

**Testimony before the Council of the District of Columbia**

Committee of the Whole

at the

**School Reopening and Academic Recovery Roundtable**

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Good afternoon, Chairman Mendelson and members of the Committee. Thank you for the opportunity to address you today. My name is Dr. Sema Sgaier and I am the co-founder and CEO of Surgo Ventures, a Washington, DC-based nonprofit dedicated to solving health and social problems with precision. I am also an adjunct assistant professor at the Harvard T.H. Chan School of Public Health. And, I am a proud DC resident.

I am here to testify about Surgo Ventures’ work to increase COVID-19 vaccine uptake and build greater vaccine confidence in the United States.

People are more complicated than their race, gender, political party, or zip code. These things can help us identify who to target in vaccine uptake campaigns, but they don’t help us with the *how*. To move the needle, we must look at the psychological and structural factors that truly drive a person’s intention and ability to get vaccinated. I do want to also stress that it is not only just about “hesitancy;” in fact, many people have significant barriers of access and time. Each person is different—and we must understand this difference. Once we have this full understanding, we can offer specific, localized solutions to overcome their vaccine barriers.

Simply put, we need to treat vaccine uptake as a marketing challenge—and use the same playbook that businesses use to sell their products to the public. We need to treat people as customers, listen to them and address their concerns, *and* make it easy for them to take the vaccine. We need to bring this same thinking to address the COVID-19 vaccine uptake challenge across the District of Columbia so that we can get our children back in school and back to the benefits of in-person learning.

Just last week, Surgo Ventures released the results of a survey of 18,000 U.S. adults, which we conducted in partnership with Facebook. Our survey uniquely measured the barriers standing in the way of people who still haven’t been vaccinated. From our survey, we were able to determine where in the United States you can find five psychobehavioral “personas” we have identified based on their beliefs and barriers to the COVID-19 vaccine:

* The Enthusiasts - who are ready to get vaccinated
* The Watchful - who want to wait and see, given their concerns on vaccine safety and effectiveness
* The Cost-Anxious - who are concerned about the financial and time cost of getting vaccinated
* The System Distrusters - who primarily believe people of their race aren’t treated fairly by the U.S. healthcare system, and
* The COVID Skeptics - who have low COVID-19 risk perception and believe several COVID-specific conspiracy theories.

We looked closely at how the vaccine personas broke down across currently unvaccinated adults in each of the 50 states and Washington, DC. We found a patchwork, with different vaccine personas prevalent in different states. We also found that Black, Hispanic, and white respondents fall across all five vaccine personas, indicating that we cannot treat racial categories as monoliths.

However, there are some patterns in which personas are most prevalent: System Distrusters, for example, are more likely to identify as Black (18%) and Hispanic (11%) than white (4%). **It may not come as a surprise, therefore, that the District of Columbia has the highest proportion of System Distrusters of all states—11% of its non-vaccinated adults.** While Georgia ranks second in the nation for its proportion of System Distrusters at 8%, Maryland ranks third in the nation for its proportion, at 7%.

In terms of the other personas and how they broke down in the District, we found:

* The Watchful make up 10% of DC’s adult population.
* The Cost-Anxious make up 9%.
* The Enthusiasts make up 7%.
* The COVID Skeptics make up 4%.
* The remainder of adults in DC are vaccinated.

We also asked what kind of vaccine barriers DC residents anticipate facing. In response:

* 28% of DC residents told us that they think it will be hard for them to travel to a vaccination site.
* Other concerns such as the lack of available appointments (22%), and worries about vaccination websites crashing (16%) have been addressed by recent efforts.

**So what can we do?** We can address people’s specific vaccine barriers with solutions drawn from behavioral science that take both communication campaigns and structural approaches. We identified solutions for each of the five personas grounded in our research and existing literature. **For the main groups left unvaccinated in DC (System Distrusters, Cost-Anxious, and Watchful) we need to:**

* **Use familiar locations**—barbershops, beauty salons, and churches—and trusted community messengers like barbers, stylists, and clergy to spur conversations about the benefits of vaccination. Our partner, the University of Maryland Center for Health Equity’s Health Advocates In-Reach and Research program, is a great example of training barbers and stylists to be health educators.
* **Make getting vaccinated highly visible**, through community campaigns and social media.
* **Support employers** to provide vaccines on site and give time off to employees.
* **Experiment with different models for bringing vaccines right to people**, including neighborhood vans, making vaccines available at workplaces, grocery stores, bars, or other convenient places.
* **Hold listening sessions in distrustful communities to hear and truly respond** to their concerns—and be transparent about how efforts to vaccinate underserved communities are succeeding.

Above all, solutions must be comprehensive and localized. We know that human behavior is highly context-driven and that the best solutions are tailored ones, drawing both on the wisdom of the community and localized data.

Prioritizing vaccine solutions based not simply on demographics but focused explicitly on the barriers and beliefs people hold will help boost vaccine uptake in the District, help us take concrete steps toward getting more families vaccinated, and help more children and teens feel safe enough to return to school.

Thank you for your time and consideration. I look forward to answering any questions you have.