Supplemental Methods and Appendix Figures and Tables

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Details of Study Design

Eligibility, Recruitment and Intervention Overview

We invited Contra Costa Heath Plan (CCHP) members aged 18 and over who had previously self-identified as White, Black, or Latino and were unvaccinated based on Contra Costa Health Services (CCHS) health records (n=58,308) to participate in a short internet-based survey. Individuals were invited via e-mail or SMS. We initially provided $5 gift cards for baseline survey completion as well as entry into a raffle for $250 gift cards. Our protocol was later revised to increase the baseline survey incentive from $5 to $25 to encourage subject enrollment.

Subjects who completed the baseline survey were randomized to the following arms:

1. Control Arm (25%)
2. Message Arm: emotional message vs. safety and effectiveness message vs. consequences of going unvaccinated message, race and/or gender concordant or discordant (75%)

Each of these arms was interacted with a financial incentive of $10 (25%) or $50 (25%) and, separately with a convenient link to the county public vaccine appointment scheduling system highlighted for participants (50%).

The above treatments were designed to test the role of the following on vaccine uptake and vaccination intentions:

- Messaging [75%] vs not [25%]
    - Message type: emotion [25%] vs. safety and effectiveness [25%]] vs. consequences of not vaccinating [25%]
- Race concordant [25%] vs. race discordant messenger [25%]
- Gender concordant [25%] vs. gender discordant messenger [25%]
- Financial incentives [50%] vs. no financial incentives [50%]
    - 25% randomized to a $10 incentive and 25% to a $50 incentive
- Convenient scheduling link highlighted [50%] vs. not [50%]

Randomization

We stratified our sample based on based on race/ethnicity, age-group and 2020 presidential candidate support (from the survey). Randomization was performed in Stata. In practice, the randomization divided the sample into 60 possible conditions:

1. Control [6.25%]
2. Control x $10 financial [3.125%]
3. Control x $50 financial [3.125%]
4. Control x link [6.25%]
5. Control x $10 financial x link [3.125%]
6. Control x $50 financial x link [3.125%]

7. Emotion (CDPH) video (language concordant) [6.25%]
8. Emotion (CDPH) video (language concordant) x $10 financial [3.125%]
9. Emotion (CDPH) video (language concordant) x $50 financial [3.125%]
10. Emotion (CDPH) video (language concordant) x link [6.25%]
11. Emotion (CDPH) video (language concordant) x $10 financial x link [3.125%]
12. Emotion (CDPH) video (language concordant) x $50 financial x link [3.125%]
13. Safety and effectiveness (race concordant, male) [1.5625%]
14. Safety and effectiveness (race concordant, male) x $10 financial incentive [0.78125%]
15. Safety and effectiveness (race concordant, male) x $50 financial incentive [0.78125%]
16. Safety and effectiveness (race concordant, male) x link [1.5625%]
17. Safety and effectiveness (race concordant, male) x $10 financial incentive [0.78125%]
18. Safety and effectiveness (race concordant, male) x $50 financial incentive [0.78125%]
19. Safety and effectiveness (race concordant, female) [1.5625%]
20. Safety and effectiveness (race concordant, female) x $10 financial incentive [0.78125%]
21. Safety and effectiveness (race concordant, female) x $50 financial incentive [0.78125%]
22. Safety and effectiveness (race concordant, female) x link [1.5625%]
23. Safety and effectiveness (race concordant, female) x $10 financial incentive x link [0.78125%]
24. Safety and effectiveness (race concordant, female) x $50 financial incentive x link [0.78125%]
25. Safety and effectiveness (race discordant, male) [1.5625%]
26. Safety and effectiveness (race discordant, male) x $10 financial incentive [0.78125%]
27. Safety and effectiveness (race discordant, male) x $50 financial incentive [0.78125%]
28. Safety and effectiveness (race discordant, male) x link [0.78125%]
29. Safety and effectiveness (race discordant, male) x financial incentive x link [0.78125%]
30. Safety and effectiveness (race discordant, male) x financial incentive x link [0.78125%]
31. Safety and effectiveness (race discordant, female) [1.5625%]
32. Safety and effectiveness (race discordant, female) x $10 financial incentive [0.78125%]
33. Safety and effectiveness (race discordant, female) x $50 financial incentive [0.78125%]
34. Safety and effectiveness (race discordant, female) x link [1.5625%]
35. Safety and effectiveness (race discordant, female) x $10 financial incentive x link [0.78125%]
36. Safety and effectiveness (race discordant, female) x $50 financial incentive x link [0.78125%]
37. Consequences of going unvaccinated (race concordant, male) [1.5625%]
38. Consequences of going unvaccinated (race concordant, male) x $10 financial incentive [0.78125%]
39. Consequences of going unvaccinated (race concordant, male) x $50 financial incentive [0.78125%]
40. Consequences of going unvaccinated (race concordant, male) x link [1.5625%]
41. Consequences of going unvaccinated (race concordant, male) x $10 financial incentive x link [0.78125%]

42. Consequences of going unvaccinated (race concordant, male) x $50 financial incentive x link [0.78125%]
43. Consequences of going unvaccinated (race concordant, female) [1.5625%]
44. Consequences of going unvaccinated (race concordant, female) x $10 financial incentive [0.78125%]
45. Consequences of going unvaccinated (race concordant, female) x $50 financial incentive [0.78125%]
46. Consequences of going unvaccinated (race concordant, female) x link [1.5625%]
47. Consequences of going unvaccinated (race concordant, female) x $10 financial incentive x link [0.78125%]
48. Consequences of going unvaccinated (race concordant, female) x $50 financial incentive x link [0.78125%]
49. Consequences of going unvaccinated (race discordant, male) [1.5625%]
50. Consequences of going unvaccinated (race discordant, male) x $10 financial incentive [0.78125%]
51. Consequences of going unvaccinated (race discordant, male) x $50 financial incentive [0.78125%]
52. Consequences of going unvaccinated (race discordant, male) x link [1.5625%]
53. Consequences of going unvaccinated (race discordant, male) x $10 financial incentive x link [0.78125%]
54. Consequences of going unvaccinated (race discordant, male) x $50 financial incentive x link [0.78125%]
55. Consequences of going unvaccinated (race discordant, female) [1.5625%]
56. Consequences of going unvaccinated (race discordant, female) x $10 financial incentive [0.78125%]
57. Consequences of going unvaccinated (race discordant, female) x $50 financial incentive [0.78125%]
58. Consequences of going unvaccinated (race discordant, male) x link [1.5625%]
59. Consequences of going unvaccinated (race discordant, male) x $10 financial incentive x link [0.78125%]
60. Consequences of going unvaccinated (race discordant, male) x $50 financial incentive x link [0.78125%]

Randomization assignments were documented for future reference.

Blinding and Unblinding (Masking and Unmasking)

There was no scope for masking in this study. Subjects randomized to video messages saw them towards the end of the survey, before the question about vaccination intentions. Those randomized to financial incentives and/or the scheduling link were provided details at survey completion. A reminder about financial incentives was sent with the survey completion gift certificate email/text.

Script of Recruitment Email

Dear *FIRST NAME LAST NAME*,

We would like to invite you to participate in a survey to help us understand COVID-19 in your community, including COVID-19 vaccination intentions and uptake and other preventive health behaviors. COVID-19 is a fast moving, deadly disease that impacts some groups and areas more than others. Learning how it is affects *everyone* in the community is critical to developing effective strategies to save lives and the economy.

Your answers will help determine how Contra Costa Health Services deploys its resources to fight this disease.

Please do your part to fight the current pandemic and help us better serve you and your neighbors by participating in the study. Let your voice be heard!

How do I participate?
To participate you simply click on the link below! The survey should take approximately 15 minutes. and as a thank you for your time, we will send you a $5 gift card from Amazon, Target, Apple or other select retailers. In addition, you will be entered into a drawing for a $250 gift card. The drawing will take place at the end of *DATE TBD*.

You can access the survey here ***URL GOES HERE (USC RedCAP)***

How do I get my gift cards?
Electronic gift cards will be sent within 2-3 business days of completing your survey. Mailed gift cards can take up to two weeks to receive. We will notify you at the end of *DATE TBD* if your name was chosen for a $250 gift card.

Will my information be shared?
Your personal information will NOT BE SHARED or used for any purpose other than the research objectives described above

Can anyone take the surveys?
No. As of now, we are limiting the survey to those recruited by Contra Costa Health Services. You must by 18 or over to participate and have access to a smartphone or a device with internet access.

