

# 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 <b>there's not enough research</b> 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 <b>negative side effects</b> , or some have <b>died</b> 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 <b>negative side effects</b> , or some have <b>died</b> from it. Not fully tested either since there are not enough testing results.	I do not trust most vaccines especially one that has <b>not really been tested for some time</b> . Long term effects ETC...	I am <b>not sure</b> of the necessity nor of the <b>safety</b>
	I don't know if I want to get it	I want to <b>see how others are affected first</b>	<b>I don't think there has been enough research</b> . 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.	<b>I don't think it is safe</b>
	I want to <b>see how others are affected first</b>	<b>Honestly and personally, I just don't believe in vaccinations and medicine</b> . Whenever I become ill, I just push myself to be active until I heal.	<b>I am not sure of the necessity nor of the safety</b>	I made it the entire time without symptom one. Why would I <b>put something in my body to prevent a thing I'm not worried about?</b>
	<b>Honestly and personally, I just don't believe in vaccinations and medicine</b> . 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 <b>I need a bit more preparation before I take it</b> . I want to know which vaccine is the best to take out of the three.	<b>I don't think the trials were long enough to get effective results</b> . I have also heard many stories of people dying or contacting COVID again after taking the vaccine	I feel the <b>vaccine was rushed</b> to get out. They have been trying for years to create a covid/sars vaccine and have been unsuccessful. There <b>hasn't been enough testing done</b> 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 <b>I need a bit more preparation before I take it</b> . I want to know which vaccine is the best to take	I would <b>like for kids to have it first</b> in order for me to know its safe	I feel like the <b>studies were very rushed and I am unsure of the safety and effectiveness of them</b> . 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 <b>too many conflicting reports</b> 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 are some.	I'm not sure what they are but as far as I know; Death, sickness and permanent organ 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 know, 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 total **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%
• <b>None of the above</b>	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 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  $\pm 3$ .
  - Data tabulation, Summarization, Analysis and a report of the findings from both the qualitative and quantitative learnings



**THANK YOU**

[DESIGNSENSORYINTELLIGENCE.COM](https://DESIGNSENSORYINTELLIGENCE.COM)

©2020 Designsensory Intelligence.  
All Rights Reserved.

# Tennessee Vaccine Messaging Study

Phase Two: Quantitative Report



April 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 an ethnic nuances for messaging.



# METHODOLOGY



# WHAT'S NEXT?

## Phase 2 - QUANTITATIVE STUDY

- Using what we have learned in the qualitative phase we conducted an online quantitative study.
  - The participant configuration:
    - Adult residents of Tennessee with demographic mix of:
      - Male/Female mix (natural fallout)
      - Age: 18+ (natural fallout)
      - **Are unwilling or hesitant to get COVID vaccine**
      - 82% White (n=857)
      - 15% Black/African American (n=157)
      - 3% Latino/Hispanic (n=31)
    - Number of participants: 1,045 (all counties)
  - 20% <\$25,000
  - 27% \$25k-\$49,999
  - 17% \$50k-\$74,999
  - 13% \$75k-\$99,999
  - 21% \$100k+
- Study was in the field April 1 – April 7
  - Activity includes:
    - Developed the survey instrument / Secure participant panel
    - Results yield a confidence level of 95% for the overall sample with an error rate of  $\pm 3$ .
    - Data tabulation, Summarization, Analysis and a report of the findings from both the qualitative and quantitative learnings





# EXECUTIVE SUMMARY



# EXECUTIVE SUMMARY

## KEY FINDINGS

- The strongest position of unwilling/no interest is most pronounced with the white population. Black and Hispanic are more willing but hesitant.
- As is consistent with findings in other studies, white/rural/conservatives represent the most pronounced unwilling/no interest segment of the population.
- The willing but hesitant group has attained a higher level of education than the unwilling/no interest group.
- As a point of reference, there is an inherent predisposition of not getting vaccines. 45% of the respondents do not get an annual flu shot. That number rises to 52% for white/rural/conservatives and 63% for all those unwilling/no interest.

# EXECUTIVE SUMMARY

## KEY FINDINGS

- Top reasons for hesitancy:
  1. We don't know the long-term effects.
  2. I think they were developed too fast, so I don't trust them.
  3. I don't think there is enough scientific research to convince me that they are safe and effective.
  4. I don't know if they really work.
  - The reasons boil down to a lack of consistent, believable messaging around vaccine development and testing facts. And they haven't been delivered by trusted sources.
- Supporting that position, 46% to 64% are just unsure of vaccine safety.
  - Not sure:
    - Black: 46%
    - White 49%
    - Hispanic 64%

# EXECUTIVE SUMMARY

## KEY FINDINGS

- Of those unwilling/no interest, only 14% fear death from COVID while 35% fear death from a COVID vaccine. Additionally, 51% don't fear death from either. With the willing but hesitant, 52% fear death from COVID and only 17% fear death from a vaccine.
- White, and especially white/rural/conservatives have the lowest fear of death from either. They're just not overly concerned about the illness or the need for the vaccine.
- Most trusted sources of information (Top 6):
  1. Personal physician (except Black who rank it 4<sup>th</sup>)
  2. Hospital physician/Medical staff
  3. Family member
  4. Local physician (except Black & Hispanic who rank at 7 & 8 respectively)
  5. CDC (except white/rural/conservative and all Unwilling at 11 & 10 respectively)
  6. Pharmacist
  - Leverage the power of the personal physician or other local physician. With the Black audience, leverage the CDC.

# EXECUTIVE SUMMARY

## KEY FINDINGS

- Lean into messaging which allows people to believe that 1) getting vaccinated will prevent more people from getting sick and help save lives and 2) will restore livelihoods so we can 3) restore normal life faster. (note: the unwilling/no interest will be the least responsive, but the hesitant will accept that messaging)
- Add to that – among all segments – messages that build confidence in getting a COVID vaccine by allowing them to hear:
  1. **Most people who receive a vaccine have no side effects at all AND there is medically assured safety.** (this is the most significant confidence builder)
  2. Every study, every phase and every trial was carefully reviewed by the FDA.
  3. You CANNOT get COVID-19 from the vaccine.

# EXECUTIVE SUMMARY

## KEY FINDINGS

- In messaging use the words:
  1. Research
  2. Medical research
  3. Medical experts
  4. Scientific
  5. Safety
  - With white/rural/conservatives, acknowledge their skepticism.
- Additionally, 49% to 58% (all groups) would be most willing to take the vaccine for;
  - Their family
  - And up to 34% saying they would take it for themselves

*"DO IT FOR YOUR FAMILY. DO IT FOR YOURSELF."*

# EXECUTIVE SUMMARY

## KEY FINDINGS

- Preferred media
  1. TV (#4 with Hispanic)
  2. Websites
  3. Social media (#1 with Hispanic/#6 with white/rural/conservative)
  4. Newspapers/Magazines
  5. Radio
  6. Streaming video
  7. Email
- Preferred websites/APPS
  1. Local TV News
  2. Fox News
  3. CNN & Google News (tie)
  4. Facebook
  5. Twitter
  6. YouTube
  7. Instagram

# EXECUTIVE SUMMARY

## KEY FINDINGS

- SUMMARY

- Personal physicians/local physicians/hospital physicians and medical staff (physicians/nurse practitioners/physician assistants/nurses) are the faces and voices that MUST deliver a sincere emotional appeal. An appeal to love of family and love of self to compel action to get a COVID vaccine.
- Deliver the warmth of the emotional appeal (not sappy) while lifting the solid facts of testing (even the length of time that has gone in to developing the type of vaccines that have been in development) by scientific medical experts. Need to overcome the fear of the unknown associated with the speed to delivery of the vaccine which has created a sense of skepticism related to long-term effects.
- Consider a separate appeal for the Black audience with a credible voice (medical researcher or scientist – not physician or perceived politician) from the CDC
- Messages cannot be heavy-handed. They must be sincere and from sources of integrity.
- Help the media change the narrative by offering solid, believable information about the vaccines and their safety.





**DATA**

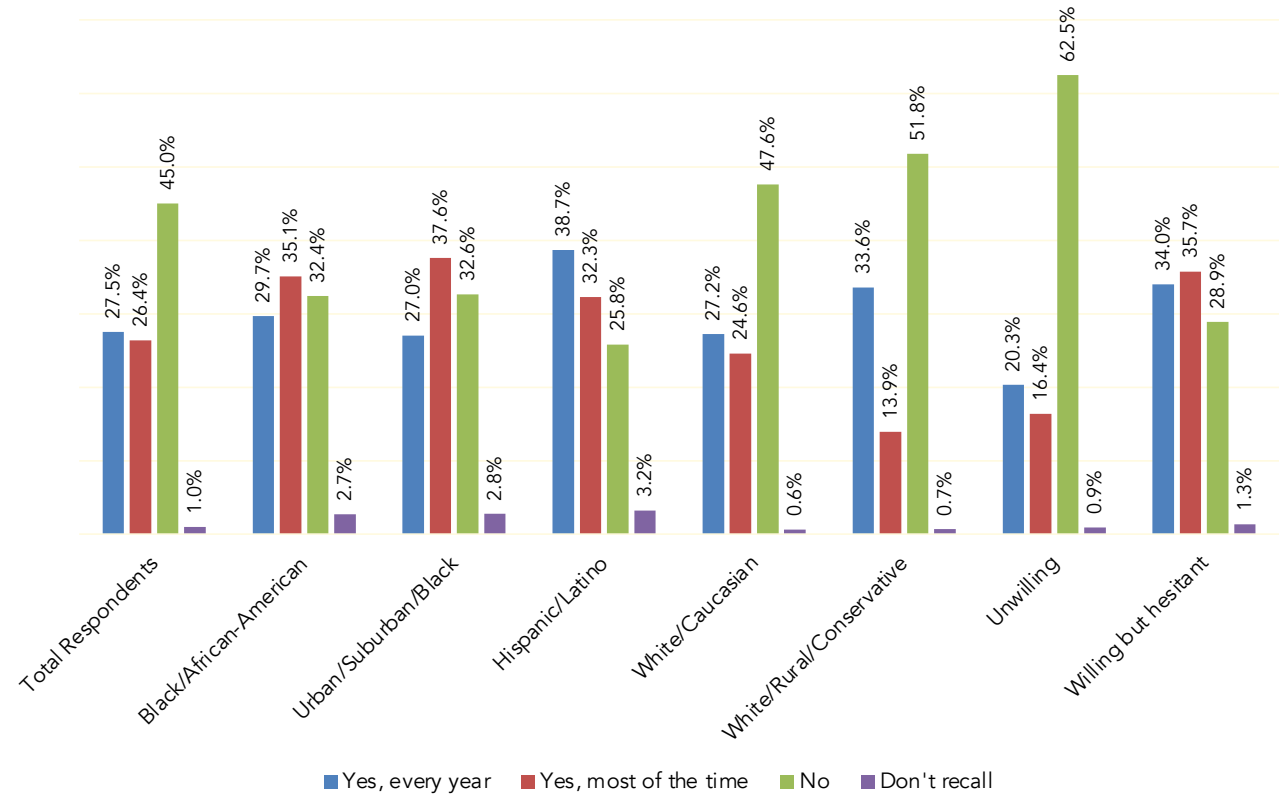


# DATA

There is an inherent predisposition of not getting vaccines. 45% of the respondents do not get an annual flu shot.

