Supplementary Material*

Alsan A, Stanford FC, Banerjee A, et al. Comparison of knowledge and information-seeking behavior after general COVID-19 public health messages and messages tailored for Black and Latinx communities: a randomized controlled trial. Ann Intern Med. 2020. doi:10.7326/M20-6141

* This supplementary material was provided by the authors to give readers further details on their article. The material was reviewed but not copyedited.

Supplementary Online Content

Supplement. Survey Design and Videos, Methods, and Results

Survey Design and Videos

Methods

Results

References

Supplement. Survey Design and Videos, Methods, and Results

Survey Design and Videos

Section A. Survey Design

For a detailed flow chart of the survey design, see Supplement Figure 1. In this section, we present a copy of the survey instrument. Page formatting has not been preserved.

[Start of Block: IRB Consent Form]

Welcome to our study!

We are a non-partisan group of academic researchers from Harvard University, the Massachusetts General Hospital (M.G.H.), the Massachusetts Institute of Technology (M.I.T.), Stanford University and Yale University.
Our goal is to learn about people's attitudes on several issues related to the novel coronavirus (COVID-19). Please read the information below before consenting to begin the survey.

- This survey is voluntary. You have the right to not answer any question, and to stop the survey at any time or for any reason (to exit the survey, simply close this window). We expect that the survey will take about 15 minutes.
- Your name will never be recorded by researchers. Results may include summary data, but you will never be identified. The data will be stored on M.I.T. servers and will be kept confidential. The collected anonymous data may be made available to other researchers for replication purposes.
- You will be compensated for this interview conditional upon (i) completing the survey and (ii) passing our survey quality checks, which use sophisticated statistical control methods to detect incoherent and rushed responses. Responding without adequate effort may result in your responses being flagged for low quality and you may not receive your payment.

Please note that it is very important for the success of our research that you answer honestly and read the questions very carefully before answering. If at any time you don't know an answer, please give your best guess without consulting any external sources. However, please be sure to spend enough time reading and understanding the questions.

You are encouraged to print or take a screenshot of this page for your records. If you have any question about this study, you may contact us at coviddocstudy@gmail.com. If you have questions regarding your rights as a research subject, you may contact the Chairman of the Committee on the Use of Humans as Experimental Subjects, M.I.T., Room E25-143b, 77 Massachusetts Ave, Cambridge, MA 02139, phone 1-617-253-6787.

o Yes, I would like to take part in this study, and confirm that I LIVE IN THE U.S., and I am 18 or older (1)
o No, I would not like to participate (2)

[End of Block: IRB Consent Form]

[Start of Block: Language Question and Stratum Assignment in Backend]

Q3 Do you prefer Spanish or English? Prefiere Español o Ingles?
o English/Ingles (1)
o Spanish/Español (2)

[Display this question: If Do you prefer Spanish or English? Prefiere Español o Ingles? = Spanish/Español

Q4 You have selected Spanish as your language option. Please toggle to the Spanish language version of this survey.

Ha seleccionado el español como su opción de idioma. Cambie a la versión en español de esta encuesta.]

[End of Block: Language Question and Stratum Assignment in Backend]

[Start of Block: Employment and Economic Burden]

[Display this question: If control = 0
Q6 We will now ask you a few short general questions. You will then watch three informative videos about COVID-19, recorded by doctors, and we will finally ask you to answer some more questions after that.]

[Display this question: If control = 1
Q7 We will ask you a series of general questions about your situation and COVID-19.]

Q8 What was your employment status in January 2020?
o Full-time employee (1)
o Part-time employee (2)
o Self-employed or small business owner (3)
o Unemployed and looking for work (4)
o Student (5)
o Not currently working and not looking for work (6)
o Retiree (7)

[Display this question: If What was your employment status in January... = Full-time employee
Or What was your employment status in January... = Part-time employee
Or What was your employment status in January... = Self-employed or small business owner

Q9 Which statement reflects your current employment status?
o I am still working in the same job. (1)
o I lost my job and I am looking for work (2)
o I have been temporarily laid off from the same job (3)
o I am on sick leave or other leave from the same job (4)
o I am now working at a different job (5)
o I left my job and am not looking for work (10)
o None of these (8)
]

[Display this question: What was your employment status in January... = Full-time employee
Or What was your employment status in January... = Part-time employee
Or What was your employment status in January... = Self-employed or small business owner
And If
Which statement reflects your current employment status? = I am still working in the same job.
Or Which statement reflects your current employment status? = I am on sick leave or other leave from the same job
Or Which statement reflects your current employment status? = I am now working at a different job

Q10 Is your job among those the government has declared essential in this time?
o Yes (1)

o No (2)
o Don't Know (3)
]

[Display this question What was your employment status in January... = Full-time employee
Or What was your employment status in January... = Part-time employee
Or What was your employment status in January... = Self-employed or small business owner
And If
Which statement reflects your current employment status? = I am still working in the same job.
Or Which statement reflects your current employment status? = I am on sick leave or other leave from the same job
Or Which statement reflects your current employment status? = I am now working at a different job

Q11 Do you currently work from home?
o Yes (1)
o No (2)
]

Q12 COVID-19 may cause economic challenges for some people regardless of whether they are actually infected.

How likely is it that you will run out of money in the next three months because of COVID-19?
o Very unlikely (1)
o Somewhat unlikely (4)
o Somewhat likely (5)
o Very likely (6)

Q295 Please select "Somewhat likely" if you are paying attention.
o Very unlikely (1)
o Somewhat unlikely (2)
o Somewhat likely (3)
o Very likely (4)

Q13 In the past seven days, did you eat less than you thought you should because of a lack of money or other resources?
o Yes (1)
o No (2)
o Unsure (3)

[End of Block: Employment and Economic Burden]

[Start of Block: Background - Living Conditions]

Q14 How many people are in your household, including you?
o 1 (1)
o 2 (2)
o 3 (3)
o 4 (4)
o 5 (5)

o 6 (6)
o 7 (7)
o 8 or more (8)

Q15 How many bathrooms are in your household?
o 0 or non applicable (1)
o 1 (2)
o 2 (3)
o 3 (4)
o 4 or more (5)

[End of Block: Background - Living Conditions]

[Start of Block: Attention Check]

Q92 It is important that we know you pay attention to this study. Please enter the word puce below when prompted for your favorite color.

Q93 What is your favorite color?
_____

[End of Block: Attention Check]

[Start of Block: Background - Healthcare]

Q17 Do you have health insurance?
o Yes (23)
o No (24)

Q18 Where do you usually go to when you are sick or need advice about your health?
▢ Clinic or health center (1)
▢ Doctor's office or HMO (2)
▢ Hospital emergency room (3)
▢ Hospital outpatient department (4)
▢ Some other place (5)
▢ I don't go to any one place most often (6)
▢ Prefer not to say (7)

Q19 Do you, or someone in your immediate household, have any of these conditions? (Select all that apply).
▢ Heart disease (i.e. high cholesterol, high blood pressure) (1)
▢ Diabetes (2)
▢ Chronic lung disease (i.e. Asthma, Chronic Obstructive Pulmonary Disease) (3)
▢ Pregnancy (4)
▢ Immunodeficiency (e.g. AIDS, chronic steroids) (5)
▢ Chronic liver disease (6)
▢ Chronic kidney disease (7)
▢ Cancer (8)

- ▢ Obesity (9)
- ▢ Other (10) _____
- ▢ None (11)

[End of Block: Background - Healthcare]

[Start of Block: Video1] [Display this block: If control = 0]

Q21 Please watch the following video recorded by a medical doctor, and move on to the next page when you are done. Please do not spend more than 10 minutes on this page.

[Video 1 displayed here]

Page Break

[Display this question: If Timing [Page Submit] < 599

Q23 Please rate the video you just watched on the following dimensions.

	Strongly agree (1)	Somewhat agree (2)	Neither agree nor disagree (3)	Somewhat disagree (4)	Strongly disagree (5)
The content is useful (1)	o	o	o	o	o
The content is trustworthy (2)	o	o	o	o	o
I intend to follow the recommendations in the video (3)	o	o	o	o	o
I intend to share the information from this video with others (8)	o	o	o	o	o

]

[End of Block: Video1]

[Start of Block: Video2] [Display this block: If control = 0]

Q25 Please watch the following video recorded by a medical doctor, and move on to the next page when you are done.

[Video 2 displayed here]

Page Break

Q27 Please rate the video you just watched on the following dimensions.

	Strongly agree (1)	Somewhat agree (2)	Neither agree nor disagree (3)	Somewhat disagree (4)	Strongly disagree (5)
The content is useful (1)	o	o	o	o	o
The content is trustworthy (2)	o	o	o	o	o
I intend to follow the recommendations in the video (3)	o	o	o	o	o
I intend to share the information from this video with others (8)	o	o	o	o	o

[End of Block: Video2]

[Start of Block: Prior Beliefs about Perceptions of Masks]
[Display this question: If control = 0

Q28 In the next video, we will discuss masks.]

Q29 We did a survey of 2500 people in the entire country, where we showed people photos of other people wearing masks. We asked them to tell us the extent to which they felt the person wearing the mask in this photo was protecting the community, sick, and/or up to no good.

Page Break

[Picture of person wearing mask here]

Q32 In your opinion, out of every 10 people asked, how many do you think would say that this person was up to no good?

[slider with 0-10 scale here]

Q33 In your opinion, out of every 10 people asked, how many do you think would say that this person was protecting the community?

[slider with 0-10 scale here]

Q34 In your opinion, out of every 10 people asked, how many do you think would say that this person was sick?

[slider with 0-10 scale here]

[End of Block: Prior Beliefs about Perceptions of Masks]

[Start of Block: Video3] [Display this block: If control = 0]

Q36 Please watch the following video recorded by a medical doctor, and move on to the next page when you are done.

[Video 3 displayed here]

Page Break

Q38 Please rate the video you just watched on the following dimensions.

	Strongly agree (1)	Somewhat agree (2)	Neither agree nor disagree (3)	Somewhat disagree (4)	Strongly disagree (5)
The content is useful (1)	o	o	o	o	o

The content is trustworthy (2)	o	o	o	o	o
I intend to follow the recommendations in the video (3)	o	o	o	o	o
I intend to share the information from this video with others (8)	o	o	o	o	o

[End of Block: Video3]

[Start of Block: Outcomes - Elephant in the Room]

[Display this question: If control = 0
Q40 Thank you for watching and rating these videos! We are now going to ask you some additional questions.]

Q41 Generally speaking, would you say that

	Strongly agree (1)	Somewhat agree (2)	Neither agree nor disagree (3)	Somewhat disagree (4)	Strongly disagree (5)
Most people can be trusted (1)	o	o	o	o	o
Most doctors can be trusted (2)	o	o	o	o	o
The Center for Disease Control and Prevention (CDC) can be trusted (3)	o	o	o	o	o

[End of Block: Outcomes - Elephant in the Room]

[Start of Block: Outcomes - Knowledge and practices wrt COVID-19]

Q43 What are the three most important things to do to prevent the spread of COVID-19? Check up to three.