What if I have more questions?
If you have questions, concerns, or complaints, you can talk to the study investigator Mireille Jacobson, tel: 213-986-6076 or email: mireillj@usc.edu

Video Scripts

Patients in the study were randomized to 3 possible videos or no video. Within each group, videos were available in both English and Spanish and matched to respondent based on survey completion language. Below we provide links to the videos we used from the California Department of Public Health (CDPH), which are publicly available, and to the scripts of the 2 different videos we made with doctors from Contra Costa Health Services. Because of concerns about provider safety, we are not making links to these doctor videos public. Requests to view the videos can be sent to [**blinded**] with a short rationale for the request.

1. **Emotion (CDPH) Videos**

   English language video: https://www.youtube.com/watch?v=FCe4KkshFiQ
   Spanish language video: https://www.youtube.com/watch?v=aloD1MLYVQQ

2. **Scripts for Doctor Videos:**

2.1 Safety and effectiveness script (English):

Hi, my name is Dr. _____, and I work here at Contra Costa Health Services.

Our records indicate that you have yet to receive a COVID-19 vaccine. I urge you to get vaccinated. Health and medical experts in the U.S. and California confirm the vaccines are safe and effective.

The COVID-19 vaccine was tested with 70,000 people, just like you. Right now more than half of all Americans have been safely vaccinated, including over 600,000 people in our county. And that includes me and nearly all of the other doctors here at CCHS.

So you should feel confident that the vaccine is safe and effective. Serious side effects, such as allergic reactions, are extremely rare, and if they do occur, providers have medicines available to effectively treat the reaction. The fact is the vaccines will protect you and your family from getting sick. After getting vaccinated, your chances of being hospitalized with COVID-19 become almost zero. Protect yourself and your family. Schedule your vaccine right away:

Safety and effectiveness (Spanish):

Hola, Soy la Dra./el Dr.____, y trabajo para los Servicios de Salud del Condado de Contra Costa.

Nuestros registros indican que aún no se ha vacunado contra COVID-19. Le ruego que se vacune. Los expertos médicos y expertos de salud en los EE. UU. y California confirman que las vacunas son seguras y efectivas.

Las vacunas COVID-19 fueron probadas en 70.000 personas, como usted. En este momento, más de la mitad de los Estadounidenses han sido vacunados de manera segura, incluyendo más de 600,000 personas en nuestro condado. Y eso me incluye a mí y a casi todos los médicos que

trabajan para los Servicios de Salud del Condadode Contra Costa.

Por lo tanto, puede estar seguro de que la vacuna es segura y eficaz. Los efectos secundarios graves, como las reacciones alérgicas, son extremadamente raras y si ocurren, los proveedores médicos tienen medicamentos disponibles para tratar eficazmente la reacción. El hecho es que las vacunas lo protegerán a usted y a su familia de enfermarse. Después de vacunarse, las probabilidades de ser hospitalizado por causa de COVID-19 se vuelven casicero. Protéjase a si mismo y a su familia. Programe su vacuna de inmediato.

2.2 Consequences script (English):

Hi, my name is Dr. _____, and I work here at Contra Costa Health Services.

Our records indicate that you have yet to receive a COVID-19 vaccine. I urge you to get vaccinated. The COVID-19 vaccines provide strong protection against moderate to severe disease, hospitalization and death.

COVID-19 has devastated our community. Over 60,000 Californians have died. Many more have become seriously ill. And newer, more dangerous variants are popping up all the time, with young and healthy people increasingly at risk. The effects can be scary.

Imagine struggling to breathe and having to be hooked up to a mechanical ventilator just to keep from drowning in your own lungs. Imagine having permanent trouble remembering things or constantly struggling with debilitating fatigue – something more common in young and healthy people. Without one of the COVID-19 vaccines available today, imagine this could be you. Protect yourself and schedule your vaccine right away:

Consequences script (Spanish):

Hola,
Soy la Dra./el Dr._____, y trabajo para los Servicios de Salud del Condado de Contra Costa.

Nuestros registros indican que aún no se ha vacunado contra COVID-19. Le ruego que se vacune. Las vacunas contra COVID-19 brindan una fuerte protección contra enfermedades moderadas a graves, hospitalización y lamuerte.

COVID-19 ha devastado nuestra comunidad. Más de 60.000 Californianos han muerto. Muchos más se han enfermado gravemente. Y cepas variantes del virus nuevas y peligrosas están apareciendo, poniendo en riesgo a las personas jóvenes y saludables cada vez más. Los efectos pueden dar miedo.

Imagínese tener dificultad para respirar y tener que estar conectado a un ventilador mecánico solo para evitar ahogarse con sus propios pulmones. Imagínese tener problemas permanentes para recordar cosas o luchar constantemente contra la fatiga debilitante, algo más común en personas jóvenes y saludables. Sin recibir una de las vacunas COVID-19 disponibles, imagínese que podría ser usted. Protéjase y programe su vacuna de inmediato

Analytic Approach

Following our pre-registration, our primary analysis of the impact of our interventions on vaccination was estimated using the following linear probability model:

$$(1) \qquad Vaccinated_i = \alpha + \beta_1 Financial_i + \mathrm{M}_i\theta + \beta_3 Link_i + \delta X_i + \varepsilon_i$$

where $Vaccinated_i$ is an indicator (0/1) for whether a respondent received a COVID-19 vaccination within one month after completing the survey. $Financial_i$ is an indicator for whether the individual was randomized into the financial incentive arm, M is a vector of indicators for randomization into each of the three message types (emotion (CDPH), safety, or health consequences video) and $Link_i$ is an indicator for whether the individual was randomized to receive the highlighted link. The excluded group, the control condition, received no extra prompting to get vaccinated. To increase precision, we included X_i, a vector of predetermined characteristics including age and its square, race, gender, self-reported income, education, the language the respondent took the survey in (English/Spanish), whether the respondent was impaneled and indicators for calendar date. Our main hypotheses were that all of the interventions would increase vaccination rates, $\beta_1 > 0$, $\theta > 0$ and $\beta_3 > 0$.

To differentiate across the financial incentive amounts, we expanded on (1) to estimate:

$$(2) \quad Vaccinated_i = \alpha + \beta_1 1_i^{\$10} + \beta_2 1_i^{\$50} + \mathrm{M}_i\theta + \beta_3 Link_i + \delta X_i + \varepsilon_i$$

where $1_v^{\$10}$ and $1_v^{\$50}$ are indicators for being randomized into financial incentives of \$10 or \$50. Our hypothesis is that the magnitude of the effect is increasing in the incentive amount: $0 < \beta_1 < \beta_2$.

Our analysis of vaccinations intentions was based on a modification of equation (1):

$$(3) \qquad Intention_i = \alpha + \beta_1 Financial_i + \mathrm{M}_i\theta + \beta_3 Link_i + \delta X_i + \varepsilon_i$$

where $Intention_i$, a respondent's self-assessed probability of getting vaccinated in the next 30 days, takes the place of $Vaccinated_i$. Note that since the financial incentive and scheduling link are presented to individuals after survey completion, they are included here only as indicators of treatment stratum and are not meant to generate causal estimates of their impact on vaccine intentions. Financial incentives were presented after survey completion to eliminate the possibility that offering a financial incentive might have an effect on the rate of survey completion. Our main hypothesis was that messaging increases vaccine intentions, $\theta > 0$. We further hypothesized that the health consequences message would have the largest effect on intentions such that $\theta_3 > \theta_1$, and $\theta_3 > \theta_2$, where 3 denotes the health consequences message, 2 denotes the safety message and 1 denotes the emotion (CDPH) message.

We analyzed heterogeneity in the impacts of our interventions by respondent gender, race/ethnicity, age-group, and support for Trump or Biden during the 2020 presidential election.

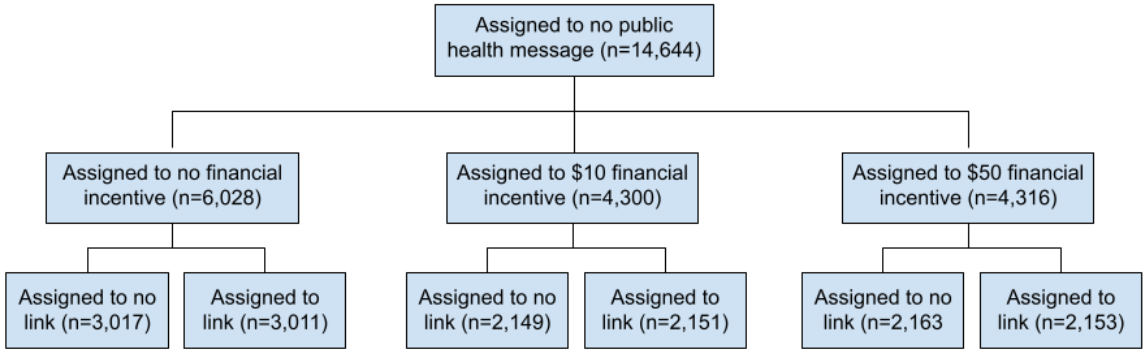
To analyze whether race and gender concordance affected the impact of health messages, we re-estimated the models specified by equations 1 and 3, but include interactions between the relevant video messages and $Race\ Concord_i$ and $Gender\ Concord_i$, which are indicator variables equal to 1 if the physician messenger and the recipient share the same race/ethnicity or gender, respectively.