That number rises to 52% for white/rural/conservatives and 63% for all those unwilling/no interest

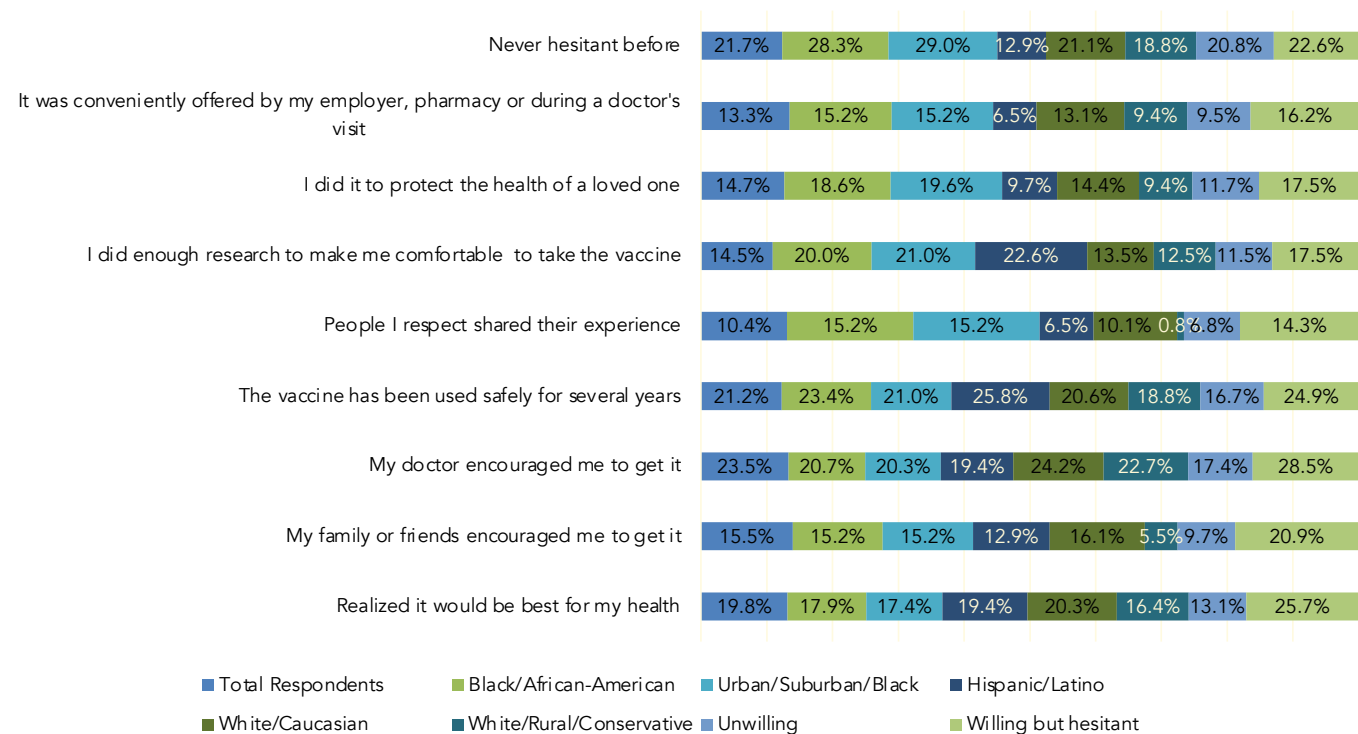
Do you typically get an annual flu shot?



# DATA

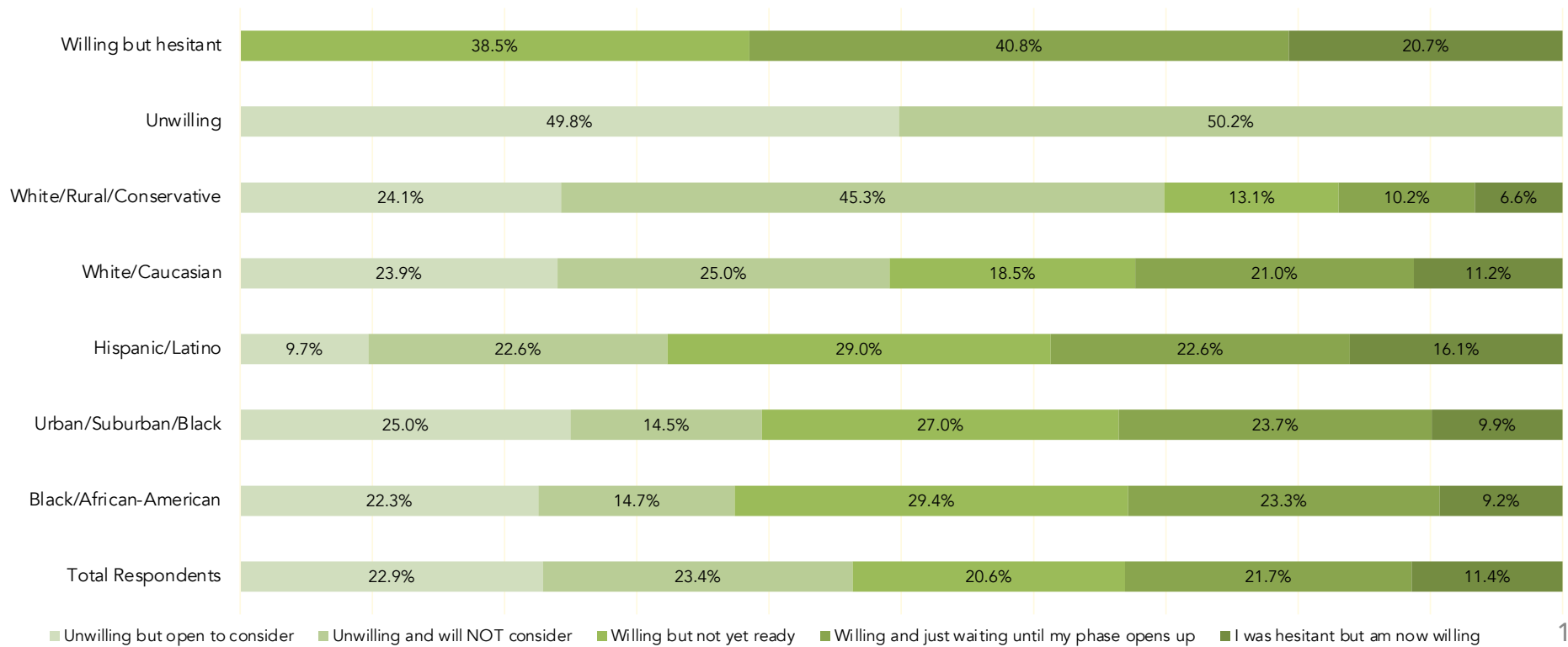
Where there was hesitancy in the past situations, encouragement from their physician and years of successful use/evident efficacy softened the barrier.

If you were hesitant in the past to take a vaccine but ultimately did take it, what happened or what did you hear that allowed you to change your mind?



# DATA

Which one of the following best describes your willingness to be vaccinated against COVID-19?



# DATA

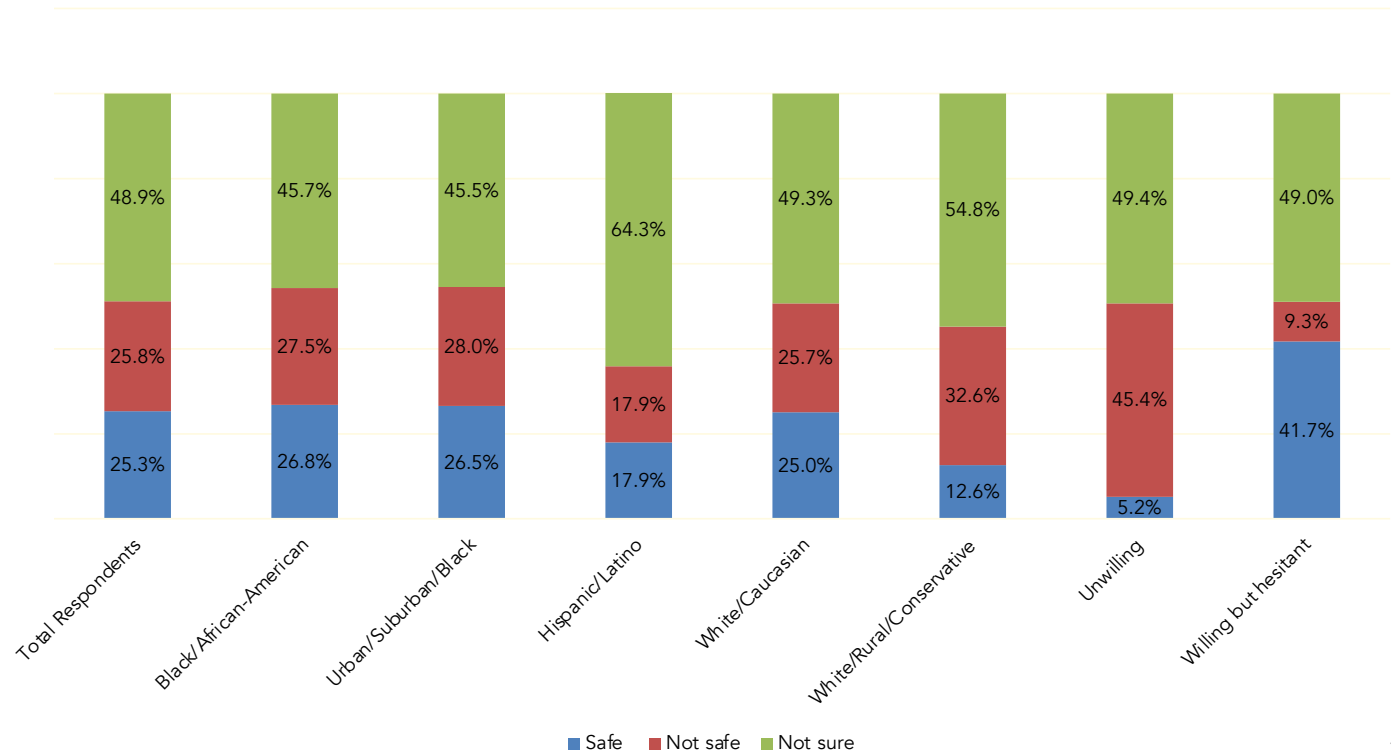
Among all groups, there exists a **lack of clarity as to the safety** of COVID vaccines – more pronounced with the Hispanic and White/Rural/Conservative populations.

46% to 64% are just unsure of vaccine safety.

– Not sure:

- Black: 46%
- White: 49%
- Hispanic: 64%

Do you think the COVID-19 vaccines are safe, not safe or just not sure?



# DATA

To what degree do you believe the following are risks associated with getting a COVID-19 vaccine?

Those unwilling clearly believe all three risk scenarios exist.

Complete this statement: When it comes to a COVID-19 vaccine, I am skeptical because...

