

Tennessee Vaccine Messaging Study

Phase One: Qualitative Summary

March 2021





OBJECTIVES



OBJECTIVES

- Identify public messaging tactics/words/images/influences to overcome the barriers associated with those members of the population who are rejecting or hesitant to receive the COVID-19 vaccine.
- Treat each audience segment uniquely to ascertain any ethnic nuances for messaging.



METHODOLOGY



METHODOLOGY

PHASE 1:

Focus session participant configuration:

Adult residents of Tennessee with demographic configuration of:

- Male/female mix (natural fallout)
- White (75 participants)
- Black/African American (16 participants)
- Hispanic/Latino (5 participants)

- Aged: 18+
- Annual HHI: <\$10k+ (natural fallout) Mean: \$50k-\$75k
- Geography: represented urban, suburban and rural areas of the state

- Number of participants: 96

Platform:

Utilized a bulletin board format with the aid of artificial intelligence (AI) to have a real-time conversation at scale with residents, across any device, anywhere they were.

The tool allowed us to organize the participants into custom segments. Analyze the data to better understand who they are, and what they know/believe/want. We received answers straight from the people who matter most – all specifically residents of Tennessee.



EXECUTIVE SUMMARY

OBSERVATIONS & KEY THEMES TO CARRY ON TO PHASE 2 (QUANTITATIVE)



EXECUTIVE SUMMARY

Observations

When asked their willingness to be vaccinated, the greatest roadblock is with rural, conservative Whites. The Black population is basically willing but not yet ready or need a little more assurance and the Hispanic/Latino population is waiting to get an appointment or need a little more assurance.

	Black	Urban, Suburban, Black	White	Rural, Conservative, White	Hispanic /Latino	Total
Willing but not yet ready	43%	50%	17%	0%	-	20%
Unwilling but open to consideration	14%	17%	24%	22%	-	22%
Unwilling and will NOT consider	14%	17%	20%	33%	-	18%
Just undecided	29%	17%	24%	22%	40%	26%
Willing but waiting to get appointment	0%	0%	15%	22%	60%	14%

EXECUTIVE SUMMARY

Observations

The top reasons for the hesitancy revolve around trust and safety issues.

Hispanic/Latino	Black	Urban, Suburban, Black	White	Rural, Conservative, White
Mostly because I feel there's not enough research and trials done over a long period of time	I'm not entirely sure it would be wise for me to take the vaccine. Not entirely safe when some people have negative side effects, or some have died from it. Not fully tested either since there are not enough testing results.	I'm not entirely sure it would be wise for me to take the vaccine. Not entirely safe when some people have negative side effects, or some have died from it. Not fully tested either since there are not enough testing results.	I do not trust most vaccines especially one that has not really been tested for some time. Long term effects ETC...	I am not sure of the necessity nor of the safety
	I don't know if I want to get it	I want to see how others are affected first	I don't think there has been enough research. You can't safely say that over time there won't be side effects when there hasn't been enough time to know. And my entire family has been exposed a couple times and nobody ever got sick.	I don't think it is safe
	I want to see how others are affected first	Honestly and personally, I just don't believe in vaccinations and medicine. Whenever I become ill, I just push myself to be active until I heal.	I am not sure of the necessity nor of the safety	I made it the entire time without symptom one. Why would I put something in my body to prevent a thing I'm not worried about?
	Honestly and personally, I just don't believe in vaccinations and medicine. Whenever I become ill, I just push myself to be active until I heal.	I am very willing to get the vaccine so I can go to classes in person at my university and so I don't have to wear masks anymore in public, but I need a bit more preparation before I take it. I want to know which vaccine is the best to take out of the three.	I don't think the trials were long enough to get effective results. I have also heard many stories of people dying or contacting COVID again after taking the vaccine	I feel the vaccine was rushed to get out. They have been trying for years to create a covid/sars vaccine and have been unsuccessful. There hasn't been enough testing done to see what the long-term effects may be.
	I am very willing to get the vaccine so I can go to classes in person at my university and so I don't have to wear masks anymore in public, but I need a bit more preparation before I take it. I want to know which vaccine is the best to take	I would like for kids to have it first in order for me to know its safe	I feel like the studies were very rushed and I am unsure of the safety and effectiveness of them. I also have a health condition that prevents me from getting the flu vaccine so I am unsure how my body could react.	There are too many conflicting reports and the deaths already associated with it are a little concerning

EXECUTIVE SUMMARY

Observations

The top perceived risks of getting vaccinated all revolve around the unknown – specifically around possible side effects immediately and in the future.