In exploratory analysis, we checked the robustness of our results to model choice. First, we estimate probit regression models of vaccine uptake (equations (1) and (2)) and censored regression models (tobit models) of vaccination intentions (3). Unlike the linear regression

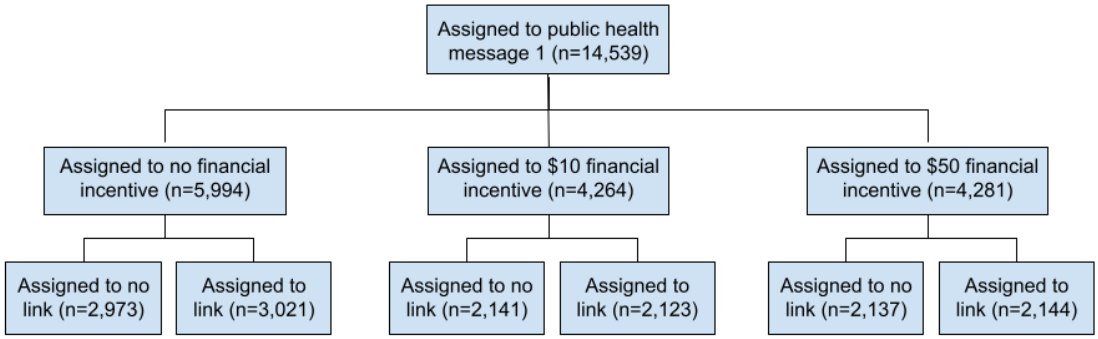
model, the probit model bounds the predictions of the outcome to 0 or 1. Similarly, we estimate tobit regression models of vaccination intentions to account for the fact that intentions are censored at 0 and 100. Across all regression models, robust standard errors are used to control for heteroscedasticity and report two-sided p-values.

Appendix Figures and Tables

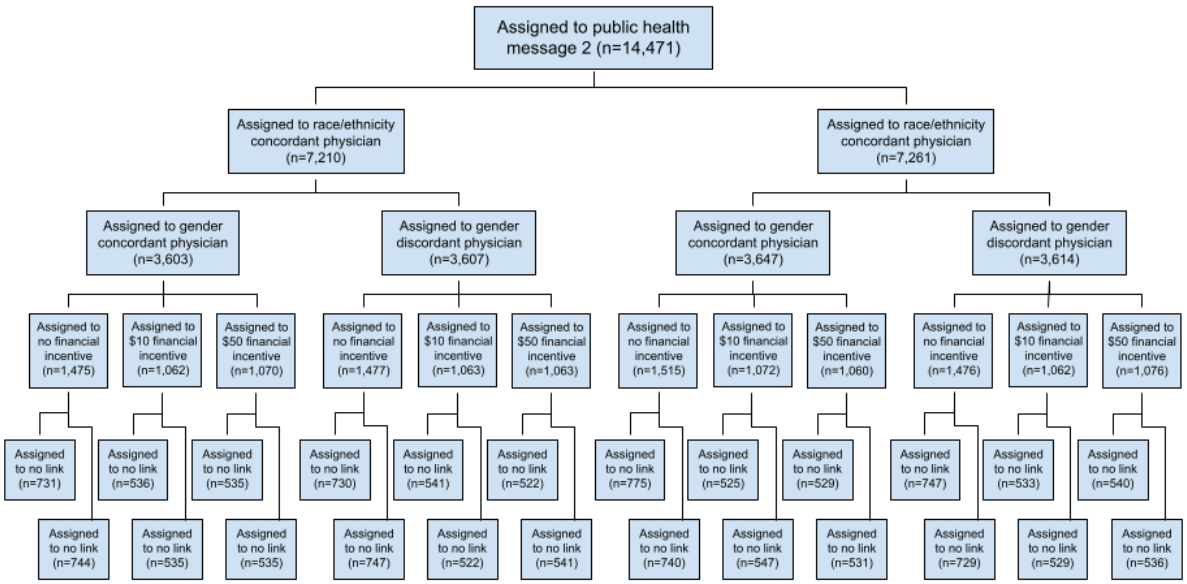
Appendix Figure 1a



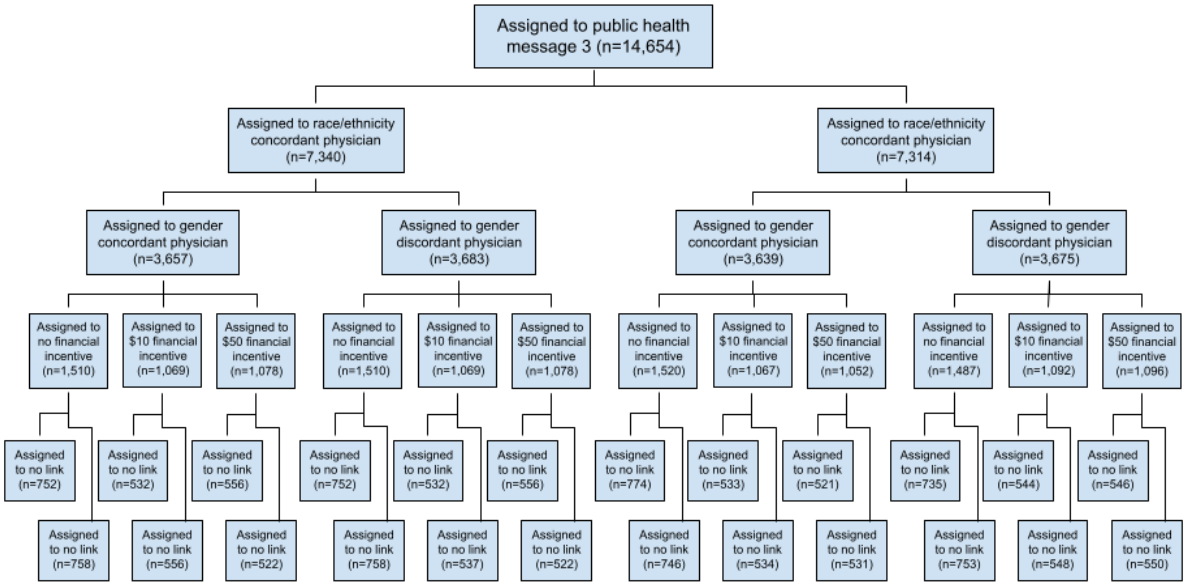
Appendix Figure 1b



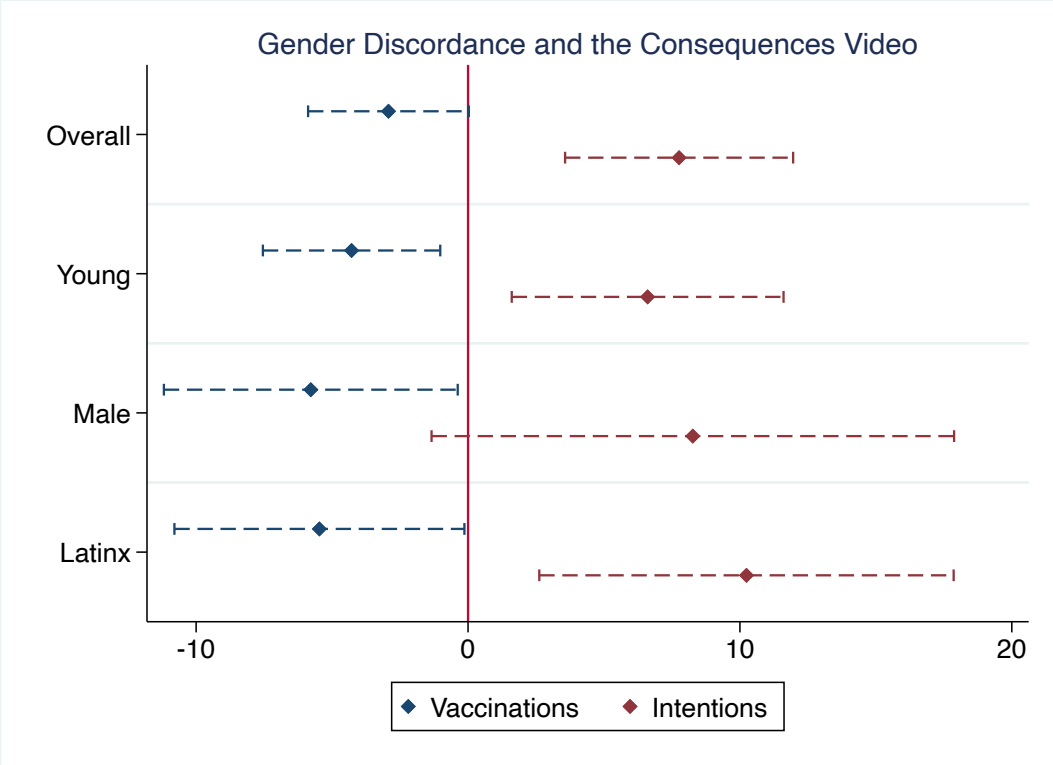
Appendix Figure 1c



Appendix Figure 1d



Appendix Figure 2. Percentage Point Change in Vaccination Rates and Intentions due to the Consequences Message