- ▢ Stay six feet away from other people when outside (11)
- ▢ Wash your hands when you come home (12)
- ▢ Drink water regularly (13)
- ▢ Regular outdoor exercise, such as playing basketball or soccer (14)
- ▢ Wear a mask or facial covering when outside (15)
- ▢ Reduce screen time (16)
- ▢ Regular exposure to sunlight (17)

Q44 Can someone with COVID-19 infect others without feeling sick or without showing any symptoms?

o Yes (1)
o No (2)

Page Break

Q46 From the list below, select the 3 symptoms most commonly associated with COVID-19?

- ▢ Fever (1)
- ▢ Hair loss (2)
- ▢ Skin rash (3)
- ▢ Cough (4)
- ▢ Difficulty breathing (5)
- ▢ Swollen legs (6)
- ▢ Acid Reflux (7)
- ▢ Back and/or knee pain (8)
- ▢ New loss of taste or smell (11)

Page Break

Q48 Suppose that one of your family members is feeling sick and wants more information about COVID-19. Where would you suggest they get more information? Select all that apply.

- ▢ Friends, family, or colleagues (139)
- ▢ Social media (i.e. Facebook, Twitter) (140)
- ▢ Television (141)
- ▢ Local health professionals (i.e. medical doctor) (142)
- ▢ Your State's COVID-19 hotline or website (147)
- ▢ CDC website (148)

Q49 A friend had a fever for three days, can't breathe very well and has a cough after being around someone who got diagnosed later with COVID-19. What would you advise them to do?

- ▢ Call a doctor or health care provider (70)

- ▢ Isolate in their home – keep their distance even from family members, if possible. (71)
- ▢ Wait a bit longer to see if they feel better before taking action (72)
- ▢ Using a home remedy (you can specify) (74) _____
- ▢ Other (please specify) (73) _____

[End of Block: Outcomes - Knowledge and practices wrt COVID-19]

[Start of Block: Outcomes - Social Distancing 2]

[Picture 1 of people more/less socially distancing here]

Q52 To what extent are people displayed in the above photo social distancing?
o Excellent (11)
o Good (12)
o Average (13)
o Poor (14)
o Terrible (15)

[End of Block: Outcomes - Social Distancing 2]

[Start of Block: Outcomes - Social Distancing 3]

[Picture 2 of people more/less socially distancing here]

Q55 To what extent are people displayed in the above photo social distancing?
o Excellent (11)
o Good (12)
o Average (13)
o Poor (14)
o Terrible (15)

[End of Block: Outcomes - Social Distancing 3]

[Start of Block: Posterior Beliefs about Perceptions of Masks]

[Picture of person wearing a mask here]

Q58 In your opinion, out of 10 people asked, how many do you think would say that this person was up to no good?

[slider with 0-10 scale here]

Q59 In your opinion, out of 10 people asked, how many do you think would say that this person was protecting the community?

[slider with 0-10 scale here]

Q60 In your opinion, out of 10 people asked, how many do you think would say that this person was sick?

[slider with 0-10 scale here]

[End of Block: Posterior Beliefs about Perceptions of Masks]

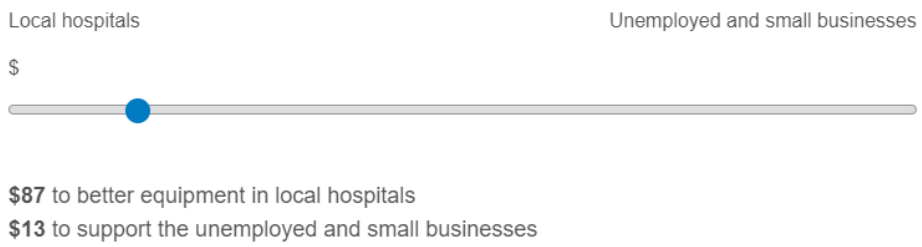
[Start of Block: Outcomes - Money allocations - Government]

[Note: Order of the two options is randomized for every respondent]

Q62 Suppose the government had additional money to help your community get through the COVID-19 crisis, and there were two possible uses of this extra money:

- Better equipment in local hospitals
- Stronger support to the unemployed and small businesses

For every $100, how much should they allocate to each use?



[End of Block: Outcomes - Money allocations - Government]

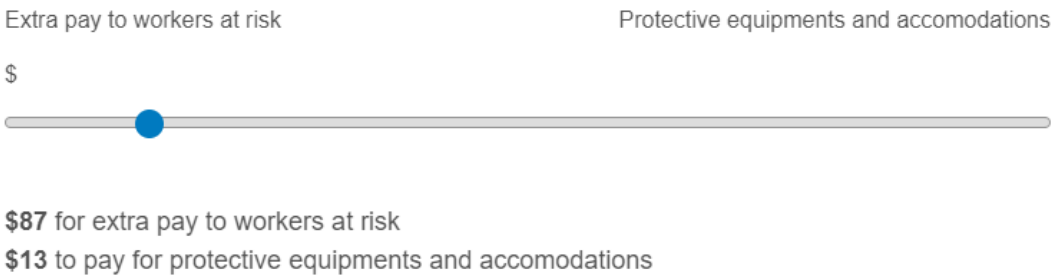
[Start of Block: Outcomes - Money Allocation - Businesses]

[Note: Order of the two options is randomized for every respondent]

Q68 Suppose businesses are deciding how to use money to protect workers from your community. They could use it in two broad ways:

- Extra pay to workers taking particular risk
- Protective equipments (masks, gloves...) and work accommodations to improve social distancing (increased space, slower production...)

For every $100, how much should they allocate to each use?



[End of Block: Outcomes - Money Allocation - Businesses]

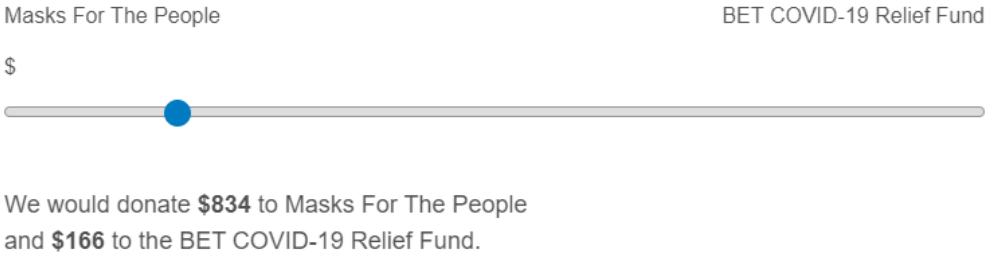
[Start of Block: Outcome - Race specific donations – African American]

[Note: Order of the two options is randomized for every respondent]

Q74 The research team will donate $1,000 to fight COVID-19 in African American and Latinx communities:

- The BET COVID-19 Relief Fund will give funds to local community-based organizations, with a focus on African American families in need of food assistance and emergency support services.
- Masks For The People is a campaign that will donate masks and other protective equipment to the most vulnerable in African American and Latinx communities.

How do you recommend we allocate these $1,000 between the two organizations? We will make the donation based on a randomly chosen participant's recommendation - it could be you.



[End of Block: Outcome - Race specific donations - African American]

[Start of Block: Outcome - Race specific donations - Latinx]

[Note: Order of the two options is randomized for every respondent]

Q80 The research team will donate $1,000 to fight COVID-19 in African American and Latinx communities:

- The Love Not Fear Fund will give funds to Latino organizations serving California's most vulnerable communities- our elders, undocumented, farmworkers, and working-class families.

- Masks For The People is a campaign that will donate masks and other protective equipment to the most vulnerable in African American and Latinx communities.

How do you recommend we allocate these $1,000 between the two organizations? We will make the donations based on a randomly chosen participant's recommendation - it could be you.

[Slider type as in Q74, replacing BET COVID-19 relief fund with Love Not Fear Fund]

[End of Block: Outcome - Race specific donations - Latinx]

[Start of Block: Outcomes - Healthcare seeking behavior 1]

Q86 You can help scientists fight the disease, even if you are not a health professional! Massachusetts General Hospital (MGH), a Harvard-affiliated hospital, has an app you can download to report how you feel every day, so they can track the spread of the disease. It respects your privacy. Are you interested in downloading this? If so, a link will be provided at the end of this survey to learn more about it.
o Yes (23)
o No (24)

[End of Block: Outcomes - Healthcare seeking behavior 1]

[Start of Block: Outcomes - wearing a mask question]

Q87 You have seen doctors talk about masks. But they are often hard to buy, and easy to make at home. Would you like to watch one or two additional videos now about how to make your own homemade mask?
o Yes (7)
o No (8)

Page Break

[Display this question: If You have seen doctors talk about masks. But they are often hard to buy, and easy to make at home.... = Yes

Q89 Please watch the videos for however long you like and replay as often as you'd like. Then, move on to the next page.

]

[Display this question: If You have seen doctors talk about masks. But they are often hard to buy, and easy to make at home.... = Yes

[Two videos with instructions for making masks displayed here.

Video 1: Video from the CDC - “How to Make Your own Face Covering”:

https://youtu.be/tPx1yqvJgf4

Video 2: DIY video sock mask - Make Sock Face Mask in just 2 minutes at Home. DIY No Sewing":

https://youtu.be/IVwG3UAufsM

]

]

[End of Block: Outcomes - wearing a mask question]

[Start of Block: Outcomes - Healthcare seeking behavior]

Q95 Here are some additional resources you may find useful. Please let us know if you are interested in them, and we will provide a link in the next page.

	I would like this link (1)	I am not interested in this link (2)
Webpage about how to disinfect your home (1)	o	o
Tips about keeping your children up and moving in a small space (2)	o	o
Videos about working out in your home (3)	o	o
Information about telehealth (4)	o	o
Information about mental health resources (SAMHSA) (5)	o	o
Your state's public health information hotline (6)	o	o
Information on testing locations (7)	o	o

Massachusetts General Hospital's (MGH) web resources about COVID-19 (8)	o	o

[End of Block: Outcomes - Healthcare seeking behavior 2]

[Start of Block: Links]

Q97 Here are the links you expressed interest in. Please click on any you are interested in to open other tabs and/or copy any information for your records. Please return to the survey to complete it. This page will automatically skip to the next after 5 minutes.

[Display this question: If "MGH tracking app" link in Q86 was selected
Q98 A symptom tracker app from Massachusetts General Hospital (MGH)]

[Display this question: If "disinfect your home" link was selected]
Q99 Info. on How to Disinfect Your Home]

[Display this question: If "working out in your home" link was selected]
Q100 A video about Working Out in a Small Space]

[Display this question: If "keeping your children up and moving in a small space" link was selected]
Q101 Tips about Keeping Your Children Moving in a Small Space]

[Display this question: If "Telehealth" link was selected]
Q102 Information about Telehealth]

[Display this question: If "MGH web resources" link was selected]
Q103 Web Resources about COVID-19 from Massachusetts General Hospital (MGH)]

[Display this question: If "mental health resources" link was selected]
Q104 Information about Mental Health Resources (SAMHSA)]

[Display this question: If "public health information" was selected]
Q105 Your State Hotline: *[State hotline displayed here]*]

[Display this question: If "information on testing locations" link was selected]
Q106 Information about Testing Locations]

[End of Block: Links]

[Start of Block: Control videos] [Display this block: If control = 1]

Q108 Please watch the following videos recorded by medical doctors, and move on when you are done.

