



The
ROCKEFELLER
FOUNDATION

Vaccine Confidence Message Brief

MARCH 2021

ABOUT THIS MESSAGE BRIEF

The Rockefeller Foundation commissioned Hattaway Communications to conduct quantitative and qualitative research to explore how to motivate high-priority audiences to get a Covid-19 vaccine. This research included the following elements:

Focus groups among people expressing concerns about getting the vaccine, segmented as follows:

March 10-11, 2021

Group 1: Latina frontline workers

Group 2: Black women frontline workers

Group 3: Healthcare workers

Group 4: K-12 teachers

Message testing study

Fielded online, February 19-23, 2021

n=1118 U.S. adults, including an oversample of Black respondents, Latinx respondents, and healthcare workers

Throughout this research, we gauged audiences' perceptions of Covid-19 vaccines, explored their motivations and concerns about getting vaccinated, and tested messages aimed at motivating them to take action.

In this memo, we provide high-level audience insights and message recommendations, as well as specific communications ideas tailored to communities of color.



Audience Insights

Across all four focus groups, people said that they would get the vaccine—eventually. Most people expressed concerns about being the first in line, indicating that they would like to wait and see how things play out before choosing to get vaccinated. This is consistent with the survey findings, where nearly half (48%) of respondents reported some doubts about when they would want to get the vaccine.

Overall, concerns about the vaccine stemmed from three main factors: fear of side effects, reluctance to abandon or replace self-protection measures that work, and skepticism that the vaccines will be enough to end the pandemic.

The rapid development of the vaccine fuels safety concerns that are nearly impossible to dispel in the near future.

Fears of short-term effects can be assuaged with social proof (e.g., a story such as “my friend or relative got it, was sick for a few days, and is fine now”). But people are worried that the speed of vaccine development leaves the long-term effects unknowable, and pointing to trial data only fuels their anxiety that the trials were too quick. When asked to choose the number one thing that would make their decision to get vaccinated easier, most focus group participants said they’d like to see ongoing, updated data showing that millions of doses have been delivered with no surprising or dangerous side effects.

BY THE NUMBERS: DATA FROM OUR SURVEY

4 out of 10 U.S. adults are concerned that the vaccines were developed too quickly, and that they may have serious side effects.

IN THEIR OWN WORDS: QUOTES FROM FOCUS GROUP PARTICIPANTS

“There are health issues we’ve been researching 50 years and still don’t have the answer. Then, here comes this virus that’s a mystery to everybody and then in less than a year you say, ‘This is gonna cure it or stop it.’”—*K-12 teacher*

“I just feel like they have been ‘proven safe’ for however long they did clinical trials for but not beyond that short term.”—*Healthcare worker*

“I would love to take it knowing it is not going to harm me and it’s going to protect me.”—*Black female frontline worker*

People don't want to abandon or replace the self-protection measures they've acquired over the last year.

People are confident they can protect themselves by continuing to perform the precautionary measures that have worked for over a year (e.g., wearing a mask, distancing, washing their hands, etc.) and don't want to switch modes to what they feel like is a "leap of faith" in a new vaccine. Their confidence that they already know how to protect themselves also makes the vaccine seem not worth the risk.

BY THE NUMBERS: DATA FROM OUR SURVEY

Among those who aren't sure whether they'll get the vaccine, **just 25%** say they are very concerned about personally contracting Covid-19.

This suggests they either feel a high level of self-efficacy, a low level of risk, or both.

IN THEIR OWN WORDS: QUOTES FROM FOCUS GROUP PARTICIPANTS

"I feel like I do my part without the vaccine. I'm not going out all the time. I go to work, I keep extracurricular activities to a minimum. I mostly go to the grocery store or do things that I need to do for a living. I don't really do traveling and vacations and stuff like that. And I try to keep myself clean, wash my hands."

—*Black female frontline worker*

"I guess I'm not convinced. I give out Moderna and Pfizer. I hear about side effects, so that keeps me on the fence ... I also feel like we have other effective ways to prevent Covid."—*Healthcare worker*

"At work [as a dental hygienist] I wear two masks. When I come home, I don't touch my [9 month old] son until I disinfect myself....What I'm doing right now is working for me. I don't want to mess with that ... try and stick it out."—*Latina frontline worker*

Cautious and conflicting messages have left people skeptical that the vaccine will end the pandemic.