Notes: Figure shows the percentage Point Change in Vaccination Rates and Intentions due to the consequences message (Video Message 3) when the Messenger and Respondent are Gender Discordant. Comparison of regression-estimated change in SARS-CoV-2 vaccinations (in blue) and vaccinations intentions (in red) induced by the negative health consequences video messages compared to control overall and by sub-group. Dashed whiskers depict 95% CIs.

Appendix Table 1. Predictors of Survey Completion and Main Sample Inclusion

	Overall Mean (Standard Deviation)	Completed Survey	Completed Survey and not previously Vaccinated
Female (%)	0.592	0.031***	0.030***
	(0.491)	(0.002)	(0.002)
Black (%)	0.247	-0.000	0.000
	(0.432)	(0.003)	(0.003)
Hispanic (%)	0.436	-0.001	-0.001
	(0.496)	(0.003)	(0.003)
Spanish communication	0.218	-0.037***	-0.036***
	(0.413)	(0.002)	(0.002)
Impaneled (%)	0.534	0.024***	0.023***
	(0.499)	(0.002)	(0.001)
Age 40-64	0.350	-0.014***	-0.013***
	-0.477	(0.002)	(0.002)
Age 65 and over	0.074	-0.029***	-0.028***
	(0.262)	(0.003)	(0.003)
Observations	58,308	58,308	58,308

Table presents the coefficients from an OLS regression (linear probability model) of individual characteristics and (column 2) the probability of completing the survey and (column 3) completing the survey and meeting the inclusion criteria (i.e., not vaccinated prior to survey completion). Robust standard errors are presented in parenthesis. * indicates significant at the 10%, ** at the 5% and *** at the 1% level.

Appendix Table 2. Impact of Treatments on Vaccinations (30-day).

	OLS			Probit		
Emotion (CDPH) video	0.0026	0.0017	0.0016	0.0179	0.0241	0.0207
	(0.0143)	(0.0144)	(0.0144)	(0.098)	(0.1018)	(0.1014)
Safety video	0.0015	0.0055	0.0055	0.0114	0.0371	0.0339
	(0.0144)	(0.0145)	(0.0145)	(0.0987)	(0.1036)	(0.1034)
Consequences video	-0.0131	-0.0103	-0.0105	-0.0973	-0.1006	-0.1043
	(0.0139)	(0.0137)	(0.0136)	(0.1039)	(0.1063)	(0.1059)
Financial Incentive: Any	-0.0053	-0.0107		-0.0369	-0.0793	
	(0.0104)	(0.0107)		(0.0728)	(0.0768)	
Financial Incentive: $10			-0.0014			-0.0153
			(0.0103)			(0.0739)
Financial Incentive: $50			-0.0153			-0.1145
			(0.0122)			(0.0922)
Scheduling Link	0.0012	-0.0013	-0.006	0.0071	-0.015	-0.0465
	(0.0102)	(0.0102)	(0.0129)	(0.0714)	(0.0738)	(0.0897)
Mean vaccination rate (control group) = 8.82%						
Controls	N	Y	Y	N	Y	Y
R-squared	0.0007	0.0391	0.0393	0.0013	0.0605	0.0608
N	2701	2701	2701	2,701	2,530	2,530

Robust standard errors are presented in parenthesis. * indicates significant at the 10%, ** at the 5% and *** at the 1% level. Marginal effects and pseudo R-squared values are presented for the Probit regressions. Controls inlcude age and its square, race, gender, self-reported income, and education, the language the respondent took the survey in (English/Spanish), whether the respondent was "impaneled," meaning primary health care is provided at Contra Costa Regional Medical Center, and indicators for calendar date.

Appendix Table 3. Impact of Treatments on Vaccinations (30-day) by Sub-Group.

	Age		Gender		Race/Ethnicity			2020 Presidential Support	
	<40	>=40	Female	Male	Black	Hispanic	White	Trump	Biden
Emotion (CDPH) video	0.0008	0.0025	0.0009	-0.014	0.0132	-0.0083	-0.0082	0.0367	-0.0153
	(0.0179)	(0.0262)	(0.017)	(0.0284)	(0.0248)	(0.0271)	(0.0245)	(0.0327)	(0.0209)
Safety video	-0.0012	0.0237	0.0078	-0.0138	0.0373	0.0023	-0.0163	-0.022	0.0148
	(0.0172)	(0.0268)	(0.0171)	(0.029)	(0.0279)	(0.0267)	(0.0237)	(0.0242)	(0.0228)
Consequences video	-0.0137	-0.0032	-0.0077	-0.0298	-0.0058	-0.0162	-0.0067	-0.0074	-0.0217
	(0.0165)	(0.0263)	(0.016)	(0.0299)	(0.0233)	(0.0268)	(0.0233)	(0.0233)	(0.0211)
Financial Incentive: $10	0.0024	-0.0454**	-0.0211	0.0005	-0.0106	-0.0139	-0.0001	-0.0021	-0.0176
	(0.0146)	(0.0226)	(0.0146)	(0.0247)	(0.0218)	(0.023)	(0.0188)	(0.0268)	(0.0182)
Financial Incentive: $50	0.0113	-0.0466**	-0.0162	0.0147	-0.017	-0.022	0.0235	-0.0420**	-0.0026
	(0.0157)	(0.0227)	(0.0153)	(0.0257)	(0.0229)	(0.024)	(0.0219)	(0.0211)	(0.0196)
Scheduling Link	-0.0072	0.0169	0.0072	-0.0216	0.0262	0.0024	-0.0451***	-0.0006	-0.0008
	(0.0124)	(0.0192)	(0.0122)	(0.0197)	(0.0184)	(0.0198)	(0.0168)	(0.0187)	(0.0154)
Mean vaccination rate (control)	6.9%	12.2%	8.1%	10.8%	7.7%	4.8%	12.7%	5.0%	13.0%
R-squared	0.0424	0.1082	0.0504	0.0823	0.088	0.0831	0.0884	0.1911	0.0488
N	1,815	886	2,007	694	824	908	969	425	1,497

Robust standard errors are presented in parenthesis. * denotes significance at the 10% level; ** at the 5% level and *** at the 1% level. All regressions include controls for age and its square, race, gender, self-reported income, and education, the language the respondent took the survey in (English/Spanish), whether the respondent was "impaneled," meaning primary health care is provided at Contra Costa Regional Medical Center, and indicators for calendar date.

