who have had actually spoken about how they're not vaccinated. Yeah, so it's emergency responders of all types. Apparently there was only one person there that was actually an infectious disease emergency responder and that person was double masked and very excited about the testing aspect but yeah, the testing was highlighted it was pointed towards, but the conference also made the decision that they weren't gonna ask about vaccination status which I guess in Florida apparently, they can do that. And when this was being like approached to the guys that are running it right down there like testing people, it was yeah, it's very interesting just how little uptake, there is considering how easy they're trying to make it for people to do the test and how as the people are arriving they're being pointed and encouraged to do the test and it's like a five second thing and yeah, it's a little bit distressing how few people are taking them up on it.

**Carrie:** A couple of thoughts come to mind. Eric and I did some focus group with emergency responder frontline health workers this winter. It was about vaccination but one thing that's really interesting is for people who've been on the front lines of this and who have successfully protected themselves there's a certain amount of I don't wanna upset the applecart kind of thing like what I'm doing is working like your example of the person who's there, they're double masked, you know they've got their routine and their rituals that have protected them from infection thus far so they may just feel like I'm the best judge of what I need I don't need this outside test that's one interpretation. Are all the people at the conference also from Florida? 'Cause you know, again, I think there's been a certain narrative in Florida.

**Sarah:** This is where I think it comes in they're not all from Florida and also a lot of this is the younger emergency responders so the people and the firefighters and stuff who really are coming at it from I'm young, I'm like not vulnerable to stuff and if the people around me have gotten vaccinated that means I don't need to worry about it kind of a thing is my guess.

**Carrie:** Yeah, I would say that too 'cause that's just what we saw that the older people were more likely to say they would get tested and the younger people significantly less.

**Sarah:** Yeah, so I think young people who regularly put themselves in risky situations probably don't feel the need to do the testing would be my guess. The guys down there doing the testing



were just a little bit surprised about how little uptake there was considering the fact that the people running the conference are promoting it and directly encouraging people to take part in it.

**Carrie:** Yeah and I do think some of it is again just overall relative risks to your point if they're around people who are vaccinated, they're young that was that little anomaly when we asked people directly, you know how willing are you to get tested? And the people who felt that it was not controlled were slightly more likely they're seeing that their risk is a little higher and they you know want that information to see what's going on potentially.

**Eric:** Yeah, as Carrie alluded to I think one thing that we've discovered in our focus groups with some of these audiences is that, you know self-efficacy is always the sort of the holy grail on public health communications and I think we've learned that a year of aggregated self efficacy can actually be a somewhat dangerous thing and so far as people really start to feel as though they are now experts in how personally to protect themselves and they therefore start interpreting a lot of these actions like vaccination or like testing strictly through an individual lens. Is this something that I need to do to protect yourself? Is this something that is going to benefit me or do I have the routine down that I need? And I think part of the trick here from a message perspective is to, in a very diplomatic and not a shaming way to broaden the lens on the purpose of testing to highlight that it's no longer simply about whether you personally are at risk, but those around you and from a population perspective to monitor, you know at which variants are spreading, where there are outbreaks and how effective the vaccines have been to date. So that actually is a great transition into some of the insights that we wanted to share on the message front. So we've compiled a handful of message recommendations that as Carrie mentioned we'll distribute in a testing message brief to be released early next week but for now I just wanted to preview the highlights of those recommendations and then answer any questions you all may have about how to apply them.

Caroline, can we go to the next slide here? So just first wanna recap what we think are the most important high-level trends that we've seen over the last year or so of tracking data and talk about how that may inform you know our message strategy. So essentially you know, people feel as though we've turned the corner, understandably but more importantly for us they're very hesitant to look backwards.

So we see a few big overarching trends first, there's increased national optimism a portion of adults who think that COVID-19 is a "Very big problem," is down from 60% to 36% even in the last few months so that 60% reflects the data in February when the vaccines were released vaccination rates were very high it wasn't open to most of the general public, but there's certainly, you know the vaccines and their effectiveness we're no secret at that point. Even since then, we've seen a huge decrease in the number of people who are concerned about COVID-19

for better or worse. There's also increased community comfort. People are significantly more confident that the virus has been contained in their community and their neighborhood around them.

