



# Can more US consumers be swayed to take the COVID-19 vaccine? Overcoming access, trust, hesitancy, and other barriers

Findings from the 2021 consumer vaccine survey

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# Executive summary

AS OF NOVEMBER 2021, 30% of the US adult population is not fully vaccinated against COVID-19.<sup>1</sup> Despite hopes earlier this year that vaccination rates would be higher at this point in the pandemic, the numbers are not as high as anticipated.

Health care, government, and life science organizations had a sharp learning curve to determine deployment strategies that ensured supply was accessible and equitable, in addition to assuring consumer confidence that the vaccines are effective and safe. Consumer sentiment around vaccines has shifted and continues to shift as the pandemic evolves. It has been almost a year since the first COVID-19 vaccine became available. What have we learned about consumer perspectives on vaccines that can be applied going forward to vaccination in general?

Deloitte conducted a nationally representative study of 3,000 US adults (18 and older), which included an oversample of 1,200 non-fully-vaccinated individuals. The national sample is representative of the US census with respect to age, gender, race/ethnicity, income, geography, and insurance source. We explored the sentiments of various consumer cohorts by vaccine status including:

- Former deliberators—currently vaccinated, but were formerly uncertain
- Want the vaccine, but not yet vaccinated—those who want the vaccine but haven't received it yet
- One dose but not the second—those who got the first dose but have not scheduled the second shot
- Unvaccinated and “on the fence”—those who have not decided yet if they want the vaccine

- Only if required—unvaccinated and do not want the vaccine, but will if required
- Never/refuse—unvaccinated and say they would never get the vaccine
- Fully vaccinated and were never uncertain

We found that:

- Across all income levels, access, scheduling, and convenient hours are still barriers to vaccination for those who want the vaccine.
  - Transportation issues are barriers to vaccination for one in five respondents who want the vaccine. This is higher among lower-income individuals: 26% of consumers with a household income less than US\$25,000 per year cited inability to get to a vaccine site because of transportation issues.
- Trusted sources on public health information and where individuals went for COVID-19 information varies by demographics and vaccine status.
  - *Trusted sources:* Although doctors were the most trusted source for public health information for all races/ethnicities, Asian (68%), white (66%), and Hispanic (63%) respondents were more likely than Black (54%) respondents to say so.
  - *Where they went for information:* Unvaccinated respondents (“never/refuse” and “only if required”) were more likely to go to their friends/family for information (No. 1 source) versus their doctors (No. 2

source). Doctors were the most used source for all other vaccine cohorts.

- Personal relationships between family/friends and doctors matter in our digitized world and we should empower those relationships.
  - More than half (59%) of former deliberators say they got vaccinated because of family and friends compared to only 5% who said they were motivated by an incentive, like free tickets, meals, or paid time off.
  - Key groups may be influenced to get vaccinated by family or friends. For example, when seeking out information on COVID-19:
    - Black and Hispanic respondents reported nearly equal rates of going to their friends and family as they did to their doctor for information.
    - More unvaccinated and unwilling (“never/refuse” and “only if required”) are going to their friends for information than their doctors.
    - Generation Z consumers are going to their friends and family as their top source, at a higher rate than their doctor.
- More consumers may be swayed than originally thought. Opportunities to improve vaccination adoption include:
  - Offering the vaccine where they already are (go where the people are):
    - If “their” doctor offered it at a routine visit, 56% of “on the fence/unvaccinated,” 43% of “only if required,” and 17% of “refusers” say they are likely to get vaccinated.
    - If a vaccine was offered at place they were already shopping, 48% of “on

the fence/unvaccinated,” 33% of “only if required,” and 15% of “never/refuse” say they are likely to get vaccinated.

- Use friends and family as messengers for information and personal experiences with the vaccine.
  - Of those who want to get vaccinated, 34% said learning someone they trust got it and 28% said conversations with a trusted person are motivating them to get vaccinated.
  - Forty-four percent (44%) of those who want the vaccine are motivated to protect family and friends.
- Address anxieties and fears with compassion along with facts; meeting consumers where they are regarding information about side effects, immunity, and effectiveness.
  - The top three factors that could influence the “on the fence and unvaccinated” are related to safety and information.

### INSIDE DELOITTE'S CONSUMER VACCINE SURVEY

The Deloitte Center for Health Solutions (DCHS) conducted an online nationally representative survey of 3,000 US adults (18 and older) about their experiences and attitudes related to vaccines and their health. The 3,000-person sample included an oversample of 1,200 consumers who were not fully vaccinated. The survey was administered from August 13 to August 27, 2021, and the sample is representative of the US census with respect to age, gender, race/ethnicity, income, and geographic region.

# Findings

## Access, scheduling, and convenient hours are still barriers to vaccination

Access issues, like transportation or convenient hours, have always been barriers preventing many from receiving health care treatment. With vaccines, particularly the COVID-19 vaccine, it is no different. Through our survey, we found that across all income levels, **access, scheduling, and convenient hours** are still barriers for those who want the vaccine (figure 1).

For those who are unvaccinated, but want the vaccine, transportation issues were cited as a top concern among all consumers, however this was particularly true for low-income consumers. Over a quarter (26%) of consumers with a household income less than US\$25,000 per year cited inability to get to a vaccine site because of transportation issues. Difficulty scheduling was also a top barrier for all consumers across income levels but was listed as the biggest barrier for consumers making over US\$100,000 per year.

We also found that access issues remain a top barrier for racially and ethnically diverse consumers, and those living with disabilities. Over a third (33%) of unvaccinated Hispanic consumers who want the vaccine cited inconvenient hours as a top reason they not been vaccinated. Additionally, 23% of Asian consumers and 21% of Hispanic consumers that are unvaccinated, but want the vaccine, cited inability to gain access due to disabilities.