[Video 1]

[Video 2]

[Video 3]

[End of Block: Control videos]

[Start of Block: Debrief]

Q113 Thank you for taking part in our study!

We just showed you videos that we helped to produce in partnership with MGH. Other participants saw similar videos but sometimes the messages were slightly different or people saw different doctors delivering the messages. We are interested in understanding what types of messages and which messengers are most impactful in reaching communities of color. So much of the public health messaging available is done by White people, while communities of color are experiencing a disproportionate burden from COVID-19.

Below is a reminder of some key pieces of information from these videos.

Q114 The three most important things to do to prevent the spread of COVID-19:

Stay six feet away from other people when outside

Wash your hands when you come home

Wear a mask or facial covering when outside

Can someone with COVID-19 infect others without feeling sick or without showing any symptoms? Yes!

The symptoms most frequently associated with COVID-19:
Fever
Cough
Difficulty breathing
New loss of taste or smell

Q115
Thank you for participating in our study. We hope you remain in good health and spirits. You can leave us comments in the box below (please do not enter identifying information about yourself):

Section B. Video Scripts

Respondents watched a total of three videos (Video 1, 2, and 3). The script of parts of Videos 1 and 2 varied across intervention cells, while the script of Video 2 was held constant across all intervention conditions. The videos were displayed in the following sequence:

1A + [1B 1C or 1D] + 1E + 2 + 3A + [Nothing or 3B] + 3C.

The script for each video snippet is listed below.

Video 1A: [start with mask, remove it] Hello, I'm Dr [XX] from [XX], and I'd like to tell you a little about Coronavirus or COVID-19.COVID-19 is a new virus that can infect the respiratory tract and lungs. Although many people who get sick from COVID will get better, some people who get it become very ill and some even die.

Video 1B: Although there's no cure, there are ways medical professionals have found to protect you and your community from COVID. I hope that this message can give you information that will help you protect you or someone you love from COVID infection.

Video 1C [if African American respondent]: Even though everyone is affected, communities of color have been especially hit hard by the COVID 19 epidemic. Although there is no cure there are ways medical professionals have found to protect you and your community from COVID. Now, I know the medical system has not always earned your trust and still remains unequal in how it treats individuals today. But I hope that this message can give you information that will help protect you or someone you love from COVID infection.

Video 1C [if Latinx respondent]: Even though everyone is affected, Latinx communities have been especially hard hit by the COVID 19 epidemic. Although there's no cure, there are ways medical professionals have found to protect you and your community from COVID-19.
Now, I know, for some families, it can be very difficult to get advice from doctors. There's a lot of fear about immigration status for some members of the Hispanic community, and of what might happen for those people if they get in contact with hospitals or doctors. I hope that this message can give you information that will help you protect you or someone you love from COVID infection

Video 1D [If African American respondent]: Even though everyone is affected, communities of color have been especially hard hit by the COVID 19 epidemic, due to a long history of inequality. Many of the jobs done by minorities are essential and cannot be done remotely, which increases the risk of getting the virus. Additionally, when one lives in tight spaces, it is also much more difficult to keep a safe distance. But I hope that this message can give you information that will help you protect you or someone you love from COVID infection.

Video 1D [If Latinx respondent]: Even though everyone is affected, Latinx communities have been especially hit hard by the COVID 19 epidemic. Many of the jobs done by minorities are essential and cannot be done remotely, which increases the risk of getting the virus. Additionally, when one lives in tight spaces, it is also much more difficult to keep a safe distance. I hope that this message can give you information that will help you protect you or someone you love from COVID infection.

Video 1E: First, I would like to tell you about the symptoms of COVID-19. The most common symptoms of COVID-19 are cough, fever, and trouble breathing. Another odd symptom some people have is loss of taste or smell. A large number of people who have COVID-19 actually don't show any symptoms at all. Unfortunately, people can still

spread the disease to others even with no symptoms. The next video will provide you with more information on how you can protect yourself and others.

Video 2: [start with mask, remove it] Hello, I'm Dr [XX] from [XX], and I'd like to tell you a little about how to protect you and others from transmitting COVID-19. The absolute most important thing is for people to remember is to be six feet away from every other human being. What does that mean? Whether you're outside, whether you're shopping, whether you have to go to the pharmacy or grocery store to get the absolutely essential supplies, make sure that you are staying six feet away from the next person. Ensure that you know exactly where your hands are, what you touched and make sure you're washing them or using hand sanitizer on a regular basis. When you come home make sure you disinfect everything that has touched something else.

Video 3a: [start with mask, remove it] Hello, I am doctor [XX] from [XX], and I will tell you a bit more about masks. Wearing a mask is a key way to prevent the spread of COVID-19. You are not just protecting yourself but also your grandma and your community, just in case you have COVID-19 but don't know it.

Video 3B: Not very long ago, people might have been afraid if they saw someone, especially a person of color, walking around town with a mask on. They may have thought the person was up to no good. But, in a MIT survey done in mid-April, 8 out of 10 people who saw a photo of an African American man wearing a mask said they thought they were protecting the community. Still, some people may act uncomfortable around you when you are wearing a mask.

Video 3C: Even if wearing a mask may sometimes put you in a difficult situation, it is important to protect you and the community from COVID 19 disease. As medical professionals, I am committed to delivering the best care I can to every patient. My goal is to make sure that you and everyone you love survives this COVID-19 pandemic. Thank you for listening to this message.

Section C. Mask Perception Survey

In the third video segment displayed to intervention group respondents, we varied whether or not the respondents received information about how members of their community are perceived by observers when wearing a mask (i.e. video segment 3B), with equal probability.

Specifically, we provided information about the number of individuals, out of 10, who saw a photo of an African American individual (for African American respondents) or a White individual (for Latinx respondents) of the same gender as the respondent, wearing a mask and said they thought the individual was protecting the community. We collected this information through a separate online survey of a nationally representative sample of 2611 individuals carried out on April 23, 2020.

In the April 23rd survey employed to elicit mask perceptions, respondents separately evaluated two persons wearing a mask. In each of the two evaluations, respondents were first shown a photo of the person wearing a mask. For each respondent, the photo was randomly selected from a set of five photos that show an African American man (but no respondent saw the same photo twice). Two example photos are shown here:


Next, respondents answered the following question:

Please evaluate the extent to which you think

	Strongly Disagree (1)	Somewhat Disagree (2)	Neither Agree nor Disagree (3)	Somewhat Agree (4)	Strongly Agree (5)
This person is up to no good (1)	o	o	o	o	o
This person is sick (2)	o	o	o	o	o
This person is trying to protect themselves and their family (3)	o	o	o	o	o
This person is trying to protect others (4)	o	o	o	o	o
This person is following the official guidelines (5)	o	o	o	o	o

Finally, from this survey we computed the fraction of individuals who said they thought the individual was protecting the community as 8 out of 10.

Methods

Section D. Outcomes

This section reviews primary outcomes in more detail and describes secondary outcomes. The primary outcomes listed in ClinicalTrials.gov ID: NCT04371419 include "Knowledge Beliefs and Practices related to COVID-19" – we define knowledge gap outcomes in detail below which captures the knowledge and beliefs component. The seeking out of additional information and resources to protect oneself and one's family/community is the main behavioral outcome. The secondary outcome in ClinicalTrials.gov ID: NCT04371419 included video ratings and are shown in Supplement Table 1. As described in the outcome section in the main text, additional outcomes from the pre-analysis plan posted on https://www.socialscienceregistry.org/ include about what other people believe and charitable donations to COVID vs non COVID charity. We label these as additional outcomes and report the results below.

Knowledge Gaps (primary outcome): We measure knowledge through 3 questions described below.

Preventive practice: First, participants were asked to select three ways to prevent COVID-19 spread among a list that included staying six feet away from other people when outside, washing their hands when returning home and wearing a mask/facial covering when outside (See Q43 in the survey instrument). Each of these three practices that is not selected increases the count of **knowledge gaps in preventive practice** $\boldsymbol{g_p}$ by 1, from $g_p = 0$ up to $g_p = 3$.
Asymptomatic transmission: Second, participants were asked whether transmission by asymptomatic individuals is possible; those responding "no" were coded as having a knowledge gap for asymptomatic transmission ($g_a = 1$) while those responding "yes" were coded as having no knowledge gap for asymptomatic transmission ($g_a = 0$).
Symptoms: Third, participants were asked about selecting exactly 3 common COVID-19 symptoms from a list. Each selected symptom that was not among cough, fever, difficulty breathing or a new loss of taste or smell increases the knowledge gap for symptoms $\boldsymbol{g_s}$ by 1, from $g_s = 0$ up to $g_s = 3$.
Knowledge Gaps Count: The knowledge gap count was defined as the sum of the three knowledge gaps ($G = g_p + g_a + g_s$), taking any integer value between 0 and 7. This is our primary outcome.

Information Seeking Behavior (primary outcome): Participants were asked to indicate interest in any number of links to COVID-related resources among a list of 10. There were told that they would subsequently obtain the selected links at the end of the study. We define the behavior index as the count of links selected. This could take any integer value between 0 and 10. The 10 links are:

1. A symptom tracker app from Massachusetts General Hospital (MGH)

2. Info. on How to Disinfect Your Home

3. A video about Working Out in a Small Space

4. Tips about Keeping Your Children Moving in a Small Space

5. Information about Telehealth

6. Web Resources about COVID-19 from Massachusetts General Hospital (MGH)

7. Information about Mental Health Resources (SAMHSA)

8. Information about Testing Locations

9. Video 1: Video from the CDC - "How to Make Your own Face Covering"

10. Video 2: DIY video sock mask - Make Sock Face Mask in just 2 minutes at Home. DIY No Sewing"

Secondary and Additional outcomes:

Video ratings:
After each of the three video, participants were asked to rate the video along the 4 following dimensions:

(1) The content is useful
(2) The content is trustworthy
(3) I intend to follow the recommendations in the video
(4) I intend to share the information from this video with others

On each dimension, participants could answer (corresponding numeric rating in parenthesis): "Strongly agree" (4), "Somewhat agree" (3), "Neither agree nor disagree" (2), "Somewhat disagree" (1) or "Strongly disagree (0).
For each video, we construct a "Video Rating" index in the following way: for each dimension, we compute the number of standard deviations between the participant's answer and the full sample mean. When then average these four scores.

Time watching videos:
On each survey page with a video, we record the time elapsed between entering the page and clicking "next page". Participants could not continue to the next page during the first 20 seconds on each video. We windsorize the variable at 1,200 seconds. This variable, in seconds, thus takes any real value between 20 and 1,200.

Perception of social norms around mask-wearing: Participants were shown images of individuals wearing masks and asked the following questions:

(1) *In your opinion, out of 10 people asked, how many do you think would say that this person [wearing a mask] was protecting the community?* Answer defines outcome "Protecting community", an integer between 0 and 10.
(2) *In your opinion, out of 10 people asked, how many do you think would say that this person [wearing a mask] was up to no good?* Answer defines outcome "Up to no good", an integer between 0 and 10.
(3) *In your opinion, out of 10 people asked, how many do you think would say that this person [wearing a mask] was sick?* Answer defines outcome "Sick", an integer between 0 and 10.