Appendix Table 4. The Impact of Race and Gender Concordant Provider Messages on Vaccination Rates

Panel A: Race

	All	Age		Gender		Race/Ethnicity			2020 Presidential Support	
		<40	>=40	Female	Male	Black	Hispanic	White	Trump	Biden
Safety Video	0.0143	0.0130	0.0162	0.0221	-0.0211	0.0354	0.0215	-0.0202	-0.0359	0.0443
	(0.0183)	(0.0221)	(0.0325)	(0.0221)	(0.0343)	(0.0344)	(0.0346)	(0.0274)	(0.0236)	(0.0305)
Safety video * Race Concordance	-0.0180	-0.0293	0.0150	-0.0292	0.0142	0.0042	-0.0371	0.0077	0.0280	-0.0575*
	(0.0212)	(0.025)	(0.0409)	(0.0255)	(0.0412)	(0.046)	(0.0377)	(0.0314)	(0.0194)	(0.0348)
Consequences Video	-0.0044	-0.0060	0.0079	-0.0034	-0.0151	-0.0067	0.0141	-0.0219	-0.0103	-0.0185
	(0.0177)	(0.021)	(0.0354)	(0.0206)	(0.0386)	(0.0286)	(0.0373)	(0.0281)	(0.0245)	(0.0278)
Consequences * Race Concordance	-0.0118	-0.0154	-0.0199	-0.0083	-0.0267	0.0016	-0.0568	0.0299	0.0074	-0.0055
	(0.0199)	(0.0239)	(0.0381)	(0.0235)	(0.0394)	(0.0329)	(0.0401)	(0.0313)	(0.0301)	(0.0298)
Mean vaccination rate (control)	8.8%	6.9%	12.2%	8.1%	10.8%	7.7%	4.8%	12.7%	5.0%	13.0%
R-squared	0.0397	0.0433	0.1087	0.0511	0.0831	0.0880	0.0863	0.0892	0.1928	0.0511
N	2,701	1,815	886	2,007	694	824	908	969	425	1,497

Appendix Table 4. The Impact of Race and Gender Concordant Provider Messages on Vaccination Rates (Continued)

PANEL B: Gender

	All	Age		Gender		Race/Ethnicity			2020 Presidential Support	
		<40	>=40	Female	Male	Black	Hispanic	White	Trump	Biden
Safety video	-0.0026	-0.0053	0.0087	-0.0009	-0.0149	0.0474	-0.0165	-0.0317	-0.0074	0.0127
	(0.0177)	(0.0207)	(0.034)	(0.0208)	(0.0362)	(0.0387)	(0.0302)	(0.0289)	(0.0297)	(0.0288)
Safety * Gender Concordance	0.0159	0.0087	0.0282	0.0168	0.0028	-0.0191	0.0409	0.0296	-0.0305	0.0040
	(0.0213)	(0.025)	(0.0406)	(0.0254)	(0.0407)	(0.0475)	(0.0391)	(0.0315)	(0.0219)	(0.034)
Consequences Video	-0.0294*	-0.0428**	0.0016	-0.0221	-0.0585**	-0.0177	-0.0544**	-0.0137	0.0060	-0.0376
	(0.0151)	(0.0167)	(0.0339)	(0.0183)	(0.0273)	(0.0255)	(0.0271)	(0.0266)	(0.0263)	(0.0239)
Consequences * Gender Concordance	0.0381**	0.0614***	-0.0090	0.0298	0.0561	0.0246	0.0849**	0.0129	-0.0262	0.0331
	(0.0193)	(0.0232)	(0.0366)	(0.0233)	(0.0359)	(0.033)	(0.0409)	(0.0314)	(0.0251)	(0.0297)
Mean vaccination rate (control)	8.8%	6.9%	12.2%	8.1%	10.8%	7.7%	4.8%	12.7%	5.0%	13.0%
R-squared	0.04071	0.04551	0.10883	0.05134	0.08481	0.08880	0.08899	0.08928	0.19383	0.04956
N	2,701	1,815	886	2,007	694	824	908	969	425	1,497

Robust standard errors are presented in parenthesis. * indicates significant at the 10%, ** at the 5% and *** at the 1% level. All regressions include controls for age and its square, race, gender, self-reported income, and education, the language the respondent took the survey in (English/Spanish), whether the respondent was "impaneled," meaning primary health care is provided at Contra Costa Regional Medical Center, and indicators for calendar date.

Appendix Table 5. Impact of Treatments on Vaccination Intention (30-day).

	OLS		Tobit	
Emotion (CDPH) video	3.22*	2.27	4.31*	3.09
	(1.74)	(1.68)	(2.45)	(2.33)
Safety video	5.53***	5.64***	6.77***	7.08***
	(1.78)	(1.73)	(2.47)	(2.35)
Consequences video	8.65***	8.51***	12.10***	11.98***
	(1.79)	(1.74)	(2.5)	(2.37)
Mean vaccination intention (control group) = 34.1%				
Controls	N	Y	N	Y
R-squared	0.0091	0.1247	0.0011	0.0171
N	2,701	2,701	2,701	2,701

Robust standard errors are presented in parenthesis. * indicates significant at the 10%, ** at the 5% and *** at the 1% level. Pseudo R-squared values are used for the Tobit regressions. Controls inlcude age and its square, race, gender, self-reported income, and education, the language the respondent took the survey in (English/Spanish), whether the respondent was "impaneled," meaning primary health care is provided at Contra Costa Regional Medical Center, indicators for calendar date, and indicators for treatment strata.

Appendix Table 6. Impact of Treatments on Vaccination Intent (30-day) by Sub-Group.

	Age		Gender		Race/Ethnicity			2020 Presidential Support	
	<40	>=40	Female	Male	Black	Hispanic	White	Trump	Biden
Emotion (CDPH) video	3.7043*	-0.0236	2.8155	0.5020	2.1155	4.4827	1.6548	0.3905	0.9161
	(2.0561)	(3.0248)	(1.9254)	(3.5836)	(2.8982)	(3.0991)	(2.9413)	(4.2015)	(2.3902)
Safety video	4.8950**	8.9583***	6.2997***	3.1067	8.9103***	8.0526**	0.9474	5.6264	4.9174**
	(2.12)	(3.0446)	(1.996)	(3.6715)	(3.2009)	(3.1641)	(2.893)	(4.2429)	(2.5031)
Consequences video	9.2520***	7.6323**	9.2348***	6.7443*	11.0681***	9.8832***	6.3533**	11.5964**	8.6894***
	(2.1279)	(3.0922)	(1.9735)	(3.9582)	(3.0642)	(3.181)	(3.0523)	(4.6867)	(2.4541)
Mean vaccination intention (control group)	36.2%	30.48%	31.2%	41.8%	27.6%	36.1%	37.2%	27.7%	39.3%
R-squared	0.1375	0.1977	0.1233	0.2035	0.1213	0.1819	0.1606	0.2255	0.1089
N	1,815	886	2,007	694	824	908	969	425	1,497

Robust standard errors are presented in parenthesis. * indicates significant at the 10%, ** at the 5% and *** at the 1% level All regressions include controls for age and its square, race, gender, self-reported income, and education, the language the respondent took the survey in (English/Spanish), whether the respondent was "impaneled," meaning primary health care is provided at Contra Costa Regional Medical Center, and indicators for calendar date.

Appendix Table 7. Impact of Vaccine Intent on Vaccinations (30-day).

	OLS		Probit	
Vaccine Intent	0.0016***	0.0015***	0.0116***	0.0118***
	(0.0002)	(0.0002)	(0.001)	(0.0011)
Mean vaccination rate (control group) = 8.82%				
Controls	N	Y	N	Y
R-squared	0.03947	0.07140	0.0752	0.1235
N	2,701	2,701	2,701	2,530

Robust standard errors are presented in parenthesis. * indicates significant at the 10%, ** at the 5% and *** at the 1% level. Marginal effects and pseudo R-squared values are presented for the Probit regressions. Controls inlcude age and its square, race, gender, self-reported income, and education, the language the respondent took the survey in (English/Spanish), whether the respondent was "impaneled," meaning primary health care is provided at Contra Costa Regional Medical Center, and indicators for calendar date.

Appendix Table 8. Impact of Race/Gender Concordant Physician on Vaccine Intention (30-day).

PANEL A: Race

	All	Age		Gender		Race/Ethnicity			2020 Presidential Support	
		<40	>=40	Female	Male	Black	Hispanic	White	Trump	Biden
Safety Video	6.1362***	4.9990**	9.2803**	7.3503***	2.5750	8.3609**	5.8741	3.5061	3.8490	6.9920**
	(2.1063)	(2.5431)	(3.7401)	(2.4565)	(4.5716)	(3.9584)	(3.7963)	(3.5291)	(5.3242)	(3.079)
Safety video * Race Concordance	-1.0137	-0.2084	-0.6317	-2.1500	1.0667	1.1898	4.2218	-5.1826	3.5674	-4.0858
	(2.5235)	(3.0612)	(4.5627)	(2.9664)	(5.0813)	(4.874)	(4.4254)	(4.0754)	(5.7517)	(3.6328)
Consequences Video	8.3517***	8.3003***	8.1304**	9.7611***	4.6327	12.8079***	6.3781	5.8729	11.4722**	6.5136**
	(2.1949)	(2.7262)	(3.7994)	(2.4801)	(4.9846)	(3.9841)	(4.0299)	(3.6171)	(5.6693)	(3.0764)
Consequences Video * Race Concordance	0.2871	1.8979	-0.9186	-1.0238	3.8951	-3.3762	6.5740	0.9486	0.4140	4.1785
	(2.5723)	(3.168)	(4.4609)	(2.8738)	(5.9911)	(4.6853)	(4.4942)	(4.5203)	(7.6068)	(3.5159)
Mean vaccination intention (control group)	34.1%	36.2%	30.48%	31.2%	41.8%	27.6%	36.1%	37.2%	27.7%	39.3%
R-squared	0.1247	0.1377	0.1977	0.1236	0.2042	0.1220	0.1848	0.1620	0.2264	0.1106
N	2,701	1,815	886	2,007	694	824	908	969	425	1,497