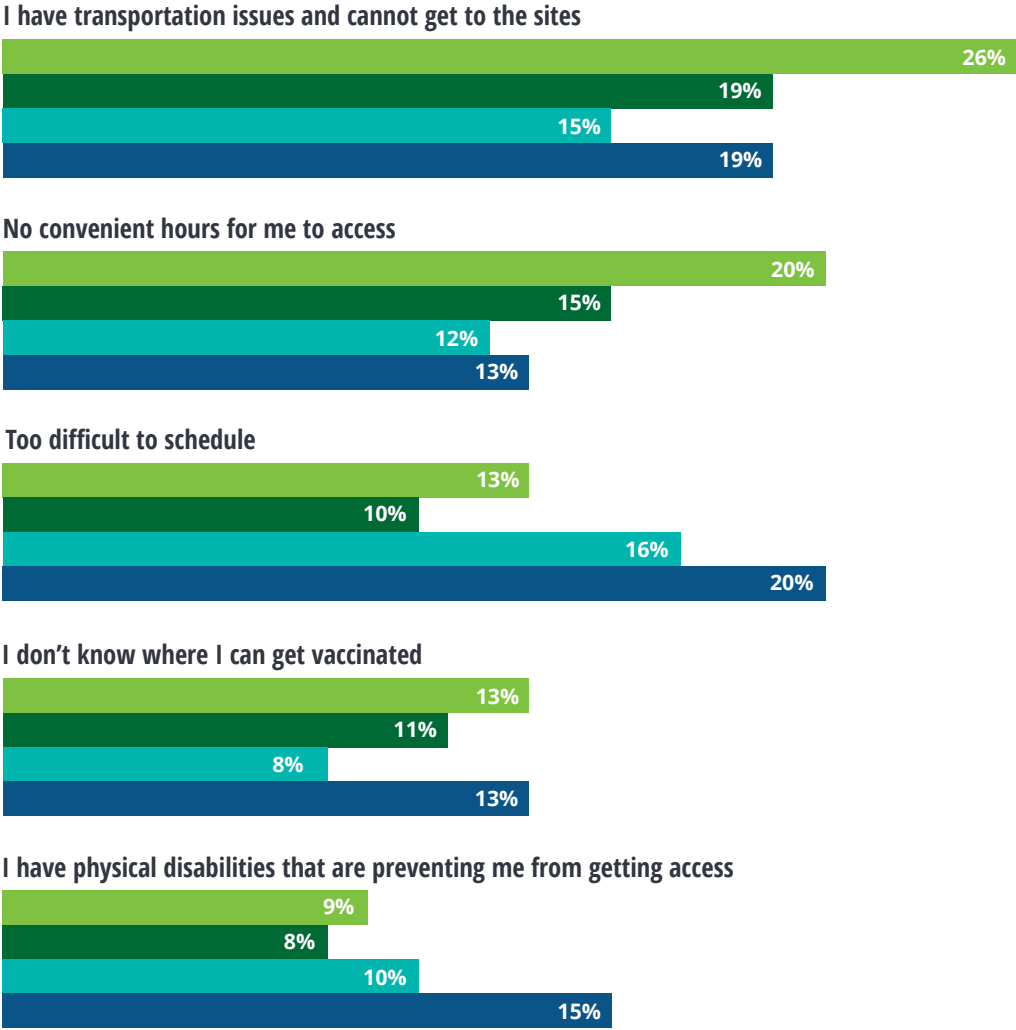


FIGURE 1

### Access and convenient hours are still barriers for consumers who want to get vaccinated

Q: You mentioned you have not yet gotten the COVID-19 vaccine, but you want to get it. For what reasons haven't you gotten it yet? (Select all that apply.)

Household income level:  
■ Less than US\$25,000 ■ US\$25,000–US\$49,000 ■ US\$50,000–US\$99,999 ■ US\$100,000 or more



Notes: N = 240 respondents who are "not vaccinated but plan to get it." Not all options are shown.  
Source: Deloitte 2021 vaccine survey of US health care consumers.

## SCHEDULING AND REMINDERS

Of those who did get the shot, some said they did so because of easy scheduling and/or assistance with it.

- Twenty-five percent said “someone else helped set up an appointment.” For example, the local clinic or a nurse made the appointment for them.
- Thirty percent cited “user-friendly scheduling.” For example, the county sent an email with dates and times available for vaccination.

Reminders and follow-ups could also help. We know appointment reminders are effective in getting consumers to attend regular doctor, dentist, and other appointments. We found that 52% of those who missed their appointments did not receive a communication to reschedule from the vaccine site.

## Trusted voices: Whom do consumers say they trust and where do they go for information on COVID-19?

The COVID-19 pandemic and racial unrest in 2020 that grew following the tragic deaths of George Floyd, Breonna Taylor, and so many others spurred health care and life sciences organizations to talk openly about the role they may have played in the loss of trust with some patients and communities—both historically and currently. Consumer and community trust in the health system, health care professionals, and the wider vaccine research community is an integral part of vaccine acceptance.<sup>2</sup> However, trustworthy sources remain a top barrier. According to the Kaiser Family Foundation, 38% of unvaccinated adults listed mistrust of the government as a top reason why they did not get vaccinated.<sup>3</sup> Similarly, our findings found appointed or elected federal officials, and state or local political officials were the least trusted sources for public health information.

### CONSUMERS SAY THEY TRUST THEIR DOCTORS FOR ACCURATE PUBLIC HEALTH INFORMATION

Considering the amount of mistrust in the health care system, identifying trusted sources is essential

to get more consumers accurate and safe information on public health issues.