Donation to Mask for the People: Participants were asked to choose how $1000 USD from the research team should be allocated between an organization that provides masks for communities of color versus a general emergency COVID-19 fund for these same communities. Outcome is the amount allocated to the former, an integer between 0 and 1000.

DIY Mask Tutorial Video: Participants were offered a link to a video with more information to make a mask at home. Outcome is a binary indicator of whether the participant clicked the link (1) or not (0).

Section E. Balance and Attrition

We test for balance of baseline covariate distributions across intervention arms, first for the sample of individuals who were randomized in any intervention or assigned to control (Panel A of Supplement Table 5), then for individuals who stayed in the study at least up to the knowledge outcome (Panel B) and finally for individuals who completed the study (Panel C).

We use the function bal.tab() from the R package COBALT. We test for balance on marginal distribution of individual covariates, as well as for distribution of products of two covariates. We conduct these balance tests for all the intervention variations considered in our analysis: the group which receives any intervention against the control group, the group which receives race concordant physician videos against the group which does not, the group which receives a video by Dr. Birx against the group which does not, the group which receives Acknowledgement 1 against the group which does not, the group which receives Acknowledgement 2 against the group which does not, and the group which receives the debiasing information on social perceptions of masks against the group which does not. For each comparison and each distribution, we calculate the adjusted standardized mean difference and the p-value of a Kolmogorov-Smirnov test. For each comparison, we count the number of distributions that fail the balance test either by having a standardized mean difference greater than 0.1 or a Kolmogorov-Smirnov test p-value greater than 0.05, as recommended. Supplement Table 5 report these counts.
We find no evidence of imbalance in all of these samples.

To account for attrition which can potentially confound our estimates, we conduct Hainmueller's entropy balancing in models we present in the main text, following (1). This data preprocessing method is designed to achieve covariate balance in observational studies with binary interventions. It calibrates individual weights to ensure that reweighted intervention and control groups satisfy a large set of balance conditions on first and second moments of the covariate distributions. The list of baseline covariates that are used to implement this reweighting procedure is the following:

- Stratum indicators (which includes gender, an indicator for age below 44 years old, and an indicator for a zip code corresponding to a central or a coastal region)
- Age
- Household size
- Education index
- A binary variable capturing the answer to "Are you likely to run out of money in the next three months because of covid"
- A binary variable capturing the answer to "In the past seven days, did you eat less than you thought you should because of a lack of money or other resources?"
- A binary variable capturing whether the participant report themselves or a person close to them having a medical condition among a list that corresponds to higher risk from COVID-19.

Subsequently, these weights are used in the models that we present in the main text. For completeness, we also present the results from unweighted regressions in Supplement Tables 13 and 14.

Section F. Regression Models for Additional Analyses

<u>Section F.1. Controlling for more baseline covariates using Double Post LASSO</u>

Here we describe how the Double Post Lasso method works for selecting additional control variables. We only use this method in additional analyses presented in Supplement Tables 11 and 12.

We do not include this approach in the primary analysis for simplicity and because it leads to very little precision gains in this application. We pre-specified to include baseline covariates chosen by a double-robust machine-learning algorithm (2). This was used because it is a procedure delivering consistent estimates of intervention effects while improving efficiency by selecting covariates that are relevant to avoid omitted variable bias but exclude those that likely do not have such a threat. Technical details are in (2). The procedure selects, in our case using LASSO, covariates that are correlated either with the outcome or with the intervention assignment. Notice both conditions can lead to omitted variable bias. So the LASSO procedure selects only relevant covariates that could have generated omitted variable bias (2).

Let Y denote the outcome variable, T the intervention variable and X a vector of covariates. Here are the three steps of the Double Post Lasso selection method.

- First, regress the intervention variable T on the covariates using a Lasso regression. Let S_T be the set of covariates which have a coefficient different from 0 in this regression.
- Then, regress the outcome variable Y on the covariates using a Lasso regression. Let S_Y be the set of covariates which have a coefficient different from 0 in this regression.
- Finally, fit the negative binomial regression models as described in the primary analysis where covariates in $S_Y \cup S_T$ are included as regressors. For example, the Any Intervention regression model now writes:

$$\log(\mu_i) = \beta_0 + \beta_1 anymessage_i + \beta_2^t stratum_i + \beta_3 resp\ lang_i + \beta_4 resp\ race_i + \beta_5^t X_i$$

Where X_i is the vector of covariates from the set $S_Y \cup S_T$.

Lasso regressions were implemented using the functions *rlasso* and *rlassologit* from the R package *hdm* v0.3.1.

Section F.2. Regression models without weights

As detailed in Section D, to account for attrition which can potentially confound our estimates, we conduct Hainmueller's entropy balancing in models that we present in the main text, following (1). For completeness, we also perform unweighted regressions, and we present the results in Supplement Tables 13 and 14.

Section F.3. Regression models used for analysis of secondary and additional outcomes

Here we describe the regression models used for the analysis of secondary and additional outcomes presented in Section G and Supplement Tables 1 to 3.

In all of our regressions, we adapted the model to the distribution of the outcome. For count variables (our primary outcomes), we fit a negative binomial model using *negbinirr* from the *mfx* package, as presented in the main text. For the binary outcome (interest in the DIY mask video), we used logistic regression with the *glm* function from the *stats* package. For every other variables (Donation, Perceived norms around masks and video ratings), we used OLS regression with the *lm* function from the *stats* package. We present the regression equations for logistic regression and OLS below. Negative binomial models are presented in the main text.

In every regression, we control for strata and respondent language. When the panel includes all respondents, we control for respondent race as well. Below we show the regression equations when including all respondents. Regression equations for analysis restricted to African American or Latinx respondents can be obtained by removing the $resp\ race$ control.

In all regression equations, $stratum$ refers to a vector of length 8 that indicates the participant's stratum with a 1 on its corresponding coordinate and zeros on other coordinates.

- **Any Intervention:**

Sample: all intervention groups and control group. Participants who completed survey at least up to knowledge questions for our primary knowledge outcome. Participants who completed the entire survey for other outcomes.

The coefficient of interest for Any Intervention is β_1.

Binary outcomes - logistic regression equation:

$$\ln\left(\frac{p_i}{1-p_i}\right) = \beta_0 + \beta_1 anytreat_i + \beta_2^T stratum_i + \beta_3 resp\ lang_i + \beta_4 resp\ race_i$$

where Y_i is the outcome variable, $p_i = P(Y_i = 1)$.

Other outcomes - OLS regression equation:

$$Y_i = \beta_0 + \beta_1 anytreat_i + \beta_2^T stratum_i + \beta_3 resp\ lang_i + \beta_4 resp\ race_i\ + \varepsilon_i$$

- **Tailoring Intervention Analysis:**

Sample: all intervention groups. Excluding control group. Participants who completed survey at least up to knowledge questions for our primary knowledge outcome. Participants who completed the entire survey for other outcomes.

The coefficients of interest for race concordance are $\beta_1 - \beta_5$.

Binary outcomes - logistic regression equation:

$$\ln\left(\frac{p_i}{1-p_i}\right) = \beta_0 + \beta_1 race\ concord_i + \beta_2 acknowledgement1_i + \beta_3 acknowledgement2_i + \beta_4 birx_i + \beta_5 debiasing_i + \beta_6^T stratum_i + \beta_7 resp\ lang_i + \beta_8 resp\ race_i$$

Other outcomes - OLS regression equation:

$$Y_i = \beta_0 + \beta_1 race\ concord_i + \beta_2 acknowledgement1_i + \beta_3 acknowledgement2_i + \beta_4 birx_i + \beta_5 debiasing_i + \beta_6^T stratum_i + \beta_7 resp\ lang_i + \beta_8 resp\ race_i\ + \varepsilon_i$$

Section F.4. Heterogeneous Effects of Debiasing Social Perceptions Around Mask Wearing Interventions By Prior Beliefs

Here we describe the regression models used for the heterogeneity analysis presented in Supplement Table 4.

In the main text, for simplicity, we restrict the analysis of debiasing as a non-interacted model. Here we conduct, as pre-registered, analysis that interacts the debiasing intervention (Video 3 containing information about what others think of individuals wearing masks) with prior perceptions of social norms around mask wearing. Namely, before randomization and intervention, we ask a baseline question that is identical to our "Perception of social norms around mask wearing" Outcome (see Section E), with a different photograph. We then compare the participant's answer in the "protecting the community" prior question (an integer from 0 to 10) to the information given in the video, that "8 of out 10 people thought a person wearing a mask was protecting the community". A response from 0 to 7 is coded as "prior underestimate", a response from 8 to 10 is coded as "prior overestimate".

The coefficients of interest are β_2 and β_3.

Count outcomes – negative binomial regression model:

$$\log(\mu_i) = \beta_0 + \beta_1 prior\ overestimate_i + \beta_2 debiasing_i * prior\ underestimate_i + \beta_3 debiasing_i * prior\ overestimate_i + \beta_4^T stratum_i + \beta_5 resp\ lang_i + \beta_6 resp\ race_i$$

Binary outcomes - logistic regression equation:

$$\ln\left(\frac{p_i}{1-p_i}\right) = \beta_0 + \beta_1 prior\ overestimate_i + \beta_2 debiasing_i * prior\ underestimate_i + \beta_3 debiasing_i * prior\ overestimate_i + \beta_4^T stratum_i + \beta_5 resp\ lang_i + \beta_6 resp\ race_i$$

Other outcomes - OLS regression equation:

$$Y = \beta_0 + \beta_1 prior\ overestimate_i + \beta_2 debiasing_i * prior\ underestimate_i + \beta_3 debiasing_i * prior\ overestimate_i + \beta_4^T stratum_i + \beta_5 resp\ lang_i + \beta_6 resp\ race_i + \varepsilon_i$$

Results

Section G. Analysis of Effects on Secondary and Additional Outcomes

In Supplement Tables 2 and 3, we report results from the analysis of effects on secondary and additional outcomes: beliefs about how others perceive people wearing masks, donations to a charity distributing masks to minority individuals, and clicks on a video that explains how to make a mask at home. We find no significant effect of showing any video relative to the control, or of tailoring videos, on interest for the mask video or in the preferred donations.

We find effects on beliefs about how others perceive people wearing masks, but these effects are difficult to interpret using this model. It is important to analyze heterogenous effects for individuals with different prior beliefs about social perceptions of masks. As pre-registered, we focus on the model outlined in Section F.3, presented in Supplement Table 4. The findings confirm that the messages on social perceptions of masks are understood: people who hold pessimistic prior beliefs on how many people would say that a person wearing a mask is helping the community, i.e. people would said that less than 8 out of 10 people would say that, revise this belief upwards upon seeing the information in the video, and revise their beliefs downwards about how many would say that someone wearing a mask is up to no good or sick. People who held optimistic prior beliefs show opposite effects, and the differences are statistically significant.