Simultaneously rosy and cautious messaging—the vaccines will end the pandemic *but* you still have to keep distancing and masking—make people skeptical that vaccines are as effective as they’re touted to be. People remember the inconsistent guidance about precautionary measures at the start of the pandemic, such as when and how to wear a mask, which fuels their distrust that vaccines are safe and effective. In particular, though some people believe that the vaccine may keep them from becoming sick, they are dubious that it will prevent them from spreading Covid-19 from other people—and therefore doubt that vaccines can halt the spread of the virus.

BY THE NUMBERS: DATA FROM OUR SURVEY

Among those very likely to get the vaccine, **9 out of 10** believe vaccines are very important to stopping the spread of Covid-19. Among those not as eager to the vaccine, just **3 out of 10** agree.

IN THEIR OWN WORDS: QUOTES FROM FOCUS GROUP PARTICIPANTS

“If I knew for a fact that vaccines actually block infection and transmission, that would draw me toward it. I’m not worried about dying from Covid. I’m confident that if I get sick I’d get over it. But, I’m not confident some of my family members would. So, if I thought I could protect them I would get it.” —*Healthcare worker*

“[Vaccines] are limiting the severity...there have been zero hospitalizations with a number of them. But if you’re not careful, you’re still getting it. And if you’re not careful, you’re still spreading it.” —*K-12 teacher*

Social proof of others getting vaccinated—and seeing tangible benefits that come with it—may play the most significant role in motivating people to put their fears aside.

As more people in individuals' personal networks become vaccinated (and stay healthy), people's fear of side effects may be assuaged. Additionally, individuals may overcome their concerns once their vaccinated friends and family are able to safely spend time together, or once vaccinations are expected or required by their workplaces.

BY THE NUMBERS: DATA FROM OUR SURVEY

Among those who aren't sure they'll get the vaccine, **43%** say they're waiting for more people to get vaccinated before they do so themselves.

IN THEIR OWN WORDS: QUOTES FROM FOCUS GROUP PARTICIPANTS

"I'm gonna get it [the vaccine]. I know I'm gonna get it, but not right now."—*Black female frontline worker*

"When the CDC said that people who have been vaccinated can hang out with other people who have been vaccinated as well, I feel like I'm missing out on a lot of things, I think I'm going to be missing out on being able to do some things not being vaccinated."—*Healthcare worker*

"I think I'll get vaccinated if my job requires it. It's starting to look like they're going to formally ask us to. I live by myself. I went in thinking, 'I'm not going to get vaccinated until I need to.' Seeing more and more people get vaccinated and knowing students will be back and we will all be on campus together I'm starting to think maybe I should get the vaccine."—*K-12 teacher*

Promoting vaccines and testing is not a zero-sum game.

While about 1 in 4 survey respondents indicated that vaccines should result in a lower level of testing, these respondents were also more likely to work in person; know more about different Covid-19 tests; and have been tested more recently. This data suggests that their testing fatigue is more likely caused by the frequency of testing itself—not complacency due to vaccines.

Interestingly, in our focus groups, some vaccine skeptics expressed the opposite relationship between testing and vaccines: their comfort with testing made them willing to put off the vaccine a bit longer.

BY THE NUMBERS: DATA FROM OUR SURVEY

Based on what you've heard, which of the following comes closer to your view?

Even as people get vaccinated, we need to test just as frequently to make sure we're slowing the spread of the virus. **(61%)**

As more people get vaccinated, we can stop testing people as much for Covid-19 because there will be less risk. **(23%)**

IN THEIR OWN WORDS: QUOTES FROM FOCUS GROUP PARTICIPANTS

“If I have to get tested all the time, I don’t care. I’ll just go ahead and get tested. I’ve been tested so much. I don’t feel the need to get the vaccine right now. But there are other days when I think, ‘I should think about it.’” —*Latina frontline worker*

Message Recommendations

Based on how participants reacted to our messaging, we recommend the following to produce more effective messages:



Help people across the finish line.

Many participants said they would get the vaccine “eventually,” or mentioned how much they want to want to “get to yes.” To help them take the final step, highlight other people who were once ambivalent, but made up their mind to get the vaccine. Modeling how others made the leap from ambivalence to action is one important way to provide the role models our respondents are looking for.