Overall, survey respondents selected their personal doctor as being the most trusted source of accurate and up-to-date information about public health issues (figure 2). This is also in alignment with public data.<sup>4</sup> Next, consumers said they trust health insurance companies and health departments (local, state, and federal at similar rates for extreme trust).

### WHERE TRUST VARIES

*By race ethnicity:*

- Although doctors were the most trusted source for all races/ethnicities, Asian (68%), white (66%), and Hispanic (63%) respondents were more likely than Black (54%) respondents to say so (figure 3).
- Appointed or elected federal officials were the least trusted sources across racial and ethnic groups. However, they were more trusted among consumers who identified as Black (26%), Asian (26%), and Hispanic (28%), compared to only 19% of white consumers.

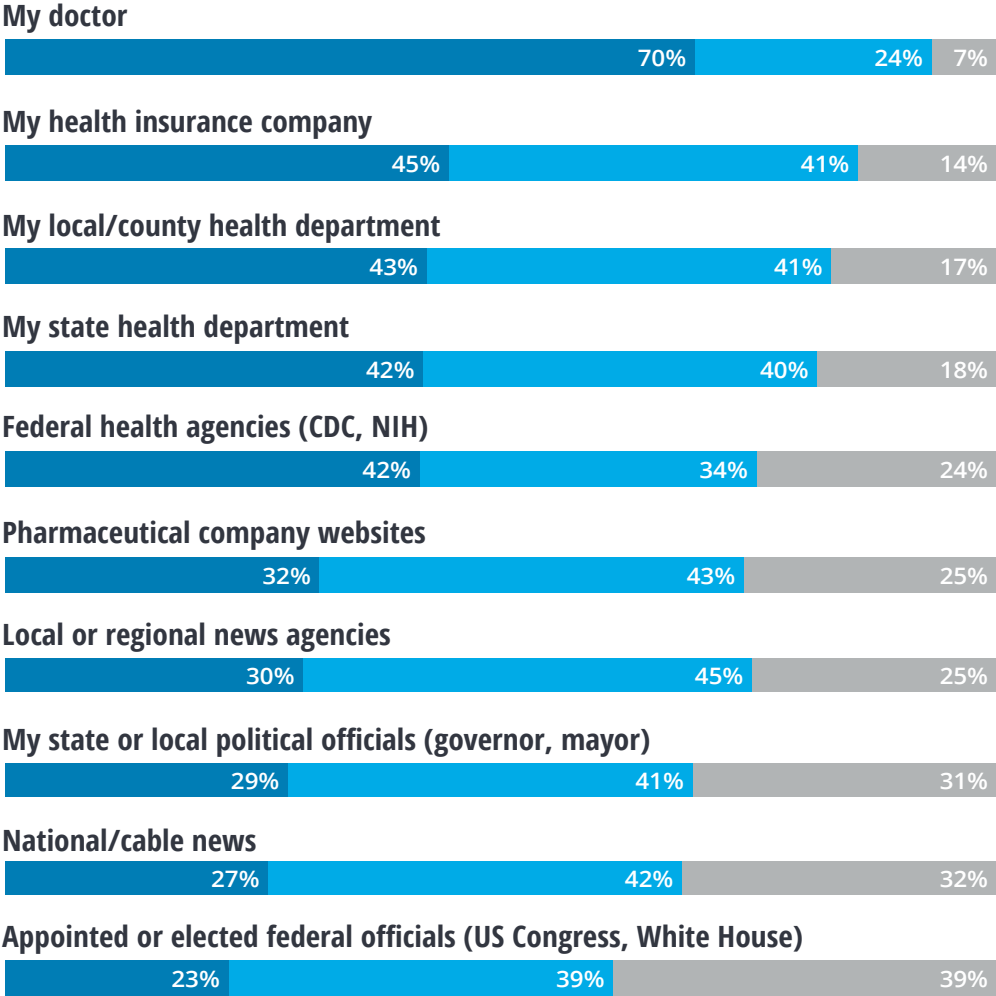


FIGURE 2

### 70% of all consumers say their doctors are an extremely trusted source of accurate public health information

Q: Please rate how much trust you have in each of the below sources to give accurate and up-to-date information about public health issues (e.g., virus outbreaks, symptoms, and treatment information).

■ Extreme trust   ■ Low level of trust   ■ No trust at all



Notes: Question was asked among all respondents (N = 3,000) and respondents who answered "N/A" were removed from this analysis. The maximum amount removed was N = 32. Total may not equal 100% due to rounding.

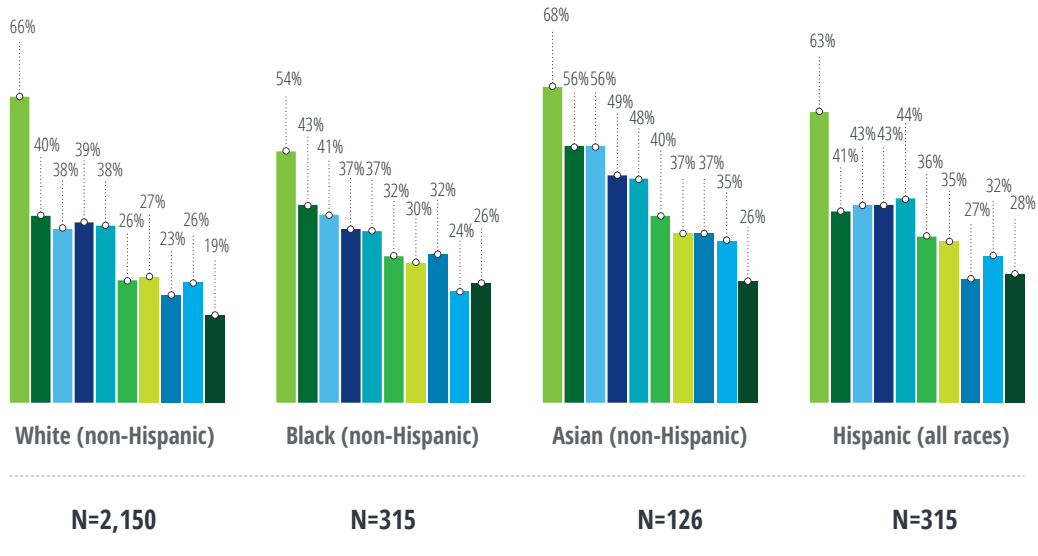
Source: Deloitte 2021 vaccine survey of US health care consumers.