And finally, probably most importantly, for our work here is that people feel personally protected. There are significantly less concerned about contracting COVID themselves so you see that 16 point drop from 74% of people who were concerned to 58% of people who are concerned one thing that's really interesting about that is almost that entire drop of 14 points out of that 16 points came from the decrease in number of people who were very concerned. So the people at the very top end of the spectrum who were also probably the most likely to be vigilant in getting tested, for example we're seeing that number start to decline.

So against that backdrop, certain messages on the importance of testing can probably feel like an uncomfortable throwback to a more stressful time in the pandemic. So our main takeaway here is that we wanna focus on messages that outline how much are present and our future depend on continued testing rather than explaining to people that we need to avoid the mistakes of the past which puts them you know, in an anxious mindset that psychologically a lot of folks have already moved on from.

Let's go to the next slide. Just wanna show you briefly in our survey we tested nine different messages highlighting the importance of getting tested each one focusing on a different theme I'm not gonna ask you nor should you try to read all these in detail right now, we'll come back to them. But I just wanted to show you kind of the distinct thesis that each of them have that's bolded on the left. So one, you know, we called the fun stuff message highlighting that restaurants, bars, concerts will be open again but only if we can continue testing people along the way. There was an early warning system message highlighting the importance of testing for stopping outbreaks before they start. There was a do it for them message highlighting how teachers, frontline workers, doctors and nurses can still be at risk and testing as our way of protecting them the way that they protected us.

The fourth message highlighted the growing threat of variants and that one way that we could find ourselves back in a really dangerous part of this pandemic is if we don't test enough to know which variants are spreading and where. Five, is what we call the can't do this again message that we're so close to the finish line here that we just have to keep our foot on the gas through testing to make sure we're not back where we started. We've learned our lesson so that's when the pandemic started one reason it spread so quickly is we didn't test people enough and reminding people that we can't make that same mistake. There's the one step ahead message you know, which is similar to the variants but highlighting that even if you're negative there are important reasons to get tested. And then the unvaccinated message highlighting the number of people who can't be vaccinated because they are not eligible or they

have a health condition and finally, the flying blind message which is without continued testing we won't really know if the spread is slowing down and so we won't have the confidence to move forward.

I just wanna highlight here respondents didn't see any of those bolded labels that's just for internal organizational purposes to remind ourselves of which message is which. So what's really interesting about the way this data shook out is that A, the numbers are relatively similar we're not seeing humongous differences between the top messages and the bottom messages but nevertheless, you still see a pattern that many of the worst performing messages like the can't do this, again message or that we learned our lesson message sort of asked the audience to remember mistakes of the past.

And then conversely the very worst message that takes too much of a carefree approach and too much of a forward looking approach also performed poorly so this suggests that people don't wanna look backwards but they're also not taking a Pollyannish view of what's ahead how easy it will be and they're still sort of having their guard up when it comes to immersing themselves in the social environment, around them. What's a little bit more interesting however, are the top performing messages so we wanna spend a few minutes just walking through why those did well and maybe what they may teach us about how to communicate about testing moving forward.

So the next slide here, the top two messages both fall under this category of what we call do it for them messages. And this is not particularly surprising if you've seen our previous research on testing and tracing last year, or specifically on how to communicate about rapid testing or most recently in our vaccine competence message brief this message frame has come up time and time again as one of the most effective ways to talk about these different protective actions. So this messages the first one focuses on those who can't yet be vaccinated, especially children and people with certain health conditions and it highlights the importance of testing to protect them I think that's really important because in this moment where we're starting to see a lot of cultural polarization about vaccination and a growing trend that if you're not vaccinated that's a choice you've made and you're on your own I think it's important to highlight to folks that there are folks who are still unprotected haven't been able to get vaccinated through no fault of their own and I think that starts to change the conversation a bit about testing, not just from an individual perspective but for a social perspective to protect those around you.