- It was rushed/ Not enough research 1
- Don't trust/Not safe 2
- Unsure of the side effects 3

	Total Respondents	Black/African-American	Urban/Suburban/Black	Hispanic/Latino	White/Caucasian	White/Rural/Conservative	Unwilling	Willing but hesitant
(rating high/extremely high/certain)								
Just risky overall	47.9%	43.4%	42.3%	53.5%	48.5%	59.7%	68.5%	30.6%
Serious illness	42.5%	45.6%	46.2%	46.4%	41.4%	46.2%	56.3%	30.6%
Illness	49.4%	48.5%	46.9%	51.8%	49.4%	57.6%	60.2%	40.1%
(rating neutral)								
Just risky overall	28.0%	34.1%	33.3%	39.3%	26.7%	26.1%	21.1%	33.8%
Serious illness	27.6%	29.7%	27.3%	39.3%	27.0%	34.3%	30.0%	25.7%
Illness	25.6%	31.9%	32.6%	29.6%	24.4%	22.7%	25.0%	26.3%

# DATA

---

Sources you absolutely trust and would listen to if they shared facts about COVID-19 vaccines?  
(by order of importance)

---

Doctors/My doctor	1
None	2
CDC	3
Family	4
News	5
Friends	6
Pharmacy	7

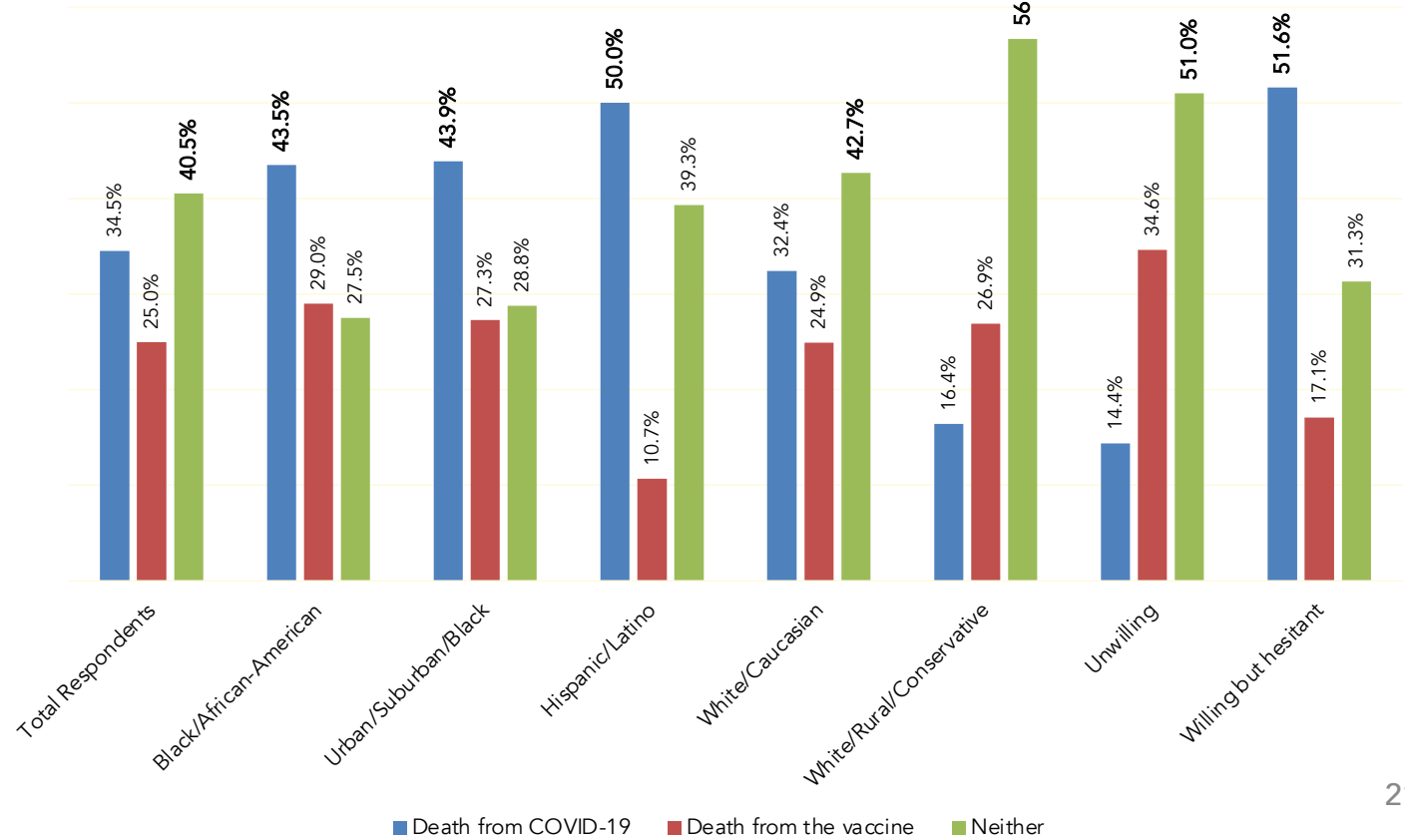
---

# DATA

Of those unwilling/no interest, only 14% fear death from COVID while 35% fear death from a COVID vaccine. Additionally, 51% don't fear death from either.

With the willing but hesitant, 52% fear death from COVID and only 17% fear death from a vaccine.

Which do you fear more?

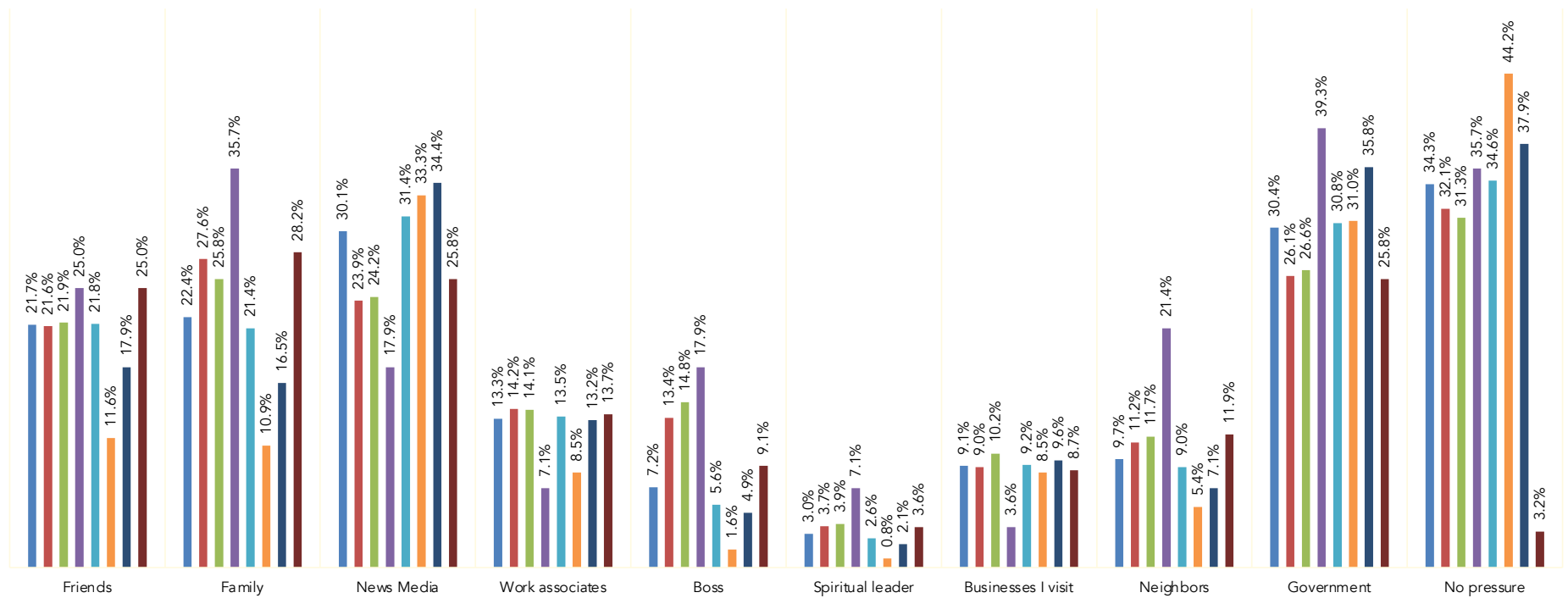




# DATA

## If feeling any pressure to be vaccinated, where is it coming from?

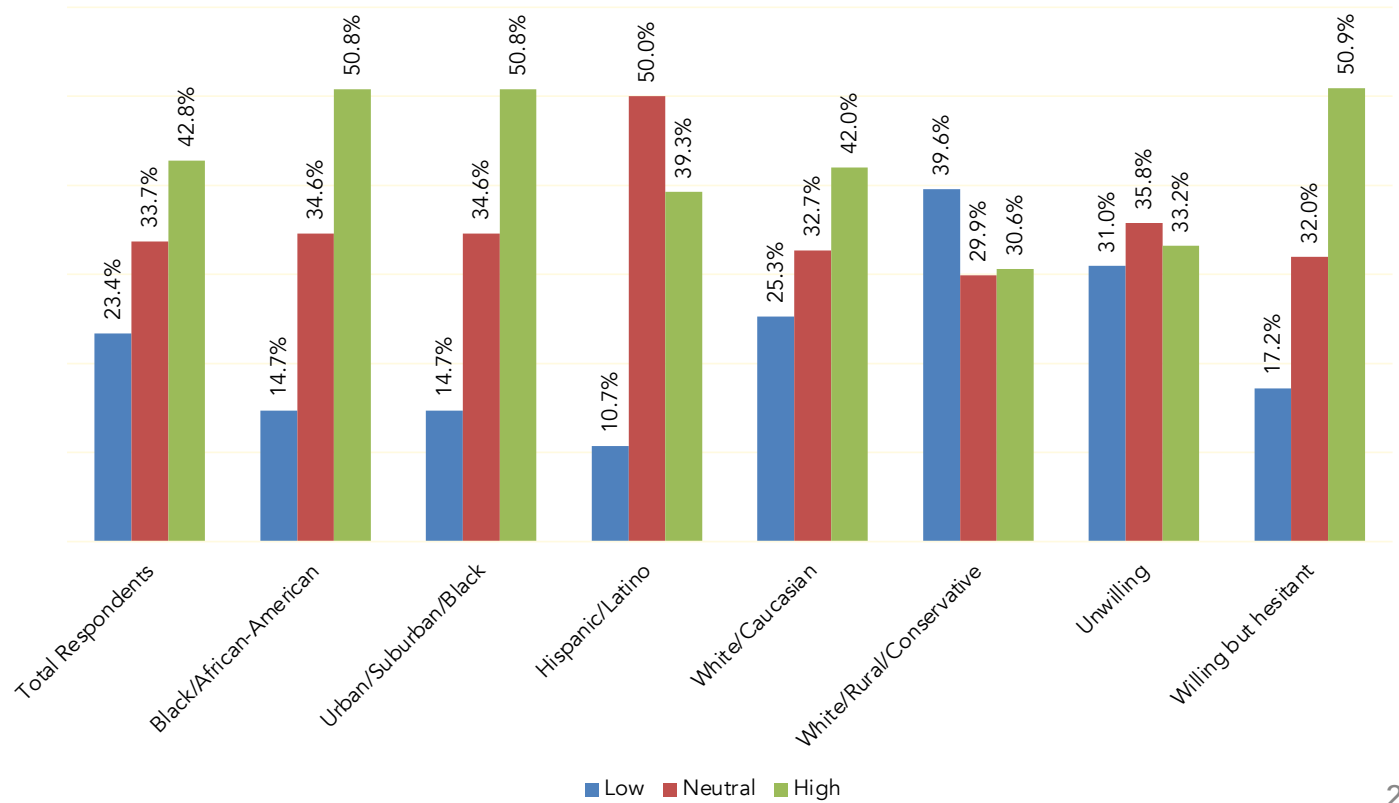
■ Total Respondents 
 ■ Black/African-American 
 ■ Urban/Suburban/Black 
 ■ Hispanic/Latino 
 ■ White/Caucasian 
 ■ White/Rural/Conservative 
 ■ Unwilling 
 ■ Willing but hesitant



