



Community COVID Coalition

Vaccine Hesitancy
Research Summary
Fall 2021



Community COVID Coalition

- An initiative of the CDC Foundation in partnership with NGA & ASTHO
- Initial Coalition focus:
 - Support state communication efforts on effective public health interventions to stop COVID-19 with initial **focus on contact tracing**
 - Develop researched, tested, and targeted social media assets in Spanish and English and make available to all states
 - Connect states with Facebook to receive donated ad space and marketing assistance to use assets on Facebook platforms
- Current project scope is focused on vaccine acceptance among 18–24-year-olds in southern states.



Message & Concept Testing

- The Community COVID Coalition undertook a message testing project to understand the landscape of vaccine hesitant 18–24-year-olds in states with the lowest vaccination rates, as well as attitudes and beliefs.
- The research focused on message testing, creative concepts and explored the influence of close relationships to change minds.
- The research project was conducted by SocialQuest, Inc.
(socialquestinc.com)

What they Believe:

COVID is dangerous and we must end the pandemic. However, eventually enough people will get vaccinated or develop antibodies, so *I don't have to personally act.*

What they Say:

- The COVID-19 vaccines were developed too quickly
- Long-term effects are unknown
- Vaccinated individuals still get COVID (breakthrough cases) so I will “wait-and see” if vaccines really work
- There can be serious side effects (e.g., blood clots)
- It is not fully approved by the FDA
- The government is not to be trusted and is too aggressive in pushing the vaccine
- Social media is “a culprit” that manipulates information



Top Line Messaging

Vaccine Segments

Resolute Rejectors – refusing vaccination is political and absolute, justifying an unyielding belief system

Aware Investigators – informed decision-making toward vaccination, awareness of collective repercussions

Uninterested Followers – apathetic, driven by passive skepticism, unreceptive

The struggle between posturing for individual freedom and personal choice among the **Rejectors**, and responsible collectivism that is more common among **Investigators**, continues to deepen the discourse on vaccination.



Top Line Messaging

Strongest Mindsets

Fatalism: Stuck between fears about the vaccine and fears about COVID-19, they have become fatalists, and find themselves unable to make a clear decision.

Ambivalence: Strong feelings of ambivalence and low-engagement decision making have led to disengagement. They express false equivalencies between the dangers of the vaccine and the dangers of COVID-19. The prevalence of misinformation and confusing information is often cited, with the response being to “just trust their intuition.”



Top Line Messaging

Strongest Mindsets (con't)

Invincibility: This age group often believe themselves to be healthy and able to fight off the virus. Some have had COVID-19 with mild symptoms-this reinforces their belief that they are young and strong, and that their immune systems should be enough to combat COVID without the need for the vaccine.

“Live and Let Live”: They’re glad the vaccine is available for those who feel they need it, but it should not be a requirement. There are strong sensitivities around judgment from others who are vaccinated and a feeling of resentment towards being “judged” for not being vaccinated.



EXECUTIVE SUMMARY

GENERAL FINDINGS

THE UNVACCINATED ARE NOT A MONOLITHIC GROUP

- **Consensus:** Most 18–24-year-olds don't question that COVID is dangerous and agree there's an immediate need to stop the spread, be it through another lockdown or vaccination.
- **Myths continue to flourish:** However, some believe a destructive myth, the insidiousness of which is the root of the Delta variant and the continuing spread of COVID-19. This gets represented in the notion that, "eventually enough people will get vaccinated or develop antibodies, so I don't have to personally act."
- **Lack of trust:** For this age cohort, at a certain point, there is a lack of trust that might not be overcome by more information about the vaccine; they are intent on finding as many reasons to discount vaccination in order to justify their distrust.
- **Decision paralysis:** Stuck in the middle between fears of both the vaccine and the virus, many have become pessimistic and find themselves unable to make a clear decision. The false equivalencies between the dangers of the virus have paralyzed them.
- **Segments discovered:** That said, the undecided / hesitant segment is not monolithic; 3 subgroups have surfaced indicating the complexity, diversity and fluidity within the unvaccinated group.
 - **Uninterested Followers:** Marginally engaged, their lack of commentary and involvement indicates less interest in understanding the vaccine. Being less about conspiracy cover up, they show an overall lack of concern in the rise in cases and the risks for themselves and the collective.
 - **Resolute Rejectors:** Unyielding in their beliefs, many fall under the sway of ideologically inspired misinformation or partisanship. They promote repetitive narratives, uniform in details, rarely backed by meaningful arguments. Defensive posturing undermines any invitation for vaccine acceptance.
 - **Aware Investigators:** Mostly supportive of the vaccine, they have standard concerns and some distrust but are more informed, follow science, show interest in monitoring the latest updates, are much less uniform in their narrative, and are close to getting vaccinated.