And then the next best performing message is in a similar vein of protecting people who you respect and empathize with so it focuses on teachers, frontline workers, doctors and nurses and one thing this does is highlighting a reciprocal responsibility that we have to them by reminding the audience of how much frontline workers have done for us over the course of the pandemic.

So in the next slide the reason that I think, you know these are probably working well is that while people are starting to feel personally protected they still have this sense of social obligation to those they love, respect, or empathize with. And most importantly it frames your responsibility to get tested as a positive aspiration you can fulfill your role in protecting others rather than, you know, a burdensome obligation that you don't think is important because you've already been vaccinated or you feel sense of self-efficacy to protect yourselves. So that's the first cluster of messages.

The second, you know, category of messages that we wanna highlight is what we're calling the before it's too late so one dynamic that we've encountered here is that there is a decreased sense of urgency around a lot of aspects of the pandemic and this message dials up that urgency by focusing on the threat that is really remaining here which is the growing risk of variants so the message highlights that the biggest threat to finally ending the pandemic is if more dangerous variants start to spread. Testing for COVID-19 is the best way to know if that's happening and figure out a way to stop it. So why does this message work while some of the other messages that we, you know, designed to try to create a sense of urgency didn't? So the first is understanding where that lack of urgency is coming from so those who are vaccinated may feel that even if they're positive, they're not at risk so why get tested? And those who have chosen not to get vaccinated may feel they already know how to protect themselves. So whether you're vaccinated or unvaccinated you've probably come to a conclusion about why it's no longer urgent to get tested. What this message does is leverage something that, you know we call loss aversion, which is our, you know instinct as humans to have a disproportionate fear of losing something that we already have compared to gaining something of equal value to remind both of these audiences the vaccinated and the unvaccinated, what's still at risk.

So in doing this, the message remains future oriented rather than dwelling on the past but it also highlights this potential of loss so I think that's a fine line to walk but I think it's a promising way of dialing up the urgency on testing, which too many people can feel like a phase of the pandemic that's behind us. And then finally, on the next slide, you know we just wanted to highlight how consistent most of these high-performing messages were across different audiences that we looked at so we looked at messages by vaccination status, by gender, by race and ethnicity, by age, these are just a few of the categories that sit out but you see consistently highlighting the fact that some folks are unvaccinated through no fault of their own highlighting the risk of variants and highlighting the idea of doing it for them for the frontline workers and your friends and family around you across the board it was either the first or the second testing messages with almost all of these groups.

So, you know, a lot more detail on data on these messages and what they may suggest moving forward will be included in the message brief we're just wanted to pause here and happy to

answer any questions people have either about that earlier data that Carrie walked through or the message recommendations that have flowed from that.

**Carrie:** We do have some questions in the chat Eric a couple about sort of the confusion between vaccines and testing and I think that sort of reassuring thing we see in the data is that people get, you know, when we asked that question how important do you think it's to continue testing even as vaccination is rising? You know, we've got over 80% of people saying that both are important, the testing remains important and then you saw when we asked people what are you willing to do? They're willing to get tested and you know lots of people are getting vaccinated so I think it's less about confusion between those two things and more sort of where we were getting with the discussion about the conference booth in Florida, which is why now? Why should I get this now versus the general concept of testing is probably a pretty good thing I think in general, it makes sense to keep doing it but that final step of then I personally know when I should get tested is the place where communication comes in to explain and that's where some of these messages they're pretty granular you know, we're talking about very specific medical things and talking about the variants we're bringing really vivid images of the people who you're protecting by being tested so it's that giving people context for when they might want to do it as opposed to just generally talking about the concept.

**Eric:** I think this is also another reason why the kind of do for them message frame is important it's not only motivating and that it, you know reminds you of a responsibility, but it also has some explanatory power in making folks realize even if you're vaccinated there is still a value in testing and so I think it starts to ward off this idea that once you're vaccinated, you know, your role in the pandemic is over while also, you know, reminding you of those that you respect and care about who are still at risk. There is one other question earlier about incentives, Carrie is there any data that provides the amount of cash or gift cards? And I don't think that we tested it at that level but any other insights on the sort of the relationship between a small frequent amount of cash, versus some of these lottery approaches that different States have been taking.