# DATA

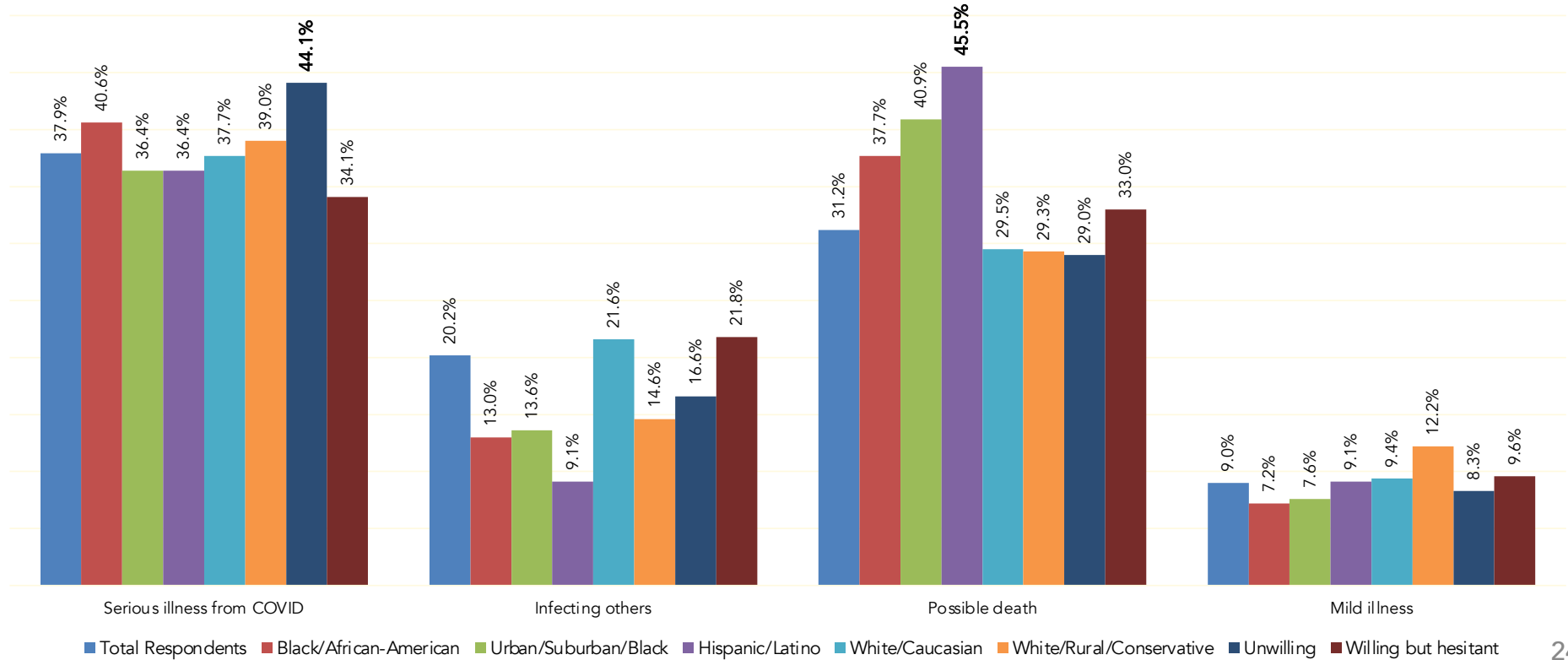
Most believe the risk of getting COVID-19 are relatively high except with White/Rural/Conservatives where 40% think the risk is low.

Do you believe the risks from getting COVID-19 are...?



# DATA

## Define those risks (Associated with COVID-19)



# DATA

## Most trusted sources of information

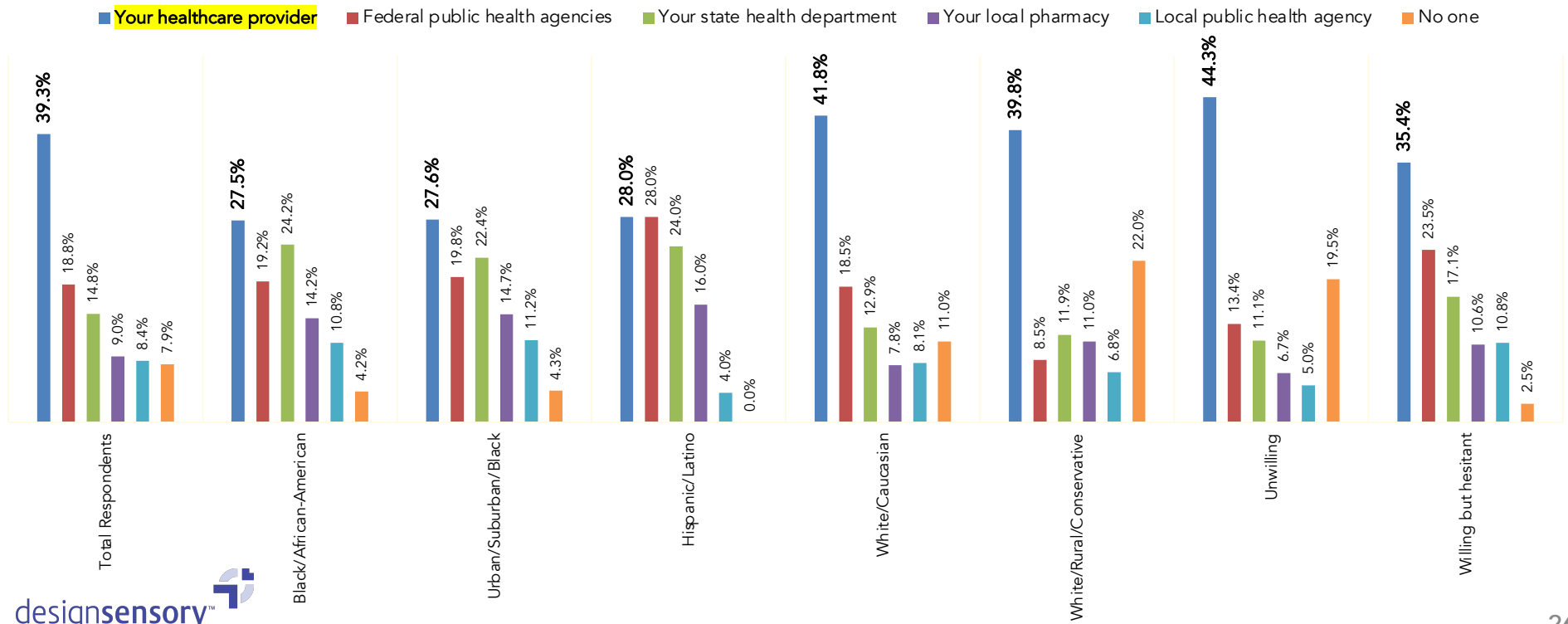
RANK ORDER	Total Respondents	Black/African-American	Urban/Suburban/Black	Hispanic/Latino	White/Caucasian	White/Rural/Conservative	Unwilling	Willing but hesitant
Personal physician	1	3	4	2	1	1	1	1
Hospital physician/medical staff	2	2	1	1	2	3	3	2
Family member	3	4	3	5	4	2	2	7
Local physician	4	7	7	8	3	4	4	5
CDC	5	1	2	3	6	11	10	3
Pharmacist	6	6	6	6	5	7	6	6
State/local health official	7	5	5	4	7	8	9	4
Friend	8	8	8	7	8	5	5	8
Ordinary people	9	9	9	10	9	6	8	9
Pastor/Preacher	10	12	12	14	10	9	11	12
No one	11	10	10	16	11	10	7	15
State elected official	12	11	11	11	12	14	12	11
Local elected official	13	13	13	9	13	13	14	10
Local leader	14	15	15	15	14	12	13	13
TV/Movie personality	15	14	14	13	16	16	17	14
Musical celebrity	16	16	16	12	15	17	16	16

## Of those that talked to anyone they talked with...

	Total Respondents	Black/African-American	Urban/Suburban/Black	Hispanic/Latino	White/Caucasian	White/Rural/Conservative	Unwilling	Willing but hesitant
Hospital physician/Medical staff	23.9%	24.6%	25.7%	34.8%	23.6%	19.1%	22.7%	60.3%
State/local Health Dept Official	13.6%	19.3%	16.5%	13.0%	12.6%	10.1%	10.8%	43.0%
Pharmacist	16.9%	21.1%	22.0%	13.0%	15.9%	16.9%	17.6%	41.1%
Personal physician or staff	45.6%	35.1%	35.8%	39.1%	48.0%	53.9%	48.8%	68.7%

# DATA

## Whom do you trust to provide facts-based information about the Safety and effectiveness of the COVID-19 vaccine?



# DATA

Sources you absolutely trust and would listen to if they shared facts about COVID-19 vaccines?  
(by order of importance)

Doctors/My doctor	1
None	2
CDC	3
Family	4
News	5
Friends	6
Pharmacy	7

# DATA

## Preferred media

1. TV (#4 with Hispanic)
2. Websites
3. Social media (#1 with Hispanic/#6 with white/rural/conservative)
4. Newspapers/Magazines
5. Radio
6. Streaming video
7. Email

What media do you prefer for NEWS and INFORMATION?								
	Total Respondents	Black/African-American	Urban/Suburban/Black	Hispanic/Latino	White/Caucasian	White/Rural/Conservative	Unwilling	Willing but hesitant
TV	1	1	1	4	2	2	2	1
Websites	2	3	3	2	1	1	1	2
Social media	3	2	2	1	3	6	3	3
Newspapers/Magazines	4	4	4	3	4	4	5	4
Radio	5	5	5	7	5	3	4	5
Streaming video	6	7	6	6	6	7	6	6
Email	7	6	7	5	7	5	7	7

# DATA

## Preferred websites/APPS

1. Local TV News
2. Fox News
3. CNN/Google News
4. Facebook
5. Twitter
6. YouTube
7. Instagram

What websites or apps do you currently use for NEWS and INFORMATION? Name those that come to mind first.

(by number of mentions)

Local TV news app	118	Web MD	8	Spotify	2
Fox News	107	CNBC	7	AARP	1
CNN NEWS	88	WHO	7	CNET	1
Google News	88	Health department website	6	Daily wire	1
Facebook	82	OANN	6	Democracy now	1
Twitter	43	Wall Street Journal	6	Doctors Without Borders	1
YouTube	41	Washington Post	6	Free republic	1
Instagram	29	Buzzfeed	5	Guardian	1
Yahoo News	27	NPR	5	LA Times	1
Newsmax	25	Hulu	4	Netflix	1
CBS News	24	OSHA Corona Virus	3	New York Post	1
CDC	24	Social media	3	PBS	1
NBC news	22	AP	2	Prime	1
New York Times	20	Bloomberg	2	Real clear politics	1
ABC News website	18	Cracked	2	Red Cross	1
Tik Tok	16	Donald Trump	2	Right Side Broadcasting	1
Apple News	15	Drudge	2	Savage nation	1
BBC news	15	Epoch Times	2	Sean Hannity	1
Local newspaper	14	ESPN	2	Sky news	1
MSNBC	13	FDA Corona virus Update	2	St Thomas Medical	1
Local radio	10	Huffington Post	2	Telemundo	1
Snapchat	10	Medscape	2	The Onion	1
Reddit	9	Podcasts	2	www.infowars.com	1
USA Today	9	Politico	2	www.roguenews.com	1
bing.com	8	Reuters	2	VA app	1