Hispanic/Latino	Black	Urban, Suburban, Black	White	Rural, Conservative, White	All
That's the thing, long term we have no idea. Short term I've read on death's, blood clots, etc.	You can experience mild adverse side effects just from getting the shot alone but those are mostly accounted for. In extreme cases though, you could have extremely bad reactions that can threaten your life if the vaccine wasn't properly tested	You can experience mild adverse side effects just from getting the shot alone but those are mostly accounted for. In extreme cases though, you could have extremely bad reactions that can threaten your life if the vaccine wasn't properly tested	Uncertainty of immediate & long-term effects.	Becoming severely ill from a reaction to the vaccine and not recovering from it	Uncertainty of immediate & long-term effects.
Similar but less symptoms of actually having covid, I believe. Nauseous, fever, aches, asthma.	The vaccine is so new, and it was developed so quick how do they know it is safe	The vaccine is so new and it was developed so quick how do they know it is safe	The unknown long term side effects.	Altering things I can not see now	The unknown long term side effects.
	I'm not sure what they are but as far as I know; Death, sickness and permanent organ (damage) are some.	I'm not sure what they are but as far as I know; Death, sickness and permanent organ (damage) are some.	The unknown side effects, short term and long term	Unknown long term health effects. Possible blood clots.	Allergic reaction, and unforeseen side effects down the road
	The risk are having complications from it long term	The risk are having complications from it long term	I am still unsure of the side effects and the trials are so new I don't think we are fully aware of them	Who really knows all the risks? I always am affected by these things, so it is a risk to me that I do not want to take.	Possibility of unintended side effects that occur after time has passed that no one is aware of because the vaccine is so new. Complications with other medical issues or medications.
	The risk of passing away and no one to care for my child	The risk of passing away and no one to care for my child	Unknown long term side effects	For FDA approval of a vaccine, it takes years of testing to see what the long-term effects are. These vaccines only have emergency use only. So I just don't care to be the guinea pig being tested to see what the side effects will be.	Unknown long term side effects

EXECUTIVE SUMMARY

Observations

For those stating a fear of death, we ask which they are more afraid of?

	Hispanic /Latino	Black	Urban, Suburban, Black	White	Rural, Conservative, White	All
Death by COVID	0%	43%	50%	42%	33%	41%
Death by vaccine	100%	57%	50%	58%	67%	59%

General Themes

I'm afraid of unknown things going into my body

I am afraid of what they put into the vaccine. It hasn't been out long enough. It was rushed

Either way you contact it, it could be death, but the vaccine might be a bit safer

The covid death rate is known, the vaccine is not known

EXECUTIVE SUMMARY

Observations

- When asked about trust and preference of each of the three vaccines there was no real preference or trust associated with the vaccines across all groups. The most common response was *"I trust none of them."*

Which they trust the most	Hispanic/Latino	Black	White	Total
None	20%	17%	54%	47%
Johnson & Johnson	20%	33%	5%	15%
Any of them	-	9%	14%	15%
Pfizer	60%	17%	10%	11%
Moderna and Pfizer equally	-	7%	9%	8%
Moderna	-	17%	8%	4%

- When asked if there was a preference they indicated: *No preference, don't want any of them* 70%

EXECUTIVE SUMMARY

Observations

- Social pressure also is not playing a role in their decision. Only a few suggested that pressure was coming from their place of employment.
- In relation to where they get information that they can rely on about a vaccine, the top answers across the board were:
 1. Personal observation, scientifically proven facts, people's experiences, doctor's opinion, news and friends
 2. CDC
 3. Don't seek information
 4. Social media (friends or peer groups/like-minded people)

EXECUTIVE SUMMARY

Observations

If more of your friends and family received the vaccine, how do you believe that would influence your decision on vaccination? (In rank order)