Frame vaccines as an empowering tool—not an ultimatum.

People were resistant to language that suggested that vaccines alone would end the pandemic (e.g., “only way” or “once and for all”). Instead, use language that emphasizes that vaccines are an additional powerful tool to wield against the virus. Framing vaccines on a continuum allows people to see it as an extension of the things they’ve been doing for a year, and helps position vaccination as another informed choice rather than a dictatorial mandate.



Refrain from messages with insistent, demanding, or overly urgent language.

Messages emphasizing that people need to get vaccinated “before it’s too late” were the least popular with respondents, as they reinforce concerns that the vaccines were developed too fast. Having lived in a pandemic for over a year now, people are skeptical that choosing not to get the vaccine will cause a radical or destructive change in the state of the pandemic.



Emphasize the “benefits” side of the risk-benefit equation.

Messages focusing solely on safety can reinforce people’s concerns, as they end up dwelling more on what they’re already anxious about. Be clear and direct about the safety of the vaccines—but quickly pivot to the benefits of being vaccinated. Regularly promote any new CDC guidance on what vaccinated people can safely do.

Vaccine Unique Value Proposition

Frame It First

Inconsistency in public messaging early in the pandemic has made people highly skeptical about the vaccines. Offering people more and more detailed information only invites confirmation bias—allowing them to ignore the data they disagree with, and remember the information that supports their prior beliefs.

To help people interpret the data with a more open mind, start by framing the benefits of the vaccine with a simple statement that leverages their motivations. The statement below is one example of how to do that.

Getting a vaccine is one more tool you can use to protect yourself and your loved ones. Once you've been vaccinated, you have the upper hand against the virus, because it means that even if you are exposed, you'll be OK.

Position vaccines as an extension of—not a replacement for—the behaviors that give them a sense of agency.

Introduce the new value vaccines offer: a sense of active control, not just defensive protection.

Highlight the personal benefits of vaccines, and don't overpromise about the scale or speed of ending the pandemic.

Communicating with Communities of Color

In focus groups with Black and Latina frontline workers, participants pointed to very practical barriers to vaccination. They highlighted barriers to medical care generally, as well as their desire to hear from messengers they trust—and who look like them—so they can feel more confident in the vaccine discussion.

Important takeaways for messaging from the focus groups include:

1. Don't reinforce hesitancy when access may be the bigger concern.

Black and brown communities do not have significantly different concerns about safety and efficacy than those expressed by other audiences. In our survey, Black and Latinx respondents had the same top concerns as white respondents: that the vaccine was created too quickly and may have significant side effects. A concern that is more significant among communities of color, however, is access: they need to see, hear and believe that they'll be able to access vaccines through a place and provider they trust.

- ▶ “There’s nowhere in the city where I can take my parents close to get it. So that’s the only issue that I’m having, is having to drive far away for them to get the vaccine.” —*Black female frontline worker*



2. There's an important difference between resisting the vaccine and waiting to be convinced.

Tangible barriers to access mean that people of color are often understandably skeptical about the vaccine process. They're not opposed to getting a vaccine, but they're waiting to see real world proof of safety, efficacy, and access. To overcome these fears, messaging should offer clear and consistent information about how vaccine providers are bringing vaccines to different communities and addressing these practical challenges.

- ▶ "I'm one of those people who don't believe whatever you're told. Even if your mother tells you she loves you, do not believe it until you see proof."
—*Black female frontline worker*
- ▶ "Do those medical facilities have enough support to take care of these people, these different ethnicities and demographics? ... If you hear something on the news like this person was denied treatment or being admitted or something because they dismissed them at the ER or something like that. That's from what I've seen." —*Latina frontline worker*

3. Use messengers that understand the history of communities of color.

Communities of color want to see messengers who either have their same background or who truly understand their culture. People of color are more likely to trust messengers that can speak to the motivations and specific concerns of their community, such as a historical and modern-day mistrust of doctors or government.

- ▶ "I think for certain things it's people who look like you, people who speak your same language, kind of something along those lines or someone who lives in your own community who knows the environment, the culture and all that stuff ... I'm originally from Bolivia, if somebody was talking to me and they're from let's say Alaska or something like that, then I'm like, 'You really don't have, I guess, credibility...'" —*Latina frontline worker*





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