PANEL B: Gender

	All	Age		Gender		Race/Ethnicity			2020 Presidential Support	
		<40	>=40	Female	Male	Black	Hispanic	White	Trump	Biden
Safety Video	5.6594***	4.4918*	10.3225***	6.2861**	2.6936	6.6202	7.7878**	2.1953	5.7127	6.0972**
	(2.1041)	(2.5534)	(3.7625)	(2.5054)	(4.2852)	(4.1115)	(3.7957)	(3.5246)	(5.1227)	(3.0245)
Safety video * Race Concordance	-0.0525	0.8430	-2.4229	0.0005	0.8543	4.4181	0.5788	-2.4553	-0.0211	-2.3650
	(2.5289)	(3.0767)	(4.4495)	(2.9901)	(5.1273)	(4.9766)	(4.5078)	(4.1605)	(5.7942)	(3.5821)
Consequences Video	7.7745***	6.6079***	11.7073***	8.0202***	8.3495*	9.6450**	10.2625***	3.9727	14.2363**	6.7917**
	(2.1401)	(2.5494)	(3.9603)	(2.4017)	(4.8978)	(3.8207)	(3.8878)	(3.6422)	(5.9977)	(2.8728)
Consequences Video * Race Concordance	1.4711	5.5850*	-7.5795*	2.4923	-3.1595	3.0101	-0.8119	4.3768	-5.1595	3.9388
	(2.5596)	(3.165)	(4.4796)	(2.8722)	(5.8596)	(4.8137)	(4.5084)	(4.4543)	(7.3433)	(3.5387)
Mean vaccination intention (control group)	34.1%	36.2%	30.48%	31.2%	41.8%	27.6%	36.1%	37.2%	27.7%	39.3%
R-squared	0.1248	0.1391	0.2008	0.1236	0.2040	0.1228	0.1820	0.1618	0.2268	0.1099
N	2,701	1,815	886	2,007	694	824	908	969	425	1,497

University of Southern California
USC Davis School of Gerontology
3715 McClintock Ave, Los Angeles, CA 90089

INFORMED CONSENT FOR RESEARCH

Study Title: COVID-19 and Preventive Health Behaviors

Principal Investigator: Mireille Jacobson, Ph.D.

Department: USC Leonard Davis School of Gerontology

INTRODUCTION

We invite you to take part in a research study. Please take as much time as you need to read the consent form. You may want to discuss it with your family, friends, or your personal doctor. If you find any of the language difficult to understand, please ask questions. You can contact the study lead, Mireille Jacobson by phone or email: tel: 213-986-6076 or email: mireillj@usc.edu. If you decide to participate, you will be asked to sign this form. A copy of the signed form will be provided to you for your records.

KEY INFORMATION

The following is a short summary of this study to help you decide whether you should participate. More detailed information is listed later in this form.

1. Being in this research study is voluntary–it is your choice.

2. You are being asked to take part in this study so that Contra Costa County can better understand COVID-19 vaccine uptake. The purpose of this study is to analyze behaviors in relation to COVID-19, including vaccinations. Procedures will include the completion of a baseline survey. Your participation in the baseline survey will last approximately 15 minutes and is completely voluntary.

3. If you consent to be part of this study, information on health care, received at Contra Costa Regional Medical Center (CCRMC) or otherwise provided by Contra Costa Health Services or the County of Contra Costa, including COVID-19 tests and test results and COVID-19 vaccination status, may be shared with the study investigators. The investigators will keep your data secure and will not share your information with anyone outside the study team. All your information will be kept confidential.

4. Some people who participate in this study will be randomly selected to receive additional information about COVID-19 vaccines. Some people who participate will be randomly selected to receive gift certificates for being vaccinated that vary between $10 and $50. We will contact you if you are selected for either of these.

5. There are risks from participating in this study. The most common risks are that some of the survey questions may make the participant feel uneasy or embarrassed. There is also a small risk that people not connected with the study will learn the participants identity or their personal information. More detailed

information about the risks of this study can be found under the "Risk and Discomfort" section.

5. You may not receive any direct benefit from taking part in this study. However, your participation in this study may help us learn how to better manage the COVID-19 pandemic in Contra Costa County.

6. If you decide not to participate in this research, your other choices may include: not participate in the study.

DETAILED INFORMATION

PURPOSE

The purpose of this study is to better understand COVID-19 vaccinations and other preventive behaviors taken to mitigate the spread of the disease. This research is designed to help Contra Costa better understand the COVID-19 pandemic and shape and improve its efforts to better serve the community. About 10,000 participants will take part in the study.

PROCEDURES

If you decide to take part, you will be asked to complete a baseline survey on your phone, tablet or internet connected computer. The surveys take about 15 minutes to complete. The surveys ask you about COVID-19, how it has affected your day to day life, as well as about your life more generally. Your survey responses may be linked to your COVID-19 test and vaccination information and possibly other data already captured by the county health system. However, all your information will remain confidential and will be anonymized for research purposes.

1. You will complete a 15-minute baseline survey.
2. Your survey data may be linked to data from Contra Costa Health Services and shared with the study investigators.
3. Some people who participate will be randomly selected to receive additional information about the COVID-19 vaccine.
4. Some people who participate will be randomly selected to receive gift certificates for being vaccinated of $10 or $50. We will contact you if you are selected for these.

RISKS AND DISCOMFORTS

Possible risks and discomforts you could experience during this study include:

Surveys/Questionnaires/Interviews: Some of the questions may make you feel uneasy or embarrassed. You can choose to skip or stop answering any questions you don't want to.

Breach of Confidentiality: There is a small risk that people who are not connected with this study will learn your identity or your personal information.

BENEFITS

There are no direct benefits to you from taking part in this study. However, your participation in this study may help us learn more about the current COVID-19 (coronavirus) pandemic in Contra Costa County to improve county-wide efforts to contain the virus.

PRIVACY/CONFIDENTIALITY

We will keep your records for this study confidential as far as permitted by law. However, if we are required to do so by law, we will disclose confidential information about you. Efforts will be made to limit the use and disclosure of your personal information, including research study and medical records, to people who are required to review this information. Information about this study will be posted at ClinicalTrials.gov. We may publish the information from this study in journals or present it at meetings. We will not use your name on ClinicalTrials.gov, in any journal articles, or in any meeting presentations.

The University of Southern California's Institutional Review Board (IRB) may review your records. Organizations that may also inspect and copy your information include: the Contra Costa County Regional Medical Center's Institutional Review Committee (IRC) and the National Bureau of Economic Research's IRB. The IRB/IRC reviews and monitors research studies to protect the rights and welfare of research subjects.

Your information that is collected as part of this research will be used or distributed for future research studies without your additional informed consent. Any information that identifies you (such as your name) will be removed from your private information before being shared with others.

ALTERNATIVES

An alternative would be to not participate in this study.

PAYMENTS

If you complete the baseline survey, you will receive a gift card of $25 for your time and be entered into a drawing for a $250 gift card. In total, we will raffle off 20 gift cards valued at $250 each. Some people who participate will be randomly selected to receive gift certificates for being vaccinated between $10 and $50.

COST

There are no costs related to participation.

VOLUNTARY PARTICIPATION

It is your choice whether to participate. If you choose to participate, you may change your mind and leave the study at any time. Refusal to participate or stopping your participation will involve no penalty or loss of benefits to which you are otherwise entitled.

If you stop being in the research, already collected data may not be removed from the study database. You will be asked whether the investigator can continue to collect data from your records. If you agree, this data will be handled the same as the research data. No new information will be collected about you or from you by the study team without your permission.

Your personal information, including any identifiable information, that has already been collected up to the time of your withdrawal will be kept and used to guarantee the integrity of the study, to determine the safety effects, and to satisfy any legal or regulatory requirements.

CONTACT INFORMATION

If you have questions, concerns, complaints, or think the research has hurt you, talk to the study investigator at

Mireille Jacobson, tel: 213-986-6076 or email: mireillj@usc.edu

This research has been reviewed by the USC Institutional Review Board (IRB). The IRB is a research review board that reviews and monitors research studies to protect the rights and welfare of research participants. Contact the IRB if you have questions about your rights as a research participant or you have complaints about the research. You may contact the IRB at (323) 442-0114 or by email at irb@usc.edu.