FIGURE 3

### Trusted sources of information on public health issues vary by race and ethnicity

Q: Please rate how much trust you have in each of the below sources to give accurate and up-to-date information about public health issues (e.g., virus outbreaks, symptoms, and treatment information).

- My doctor
- My health insurance company
- Federal health agencies
- My local/county health department
- My state health department
- Pharmaceutical company websites
- Local or regional news agencies
- Appointed or elected federal officials (US Congress, White House)
- National/cable news
- My state or local political officials (governor, mayor)



Notes: N = 2,150 respondents. Other and multiracial or mixed-race respondents are not shown because of small sample size. Table shows respondents who selected "extreme trust" in each source.

Source: Deloitte 2021 vaccine survey of US health care consumers.

**By generation:**

Although personal doctors were the most trusted source for all generations, younger generations were less likely than older ones to say so (figure 4). Other differences include:

- About 15% more seniors had “extreme trust” in their doctor compared with Generation Z and millennials.
- Federal health agencies, like the CDC and NIH, were more trusted among younger generations, Generation Z and millennials, than baby boomers and Seniors.

- Younger generations were twice as likely to trust appointed or elected federal officials compared with baby boomers.

**By income:**

The top two sources for public health information were personal doctors and health insurance companies. However, there were some variances across income levels:

- Consumers with a household income of US\$100,000 or were, on average, more trusting of each source. Additionally, half of all

consumers making over US\$100,000 per year had an equal level of “extreme trust” in their health insurance company, local or county health department, federal public health officials, and state health department

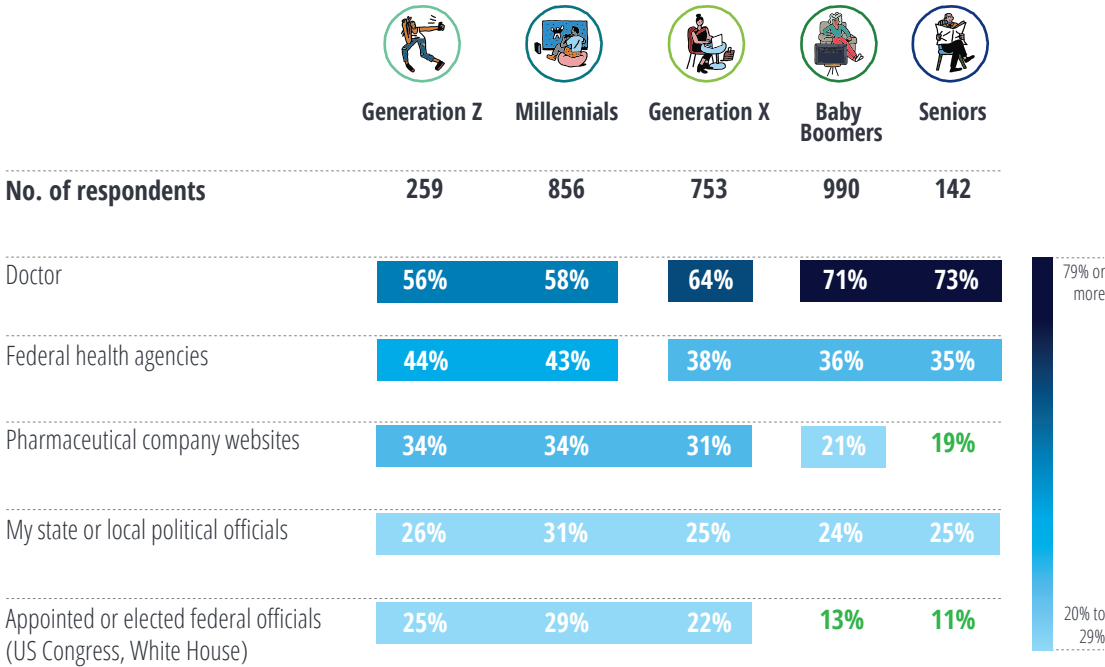
- Local or county health departments were the third most trusted source for consumers with a household income less than US\$49,000 (36%) and between US\$50,000-US\$99,000 (39%).
- State health departments were the third most trusted source for consumers with a household income above US\$100,000 (51%).



FIGURE 4

**Trusted sources of information on public health issues vary by generation**

Q: Please rate how much trust you have in each of the below sources to give accurate and up-to-date information about public health issues (e.g., virus outbreaks, symptoms, and treatment information).



Notes: N = 3,000 respondents. Table shows respondents who selected "extreme trust" in each source. Not all responses are shown.  
 Source: Deloitte 2021 vaccine survey of US health care consumers.

WHERE DID PEOPLE GO FOR INFORMATION ABOUT COVID-19? THEIR PERSONAL DOCTOR AND FRIENDS AND FAMILY TOP THE LIST

Although we saw some differences by race and ethnicity across the board, consumers selected their doctor and friends as the top places they went to for information on COVID-19 (figure 5).