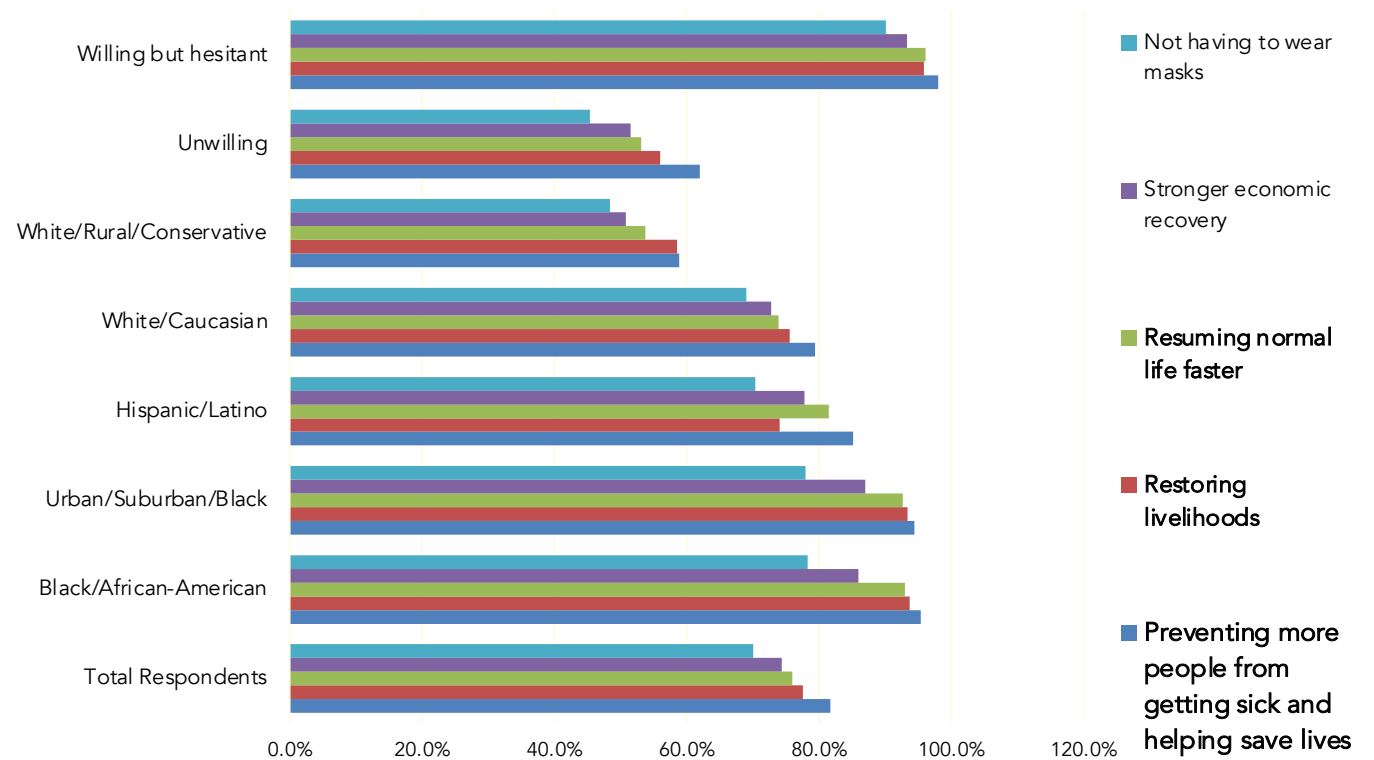


# DATA

Lean into messaging which allows people to believe that:

- 1) Getting vaccinated will prevent more people from getting sick and help save lives and...
- 2) Will restore livelihoods so we can...
- 3) Restore normal life faster.  
(note: the unwilling/no interest will be the least responsive, but the hesitant will accept that messaging)

I would get vaccinated if it means...(Absolutely/Probably/Maybe)



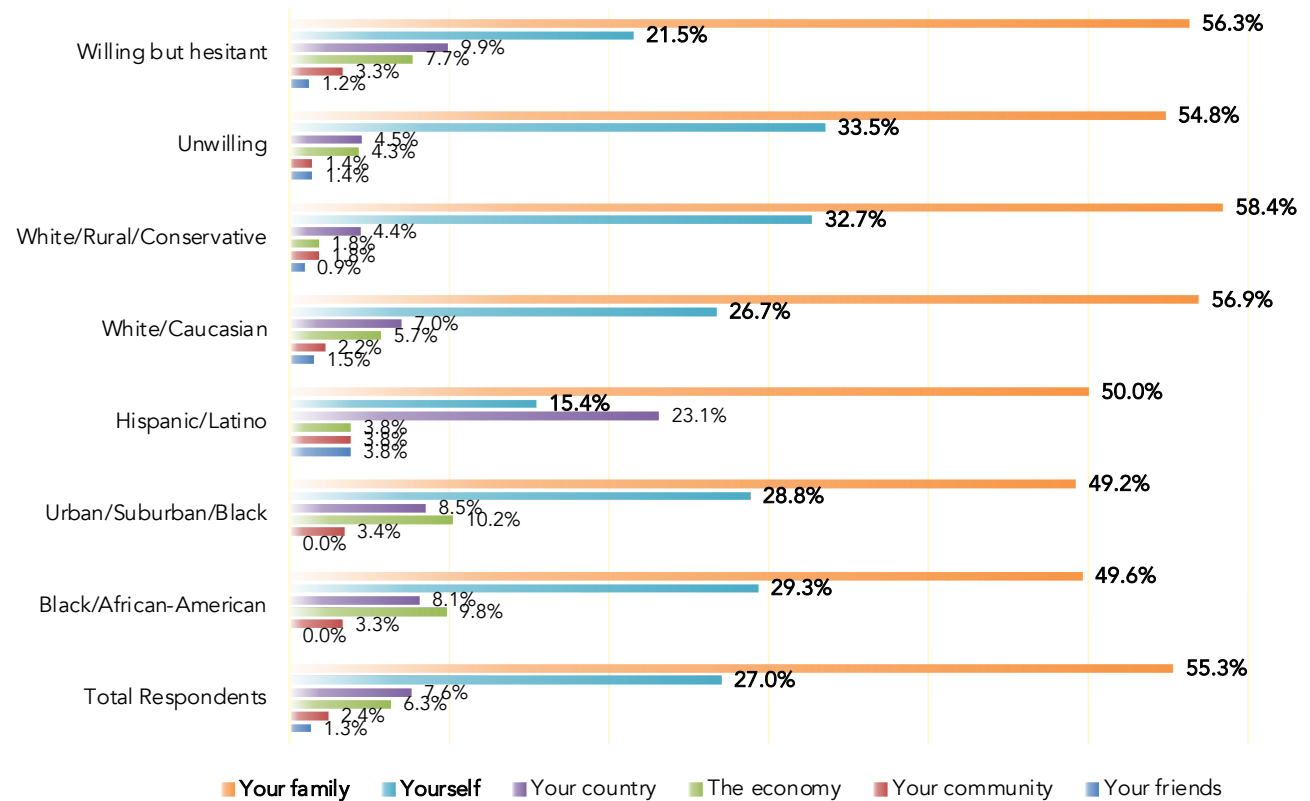
# DATA

49% to 58% (all groups) would be most willing to take the vaccine for:

- Their family
- And up to 34% saying they would take it for themselves




*"DO IT FOR YOUR FAMILY.  
DO IT FOR YOURSELF."*

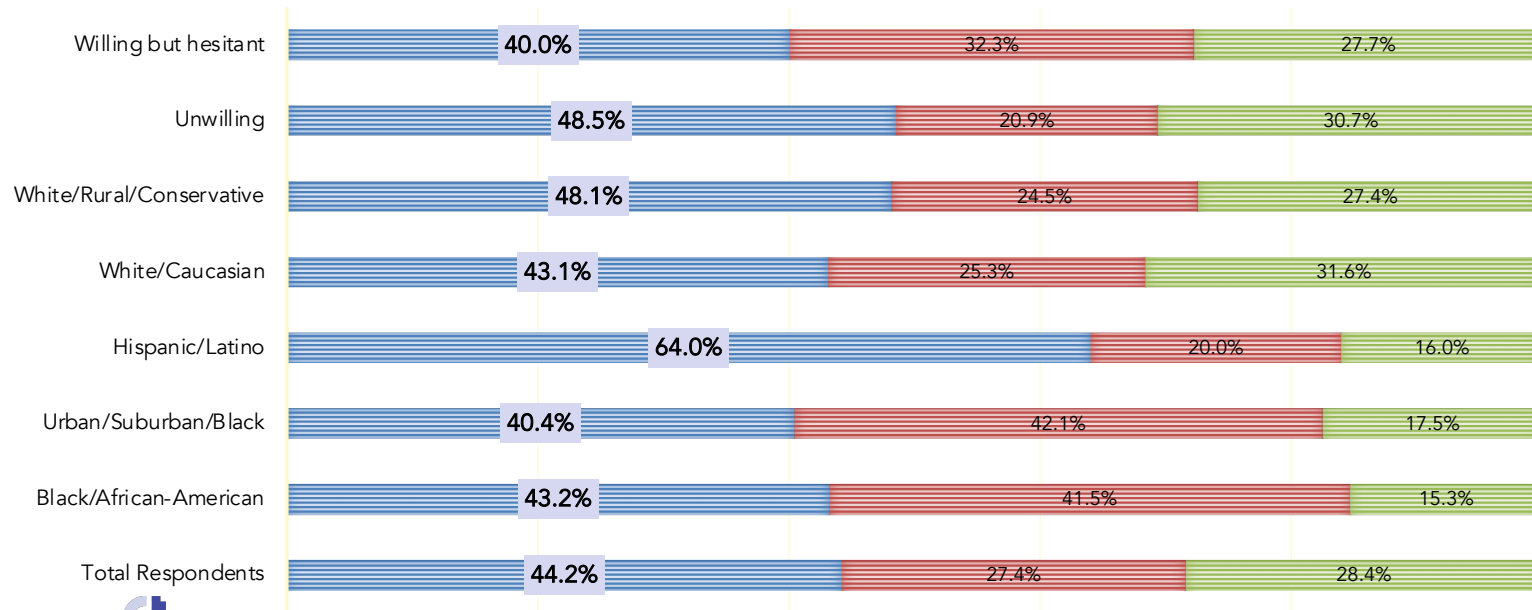
You would be most willing to take the vaccine for...



# DATA

Of these three, which is most convincing?