In Supplement Table 1, we document the effects of specific variations of single video content on video ratings. The only significant coefficients captures that the Dr. Birx version of Video 2 made respondents rate this video lower. The effect is concentrated among African-American respondents.

References

1. Hainmueller J. Entropy balancing for causal effects: A multivariate reweighting method to produce balanced samples in observational studies. Political analysis. 2012:25-46.
2. Chernozhukov V, Chetverikov D, Demirer M, Duflo E, Hansen C, Newey W, et al. Double/debiased machine learning for treatment and structural parameters. The Econometrics Journal. 2018;21(1):C1-C68.

Supplement Table 1. Effects of Tailoring Messages: Effects on Video Ratings and Time Spent Watching Videos Associated With Video Tailoring*

			Video 2 recorded by Dr. Birx		Acknowledgement 1: racism in healthcare (African Americans), deportation fears (Latinx)		Acknowledgement 2: economic inequalities		
Regression Model	Panel	Outcome	coefficient (95% CI)	p-value	coefficient (95% CI)	p-value	coefficient (95% CI)	p-value	Observations
OLS	All	Video 1 rating	-0.013 (-0.055,0.030)	0.56	0.010 (-0.032,0.052)	0.64	-0.002 (-0.044,0.040)	0.93	11621
		Video 2 rating	-0.061 (-0.105,-0.017)	0.007	-0.002 (-0.046,0.042)	0.92	-0.042 (-0.086,0.002)	0.063	11276
		Video 3 rating	-0.013 (-0.058,0.033)	0.59	0.002 (-0.043,0.047)	0.94	-0.018 (-0.063,0.027)	0.44	10840
		Video 1 time	-3.186 (-8.121,1.748)	0.21	12.01 (7.077,16.943)	P <0.001	11.413 (6.47,16.356)	P <0.001	11875
		Video 2 time	-16.765 (-20.672,-12.859)	P <0.001	-1.727 (-5.625,2.172)	0.39	-1.390 (-5.302,2.522)	0.49	11413
		Video 3 time	1.461 (-3.306,6.227)	0.55	-1.924 (-6.671,2.822)	0.43	2.256 (-2.513,7.026)	0.35	10943
	African American	Video 1 rating	-0.039 (-0.092,0.013)	0.139	-0.002 (-0.054,0.05)	0.94	-0.023 (-0.075,0.030)	0.40	7126
		Video 2 rating	-0.090 (-0.144,-0.036)	0.001	-0.007 (-0.061,0.046)	0.79	-0.049 (-0.103,0.005)	0.076	6898
		Video 3 rating	-0.053 (-0.109,0.003)	0.062	-0.013 (-0.069,0.042)	0.64	-0.016 (-0.072,0.040)	0.58	6635
		Video 1 time	-4.303 (-10.808,2.203)	0.195	11.91 (5.407,18.413)	P <0.001	14.077 (7.563,20.59)	P <0.001	7303
		Video 2 time	-14.889 (-20.071,-9.708)	P <0.001	-0.918 (-6.09,4.255)	0.73	-0.379 (-5.572,4.814)	0.89	6994
		Video 3 time	3.483 (-2.627,9.593)	0.26	0.410 (-5.683,6.502)	0.90	3.802 (-2.329,9.933)	0.22	6698
	Latinx	Video 1 rating	0.031 (-0.04,0.103)	0.39	0.031 (-0.041,0.103)	0.40	0.036 (-0.036,0.108)	0.33	4495
		Video 2 rating	-0.014 (-0.089,0.062)	0.72	0.006 (-0.069,0.082)	0.87	-0.026 (-0.102,0.049)	0.49	4378
		Video 3 rating	0.054 (-0.023,0.131)	0.169	0.027 (-0.049,0.104)	0.48	-0.014 (-0.091,0.062)	0.71	4205
		Video 1 time	-1.362 (-8.833,6.108)	0.72	12.215 (4.747,19.682)	0.001	7.543 (0.05,15.036)	0.049	4572
		Video 2 time	-19.914 (-25.774,-14.055)	P <0.001	-3.128 (-8.974,2.719)	0.29	-2.944 (-8.809,2.921)	0.33	4419
		Video 3 time	-1.818 (-9.433,5.797)	0.64	-5.724 (-13.292,1.844)	0.138	-0.22 (-7.813,7.374)	0.96	4245

***** This table presents estimated effects on video ratings and time spent watching videos from specific tailorings of the video messages, within the Any Intervention Group. Effects are estimated by ordinary least squares regressions, with rebalancing weights obtained by the entropy weighting method. OLS = 95% CI = 95% confidence interval. OLS = ordinary least squares

Supplement Table 2. Effects of Tailoring Messages on Additional Outcomes*

Regression Model	Panel	Outcome	Race concordance between physician and participant		Video 2 recorded by Dr. Birx		Acknowledgement 1: racism in healthcare (African Americans), deportation fears (Latinx)		Acknowledgement 2: economic inequalities		Informing about how others perceive people wearing masks		Observations
			coefficient (95% CI)	p-value	coefficient (95% CI)	p-value	coefficient (95% CI)	p-value	coefficient (95% CI)	p-value	coefficient (95% CI)	p-value	
OLS	All	Posterior Protect Community	-0.010 (-0.118,0.098)	0.85	0.114 (-0.039,0.266)	0.143	0.002 (-0.15,0.154)	0.98	0.035 (-0.118,0.188)	0.65	0.119 (0.011,0.226)	0.031	10519
		Posterior Up to No Good	-0.028 (-0.137,0.08)	0.61	0.053 (-0.100,0.206)	0.50	0.181 (0.029,0.334)	0.02	0.072 (-0.081,0.226)	0.36	0.095 (-0.013,0.204)	0.084	10461
		Posterior Was Sick	0.006 (-0.105,0.116)	0.92	0.079 (-0.077,0.236)	0.32	0.131 (-0.025,0.287)	0.099	0.085 (-0.072,0.242)	0.29	0.025 (-0.086,0.135)	0.66	10473
		Donation to Mask For the People	-2.65 (-10.94,5.63)	0.53	-5.97 (-17.70,5.75)	0.32	-10.73 (-22.41,0.95)	0.072	-9.26 (-21.00,2.49)	0.122	0.720 (-7.57,9.00)	0.87	10388
	African American	Posterior Protect Community	-0.014 (-0.15,0.122)	0.84	0.08 (-0.111,0.272)	0.41	-0.096 (-0.288,0.095)	0.32	-0.047 (-0.24,0.145)	0.63	0.112 (-0.024,0.248)	0.106	6421
		Posterior Up to No Good	-0.029 (-0.169,0.111)	0.69	0.059 (-0.138,0.257)	0.56	0.227 (0.03,0.424)	0.024	0.07 (-0.129,0.269)	0.49	0.135 (-0.005,0.275)	0.058	6385
		Posterior Was Sick	0.051 (-0.093,0.196)	0.49	0.089 (-0.115,0.293)	0.39	0.204 (0,0.408)	0.050	0.126 (-0.08,0.332)	0.23	-0.037 (-0.182,0.107)	0.61	6394
		Donation to Mask For the People	-3.63 (-14.03,6.77)	0.49	-12.00 (-26.66,2.66)	0.109	-15.82 (-30.47,-1.16)	0.034	-22.24 (-37.02,-7.46)	0.003	-1.46 (-11.85,8.94)	0.78	6340
	Latinx	Posterior Protect Community	-0.006 (-0.183,0.170)	0.95	0.170 (-0.081,0.421)	0.185	0.162 (-0.087,0.411)	0.20	0.162 (-0.087,0.412)	0.20	0.131 (-0.045,0.308)	0.146	4098
		Posterior Up to No Good	-0.025 (-0.196,0.145)	0.77	0.041 (-0.201,0.284)	0.74	0.104 (-0.136,0.345)	0.40	0.075 (-0.166,0.316)	0.54	0.029 (-0.141,0.200)	0.74	4076
		Posterior Was Sick	-0.071 (-0.24,0.097)	0.41	0.067 (-0.173,0.306)	0.59	0.012 (-0.226,0.25)	0.92	0.005 (-0.234,0.243)	0.97	0.119 (-0.049,0.288)	0.165	4079
		Donation to Mask For the People	-0.22 (-13.87,13.43)	0.98	4.29 (-15.16,23.75)	0.67	-2.42 (-21.67,16.84)	0.81	11.33 (-7.96,30.61)	0.25	4.43 (-9.23,18.08)	0.53	4048
Regression Model	Panel	Outcome	Odds ratio (95% CI)	p-value	Odds ratio (95% CI)	p-value	Odds ratio (95% CI)	p-value	Odds ratio (95% CI)	p-value	Odds ratio (95% CI)	p-value	Observations
Logistic regression	All	Want DIY Mask Tutorial Video	1.079 (0.997,1.169)	0.060	0.990 (0.884,1.109)	0.86	1.035 (0.926,1.158)	0.54	1.035 (0.925,1.158)	0.55	0.959 (0.886,1.039)	0.31	10382
	African American	Want DIY Mask Tutorial Video	1.116 (1.008,1.234)	0.034	1.000 (0.866,1.155)	1.00	1.051 (0.911,1.213)	0.49	1.118 (0.969,1.29)	0.128	0.941 (0.85,1.041)	0.24	6342
	Latinx	Want DIY Mask	1.024 (0.9,1.165)	0.72	0.975 (0.812,1.172)	0.79	1.011 (0.843,1.212)	0.91	0.917 (0.764,1.100)	0.35	0.991 (0.871,1.128)	0.90	4040

	Tutorial Video						

***** This table presents estimated effects on secondary outcomes from specific tailorings of the video messages, within the Any Intervention Group. Effects are estimated by ordinary least squares regressions for Posterior beliefs about perceptions of masks and Donation, and by logistic regression for clicks on the Do-It-Yourself Mask Tutorial Video, with rebalancing weights obtained by the entropy weighting method. CI = 95% confidence interval. OLS = ordinary least squares.