STATEMENT OF CONSENT

I have read (or someone has read to me) the information provided above. I have been given a chance to ask questions. All my questions have been answered. By signing this form, I am agreeing to take part in this study.

☐ **I agree to participate**

☐ **I do NOT agree to participate**

Study ID: UP-21-00030 Valid From: 6/1/2021

Principal Investigator:	Mireille Jacobson
Study Title:	COVID-19 and Preventive Health Behaviors
IRB #:	UP-21-00030

HIPAA AUTHORIZATION TO USE CONTRA COSTA HEALTH SERVICES (CCHS) HEALTH INFORMATION FOR RESEARCH

1. Purpose of this Form:

A federal law known as the Health Insurance Portability and Accountability Act (HIPAA) protects how your health information is used. HIPAA generally does not allow your health information to be used or released for research purposes without your written permission. Health information protected under the law includes: medical and dental records, bills or other payment records for health care received, tissue samples, x-rays, laboratory results and any other health information that identifies you. State laws also protect how your health information may be used.

By signing this form, you are allowing your health care providers (for example, physicians, dentists, hospitals, clinics) to share your health information with the researchers and others involved in this research study for the uses described below and also described in the informed consent.

2. Who May Release Your Health Information:

This document permits (i) Contra Costa Health Services to release health information about you to (ii) the researchers for the research purposes described in this document and the informed consent.

3. What Health Information Will Be Used:

Contra Costa Health Services is permitted to use and release (i) all health information that is created during this research study; and all of your health information that the health care provider has in his or her possession, but does not include HIV test results, mental health diagnosis and treatment records, and drug or alcohol treatment records.

4. How Your Health Information Will Be Used:

Your health information may be shared with the following individuals or entities for the following purposes:

Researchers (those individuals in charge of the study), research staff, and students to conduct the research described in the informed consent and other activities related to the research, such as conducting safety analyses.

- The research sponsors, J-PAL North America and the National Bureau of Economic Research, and their authorized representatives, business partners, clinical research organizations and affiliates for the purposes described in the informed consent and for other activities related to the research, such as assessing the safety or efficacy of the drug, device or treatment included in the study, improving designs of future studies or obtaining approval for new drugs, devices or health care products.

- The USC Institutional Review Boards that review research involving human subjects in accordance with regulations;

- USC's clinical trial organization that supports clinical trials administration at USC,

- Other USC offices involved in regulatory compliance, including the Offices of General Counsel and Compliance,

- U.S. government agencies, such as the Food and Drug Administration and the Office for Human Research Protections, government agencies from other countries, and others who are authorized by law to review or oversee this research.

5. <u>Creation of a Research Database</u>:

The following is an optional research activity. You can choose whether or not to participate in these activities and it will not affect your ability to participate in the main research study. Please initial on the line below to give your specific permission to this activity.

_____ Researchers will often study existing health information from large groups of patients in order to test or validate theories that the researcher develops. By initialing above, you allow the USC research team to put your health information in a research database or repository for future research purposes. The USC Institutional Review Board still may review how the researcher uses or releases your health information for future research purposes.

This section of the Authorization will remain in effect indefinitely unless you revoke (cancel) it as described below.

6. **Scope of this Authorization:**

The USC research team will use and release your health information for the purposes described in this authorization and the informed consent or as otherwise permitted by law. However, health information that is shared with others outside USC may not be protected by HIPAA once it is released. Certain health information may still be protected under state law.

7. **Right to Deny Access to Health Information:**

You may not be permitted to access (review or copy) your health information created during this research study while the research study is in progress. You may be entitled to access your health information once the research study is completed.

8. **Term of this Authorization:**

Except for database research, this authorization expires 25 years from the date the study is completed or terminated.

9. **Refusal to Sign/Right to Revoke:**

You must sign this Authorization in order to participate in this research. You may change your mind and revoke (withdraw or cancel) this authorization and your participation in this research study at any time. To do so, your revocation must be sent in writing to the Principal Investigator and include: (1) the title of the research study; and (2) your name and telephone number or address. Please send the revocation to the following:

Professor Mireille Jacobson
3715 McClintock Ave
Los Angeles, CA 90089

You will not be permitted to participate in the research and health information that identifies you will no longer be collected as of the date the Principal Investigator receives

your revocation. However, we may still use and share health information about you that has already been obtained as necessary in order to maintain the integrity of the research study. Also, if the law requires it, the researchers, sponsor, and government agencies may continue to look at your records to review the quality or safety of the study.

10. Questions Regarding Your Privacy Rights:

Please contact the USC Office of Compliance by telephone at 213-740-8258 or email at compliance@usc.edu if you have questions about your privacy rights.

Agreement:

I have read (or someone has read to me) the information provided above. I have been given the opportunity to ask questions and all of my questions have been answered to my satisfaction. By signing below, I agree that my health information may be used as described in this form.

Name of Participant	Signature	Date Signed

[Start Pre-Screening Survey]

Do you prefer English or Spanish? Prefiere Español o English
- ○ Ingles?
- ○ Español

Welcome to the Contra Costa Health Services COVID-19 Survey!
We are a non-partisan group of academic researchers from the University of Southern California (USC) and the University of California Los Angeles (UCLA). Our goal is to learn about people's attitudes related to the novel coronavirus (COVID-19).

The survey is voluntary. You have the right to stop the survey at any time or for any reason. To exit the survey, simply close this window. Study results may include summary data, but you will never be identified. The data will be stored on USC servers and kept confidential.

We expect the survey to take about 10 minutes. You will be compensated for this interview if you (i) complete the survey and (ii) pass 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.

Compensation will consist of a $5 gift card for completing the entire survey, and you will be entered into a raffle for a $250 gift card with 500 other survey respondents.

Please note that it is very important for the success of our research that you answer honestly and read the questions carefully before answering. If at any time you don't know an answer, please give your best guess. However, please be sure to spend enough time reading and understanding the questions.

Before we start, please look over our procedures and terms of consent and verify that you meet the conditions for survey participation stated below.

[Attachment: "Consent_doc_update.pdf"]

By checking this box, I certify that I am at least 18 years old and HAVE NOT received one or more COVID-19 vaccination shots.
- ○ I meet all the conditions
- ○ I do not meet all the conditions

[End Pre-Screening Survey]

[Start Consent Form]

Please read the HIPAA authorization form (click on link). You are encouraged to print or save a copy of the document for your records.

If you have any questions about this study, you may contact us at 213-986-6076 or mireillj@usc.edu.
[Attachment: "CCHS HIPAA-Authorization-English_final.pdf"]

If you would like to take part in this study, please sign this form by using on the "add signature" feature, and then click on the submit button at the bottom of the page.

_____

[End Consent Form]

[Begin Demographics]

Thank you for agreeing to take part in our study. We will now ask you a few short questions.

What is your age?

- 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 and over

What is your gender?

- Male
- Female
- Other

With what race do you identify?

- American Indian/Alaska Native
- Asian
- Native Hawaiian or Other Pacific Islander Black or African American
- White
- More Than One Race
- Other

Are you Hispanic, Latino or of Spanish origin?

- Yes
- No

What language do you primarily speak at home?

- English
- Spanish
- Other

[Display if Other] Please specify other language. For example: Korean, Italian, Vietnamese.

_____

What is the highest degree or level of education you have completed?

- Less than high school
- High school diploma or GED

- Some college credit
- Associates degree (e.g., AA, AS)
- Bachelor's degree (e.g., BA, BS)
- Post-bachelor's degree (e.g., MA, MBA, MD, DDS, DVM, JD, PhD)

What is your marital status?

- Married or civil union
- Single, never married
- Divorced
- Separated Widowed/Widower
- Living with partner

How many ADULTS (18 and above) live in your house or apartment, including you?

- 1
- 2
- 3
- 4
- 5 or more

How many children under 18 live in your house or apartment?

- 0
- 1
- 2
- 3
- 4 or more

[End Demographics]

[Begin Income and Employment]

Income and Employment

Please give your best guess of your household income for 2020. Indicate the answer that includes your entire household income before taxes and not including income from unemployment and other benefits.

- Under $10,000
- $10,000 to $19,999
- $20,000 to $29,999
- $30,000 to $39,999
- $40,000 to $49,999
- $50,000 to $74,999
- $75,000 to $99,999
- $100,000 to $149,999
- $150,000 or more

Which of the following best describes your current employment status?