-  The vaccines are up to 95 percent effective in protecting from illness or death
-  Vaccines will help bring this pandemic to an end
-  Getting vaccinated will help keep you, your family, your community, and your country healthy and safe



# DATA

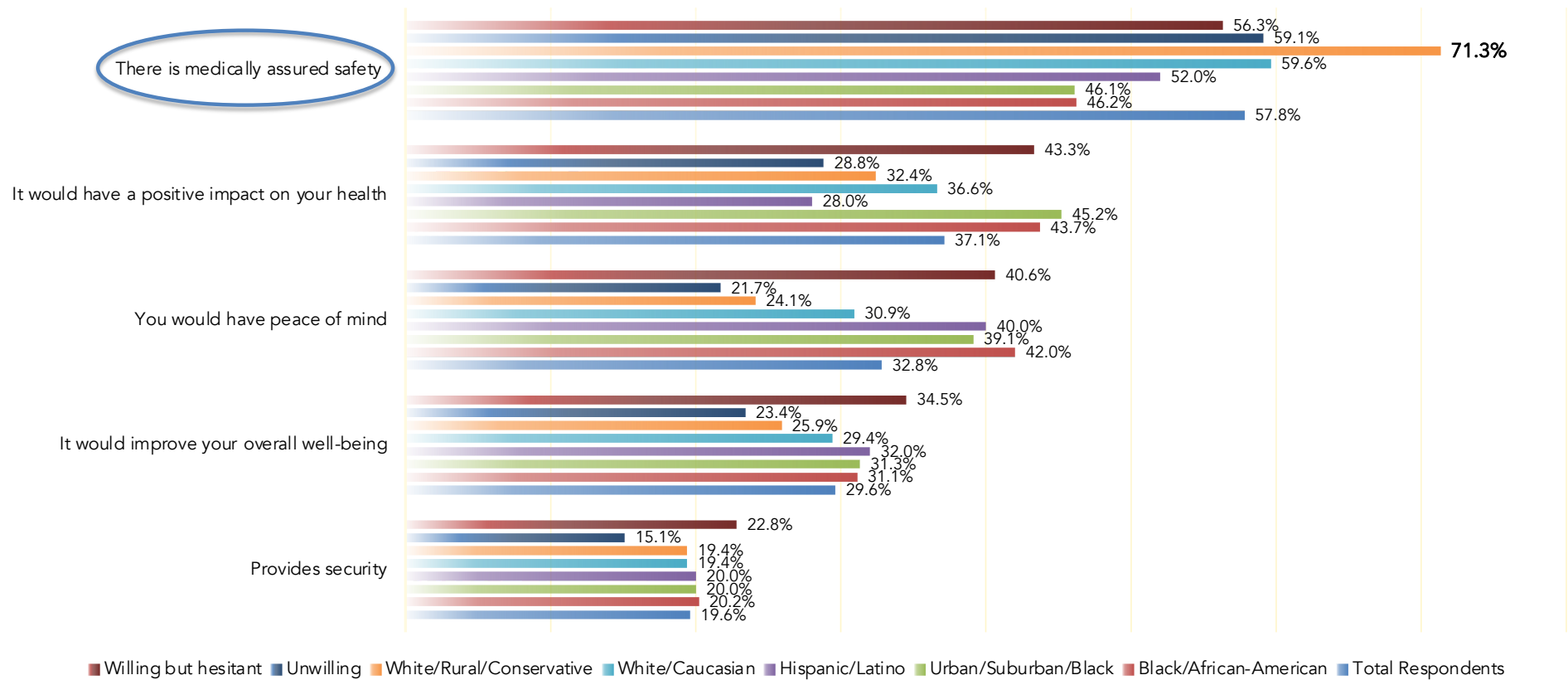
Messages that build confidence in getting a COVID vaccine by allowing them to hear:

1. **Most people who receive a vaccine have no side effects at all AND there is medically assured safety.** (this is the most significant confidence builder)
2. Every study, every phase and every trial was carefully reviewed by the FDA.
3. You CANNOT get COVID-19 from the vaccine.

What helps improve your confidence in receiving a COVID-19?								
RANK ORDER	Total Respondents	Black/African-American	Urban/Suburban/Black	Hispanic/Latino	White/Caucasian	White/Rural/Conservative	Unwilling	Willing but hesitant
Most people who receive a vaccine have no side effects at all	1	1	1	2	1	1	1	1
That every study, every phase and every trial was carefully reviewed by the FDA	2	2	2	1	2	2	2	2
You cannot get COVID19 from the vaccine-	3	3	4	4	3	3	3	3
That minor reactions are normal and not worrisome	4	5	5	3	4	4	4	5
Hearing the total number of Americans that have received a COVID vaccine	5	4	3	6	6	6	6	4
Mild side-effects last a day or two at most	6	6	6	5	5	5	5	6

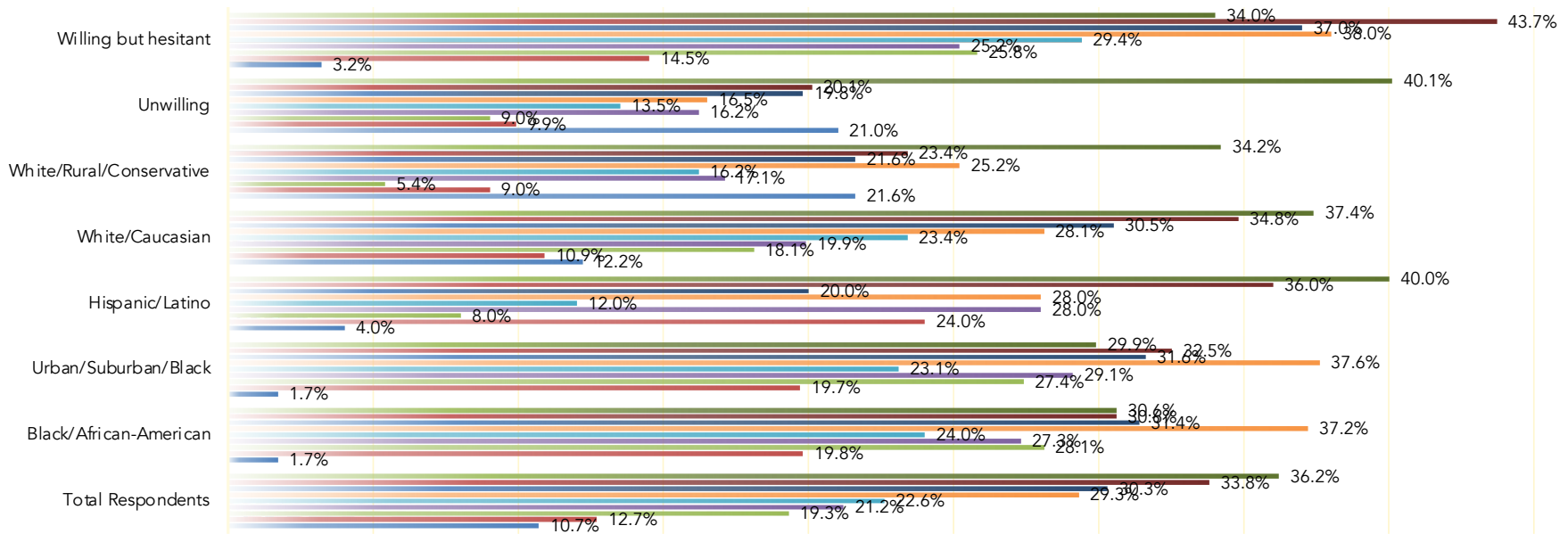
# DATA

Which of the following words would provide a level of comfort that would allow you to seriously consider getting the vaccine for coronavirus?



# DATA

## What words would you need to hear, or actions taken that might move you to getting vaccinated?



- ➡ "...COVID-19 vaccine development wasn't rushed and is based on many years of coronavirus and vaccine studies..."
- ➡ "...for the health of your loved ones..."
- "...so we can get back to normal..."
- "...to keep you as healthy as possible..."
- "...it will keep our economy open and moving faster..."
- "...My loved one was skeptical of the COVID-19 vaccines at first, but they are so glad they made the decision to get one..."
- "...because it's everyone's responsibility..."
- "...I was skeptical but..."
- Nothing

# DATA

In messaging use the words:

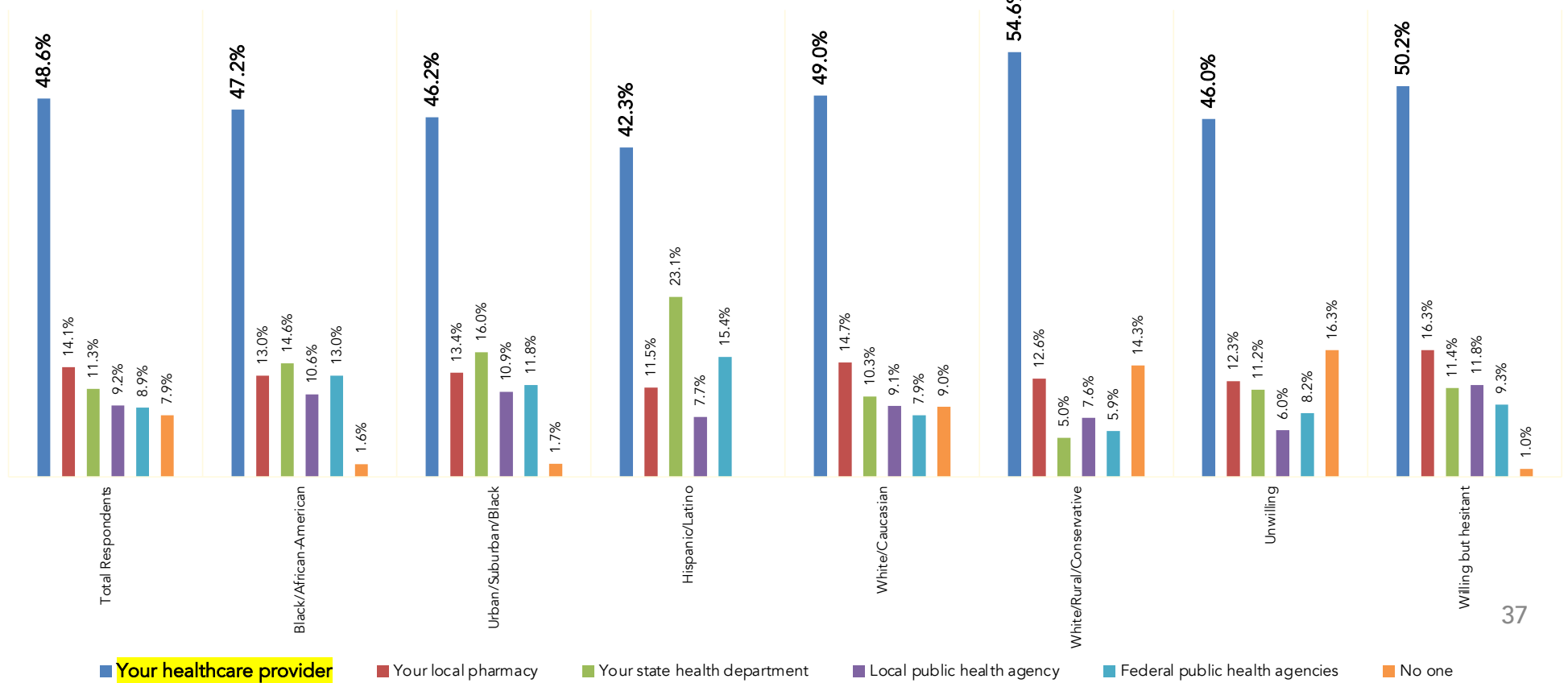
1. Research
2. Medical research
3. Medical experts
4. Scientific
5. Safety

Acknowledge the skepticism of white/rural/conservative..

To what degree would you believe the following words when used to share facts about the COVID vaccines?								
Average score on 7-point scale	Total Respondents	Black/African-American	Urban/Suburban/Black	Hispanic/Latino	White/Caucasian	White/Rural/Conservative	Unwilling	Willing but hesitant
Research	4.6	4.8	4.7	4.5	4.5	3.9	3.8	5.1
Medical research	4.5	4.7	4.8	4.5	4.5	3.8	3.7	5.2
Medical experts	4.5	4.8	4.9	4.4	4.4	3.7	3.5	5.2
Scientific	4.5	4.7	4.8	4.3	4.5	3.9	3.6	5.1
Safety	4.4	4.8	4.8	4.7	4.3	3.6	3.4	5.1
Benefit	4.1	4.4	4.4	4.5	4.1	3.2	2.9	5.0
Return to normal	4.1	4.4	4.4	4.3	4.1	3.4	3.0	5.0
Skeptical	3.9	3.9	4.0	3.8	3.9	4.4	4.1	3.8
Consequence	3.7	4.1	4.1	4.2	3.6	3.1	3.2	4.0
Invent	3.4	3.9	4.0	3.7	3.3	2.6	2.6	3.9
Obligation	3.4	3.7	3.9	3.7	3.3	2.7	2.4	4.0
Patriotism	3.1	3.5	3.5	3.4	3.0	2.6	2.3	3.6

# DATA

Whom do you trust MOST to administer The COVID-19 vaccine to you?