1. *It wouldn't*
2. *Possibly for the better*
3. *No*
4. *It would not influence my decision.*
5. *No. I make my own decisions.*
6. *I would feel more confident receiving the vaccine.*
7. *It wouldn't influence my decision, but I would be concerned for them and the possible long-term side effects they might experience someday.*
8. *No, I am my own person and do not play into peer pressure*
9. *My family has already received it but none of my friends. I have my own opinion and they cannot sway me either way. I'm not getting it for now.*

EXECUTIVE SUMMARY

Observations

- When considering who - person, people or institution(s) - they trust to provide reliable vaccine information there was no firm answer except a broad **lack of trust**.
 - Black and Hispanic populations would lean into family and those in the medical field they might trust to be knowledgeable and aware of what the vaccines can do. Possibly their physician.
 - The white respondents for the most part claim to trust NO ONE! Those that do trust would likely listen to their physician, pharmacist, CDC and independent review boards
- Of those who indicated they would trust a medical professional, most indicated they have not spoken to their physician about the vaccine.
 - *"No, I have no desire to."*
 - *"No, because they wouldn't tell me anything I don't already know."*
 - *"No, because it's still new."*
 - *"No, because I'm not interested in taking the vaccine."*

EXECUTIVE SUMMARY

Observations

- Only 25% believe that if enough people get vaccinated it will create herd immunity.
- There are basically no words being used today that would empower vaccination. **It will take acceptable proof and an understanding/acceptance of current research technology that all is safe with the vaccine.** Short of that it will be the assurance that comes after complete approval (not emergency approval) and *“years of research to document success.”*
- In consideration of time to feel confident in the vaccine it all boils down to time...*“5-10 years maybe. But I still wouldn't get it because COVID most likely wouldn't harm me any more than the flu anyway.”*
- Given four different phrases that might unleash a positive motivating response, the only one that showed any promise was to appeal to a family love emotional trigger.

• “For the health of your loved ones.”	36%
• “So we can all get back to normal.”	18%
• “It will open up the economy faster with sustainability.”	12%
• “Because it's everyone's responsibility.”	12%
• None of the above	62% (80% of rural conservative whites)

EXECUTIVE SUMMARY

Observations

- Family and friends simply being vaccinated appears to have little or no influence in the decision to vaccinate.
- In response to their trust in the clergy to encourage vaccination the encouragement would fall on deaf ears. Surprisingly, they claimed it would have no impact.
- Given what we have learned so far, those that are unwilling will largely remain so. They need to hear, with certainty, what the data shows, and current scientific methods, from a medical research perspective, support safety for humans.

EXECUTIVE SUMMARY

KEY TAKEAWAYS

- The primary concern is the speed and haste with which the vaccines were tested and developed.
- White, conservative rural Tennesseans are the least willing to accept the vaccine and seem to have planted their heels in the sand.
- Lack of compelling information/data to unseat disbelief.
- High level of skepticism on messaging about the vaccine from even traditional reliable resources.
- Community-based medical professionals have the highest degree of acceptance but are not currently being tapped for information.
- Those unwilling basically fear the unknown and skeptical of those with an underlying agenda.
- Those that are willing but hesitant may just need to be nurtured with information and social testimony.

WHAT'S NEXT?

Phase 2 - QUANTITATIVE STUDY

- Using what we have learned in the qualitative phase, we are conducting an online quantitative study.
- The specifications are:
 - Adult residents of Tennessee with demographic mix goal of:
 - Male/Female mix (natural fallout)
 - Age: 18+ (natural fallout)

 - 77% White
 - 15% Black/African American
 - 8% Hispanic/Latino

 - 29% <\$25,000
 - 26% \$25k-\$49,999
 - 18% \$50k-\$74,999
 - 11% \$75k-\$99,999
 - 16% \$100k+
 - Number of participants: 1,000 (all counties)
- Study will be in the field March 31 – April 6
- Activity includes:
 - Develop the survey instrument / Secure participant panel
 - This will yield a confidence level of 95% for the overall sample with an error rate of ± 3 .
 - Data tabulation, Summarization, Analysis and a report of the findings from both the qualitative and quantitative learnings



THANK YOU

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