Supplement Table 3. Effects of Any Message Intervention: Effects on Additional Outcomes*

			Any intervention						
Regression Model	Panel	Outcome	**Control group mean**	**No obs**	**Intervention group mean**	**No obs**	**Coefficient**	**p-value**	**Observations**
OLS	All	**Posterior Protect Community**	7.197 (7.045,7.350)	1500	7.456 (7.402,7.51)	10519	0.263 (0.110,0.417)	0.001	12019
		Posterior Up to No Good	2.191 (2.053,2.329)	1486	2.375 (2.321,2.429)	10461	0.182 (0.030,0.335)	0.019	11947
		Posterior Was Sick	3.403 (3.259,3.547)	1495	3.586 (3.531,3.641)	10473	0.192 (0.036,0.348)	0.016	11968
		Donation to Mask For the People	495.59 (484.31,506.87)	1484	507.16 (502.97,511.34)	10388	9.39 (-2.35,21.13)	0.117	11872
	African American	**Posterior Protect Community**	7.326 (7.136,7.516)	957	7.597 (7.528,7.665)	6421	0.276 (0.083,0.469)	0.005	7378
		Posterior Up to No Good	2.179 (2.003,2.355)	946	2.439 (2.369,2.510)	6385	0.251 (0.054,0.448)	0.013	7331
		Posterior Was Sick	3.529 (3.343,3.715)	953	3.698 (3.625,3.77)	6394	0.165 (-0.039,0.368)	0.114	7347
		Donation to Mask For the People	472.54 (458.62,486.45)	947	480.97 (475.78,486.16)	6340	8.20 (-6.51,22.92)	0.27	7287
	Latinx	**Posterior Protect Community**	6.971 (6.718,7.223)	543	7.236 (7.148,7.325)	4098	0.240 (-0.012,0.492)	0.062	4641
		Posterior Up to No Good	2.213 (1.991,2.435)	540	2.274 (2.189,2.360)	4076	0.070 (-0.171,0.310)	0.57	4616
		Posterior Was Sick	3.181 (2.956,3.406)	542	3.411 (3.326,3.496)	4079	0.237 (-0.002,0.475)	0.052	4621
		Donation to Mask For the People	536.24 (517.48,555.01)	537	548.17 (541.34,555.00)	4048	11.49 (-7.92,30.90)	0.25	4585
Regression Model	Panel	Outcome	**Control group mean**	**No obs**	**Intervention group mean**	**No obs**	**Odds ratio**	**p-value**	**Observations**
Logistic regression	All	**Want DIY Mask Tutorial Video**	0.374 (0.349,0.398)	1485	0.383 (0.374,0.393)	10382	1.040 (0.929,1.164)	0.49	11867
	African American	**Want DIY Mask Tutorial Video**	0.370 (0.339,0.400)	947	0.375 (0.363,0.387)	6342	1.015 (0.880,1.171)	0.84	7289
	Latinx	**Want DIY Mask Tutorial Video**	0.381 (0.340,0.422)	538	0.396 (0.381,0.411)	4040	1.084 (0.902,1.302)	0.39	4578

* This table presents mean values of secondary outcomes in Control and in Any Message Intervention groups, and the effect estimated by ordinary least squares regressions for Posterior beliefs about perceptions of masks and Donation, and by logistic regression for clicks on the Do-It-Yourself Mask Tutorial Video, with rebalancing weights obtained by the entropy weighting method. OLS = ordinary least squares. No obs = number of observations.

Supplement Table 4. Debiasing Intervention, by Levels of Prior Beliefs*

			Underestimate				Overestimate				Debiasing coefficient (95% CI)		p-value		
Regression Model	Panel	Outcome	Control group mean	N	Intervention group mean	N	Control group mean	N	Intervention group mean	N	Underestimate	Overestimate	Underestimate	Overestimate	Difference
OLS	All	***Posterior Protect Community***	5.647 (5.534,5.760)	2241	5.880 (5.761,5.998)	2158	8.703 (8.625,8.781)	3028	8.668 (8.593,8.742)	3071	0.235 (0.091,0.378)	-0.040 (-0.161,0.082)	0.001	0.52	0.004
		Posterior Up to No Good	3.068 (2.949,3.186)	2236	3.032 (2.913,3.150)	2151	1.778 (1.683,1.874)	3006	1.992 (1.894,2.091)	3049	-0.042 (-0.206,0.122)	0.221 (0.082,0.361)	0.62	0.002	0.016
		Posterior Was Sick	4.085 (3.968,4.202)	2236	3.960 (3.843,4.077)	2150	3.190 (3.087,3.293)	3013	3.349 (3.244,3.453)	3056	-0.121 (-0.290,0.048)	0.152 (0.008,0.295)	0.161	0.039	0.016
		Donation to Mask For the People	504.77 (495.59,513.95)	2213	504.63 (495.62,513.63)	2135	508.19 (500.41,515.96)	2990	509.19 (501.37,517.02)	3027	0.09 (-12.71,12.89)	1.26 (-9.61,12.13)	0.99	0.82	0.89
	African American	***Posterior Protect Community***	5.577 (5.431,5.723)	1318	5.781 (5.626,5.936)	1245	8.922 (8.835,9.01)	1892	8.851 (8.766,8.937)	1952	0.198 (0.020,0.375)	-0.073 (-0.218,0.072)	0.029	0.32	0.021
		Posterior Up to No Good	3.358 (3.201,3.515)	1316	3.240 (3.081,3.399)	1242	1.682 (1.567,1.797)	1880	2.038 (1.912,2.164)	1934	-0.109 (-0.324,0.105)	0.356 (0.180,0.531)	0.32	P < 0.001	0.001
		Posterior Was Sick	4.388 (4.234,4.542)	1317	4.15 (3.993,4.307)	1241	3.238 (3.106,3.371)	1883	3.384 (3.248,3.519)	1941	-0.212 (-0.438,0.014)	0.126 (-0.059,0.31)	0.067	0.183	0.024
		Donation to Mask For the People	473.77 (462.20,485.35)	1301	484.97 (473.43,496.52)	1233	486.88 (477.37,496.39)	1868	476.26 (466.76,485.75)	1920	11.78 (-4.671,28.22)	-10.45 (-23.89,2.99)	0.161	0.128	0.040
	Latinx	***Posterior Protect Community***	5.746 (5.567,5.926)	923	6.014 (5.831,6.197)	913	8.338 (8.192,8.485)	1136	8.347 (8.208,8.486)	1119	0.279 (0.040,0.518)	0.006 (-0.210,0.222)	0.022	0.96	0.097
		Posterior Up to No Good	2.653 (2.476,2.831)	920	2.747 (2.573,2.921)	909	1.940 (1.771,2.108)	1126	1.913 (1.756,2.070)	1115	0.071 (-0.181,0.324)	-0.013 (-0.242,0.215)	0.58	0.91	0.63
		Posterior Was Sick	3.651 (3.475,3.827)	919	3.701 (3.527,3.875)	909	3.109 (2.945,3.273)	1130	3.288 (3.125,3.450)	1115	0.020 (-0.232,0.271)	0.193 (-0.034,0.420)	0.88	0.095	0.32
		Donation to Mask For the People	548.99 (534.51,563.47)	912	531.49 (517.34,545.64)	902	543.66 (530.54,556.78)	1122	566.32 (553.31,579.33)	1107	-16.33 (-36.69,4.03)	21.89 (3.51,40.27)	0.116	0.020	0.006
Logistic Regression	All	**Want DIY Mask Tutorial Video**	0.369 (0.349,0.389)	2211	0.369 (0.348,0.389)	2137	0.402 (0.384,0.419)	2979	0.385 (0.368,0.403)	3020	0.988 (0.873,1.119)	0.932 (0.84,1.034)	0.85	0.184	0.48
	African American	**Want DIY Mask Tutorial Video**	0.376 (0.35,0.403)	1302	0.351 (0.324,0.377)	1235	0.386 (0.363,0.408)	1862	0.379 (0.357,0.4)	1915	0.893 (0.76,1.049)	0.962 (0.844,1.096)	0.168	0.56	0.48

	Latinx	**Want DIY Mask Tutorial Video**	0.359 (0.327,0.390)	909	0.394 (0.362,0.425)	902	0.429 (0.400,0.458)	1117	0.397 (0.368,0.426)	1105	1.146 (0.944,1.391)	0.881 (0.741,1.048)	0.169	0.152	0.048
Negative Binomial	All	**Knowledge gap count**	0.102 (0.094,0.110)	2286	0.096 (0.088,0.104)	2198	0.039 (0.035,0.044)	3066	0.042 (0.037,0.046)	3125	0.913 (0.791,1.055)	1.069 (0.925,1.235)	0.22	0.37	0.132
		Information seeking behavior	0.331 (0.317,0.345)	2191	0.333 (0.319,0.348)	2103	0.357 (0.344,0.369)	2938	0.35 (0.338,0.363)	2977	1.004 (0.933,1.079)	0.982 (0.924,1.044)	0.92	0.57	0.65
	African American	**Knowledge gap count**	0.103 (0.093,0.114)	1342	0.096 (0.086,0.107)	1276	0.037 (0.032,0.042)	1917	0.04 (0.034,0.045)	1987	0.938 (0.780,1.129)	1.074 (0.895,1.290)	0.50	0.44	0.31
		Information seeking behavior	0.331 (0.313,0.349)	1291	0.339 (0.32,0.358)	1210	0.351 (0.335,0.367)	1833	0.345 (0.33,0.361)	1889	1.024 (0.931,1.126)	0.979 (0.906,1.058)	0.63	0.59	0.47
	Latinx	**Knowledge gap count**	0.100 (0.087,0.112)	944	0.095 (0.083,0.108)	922	0.043 (0.036,0.051)	1149	0.045 (0.037,0.053)	1138	0.878 (0.699,1.101)	1.051 (0.829,1.332)	0.26	0.68	0.28
		Information seeking behavior	0.331 (0.309,0.353)	900	0.325 (0.303,0.347)	893	0.366 (0.346,0.387)	1105	0.359 (0.339,0.380)	1088	0.979 (0.875,1.096)	0.983 (0.889,1.087)	0.71	0.74	0.96

* This table presents effects of the debiasing intervention (video 2 providing information that 8 in 10 people perceive a person wearing a mask as protecting the community), disaggregated by whether the participant was under- or over-estimating this number prior to seeing video 2. Regression models used are detailed in Section F.3. 95% CI = 95% confidence interval. N = Number of Observations.

Supplement Table 5. Balance Table*

	Any Intervention		Race concordance		Dr. Birx		Acknowledgement 1		Acknowledgement 2		Social treatment	
	Mean diff. adjusted	KS p-value adjusted	Mean diff. adjusted	KS p-value adjusted	Mean diff. adjusted	KS p-value adjusted	Mean diff. adjusted	KS p-value adjusted	Mean diff. adjusted	KS p-value adjusted	Mean diff. adjusted	KS p-value adjusted
Panel A: All												
Total balanced	194	194	194	194	194	194	194	194	194	194	194	194
Total unbalanced	0	0	0	0	0	0	0	0	0	0	0	0
Control size	1617	1617	6282	6282	9393	9393	9397	9397	9394	9394	6269	6269
Intervention size	12527	12527	6245	6245	3134	3134	3130	3130	3133	3133	6258	6258
Panel B: Completed knowledge												
Total balanced	194	194	194	194	194	194	194	194	194	194	194	194
Total unbalanced	0	0	0	0	0	0	0	0	0	0	0	0
Control size	1526	1526	5381	5381	8032	8032	7989	7989	8042	8042	5361	5361
Intervention size	10689	10689	5308	5308	2657	2657	2700	2700	2647	2647	5328	5328
Panel C: Completed links												
Total balanced	194	194	194	194	194	194	194	194	194	194	194	194
Total unbalanced	0	0	0	0	0	0	0	0	0	0	0	0
Control size	1450	1450	5147	5147	7697	7697	7653	7653	7696	7696	5142	5142
Intervention size	10244	10244	5097	5097	2547	2547	2591	2591	2548	2548	5102	5102

This table presents balance diagnostics performed using the R package COBALT. The standardized mean difference and the p-value of Kolmogorov Smirnov tests are computed for each baseline covariate and each interaction between two baseline covariates. Any intervention columns test for balance between the group that received any intervention and the control group. Other intervention columns restrict attention to the sample who received any intervention, and test for balance between the group that received messages tailored in a specific way relative to the group which did not receive the tailoring under consideration. Mean diff. adjusted = Mean difference adjusted. KS p-value adjusted = Kolmogorov

Smirnov p-value adjusted. Total balanced refers to the number of variables and interactions of two covariates which are found to be balanced by the criteria for mean and KS test p-value. Total balanced refers to the number of variables and interactions of two covariates found to be imbalanced. Panel A includes all participants who were randomized and answered all baseline questions. Panel B includes participants from that sample who further stayed in the survey until at least the knowledge questions. Panel C includes participants from that sample who further stayed in the survey until at least the information seeking behavior (i.e. links) question which is our last outcome.