**Carrie:** Yeah, I think that, you know, the idea is sort of make it easy, make it simple and clear to people. I know I've seen numbers that have been out there, you know more for vaccination going up to like \$100 I don't know that you need a lot of money again, that's why we tested the raffle to win a lot of money was far less and I think it's the risk thing there but the idea of like a little nudge to get people going in the right direction is sort of where I would go with those.

**Eric:** Another question that came through the Q and A which I think is interesting. this is from anonymous attendee. "I was a little dismayed to see that the flying blind message not resonate as much as others. Do you believe there needs to be messaging about basic facts of the illness, such as the fact that 40 to 50% of people with COVID are asymptomatic. The only way to find

these people who can transmit the illness is by testing or for example that the U.S. still has about 10,000 cases per day do people need reminding?”

So I think this is a good question to think about why that message didn't do as well as others. And I think maybe the reason for that one hypothesis that I have is that it's not that people don't care about flying blind but that message started and stopped with the knowledge that we need to have to end the pandemic what it didn't include is either the specific people who were at risk or the benefits that would come from ending the pandemic for you and those around you. So I think it would be maybe the wrong interpretation to focus on more explanations so that people get it and rather explain what the consequences would be of flying blind and what we can each personally do to stop that but Carrie, what are your thoughts on that message?

**Carrie:** Yeah, and I think it goes to the heart of public health where we always wanna explain things to people we want them to have the level of knowledge that we have thinking that, that knowledge always leads to action. And part of the purpose of communication is focusing on outcome you know, is it important that people know it? Or is it important that we tell them something that might encourage them to do the behavior we want them to do? And so I also think that goes to one thing we really haven't talked about but I keep thinking of this I'm thinking of your conference in Florida it's really causing a lot of questions in my mind which is who needs this message now?

You know, is this a message for everyone in America the way it was perhaps, or more widely was in December and January or where should we be targeting now? Which, you know, we looked a lot to see, do we need different messages for different populations? And again, this sort of reassuring overview is in general, no, in general, the best performing messages are the best performing messages. And there's reasons why we think that is which is what Eric just took you through but the question for all of you is who are you trying to reach? And what struggles are you having? And we can maybe talk about some specific scenarios there the way we did with the first responders in Florida.

**Eric:** Yeah, I'm reminded a bit of one lesson that we learned in the vaccine competence focus groups which were all the messages that highlighted this is how we end the pandemic once and for all, this is the finish line, this is how everything goes back to normal all performed really poorly and conversely the messages that highlighted some of the more modest but personal benefits of the vaccine for example, it'll ensure that even if you contract COVID-19 you'll be okay was the language performed much better and I think the lesson there is similar to why medicine and healthcare is so much easier to explain than public health at large which is that while we're still looking at this at a population level people are making this decision on an individual level. And so I think our messages both through the language that we use and the



benefits that we highlight and the risks that we highlight, you know, need to take into account that people are thinking about what a test means for them and those around them, what a vaccine means for them and those around them, rather than kind of explaining, you know, where we are in the pandemic and you know, how we could end it all if we all just do this together.

**Carrie:** There is a question specifically asking about demographics and incentives and Caroline if you could pull the slide 18 back up these are the key audiences we looked at, you know, knowing that some people would have questions about that, you know, were there any differences? Again we don't really see a lot of differences cash is people's favorite incentive across the board no matter how we slice the data the retail gift card was everybody's second choice with the exception of the slightly older, younger audience. And then there was a little bit of variation such as vacation time, I thought it was interesting and that's certainly something we've heard about that people, you know, don't have time to even take off to get a vaccination, which was a big barrier for a lot of people probably similar with testing. And then the younger audience tickets to a concert or a sporting event was something that stood out for them. But other than this, you know, these are the audiences that we looked at and we looked at a whole bunch more to see was there anything that somebody was really interested in? And there really isn't, you know there's no silver bullet that you know if you need to reach this audience and have this incentive that these people are all gonna come flocking to you.