Friends, family, and doctors:

- Black and Hispanic respondents reported nearly equal rates of going to their friends and family as they did to their doctor for information, whereas

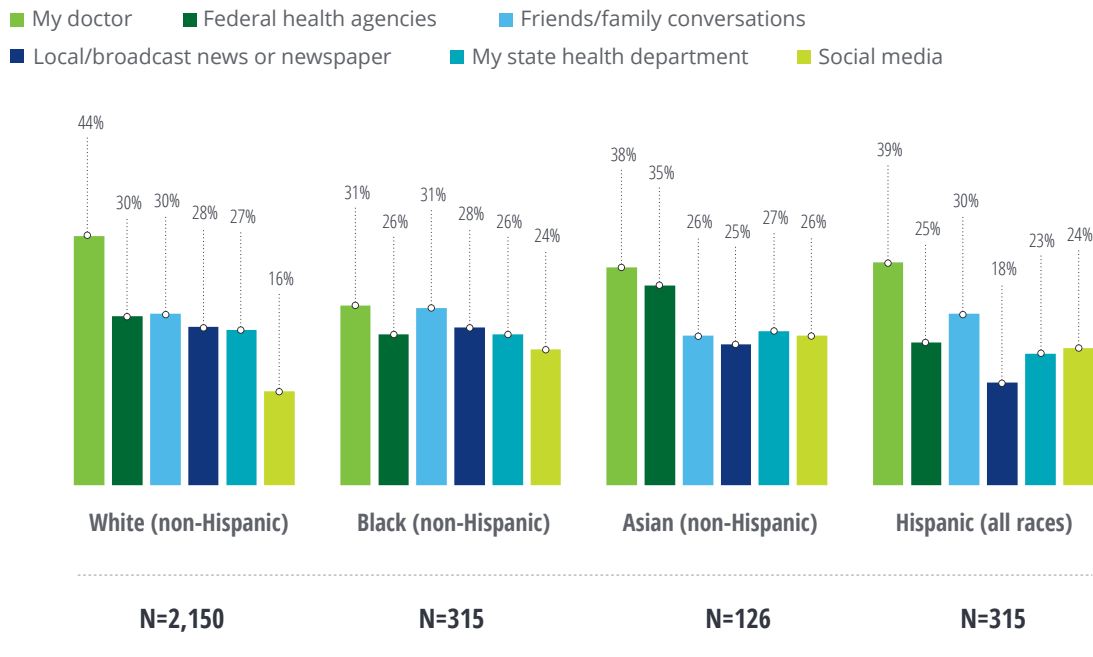
white and Asian respondents were more likely to go to their doctor.

- Generation Z consumers reported friends and family as the top source of information (39%), compared with all other generational groups who selected their doctor as their top source for information.
- The “unvaccinated and only if required” group selected their friends and family as their top source of information (39%), while other groups chose their doctor as their top source of information.

FIGURE 5

**Across the board, consumers said they went to their personal doctor for information on the COVID-19 virus and vaccine, but there are differences in by race and ethnicity**

Q: First, we'd like to ask you—where did you go for information on the COVID-19 virus and vaccination? (Select all that apply.)



Notes: Note: N = 2,906 respondents. Other and multiracial or mixed-race respondents are not shown because of small sample size. Not all options are shown.

Source: Deloitte 2021 vaccine survey of US health care consumers.



- The “on the fence and unvaccinated,” who live in urban areas utilized friends and family as the top source for information (44%).

**DIFFERENCES IN THE LEVEL OF TRUST VERSUS WHERE CONSUMERS WENT FOR INFORMATION**

Consumers’ level of trust and where they got their information varied (figure 6). As shown above, doctors were the most trusted among all consumers for public health information, as well as the top

source for COVID-19 information. In contrast, cable news was the fourth most popular source of COVID-19 information, despite being ranked eighth as a trusted source of public health information (in reply to an earlier question in the survey).

Additionally, consumers ranked health plans and pharmaceutical companies higher than cable news on trust (41%, 28%, and 23%, respectively), but actually used them less for information (17%, 12%, and 23%, respectively).

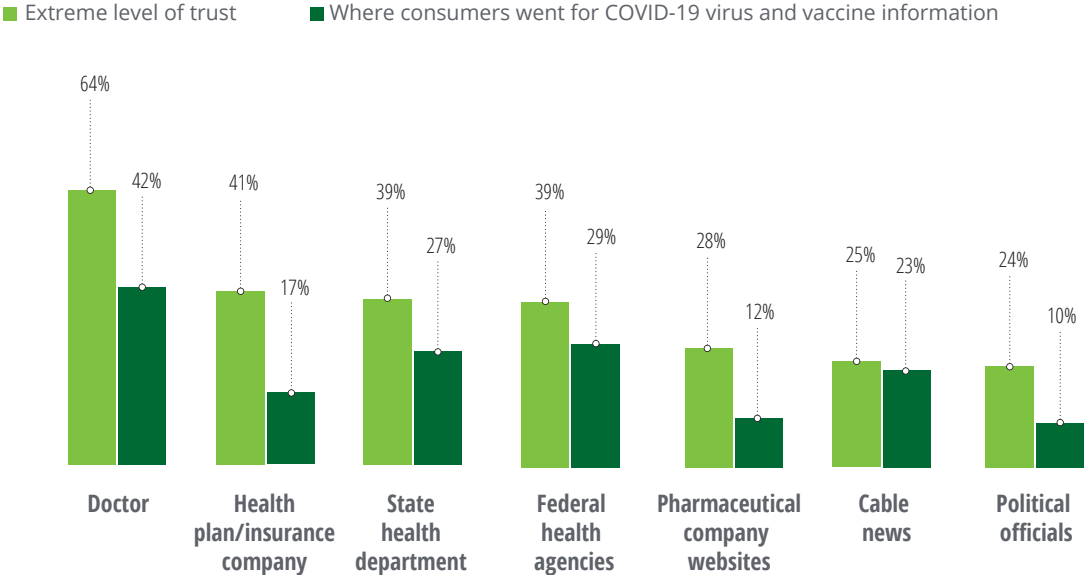
FIGURE 6

**Consumers’ level of trust and where they got their information varied**

Chart shows responses from two questions:

Q: Please rate how much trust you have in each of the below sources to give accurate and up-to-date information about public health issues (e.g., virus outbreaks, symptoms, and treatment information).