Supplement Table 6. Effect of Any Video Message Intervention vs. Control on Any Knowledge Gap and Any Information Seeking Behavior (Binary Outcomes)*

	Control		Any Message Intervention			
	Mean Odds	**No obs**	**Mean Odds**	**No obs**	**Odds ratio (95% CI)**	**p-value**
All						
Any Knowledge gaps	0.273 (0.250,0.295)	1525	0.197 (0.189,0.204)	10711	0.630 (0.556,0.714)	P <0.001
Any Link Selected	0.708 (0.685,0.732)	1450	0.700 (0.691,0.709)	10244	0.957 (0.848,1.081)	0.48
African American						
Any Knowledge gaps	0.269 (0.241,0.296)	972	0.193 (0.183,0.202)	6550	0.625 (0.532,0.735)	P <0.001
Any Link Selected	0.703 (0.674,0.733)	923	0.698 (0.687,0.710)	6251	0.967 (0.830,1.128)	0.67
Latinx						
Any Knowledge gaps	0.280 (0.243,0.318)	553	0.204 (0.191,0.216)	4161	0.637 (0.521,0.777)	P <0.001
Any Link Selected	0.717 (0.679,0.756)	527	0.702 (0.688,0.717)	3993	0.940 (0.770,1.148)	0.54

*This table presents average odds of the two dichotomized primary outcomes in Control and in Any Video Message Intervention groups (with 0 if corresponding count variable is 0 and 1 if not), and the estimated Odds ratios estimated by fitting a logistic regression model with units weighted following Hainmueller's entropy-based weighting to account for imbalances due to attrition (9). 95% CI = 95% confidence interval. No obs = number of observations.

Supplement Table 7. Effects of Tailoring Messages on Any Knowledge Gap and Any Information Seeking Behavior (Binary Outcomes): Mean Odds by Intervention*

		Race concordance/discordance between physician and participant		Video 2 recorded by study physician/Dr. Birx		Acknowledgement 1: racism in healthcare (African Americans), deportation fears (Latinx)		Acknowledgement 2: economic inequalities		Social perception: Information about how others perceive people wearing masks	
		Discordant	Concordant	Study Physician	Dr. Birx	No	Yes	No	Yes	No	Yes
All											
Any Knowledge gap	Mean Odds	0.198 (0.187,0.208)	0.196 (0.185,0.207)	0.194 (0.185,0.202)	0.206 (0.191,0.221)	0.200 (0.191,0.209)	0.187 (0.172,0.201)	0.198 (0.190,0.207)	0.192 (0.177,0.207)	0.199 (0.188,0.210)	0.195 (0.184,0.205)
	Observations	5395	5316	8041	2670	8010	2701	8058	2653	5366	5345
Any link selected	Mean Odds	0.696 (0.683,0.708)	0.704 (0.692,0.717)	0.699 (0.689,0.709)	0.702 (0.685,0.720)	0.703 (0.693,0.713)	0.690 (0.673,0.708)	0.699 (0.689,0.710)	0.701 (0.684,0.719)	0.701 (0.689,0.714)	0.699 (0.686,0.711)
	Observations	5147	5097	7697	2547	7653	2591	7696	2548	5142	5102
African American											
Any Knowledge gap	Mean Odds	0.196 (0.182,0.209)	0.189 (0.176,0.203)	0.189 (0.178,0.200)	0.203 (0.183,0.222)	0.197 (0.186,0.208)	0.179 (0.160,0.197)	0.194 (0.183,0.205)	0.187 (0.168,0.206)	0.194 (0.181,0.208)	0.191 (0.177,0.204)
	Observations	3277	3273	4908	1642	4899	1651	4942	1608	3271	3279
Any link selected	Mean Odds	0.686 (0.670,0.703)	0.710 (0.694,0.726)	0.700 (0.687,0.713)	0.693 (0.670,0.715)	0.701 (0.688,0.715)	0.689 (0.666,0.712)	0.695 (0.682,0.708)	0.708 (0.686,0.731)	0.698 (0.682,0.714)	0.698 (0.682,0.714)
	Observations	3121	3130	4683	1568	4676	1575	4712	1539	3135	3116
Latinx											
Any Knowledge gap	Mean Odds	0.201 (0.184,0.218)	0.207 (0.189,0.224)	0.201 (0.187,0.215)	0.211 (0.186,0.236)	0.205 (0.191,0.219)	0.199 (0.175,0.223)	0.205 (0.191,0.219)	0.200 (0.176,0.224)	0.207 (0.189,0.224)	0.200 (0.183,0.218)
	Observations	2118	2043	3133	1028	3111	1050	3116	1045	2095	2066
Any link selected	Mean Odds	0.710 (0.691,0.730)	0.694 (0.674,0.715)	0.697 (0.681,0.714)	0.718 (0.690,0.746)	0.706 (0.689,0.722)	0.693 (0.665,0.721)	0.706 (0.690,0.723)	0.691 (0.662,0.719)	0.706 (0.686,0.725)	0.699 (0.679,0.720)
	Observations	2026	1967	3014	979	2977	1016	2984	1009	2007	1986

*This table presents number of observations and mean odds of the two binarized primary outcomes (with 0 if corresponding count variable is 0 and 1 if not), in the sample of participants who received any intervention, split by whether they received the particular intervention or not. For instance, the first column shows the average odds (and number of observations) for all participants that received the video message from a discordant physician, and the second column shows the average odds (and number of observations) for all participants that received the video messages from a concordant physician.

Supplement Table 8. Effects of Tailoring Messages on Any Knowledge Gap and Any Information Seeking Behavior (Binary Outcomes): Odds Ratios Associated With Video Tailoring*

	Race concordance between physician and participant		Video 2 recorded by Dr. Birx		Acknowledgement 1: racism in healthcare (African Americans), deportation fears (Latinx)		Acknowledgement 2: economic inequalities		Social perception: Informing about how others perceive people wearing masks		
	Odds ratio (CI 95%)	p-value	Odds ratio (CI 95%)	p-value	Odds ratio (CI 95%)	p-value	Odds ratio (CI 95%)	p-value	Odds ratio (CI 95%)	p-value	Observations
All											
Any Knowledge gap	0.987 (0.896,1.088)	0.79	1.014 (0.885,1.161)	0.84	0.891 (0.776,1.022)	0.100	0.928 (0.809,1.066)	0.29	0.967 (0.877,1.066)	0.50	10711
Any link selected	1.045 (0.960,1.138)	0.31	0.975 (0.864,1.100)	0.68	0.928 (0.823,1.046)	0.22	0.982 (0.870,1.108)	0.77	0.985 (0.905,1.072)	0.72	10244
African American											
Any Knowledge gap	0.966 (0.852,1.095)	0.59	1.003 (0.843,1.193)	0.98	0.847 (0.709,1.012)	0.067	0.897 (0.751,1.072)	0.23	0.973 (0.858,1.102)	0.66	6550
Any link selected	1.120 (1.006,1.247)	0.038	0.941 (0.808,1.094)	0.43	0.928 (0.798,1.080)	0.34	1.019 (0.874,1.188)	0.81	0.993 (0.892,1.106)	0.90	6251
Latinx											
Any Knowledge gap	1.030 (0.882,1.203)	0.71	1.034 (0.831,1.286)	0.77	0.959 (0.770,1.194)	0.71	0.962 (0.772,1.198)	0.73	0.955 (0.818,1.115)	0.56	4161
Any link selected	0.935 (0.814,1.075)	0.35	1.036 (0.848,1.265)	0.73	0.924 (0.760,1.124)	0.43	0.921 (0.757,1.121)	0.41	0.972 (0.846,1.117)	0.69	3993

*This table presents the estimate of a logistic regression model analog to equation (2) in the main text, with the two binarized main outcomes (with 0 if corresponding count variable is 0 and 1 if not). The estimate in each row come from a single logistic regression on the sample of participants who received the intervention (excluding the control group). Odds ratios (IRRs) are calculated from estimates obtained by fitting a logistic regression model with units reweighted following Hainmueller's entropy-based reweighting to account for imbalances due to attrition (9).

Supplement Table 9. Analyses of Primary Outcomes by Sex*

	Female					Male					p-value		
	Control group mean IR	No obs	Intervention group mean IR	No obs	IRR (95% CI)	Control group mean IR	No obs	Intervention group mean IR	No obs	IRR (95% CI)	Female	Male	Difference
Panel A: All													
Knowledge gap count	0.060 (0.051,0.069)	885	0.047 (0.044,0.050)	6117	0.754 (0.624,0.913)	0.119 (0.103,0.134)	640	0.090 (0.085,0.095)	4594	0.719 (0.590,0.877)	0.004	0.001	0.733
Information seeking behavior	0.330 (0.308,0.352)	844	0.336 (0.327,0.344)	5847	1.016 (0.930,1.109)	0.342 (0.315,0.370)	606	0.356 (0.346,0.367)	4397	1.026 (0.927,1.135)	0.73	0.62	0.88
Panel B: African American													
Knowledge gap count	0.059 (0.047,0.070)	589	0.046 (0.042,0.051)	3931	0.776 (0.612,0.984)	0.120 (0.100,0.141)	383	0.089 (0.082,0.097)	2619	0.692 (0.534,0.896)	0.036	0.005	0.52
Information seeking behavior	0.320 (0.293,0.347)	563	0.331 (0.320,0.342)	3757	1.03 (0.922,1.150)	0.343 (0.308,0.379)	360	0.361 (0.347,0.374)	2494	1.033 (0.903,1.182)	0.60	0.64	0.97
Panel C: Latinx													
Knowledge gap count	0.062 (0.046,0.078)	296	0.048 (0.042,0.053)	2186	0.720 (0.524,0.990)	0.116 (0.091,0.141)	257	0.091 (0.083,0.099)	1975	0.753 (0.555,1.022)	0.043	0.068	0.84
Information seeking behavior	0.349 (0.311,0.387)	281	0.344 (0.329,0.358)	2090	0.992 (0.857,1.148)	0.341 (0.298,0.383)	246	0.351 (0.335,0.366)	1903	1.022 (0.876,1.192)	0.91	0.78	0.78

*This table presents incidence rates and incidence rate ratios from the intervention (any video), disaggregated by sex. P-values correspond to a test that the IRR for female and male participants is equal to 1, and to a test that the IRR for female is different from the IRR for male, in order to test for heterogeneous effects. IRRs are estimated by fitting a negative binomial regression model with units reweighted following Hainmueller's entropy-based reweighting to account for imbalances due to attrition (1). CI = 95% confidence interval. No obs = number of observations.