REJECTORS' NARRATIVES MAINTAIN THAT VACCINES DON'T WORK

- **Self-justifying narratives:** As such, there is no new articulating principle that makes sense and that's informing the mindset of those adamantly against the vaccine. They articulate the same self-justifying framework of which the Delta variant and breakthrough cases fuel even stronger resistance.
- **Lack of vaccine efficacy:** Breakthrough cases validate in their minds the vaccines' ineffectiveness, a "why bother if you can get COVID anyway" attitude justifies their insistence to wait, putting them further down the line for vaccination.
- **Ambivalence is common:** They believe the media's forceful push to vaccinate leaves questions unanswered, leading to formulaic inquiries and increased inflexible responses to vaccination. As a result, many fall into an ambivalent space of not being against vaccination, but not on board either.
- **Binaries create divide:** The good vs. bad binary associated with vaccinated vs. the "unvaccinated" is not overtly derogatory but is troublesome as it further divides an already polarized public. The unvaccinated believe people should respect their decision, as they respect others'.
- **Unaware of rise in youth cases:** Straddling the contradiction of believing COVID-19 is real while distrusting the vaccine overshadows their concern of infection. Only a few participants mention or appear to be aware of the rise in cases within their age group, representing an important window of opportunity.

"It is not even worth going to an appointment. Like I said before I have a 96.4 chance of living. I am sure most young people have a similar chance."

– Multicultural

"I do not want me or my family to cave into angry toxic people. If people did not make such a big deal about it, I would probably have gotten it."

– Multicultural

THE NARROW LENS OF PARTISANSHIP DEFIES LOGIC

- **Struggle to decide:** The fight between personal autonomy and collective responsibility continues to play out.
- **Partisan perspectives:** Some see the vaccine through a primarily conservative/liberal lens; a way of protesting the political divide is by not getting the vaccine, much less reveal their unvaccinated status.
- **Worn out discourse:** Many take a stand for making their own choice on the vaccine and mention they instigate their own research from different sources, but then parrot overused misinformation and myths.
- **Won't expose status:** Equally, holding back on sharing their vaccine status with others mitigates polemic and contentious sentiment between people. Tying COVID to politics means that many people can simply opt out of the conversation because they don't like talking politics.
- **Profound ambiguities:** Self-justifying comments are often incongruous e.g., a young Caucasian male cites the media overall is making the most money off their fearmongering around COVID-19 and the vaccine, omitting the fact that his YouTube idol, Tim Pool, is also raking in huge sums of money based on his followers.
- **“Won't happen to me”:** There's this sense of invincibility, especially at this age. Youth appear to be concerned about the spread of COVID, yet believe they'll survive it unscathed if contracted; a healthy lifestyle is sufficient to build immunity to fight off the virus.

“My whole family has it and they wanted to help stop the spreading of the virus and they believe that my grandpa is susceptible. They hold an animosity towards me and won't touch me because I don't have the vaccine. It makes me feel uneasy, but I don't believe in the vaccine.”

– Multicultural

YET DELTA MIGHT SLOWLY START TO MOVE THE NEEDLE

- **More excuses:** Given the Delta variant and the rise in breakthrough cases, some feel a sense of false hope was established with the reopening. Those who were ready to vaccinate prefer to hold off to “see what happens.”
- **Pressure is sinking in:** While Delta is putting more pressure on participant’s “wait-and-see” timeframe, there’s a window opening for vaccination based on pressure from family, peers and co-workers, the desire not to infect loved ones, and school mandates. These drivers make vaccination a “somewhat likely” consideration, at 44% for both groups.
- **Signs that discourse can change:** In the friendship/sibling dyad/triad sessions, the dialogues between vaccinated and unvaccinated participants—sometimes with strong opposing opinions on the vaccine—uncovered the potential for the vaccinated to influence their loved ones whereby the anti-vaccine narrative started to show signs of weakening.
- **Differences among groups:** Overall, the Latino/a group skewed more open to vaccination, reflecting attributes more akin to the Aware Investigators segment, with some Uninterested Followers. Likewise, opinions and care for family and community tended to carry more weight.
- **Determined stubbornness:** In comparison, among the Multicultural group, Resolute Rejectors and Uninterested Followers dominated whereby vaccine hesitation was stronger.
- **Concerned/not concerned:** As for personal reasons for waiting to be vaccinated, the Multicultural participants skewed very high on being healthy, having strong immunity and having less concerns about getting the virus. Whereas Latino/a participants scored highest on older people being more at risk. They were also much more concerned about getting COVID.