- Employed full time
- Employed part time
- Self-employed full time
- Self-employed part time
- Not employed, but looking for work
- Not employed and not looking for work
- Not employed, and unable to work due to a disability or illness
- Retired
- Student
- Stay-at-home spouse or partner

Is your job among those the government has declared essential in this time?

- Yes
- No
- Don't Know

Does your job allow you to work from home?

- Yes
- No

Please select "Somewhat likely" if you are paying attention.

- Very unlikely
- Somewhat unlikely
- Somewhat likely
- Very likely

If you needed $400 urgently for something, like a car repair or health emergency, would you be able to come up with it?

- Yes
- No

How would you come up with the $400?

- Use your savings
- Use a credit card
- Borrow from a friend or relative
- OTHER

[Display if Other] Please specify OTHER

_____

What is your "go to" source for news?

- Twitter
- Google

- Facebook
- FOX NEWS
- CNN
- MSNBC
- New York Times
- Instagram
- Wall Street Journal
- Snapchat
- Other online source
- Other broadcast news
- Other national newspaper
- Local newspaper
- Local TV news
- Radio
- OTHER

Which candidate did you support in the 2020 presidential election?

- Donald Trump
- Joe Biden
- Other

[End Income and Employment]

[Begin Health]

In general, would you say your physical health is:

- Excellent
- Very Good
- Good
- Fair
- Poor

In general, would you say your mental health is:

- Excellent
- Very Good
- Good
- Fair
- Poor

In the last 2-weeks, how often have you been bothered by the following problems?

Little interest or pleasure in doing things

- Not at all
- Several Days
- More than half the days
- Nearly every day

Feeling down, depressed or hopeless

- Not at all
- Several Days
- More than half the days
- Nearly every day

[End Health]

[Begin Questions about COVID]

Which of the following have you done in the past 7 days to keep yourself safe from the coronavirus (COVID-19) in addition to what you normally do? Only consider actions that you took or decisions that you made personally.

Mark all that apply.

- Worn a face mask
- Washed hands with soap or used hand sanitizer several times per day
- Avoided contact with people who could be at high-risk of illness
- Avoided public spaces, gathering, or crowds
- Avoided eating at restaurants (indoor only)
- Avoided attending in-person religious services
- Worked or studied at home
- Self-isolated at home
- Avoided interacting with own parents and/or grandparents
- Avoided interacting with own children and/or grandchildren
- I've done nothing differently

Do you think you've ever been infected with the coronavirus (COVID-19)?

- Yes
- No
- Unsure

Have you ever been tested for the coronavirus (COVID-19)?

- Yes
- No

[If Yes] Have you ever tested positive for the coronavirus (COVID-19)?

- Yes
- No

Have any of your close relatives or friends been diagnosed with the coronavirus (COVID-19)?

- Yes
- No

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
- Social media (i.e., Facebook, Twitter)
- Television
- Local health professionals (i.e., medical doctor)
- The State of California's COVID-19 hotline or website CDC website
- Contra Costa Health Services

What are the main reasons you have not been vaccinated yet (please select all that apply)

- Concerned about side effects
- Waiting to see if they're safe
- Other people need it more than I do
- Don't trust vaccines
- Don't trust the government
- Concerned about allergic reaction
- Don't think I need it
- Don't know if vaccine works
- Don't like vaccines
- Have a health condition that may make vaccine unsafe
- Doctor didn't recommend it
- Worries about cost
- Vaccines against my religious beliefs
- Too hard to schedule
- Haven't had the time
- Concerned about possible long-term impacts

Next, we ask your opinion about how likely you think various events might be. When we ask a question, we would like you to give us a number from 0 to 100, where "0" means you think there is absolutely no chance, and "100" means that you think the event is absolutely sure to happen. For example, no one can ever be sure about tomorrow's weather, but if you think that rain is very unlikely tomorrow, you might say that there is a 10 percent chance of rain. If you think rain is very likely tomorrow, you might say that there is a 90 percent chance of rain.

If you are not sure, please give your best guess

What is the chance that you will get the coronavirus in the next three months?

(Place a mark on the scale above)

What is the chance that someone you know will get the coronavirus in the next three months?

(Place a mark on the scale above)

If someone the same age as you gets the coronavirus, what is the percent chance that they will die from it?

(Place a mark on the scale above)

[End Questions about COVID]

[Begin Video if assigned to a Video Treatment]

Please watch the following video before moving on to the next page. If you do not watch the entire video, your survey risks being flagged as low quality and you may not receive your payment.

<video>

Please rate the video you just watched on the following dimensions

This content is useful

- ○ Strongly agree
- ○ Somewhat agree
- ○ Neither agree nor disagree
- ○ Somewhat disagree
- ○ Strongly disagree

This content is trustworthy

- ○ Strongly agree
- ○ Somewhat agree
- ○ Neither agree nor disagree
- ○ Somewhat disagree
- ○ Strongly disagree

I would share this video with friends and family

- ○ Strongly agree
- ○ Somewhat agree
- ○ Neither agree nor disagree
- ○ Somewhat disagree
- ○ Strongly disagree

[End Video if assigned to a Video Treatment]

[Begin About the COVID Vaccine]

Do you agree of disagree with the following statement about the COVID-19 vaccines approved for use in the US.

- ○ Strongly agree
- ○ Somewhat agree
- ○ Neither agree nor disagree
- ○ Somewhat disagree
- ○ Strongly disagree

Provide important benefits to society

- Strongly agree
- Somewhat agree
- Neither agree nor disagree
- Somewhat disagree
- Strongly disagree

Have many known harmful side effects

- Strongly agree
- Somewhat agree
- Neither agree nor disagree
- Somewhat disagree
- Strongly disagree

May lead to illness and death Are useful and effective

- Strongly agree
- Somewhat agree
- Neither agree nor disagree
- Somewhat disagree
- Strongly disagree

Contains the coronavirus, COVID-19

- Strongly agree
- Somewhat agree
- Neither agree nor disagree
- Somewhat disagree
- Strongly disagree

Last question! How likely are you to get a COVID vaccine in the next 30 days? [0-100]

(Place a mark on the scale above)

[End About the COVID Vaccine]

[Begin Thank You Message]

Thank you for completing our survey!

You will received a link for your $5 gift card in the next 48 hours providing instructions on how you can choose from a variety of 100+ different gift cards from companies like Amazon, Target and Walmart.

[If video message 1] Now we have the chance to return to the people and places we love. Let's get our lives back again. Sign up to get the free COVID-19 vaccine today.

[If video message 2] The COVID-19 vaccine was tested with 70,000 people. Over a billion people worldwide have gotten the vaccine, including more than half of all Americans and over 70% of your neighbors in Contra Costa County. So you can feel confident that it is safe and effective. Sign up to get the free COVID-19 vaccine today.

[If video message 3] Please remember that the COVID-19 vaccine is the best way to protect yourself, even if you are young and healthy. Just ask NFL running back Ryquell Armstead, who, like 5-10 percent of young people who had COVID is still suffering from its effects and has been unable to play the game he loves for nearly a year. COVID is mutating and new more dangerous variants are appearing all at the time, and the best way to keep yourself and others safe is to protect yourself with the safe, effective, and free COVID vaccine. So sign up to the your free COVID-19 vaccine today.

[If link treatment] The new Contra Costa Health Systems vaccine scheduling system is the quick and easy way to pick a vaccine appointment time that works for you. Please click on the link and schedule your appointment today!

<CCHS Vaccine Scheduler>

[If $10 incentive] ** You have been randomly selected to receive $10 if you get vaccinated in the next two weeks! **

We know it's hard to find the time to get vaccinated, so we're offering you a little extra incentive! All you have to do is to send an email with either a picture of your vaccination card OR your full name along with the date and location of your vaccination to survey@cchealth.org to receive a $10 gift card.

THIS OFFER APPLIES ONLY TO YOU, the invited survey participant, and to qualify the date of vaccination (first shot only) must be no more than two weeks from today. So schedule your vaccine right away, or just stop by a CCHS administered vaccination site (walk-ins are now welcome)!

[If $50 incentive] ** You have been randomly selected to receive $50 if you get vaccinated in the next two weeks! **

We know it's hard to find the time to get vaccinated, so we're offering you a little extra incentive! All you have to do is to send an email with either a picture of your vaccination card OR your full name along with the date and location of your vaccination to survey@cchealth.org to receive a $50 gift card.

THIS OFFER APPLIES ONLY TO YOU, the invited survey participant, and to qualify the date of vaccination (first shot only) must be no more than two weeks from today. So schedule your vaccine right away, or just stop by a CCHS administered vaccination site (walk-ins are now welcome)!