Supplement Table 10. Analyses of Primary Outcomes by Education*

	Low Education					High Education					p-value		
	Control group mean IR	No obs	Intervention group mean IR	No obs	IRR (95% CI)	Control group mean IR	No obs	Intervention group mean IR	No obs	IRR (95% CI)	Low Education	High Education	Difference
Panel A: All													
Knowledge gap count	0.091 (0.080,0.103)	968	0.077 (0.072,0.081)	6574	0.811 (0.685,0.960)	0.073 (0.06,0.086)	557	0.048 (0.043,0.052)	4137	0.608 (0.482,0.767)	0.015	0.001	0.049
Information seeking behavior	0.319 (0.298,0.340)	921	0.337 (0.329,0.346)	6270	1.051 (0.967,1.143)	0.363 (0.334,0.392)	529	0.356 (0.345,0.366)	3974	0.969 (0.869,1.081)	0.24	0.57	0.25
Panel B: African American													
Knowledge gap count	0.095 (0.081,0.110)	568	0.077 (0.072,0.083)	3754	0.804 (0.644,1.004)	0.066 (0.051,0.081)	404	0.045 (0.040,0.050)	2796	0.629 (0.475,0.833)	0.054	0.001	0.179
Information seeking behavior	0.312 (0.285,0.340)	538	0.335 (0.323,0.346)	3566	1.064 (0.951,1.190)	0.353 (0.319,0.386)	385	0.354 (0.341,0.366)	2685	0.991 (0.869,1.130)	0.28	0.90	0.42
Panel C: Latinx													
Knowledge gap count	0.086 (0.069,0.104)	400	0.076 (0.069,0.082)	2820	0.828 (0.639,1.073)	0.091 (0.064,0.117)	153	0.052 (0.044,0.060)	1341	0.550 (0.364,0.832)	0.154	0.005	0.101
Information seeking behavior	0.328 (0.296,0.361)	383	0.341 (0.328,0.353)	2704	1.041 (0.918,1.180)	0.390 (0.333,0.446)	144	0.360 (0.342,0.379)	1289	0.920 (0.754,1.123)	0.54	0.41	0.31

*This table presents incidence rates and incidence rate ratios from the intervention (any video), disaggregated by education. P-values correspond to tests that the IRR for low education (i.e. participants with at most high school education) and high education (i.e. participants with more than high school education) is equal to 1, and to a test that the IRR for participants with low education is different from the IRR for participants with high education levels, in order to test for heterogeneous effects. IRRs are estimated by fitting a negative binomial regression model with units reweighted following Hainmueller's entropy-based reweighting to account for imbalances due to attrition (1). CI = 95% confidence interval. No obs = number of observations.

Supplement Table 11. Effect of Any Message Intervention on Primary Outcomes, With Double Post Lasso Control Variables*

	Control		Any Message Intervention			
	Average Incidence Rate	No obs	Average Incidence Rate	No obs	IRR (95% CI)	p-value
All						
Knowledge gaps	0.085 (0.076,0.093)	1525	0.065 (0.062,0.068)	10711	0.722 (0.635,0.820)	P < 0.001
Information seeking behavior	0.335 (0.318,0.352)	1450	0.344 (0.338,0.351)	10244	1.032 (0.967,1.101)	0.34
African American						
Knowledge gaps	0.083 (0.072,0.094)	972	0.064 (0.060,0.067)	6550	0.725 (0.616,0.854)	P < 0.001
Information seeking behavior	0.329 (0.308,0.351)	923	0.343 (0.334,0.351)	6251	1.051 (0.967,1.142)	0.25
Latinx						
Knowledge gaps	0.087 (0.073,0.102)	553	0.068 (0.063,0.073)	4161	0.686 (0.561,0.839)	P < 0.001
Information seeking behavior	0.345 (0.317,0.374)	527	0.347 (0.336,0.358)	3993	1.000 (0.901,1.108)	0.93

*This table presents mean incidence rates of the two primary outcomes in Control and in Any Message Intervention groups, and the estimated Incidence Rate Ratio (IRR). Incidence rate for knowledge gaps is the count of knowledge gaps divided by the maximum possible count: 7. Incidence rate for information seeking behavior is the count of links selected divided by the maximum possible count: 10. IRRs are estimated by fitting a negative binomial regression model with units reweighted following Hainmueller's entropy-based reweighting to account for imbalances due to attrition (1), and control variables selected by the Double Post Lasso method (2). CI = 95% confidence interval.

Supplement Table 12. Effects of Tailoring Messages on Primary Outcomes: Incidence Rate Ratios Associated With Video Tailoring, With Double Post Lasso Control Variables*

	Race concordance between physician and participant		Video 2 recorded by Dr. Birx		Acknowledgement 1: racism in healthcare (African Americans), deportation fears (Latinx)		Acknowledgement 2: economic inequalities		Informing about how others perceive people wearing masks		
	IRR (95% CI)	p-value	IRR (95% CI)	p-value	IRR (95% CI)	p-value	IRR (95% CI)	p-value	IRR (95% CI)	p-value	Observations
All											
Knowledge gaps	0.988 (0.896,1.090)	0.81	1.007 (0.877,1.156)	0.92	0.967 (0.842,1.111)	0.63	1.017 (0.886,1.168)	0.81	0.984 (0.892,1.085)	0.75	10711
Information seeking behavior	1.046 (0.999,1.095)	0.056	1.015 (0.951,1.082)	0.66	1.003 (0.940,1.070)	0.93	1.024 (0.960,1.092)	0.48	1.013 (0.968,1.060)	0.58	10244
African American											
Knowledge gaps	1.020 (0.900,1.157)	0.75	1.036 (0.869,1.236)	0.69	0.932 (0.779,1.114)	0.44	1.024 (0.857,1.224)	0.80	0.996 (0.878,1.130)	0.95	6550
Information seeking behavior	1.083 (1.021,1.148)	0.008	1.002 (0.922,1.088)	0.97	0.991 (0.912,1.077)	0.84	1.030 (0.948,1.119)	0.49	1.020 (0.962,1.082)	0.50	6251
Latinx											
Knowledge gaps	0.979 (0.839,1.143)	0.79	1.003 (0.807,1.248)	0.98	0.973 (0.783,1.121)	0.81	0.979 (0.787,1.218)	0.85	0.968 (0.829,1.130)	0.68	4161
Information seeking behavior	0.982 (0.912,1.056)	0.62	1.065 (0.960,1.182)	0.24	1.015 (0.915,1.126)	0.78	1.029 (0.927,1.141)	0.59	0.989 (0.919,1.064)	0.77	3993

*This table presents incidence rate ratios (IRR) corresponding to the subgroups in Table 3a. IRRs are estimated by fitting a negative binomial regression model with units reweighted following Hainmueller's entropy-based reweighting to account for imbalances due to attrition (1), and control variables selected by the Double Post Lasso method (2). CI = 95% confidence interval.

Supplement Table 13. Effect of Any Message Intervention on Primary Outcomes, Without Reweighting*

	Control		Any Message Intervention			
	Average Incidence Rate	**No obs**	**Average Incidence Rate**	**No obs**	**IRR (95% CI)**	**p-value**
All						
Knowledge gaps	0.085 (0.076,0.093)	1529	0.065 (0.062,0.068)	10737	0.747 (0.651,0.857)	P < 0.001
***Information seeking* behavior**	0.335 (0.318,0.352)	1454	0.345 (0.338,0.351)	10266	1.028 (0.962,1.099)	0.48
African American						
Knowledge gaps	0.083 (0.072,0.094)	975	0.064 (0.060,0.067)	6564	0.749 (0.630,0.890)	0.001
***Information seeking* behavior**	0.329 (0.307,0.350)	926	0.343 (0.335,0.351)	6263	1.043 (0.958,1.134)	0.33
Latinx						
Knowledge gaps	0.087 (0.073,0.102)	554	0.068 (0.063,0.073)	4173	0.741 (0.591,0.928)	0.009
***Information seeking* behavior**	0.345 (0.317,0.373)	528	0.347 (0.337,0.358)	4003	1.006 (0.903,1.121)	0.91

*This table presents mean incidence rates of the two primary outcomes in Control and in Any Message Intervention groups, and the estimated Incidence Rate Ratio (IRR). Incidence rate for knowledge gaps is the count of knowledge gaps divided by the maximum possible count: 7. Incidence rate for information seeking behavior is the count of links selected divided by the maximum possible count: 10. IRRs are estimated by fitting a negative binomial regression model without reweighting and without Double Post Lasso control variables. CI = 95% confidence interval. No obs = number of observations.

Supplement Table 14. Effects of Tailoring Messages on Primary Outcomes: Incidence Rate Ratios Associated With Video Tailoring, Without Reweighting*

	Race concordance between physician and participant		Video 2 recorded by Dr. Birx		Acknowledgement 1: racism in healthcare (African Americans), deportation fears (Latinx)		Acknowledgement 2: economic inequalities		Informing about how others perceive people wearing masks		
	IRR (95% CI)	p-value	IRR (95% CI)	p-value	IRR (95% CI)	p-value	IRR (95% CI)	p-value	IRR (95% CI)	p-value	Observations
All											
Knowledge gaps	0.977 (0.881,1.084)	0.66	1.035 (0.894,1.197)	0.65	0.956 (0.826,1.107)	0.55	0.983 (0.849,1.138)	0.82	0.962 (0.867,1.067)	0.46	10737
***Information seeking* behavior**	1.049 (1.001,1.099)	0.047	1.004 (0.940,1.073)	0.90	0.993 (0.930,1.061)	0.84	1.005 (0.941,1.074)	0.87	0.995 (0.950,1.042)	0.84	10266
African American											
Knowledge gaps	1.003 (0.878,1.146)	0.96	1.061 (0.880,1.278)	0.54	0.921 (0.763,1.112)	0.39	0.966 (0.800,1.167)	0.72	0.975 (0.853,1.114)	0.71	6564
***Information seeking* behavior**	1.084 (1.020,1.151)	0.009	0.977 (0.897,1.064)	0.59	0.995 (0.914,1.084)	0.91	1.025 (0.941,1.116)	0.57	1.004 (0.945,1.066)	0.89	6263
Latinx											
Knowledge gaps	0.952 (0.808,1.122)	0.56	0.995 (0.788,1.256)	0.97	0.984 (0.780,1.241)	0.89	0.983 (0.759,1.240)	0.88	0.942 (0.799,1.110)	0.47	4173
***Information seeking* behavior**	0.997 (0.926,1.074)	0.94	1.048 (0.943,1.164)	0.39	0.989 (0.891,1.098)	0.83	0.978 (0.881,1.087)	0.68	0.982 (0.912,1.058)	0.64	4003

*This table presents incidence rate ratios (IRR) corresponding to the subgroups in Table 3a. IRRs are estimated by fitting a negative binomial regression model without reweighting and without Double Post Lasso control variables. CI = 95% confidence interval.