# DATA

To what degree would you consider a COVID-19 vaccine if an insurance or health provider offered an incentive to you?



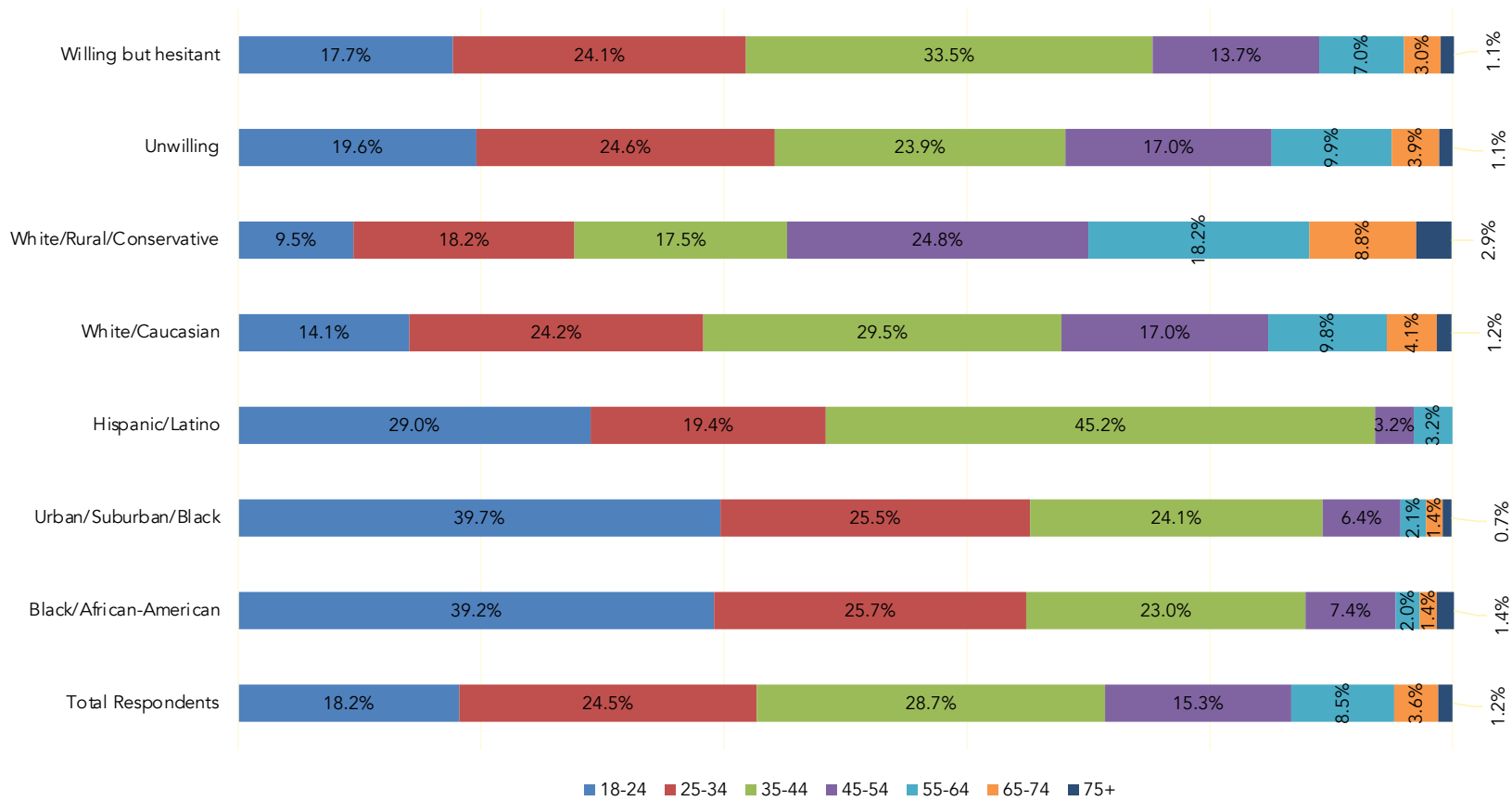


# DEMOGRAPHICS



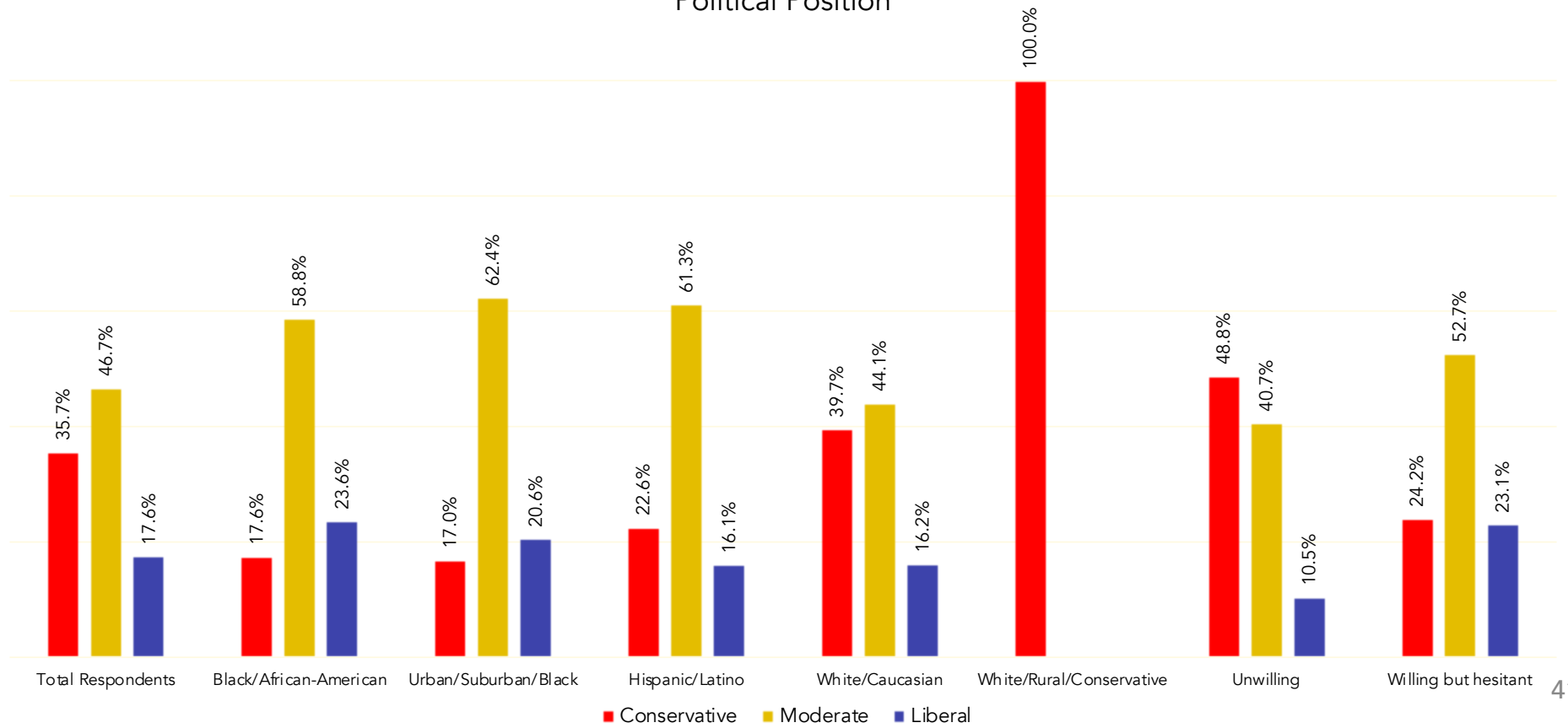
# DATA - DEMOGRAPHICS

Age



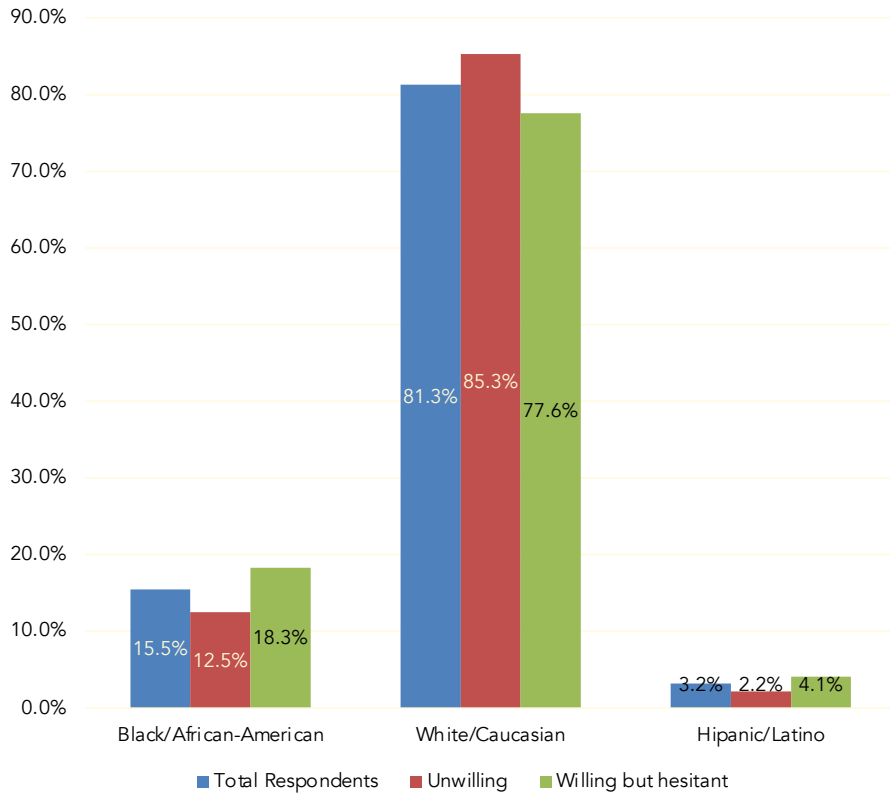
# DATA - DEMOGRAPHICS

Political Position

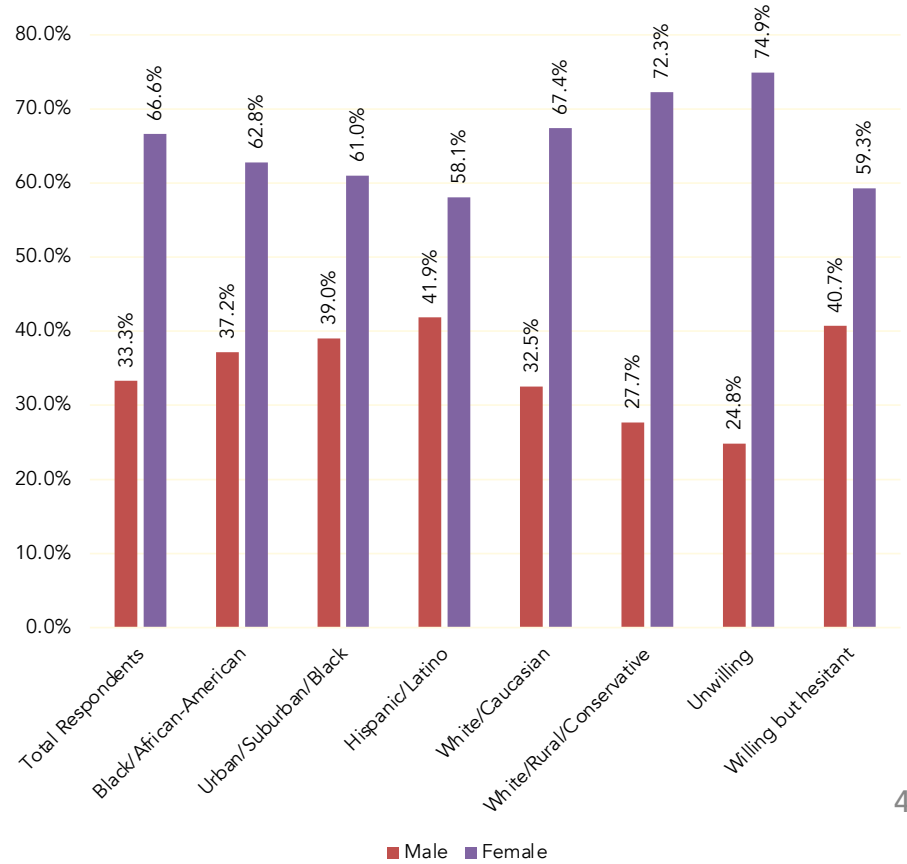