Q: First, we’d like to ask you—where did you go for information on the COVID-19 virus and vaccination? (Select all that apply.)



Notes: N = 3,000 respondents. Not all options are shown.  
Source: Deloitte 2021 vaccine survey of US health care consumers.

## WHERE DID OTHERS GET THEIR INFORMATION?

By generation: Younger generations (Gen Z and millennials) versus older generations (boomers and Seniors)

- Used social media much more than older generations (32% versus 4%)
- More likely to use pharmaceutical websites for information (15% versus 8%)
- Almost twice as likely to use academic or medical journals (18 % versus 10%)
- Less likely to use local or broadcast news or newspapers (17% versus 36%)

By race ethnicity:

- Black (24%), Asian (26%), and Hispanic (26%) respondents were more likely to use social media for information compared to white consumers (16%).
- Black (13%) and Asian (16%) consumers were about twice as likely to go to their employer for information on COVID-19, compared to white consumers (7%).

By rural/urban among the never/refuse group:

- Refusers in urban areas (26%) were more likely to use social media for information compared to those in rural areas (18%).
- Refusers in urban areas were less likely to use local broadcast news or newspapers than those in rural areas (25%).

# More consumers can be swayed than originally thought: Opportunities to convince the unvaccinated

## Use friends, family, and personal doctors for information, experiences, and offering the vaccine

Our survey results suggest that **personal doctors could be used to get more people vaccinated** by offering in routine visits or helping people get scheduled.

For example:

- Seventy-five percent of consumers said they are just as likely or more likely to visit their doctor since COVID-19. However, of the vaccinated consumers, only 11% said their doctor or a nurse offered the COVID-19 vaccine during a routine visit. While doctors' offices were largely excluded during the initial vaccine distribution<sup>5</sup>, they play a key role in reaching many Americans who have not yet been vaccinated.<sup>6</sup>
- Of all consumers who are not yet fully vaccinated, 34% said they were likely to get it if it was offered during a routine visit.
- This was particularly true for consumers who only received one dose and have not scheduled the second, and those who plan to get it but have not yet done so. Consider: Seventy percent

of those who only received one dose and 73% of those who have not been vaccinated but plan to said they would be "extremely likely" to get vaccinated if it was offered during a routine visit.

Our survey results suggest that consumers implicitly trust each other when it comes to vaccine behaviors, highlighting that **friends and family could be more influential motivators for change**. Among our various cohorts, we found that conversations and experiences of family and friends are motivators. For example, friends/family:

- **Influenced consumers to get vaccinated**
  - *"Wanting to protect friends/family" was the number one reason former deliberators got vaccinated (47%).*
  - *"Conversations with friends/family" convinced many to get vaccinated. This was reported as one of the top motivators by consumers who are now fully vaccinated (25%), vaccinated but deliberated (27%), and received one dose (32%).*
- **Can motivate those who are not vaccinated but plan to get it**

- *“Wanting to protect friends/family”* is the number one motivator (44%), followed by seeing others get the vaccine safely (43%) *for those who want the vaccine but have not yet gotten it.*

- Learning someone they trust got it (34%) and conversations with a trusted person (28%) are also motivating this group to get vaccinated.

- **Are the most used information sources on COVID-19 for the unvaccinated**

- “Refusers” and “only if required” are going to their friends/family as the top source for information on COVID-19; even at higher rates than going to their doctors. For example, refusers went to their friends (30%) versus their doctors (25%) and “only if required” (39% to friends versus 37% to their doctor).

Consumers may be willing to share their stories with other unvaccinated consumers to protect their friends and family, and those who are unvaccinated seek information from friends and family. Elevating the stories of consumers can foster vaccine acceptance in those who may be hesitant or resistant. One potential way to do this is by developing an ambassador program comprising of community members in partnership with local trusted leaders (see sidebar, “Trusted voices in communities”).

## TRUSTED VOICES IN COMMUNITIES

Enhancing clinical trial diversity: Stakeholder perspectives on advancing research through representative clinical trials.

An academic medical center created a cultural ambassador program comprising of community-based partnerships with churches and trusted leaders to address the need for diverse representation in clinical trials. The ambassadors engage in advocacy and education efforts in the community, serve as bidirectional partners, and build trust-based relationships with community members. This program has successfully enabled engagement and enrollment of diverse community members in clinical trials for over 10 years. A similar model could be deployed for vaccines to enable storytelling and education between vaccinated and unvaccinated consumers and stakeholders.

## OFFERING CONVENIENT VACCINATION SCHEDULES AND APPOINTMENTS COULD SWAY A PORTION OF THE UNVACCINATED

Some news and campaigns have dismissed the consumers who say they “refuse” to get the vaccine, but we found that there are at least 15% of those consumers who would get vaccinated in various very convenient scenarios. For example, if “their” doctor offered it at a routine visit, 56% of “on the fence,” 43% of “only if required,” and 17% of “refusers” say they are likely to get vaccinated (figure 7).