“I am holding off because I already had Covid and was not negatively affected by it. I am more worried about the side effects from the vaccine than actually getting Covid again.”

– Multicultural

“I worry about the possibility of not only putting myself at risk but also putting my parents who are older at risk as well.”

– Latino/a

STUDY OBJECTIVES

1. Assess the decision-making process or lack thereof between vaccine rejectors and the undecided ages 18 – 24-year-olds exploring pathways that motivate vaccine undecideds and/or rejectors to consider vaccination.
2. Discover how COVID-19 and COVID-fatigue is changing behaviors, values, belief systems, lifestyle management, social and household dynamics as it pertains to COVID-19 Vaccine hesitancy and/or adoption.
3. Distinguish current health information-seeking practices.
4. Identify who/what are the most trusted sources of health information at both the personal and community level, including which channels, in which languages, and where/how to best reach them.
5. Determine what educational and informational elements are needed to raise awareness of COVID-19 Vaccination including what messages, tones, and dimensions would be most effective for this target population.
6. To identify statement concepts that overcome barriers and sentiments among vaccine rejectors and undecided ages 18–24-year-olds.
7. Test/evaluate potential social media messaging territories to develop social media creative assets for this target population.
8. Identify which of the statement concepts has the strongest resonance.
9. Discover opportunities to enhance, clarify, improve, and offer guidance on the creative execution strategy and implementation.
10. Pinpoint which concept best resonates on the benefits of COVID-19 vaccine, and which encourages receptivity and motivates call-to-action to take the vaccine.

PARTICIPANT SEGMENTS

A Total of 34 participants on the boards and 9 in the dyad/triads joined the study, representing Multicultural segments and Latinos (in Spanish) between the ages of 18 – 24 to garner a mix of perceptions of unvaccinated for COVID-19, and undecided as to whether they will get the COVID-19 vaccine.

Balanced Recruitment – Each segment was recruited from within the states with the lowest vaccination rates: Arkansas, Alabama, Georgia, Louisiana, Mississippi & Missouri.

PLATFORM / SEGMENTS	TOTAL PARTICIPANTS	DEMOGRAPHICS
1 Multicultural Board	18 Total	Ages 18 – 24 Mix of African Americans, Latinos and Caucasians
1 Hispanic/Latino Board (in Spanish)	16 Total	Ages 18 – 24 Bilingual, proficient in Spanish, Spanish dominant
2 African American Friendship Dyad/Triad	5 Total	Ages 18 – 24
2 Caucasian Friendship Dyad/Triads	4 Total	Ages 18 – 24

STUDY DESIGN

Three different qualitative methodologies were implemented to solicit insights through formative research that will serve as a foundation to inform effective creative concepts and messaging strategy.

The research also focused on evaluating 7 message territories to develop social media creative assets to motivate COVID-19 vaccine uptake amongst the targeted youth populations ages 18 to 24.

PHASE	DESCRIPTION	OBJECTIVES	METHOD
I	2-day Online 20/20 QualBoard Qualitative Discussions	Deeper one-on-one discussions to: <ul style="list-style-type: none"> Identify key barriers, motivations and barriers, reception and resistance to the COVID-19 vaccine Gain in-depth feedback on 7 creative concepts to identify the most resonant 	Two (2) segment bulletin boards on an asynchronous platform chosen for its thoroughness and privacy
II	Video Chat Follow Up Session	<ul style="list-style-type: none"> Confirm most resonant concept and further brainstorm recommendations to fine tune messaging 	60-minute, QualBoard Video Chat with 7 most engaged participants from the 2 boards
III	Friendship Dyad/Triads	<ul style="list-style-type: none"> To gain deeper insights into the dynamic of discussions and the decision-making process around the COVID-19 vaccine among young adults ages 18 – 24 	Four (4) 90-minute, online discussions via Zoom with a host and 1-2 of their friends



Contact Information

www.COVIDCoalition.org

COVIDCoalition@CDCFoundation.org