**Eric:** Any other questions either about the messages, the testing incentives and I'll raise one now that came to mind I think it's important to notice. You know we presented similar message recommendations for vaccine confidence and I think one important difference that I wanna make sure we touch on so as not to lead to confusion is that the before it's too late messages designed at creating a sense of urgency did not nearly do as well with respect to getting a vaccine as they did to getting a test in fact, people resented the messages that created a sense of urgency around vaccination for a couple of reasons one, is that it reminded them of how quickly the vaccine was developed and it sort of ran straight and countered the headwinds of their main concern of wanting to wait longer to see how safe the vaccines were. And two, because there was a perceived personal physical risk to getting the vaccine. People started to feel as though they were being manipulated into doing it with this sense of urgency so testing, you know, we don't see that same sense of personal physical perceived risk and therefore some of the messages designed at creating a sense of urgency actually work much better with testing as there's you know, "Nothing to lose," compared to vaccine so just didn't wanna leave you all with the interpretation that everything should be about urgency 'cause with vaccines that does not do quite as well.

**Carrie:** And then I see we have more Marybeth Connelly has her hand up to ask a question.



**Marybeth Connelly:** Hi, just a quick question I may have missed this earlier but when you mentioned cash as being an incentive it occurs to me that getting the vaccine has been free so it's easy to say go get a vaccine it's free but getting a test is not free. So there is that financial requirement that some places it's free you have to search those out but to go to anywhere else and get it there's a fee involved so I'm wondering if you tested that at all or if there's a way to encourage communities to offer more free testing.

**Carrie:** Yeah, I think that's great point I turn it over to you all have people seeing differences, if you're offering in your local community free testing versus other sites do you see more traffic there? Or are you getting more people there? I will say the flip side is we also tested incentives on vaccines we didn't make it part of this presentation because there was so much else to cover. Cash is the top incentive to getting a vaccine as well. So I totally take your point that people do have to pay for tests often, but people like a little free cash. It's definitely a common theme we see on both of these. We've two other hands up.

**Eric:** All right, Keith Coleman I just unmuted you if you'd like to go ahead and ask your question out loud.

**Keith Coleman:** Thank you, I have a question. I am very interested in the incentives and what you've shared is so valuable. I do wonder if for the demographics if you look at different regions of the country and whether that would matter in terms of the responses and whether incentives work in the south or if they work better in the north maybe if you could elaborate on that, if you looked at that.

**Carrie:** We did not look at this for this survey. We're running a different survey also for Rockefeller on vaccination and we looked very specifically at a lot of different States there is a little bit of difference so it was a matter of a couple of percentage points in sort of what we were calling them target States, States where had lower rates of vaccination so I do think again, it goes back to knowing your local audiences there's no substitute for that if you work in a specific State or a specific location but that said the other thing being, we looked a lot of different ways and cash and gift cards still were the top for most people you know, similarly with the messages the ones that were at the top or the top for most people so, again, always easy to look for the outliers and miss the consistency across them and that's the thing to test I would look at testing different amounts, you know, in your local community do you need to offer \$20? Does \$5 work? Does \$100 work? If you're really trying to drive testing looking more at how do you push that lever as opposed to is there a different lever that we should be pushing?

**Eric:** We have a question from Dr. Burke Rasmussen, "CDC runs ads on the radio during the summer about foodborne illness the fact that everything can look fine but people can get salmonella if basic infection control practices are not followed when cooking raw meats. I wonder did you know, a campaign might be useful?"

**Eric:** So that's focusing on sort of the invisible risk that COVID, you know may carry and I think that you know, scaring people is always a bit of I think a double-edged sword in communication and that it's often best you know, only to scare people if you're also giving them something that they can do to actually protect themselves and so testing I think is sort of a middle of the road thing there where it gives them information it might be information that they aren't motivated to get you know, if you're not actually gonna get symptomatic, if they're not gonna get sick they may not want that information and so it may not alleviate the fear that we're sort of providing you know, with that type of campaign but Carrie, what do you think?