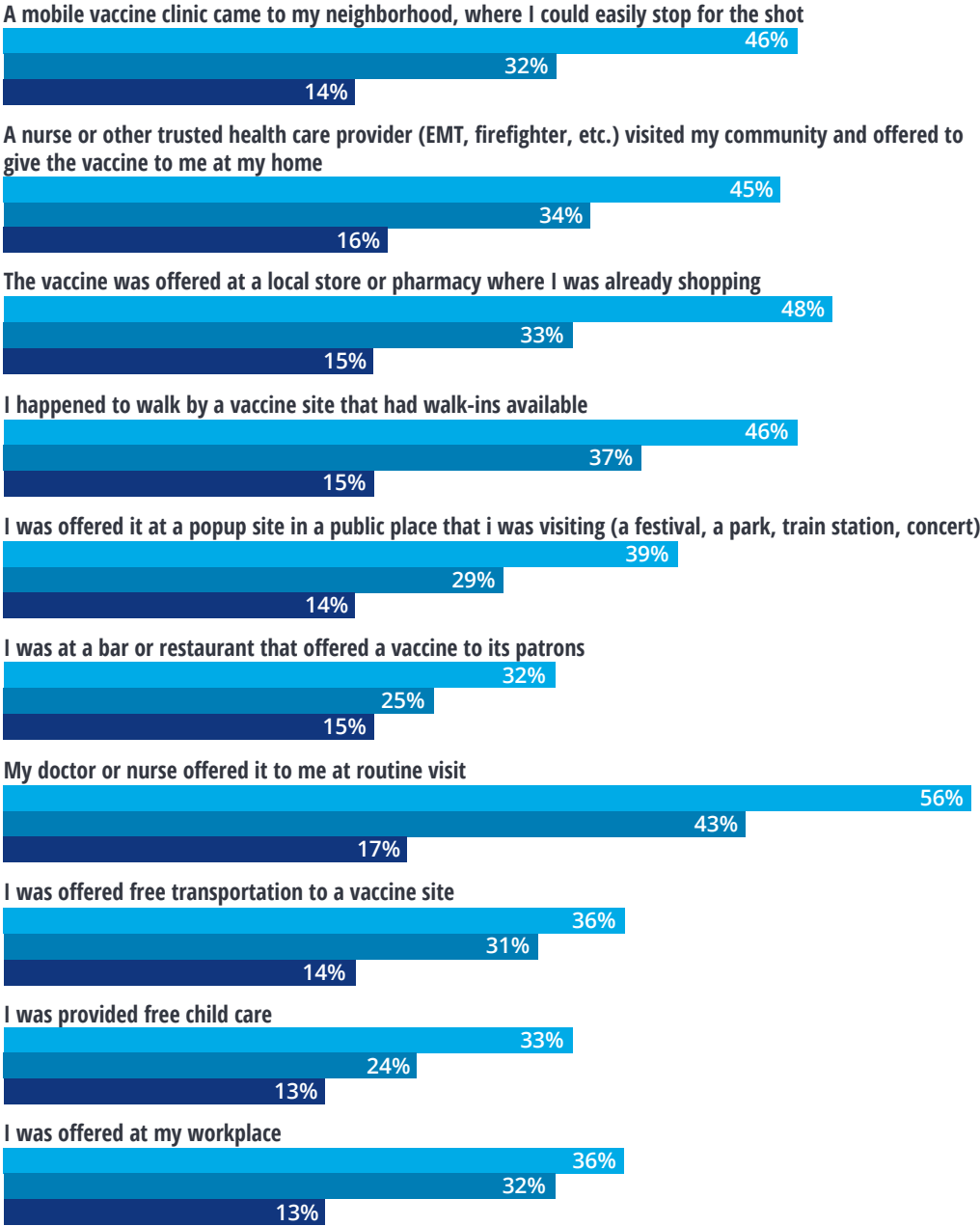


FIGURE 7

### Offering a convenient vaccine schedule and access experience could sway a group of unvaccinated consumers

Q: What if the "hassle" was taken away? How likely would you be to get vaccinated if ... ?

■ Not COVID-19 vax and "on the fence" ■ Not COVID-19 vax and only will if required ■ Not COVID-19 vax, I refuse/will not get



Notes: N = 1,203 respondents. The chart shows respondents who chose somewhat, very, or extremely likely on a five-point scale.  
 Source: Deloitte 2021 vaccine survey of US health care consumers.

The other top responses for what could make the unvaccinated change their minds were all related to reaching out to people where the:

- Vaccine was offered where they were already shopping
- Mobile vaccine clinic came to their neighborhood
- Vaccine site with walk-ins was available
- Nurse or trusted health care provider visited their neighborhood

#### ADDRESSING ANXIETIES AND FEARS WITH FACTS; MEETING CONSUMERS WHERE THEY ARE REGARDING INFORMATION ABOUT SIDE EFFECTS, IMMUNITY, AND EFFECTIVENESS

Many campaigns and media focus on the safety of the vaccines, but we found that some among those unvaccinated are still seeking credible and reliable facts. Consider the finding that the top three factors that could influence the “on the fence and unvaccinated,” are related to safety and information (figure 8). Seventy-nine percent of “on the fence and unvaccinated,” consumers said more reliable safety information would somewhat or very much influence them to get vaccinated, and 74% said when there is a new vaccine that feels safer than what is available now.