# DATA - DEMOGRAPHICS

## Ethnicity

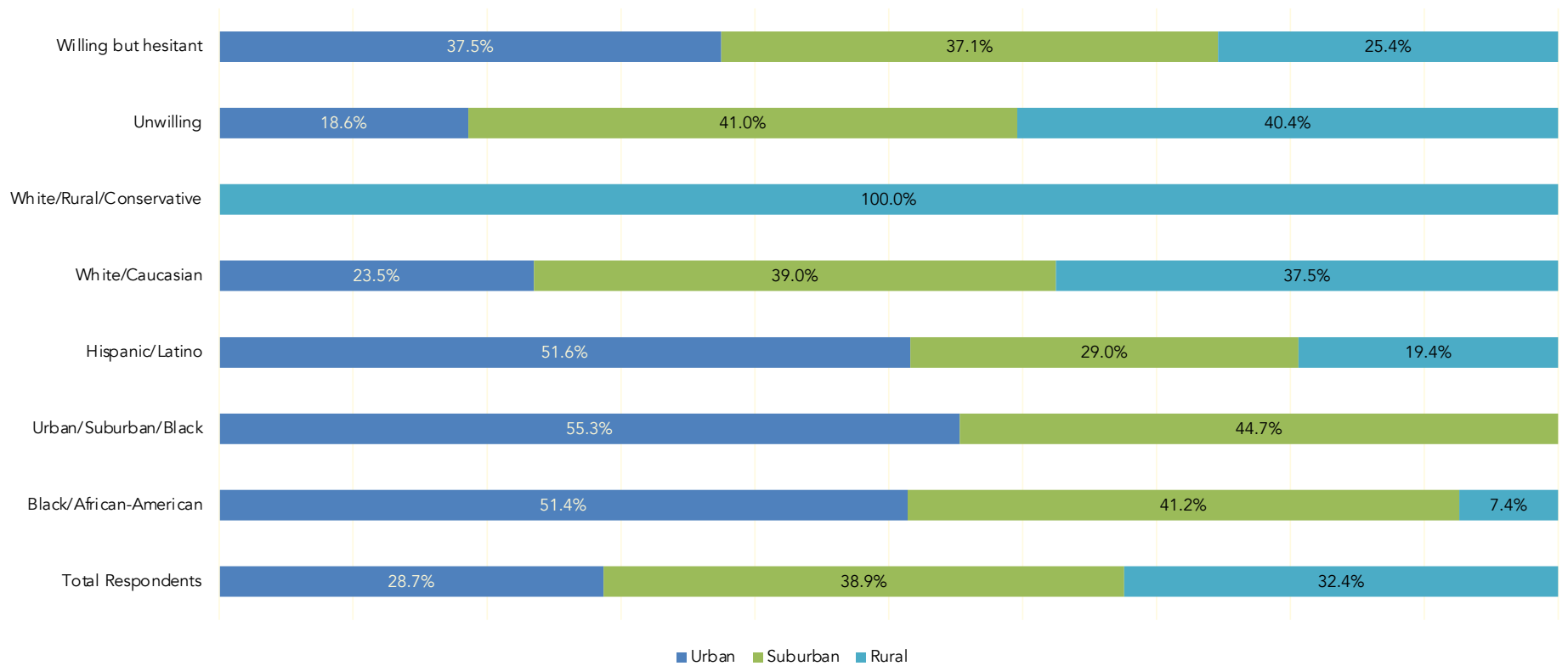


## Gender



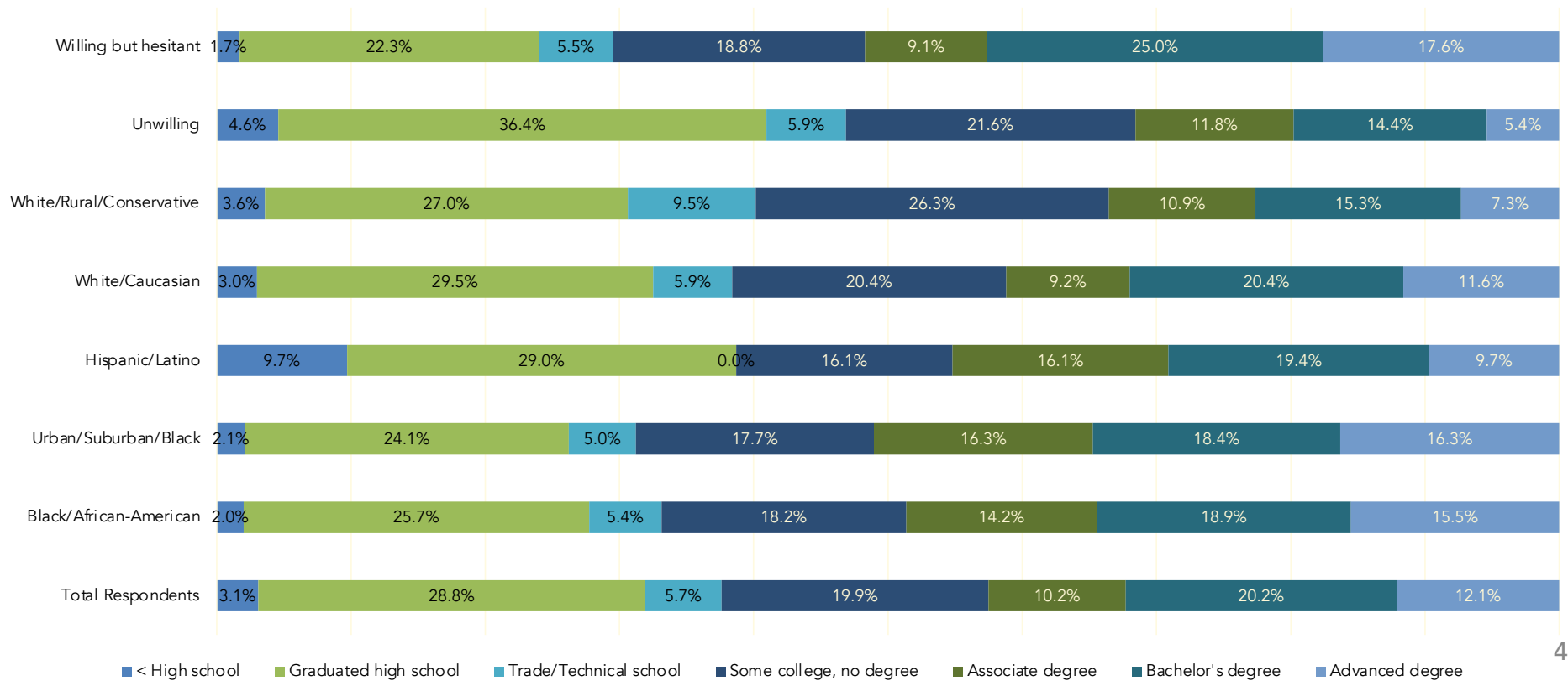
# DATA - DEMOGRAPHICS

## Urbanicity



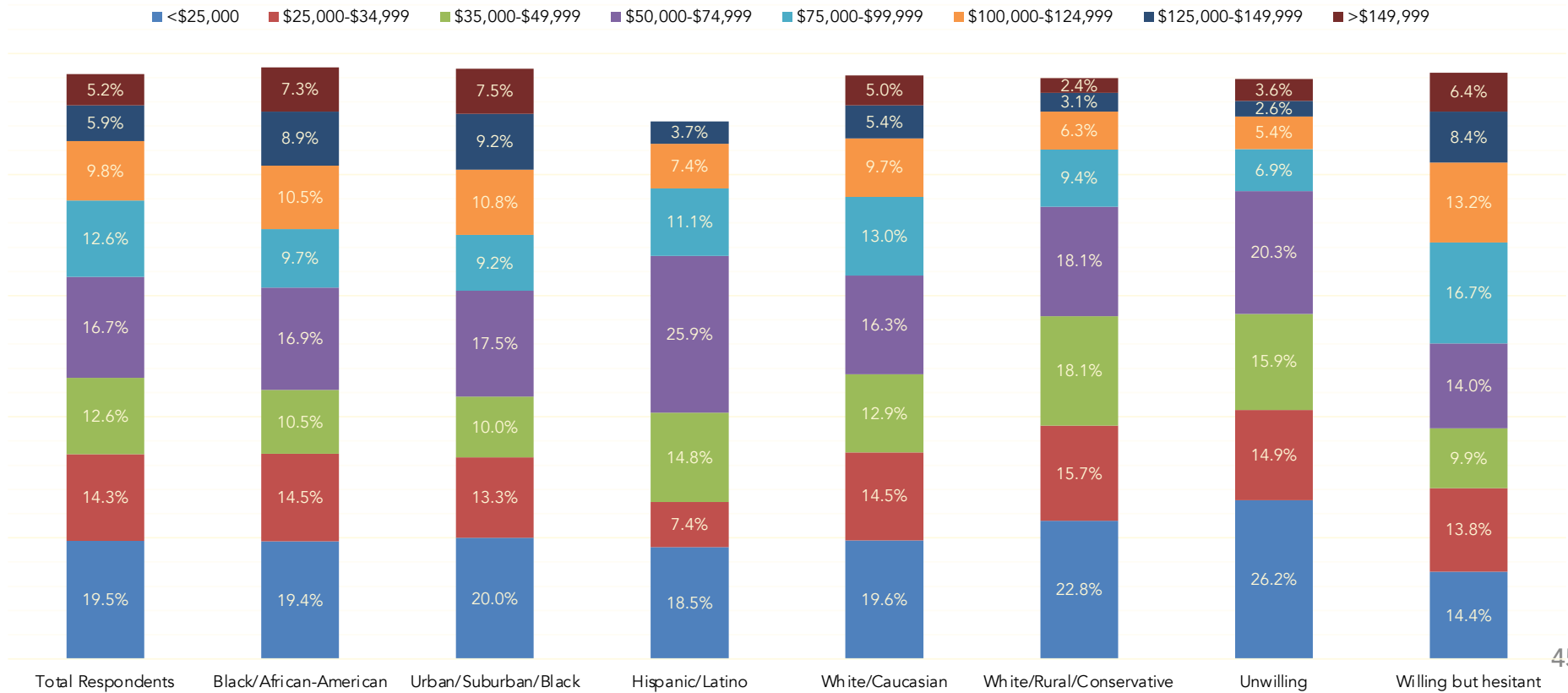
# DATA - DEMOGRAPHICS

## Education



# DATA - DEMOGRAPHICS

Annual Household Income







**THANK YOU**

[DESIGNSENSORYINTELLIGENCE.COM](https://www.designsensoryintelligence.com)

©2021 Designsensory Intelligence.  
All Rights Reserved.