**Carrie:** Yeah, again I think it's it's to one end? And I'm looking in the chat there are a lot of people talking about trying to tell people still seeing your testing numbers drop and I think the question is how many are you aiming for? And is that actually maybe the missing link? In other words, rather than general information about testing are you trying to get, you know, have a certain level of surveillance and is that something people can be part of? 'Cause I think, you know people are looking to be part of solutions so if you can give them context that says we are trying to test X amount of people every week so that lean into your message about understanding variants or getting ahead of it that could be the missing part as opposed to just information.

There was somebody who was talking about convenience and I wholeheartedly agree that the sort of sleeper number in this whole data set to me is that people whose preference is for at-home testing that it was about a quarter of people but there is not widespread at-home testing so I feel like what that says to me is people would do it more if they could do it more privately without paying at least paying every time and in a way where they sort of were in control of the data you know, they have the ability to see what it was right away.

So I do think these are all the other parts of communication so we sort of know from this data what's happening I do wanna reinforce this general acceptance that it's important you still have 80% of people saying not only it's important, it's important in the context of vaccination. So the importance part is not the problem, the relevance, urgency, convenience, what's the value part of the equation is where we need to dial it up a little more and where this message guidance will be helpful hopefully but also knowing your local community and what might motivate them.

**Eric:** Yeah, you know, at the very first survey that we did almost a year ago now and the first message guidance that came out of that was about testing and one you know, catchy insight that I remember you know, we told people was that so far we've been giving our audience a lot of information about tests, but not a lot of reasons to get tested. In our focus groups even back in I don't remember what month it was October or so our focus group participants could tell us all about the differences between rapid testing and PCR testing and the turnaround times and the accuracy and what new tests were coming out but they didn't actually know which test they

were supposed to get and why and what the results of one test would mean compared to the results of another test for them and their family and I think we've sort of come full circle people have gone through the process of understanding testing in the course of the pandemic and now we're at the point of the pandemic with vaccinations where we need to remind people what the new reasons are to get tested not just the information about where to get a test and how much it would cost but you know what are the fresh new reasons that people don't understand yet for why testing is now playing a new role in a pandemic so I think that the meta takeaway from a lot of this is what are the reasons not just you know, what's the information.

**Carrie:** And there was someone in the chat was talking about giving people bus vouchers and Uber and that helping drive up your testing rates and I think it's that really practical stuff you know, it's any one of us could think how would I fit a COVID test into my day with everything I do and all the challenges that we all face? And I think it's that really understanding your audience and how to intervene at the right point you know, is it an information problem? Is it a motivation problem? Is it a logistics problem? And is it a nudge and positive reward solution for that? And that's where I think the creativity of the incentives you know, that's why people are trying them and I do think again, from a communications point of view, they've done gangbusters you know, you get all kinds of media coverage when you say you're doing a lottery and that regardless of whether people are really doing it to get you know, not everyone's gonna win the lottery but you got them tested and they felt like there was a reason for them to do it so it did its job.

**Eric:** Hand raised here from Linda Carlton so I'm gonna go ahead and unmute you. I'm sorry Linda I allowed you to speak but then you have to unmute yourself as well I think.

**Linda Carlton:** I'm sorry, Can you hear me now.

**Eric:** Yup, perfect.

**Linda:** Okay, listen, am I understanding that each time you're tested that it will cost you? It's not free for each testing site so if I go to six different sites you mean I'm gonna be charged for those six testing?

**Eric:** I think that would depend on the State and the provider where you're getting it and the different programs. So I'm not sure we can answer that directly.

**Linda:** Okay, because I know I heard you say that the vaccination is free, but then that the testing is not so when we give out the information if someone needs to know that how would I find out that information?

**Eric:** I think that would most likely be a State by State so I would recommend in whatever State you're in contacting the Department of Health there and seeing what the latest policies are.

**Linda:** Okay, thank you.

**Carrie:** We are almost at time thank you all for staying with us for this hour. Several of you have asked and we will be sending the slides and sending the recording so you will have all this, again, the more detailed message brief which gives far more detail on communications advice using these messages based on all of this survey will be up on the Rockefeller website early next week so you can look forward to that.

**Eric:** Thanks again have a great evening, everyone.