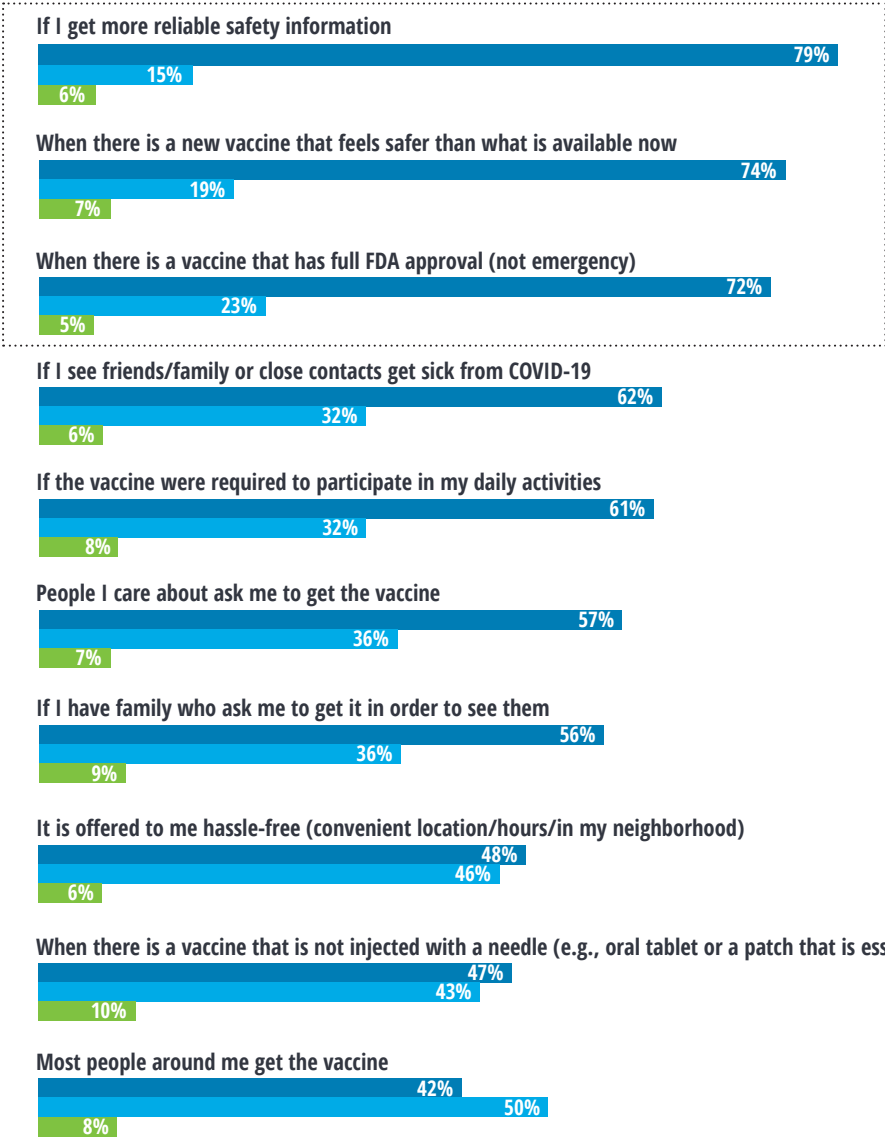


FIGURE 8

**Among those unvaccinated and on the fence—many still need more assurance on safety with regard to side effects**

Q: You mentioned that you are not certain if you will get the vaccine. How much could each of the following influence you to get the COVID-19 vaccine?

■ Very much or somewhat an influence    ■ No influence at all    ■ Not applicable



**Safety concerns**

Notes: N = 385 respondents who are "on the fence and unvaccinated." Not all options are shown. Totals may not equal 100% due to rounding.

Source: Deloitte 2021 vaccine survey of US health care consumers.

In addition, fears are pulling back those who want the vaccine but still haven't got it. Among those who want the vaccine but are "on the fence" safety concerns include:

- **Fear of side effects:** *Just fearing a reaction; waiting for the vaccine to be safer; unsure of the side effects.*
- **Pregnancy-related fears:** *Pregnant and didn't trust it; pregnant and concerned that a vaccine may affect the pregnancy if I reacted badly to it.*
- **Waiting for evidence:** *Giving it time to watch the research; waiting for FDA approval; waiting to see if any issues would occur with the vaccines; still a little hesitant; skeptical.*

## Conclusion

The Deloitte survey of US consumers debunks many of the common conceptions about how to motivate consumers who are unvaccinated. The lessons learned from this survey have an impact not only on the current COVID-19 pandemic, but also boosters and other public health campaigns going forward. Life sciences, health care, and government agencies are all trying various methods to increase vaccine distribution and adoption. They should take note of why consumers are making the decisions they are

### INCENTIVES WERE NOT A BIG MOTIVATING FACTOR, BUT STILL HAD AN IMPACT ON SOME CONSUMERS

Counties and states across the United States have instated various incentives with the hope of driving vaccination rates. Incentives include lottery tickets, gift cards, tickets to sporting events or aquariums, food and drink, and even a TikTok contest to target those aged 13–29.<sup>7</sup> However, incentives were not a major motivating factor for those who got vaccinated in our survey. Of the vaccinated consumers, only 5% said they were motivated by an incentive, such as free tickets, meals, or paid time off.

However, among those consumers who got incentives—it's important to continue offering them for follow-up doses and, potentially, boosters. In our survey, of the consumers who received one dose and not the second, 18% said they did not get the second because they were offered an incentive for the first dose but not the second.

with regard to vaccines. These are helpful lessons: Make it convenient, involve personal doctors, encourage people to convince a friend or family member, and give that person a ride.



## Endnotes

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## Acknowledgments

**Project team:** The authors would like to thank **Madhushree Wagh** who assisted in designing the survey tool, analyzing and interpreting the survey data, secondary data analysis, and writing sections of the report. Thanks to **Alison Muckle** and **Leena Gupta** who helped design the survey tool, and provided subject matter expertise on the topic.

The authors would also like to thank the many others who contributed to the success of this project. **Lindsay Hough, Andy Wiesenthal,** and **David Betts** provided guidance, expertise, and support throughout the project. Lastly, the authors would like to thank **Wendy Gerhardt, Sonal Shah, Melissa Williams, Laura DeSimio, Zion Bereket,** and the many others who supported this project.

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