



## Vaccine Attitudes Focus Groups: African Americans

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The [Utah Health and Economic Recovery Outreach \(HERO\) Project](#) began in May 2020 as a collaborative statewide testing and analysis project to understand the community-based spread of Covid-19. The goal of the HERO Project is to collect and utilize high-quality local data to help inform decision-makers seeking to guide Utah's citizens and economy through a safe return to normalcy. One year later, the project team is wrapping up its reporting on community testing, impacts of Covid-19 on Utah businesses and consumers, school testing, and vaccine uptake, impact, and implications. This report summarizes and synthesizes focus groups related to vaccines. More information on the HERO Project's past and current work can be found in the project's [previous reporting](#).

Seven African American Utahns participated in two focus groups, each approximately an hour long and including three to four participants. The focus groups took place in the late spring and early summer of 2021. Researchers from the University of Utah Department of Internal Medicine's Qualitative Research Core worked on behalf of the HERO Project team to identify key themes from the focus group discussions, which formed the foundation for this report.

### Key Takeaways

African American Utahns had a variety of experiences during the pandemic and equally broad thoughts on the Covid-19 vaccine.

#### African American Experience

- Participants reported varying degrees of impact to their daily lives, with those more impacted referencing feelings of isolation and loneliness.
- Risk of exposure varied according to participants' ability to isolate themselves, often determined by their occupational ability to work from home.

#### Vaccine Attitudes

- Most participants were initially hesitant to receive the vaccine, but became more confident as additional research was available. Medical institutions such as WHO and the CDC were viewed as reliable, while social media was the least trusted source. Many felt multiple sources were needed to obtain precise information.
- Participants had family members and friends who were firmly against the vaccine. Many felt social pressure to receive the vaccine before having all the information.
- Participants discussed a lack of information and transparency around the vaccine. They expressed a desire for additional information on the science of the vaccine and improved methods for spreading trusted information.

### African American Experiences and Perceptions of the Vaccine

African American participants were asked questions regarding their experience during the pandemic, as well as their perceptions of the benefits of risks of the vaccine, their sources of vaccine information, and logistics of receiving the vaccine. Five participants had received both doses of their vaccine, while two had received neither dose.

## African American Experience During the Pandemic

During the pandemic, African Americans experienced varying degrees of impact on their daily lives. Many participants relayed that the pandemic disrupted their everyday lives, prompting feelings of isolation, stress, and loneliness. However, others shared that the pandemic affected themselves or those they knew differently, causing little disruption in their lives.

*"I can start. I will just say that it caused a lot of isolation, so in some cases, loneliness because, I mean, we just became stranded, all of a sudden, just stranded. And it also made me very cautious of other people. You've probably seen a lot of memes or people made jokes about if somebody coughed, everybody looked around. Before, nobody even cared. But now if somebody coughs or sneezes, we all look around because we're like, is it COVID? And it's made me cautious. And it's also made me really vulnerable, I feel, to be able to say I felt lonely, or I felt sad, or I miss people."*

Similarly, the risk of exposure varied greatly for participants. Some felt at low risk, as they kept to themselves and stayed home; the largest risk identified among these participants was family gatherings. Others felt more at-risk due to work conditions or working with people who were often exposed.

*"I'm an essential worker also. I'm not healthcare but I'm a social worker and I work with women and children who are fleeing domestic violence, and domestic violence rose during the pandemic. And so it's communal living, and we did all the safety precautions like probably all of us did, taking temperatures, asking those essential questions. But we realized that if we had a person fleeing domestic violence, they weren't going to say whether or not they had any symptoms. So we took that risk every day, but we just used the precautions. And I mean, we did not have a huge number of people who had COVID, but we worried about it a lot. I worried about it a lot."*

## African American Attitudes on Getting the Vaccine

Most African American participants generally viewed vaccines as safe and effective. However, some acknowledged the historical exploitation of African Americans in medical trials and highlighted the lack of African American participants in vaccine studies today. As such, attitudes towards the vaccine varied among the participants. Some were immediately interested in receiving the vaccine, but others were hesitant until more research was available. Others talked about the social pressure to get the vaccine and expressed the idea that getting vaccinated was a personal choice that should be respected.

*"I'm being swayed a little bit to get it only because of societal pressure. People are posting it on social media. People are asking you, 'Did you get your vaccine?' and judging you if you don't, so. I'm not informed enough, but the pressure is pretty strong to get it because almost everyone's getting it. Just need to jump on the bandwagon and get it, I guess"*

While many of the participants had ultimately got the vaccine, all had family and friends who were apprehensive about or strongly discouraged getting the vaccine. Reasons for declining the vaccine included long-term risks, pregnancy, FDA approval, and having previously contracted Covid-19. Concerns about side effects such as fertility, blood clots, and Bell's Palsy also seemed to outweigh concerns around immediate side effects.

*"For me, the biggest one was--well, and this is new. It's myocarditis when your heart muscles actually swell up. That was associated with the mRNA vaccines, which is what I got. Aside from that, it's just the fear of the unknown. These are new. They were expedited. And so the long-term effects, nobody really can tell you."*

*"I just don't see the point in getting it. I had COVID and I'm perfectly fine, so. I think I feel like when it comes to that, I feel what is the difference between getting the vaccine and having COVID? If you already had COVID, why would I need to get a vaccine for it? If I had COVID, then that means I have antibodies, so what do I need to get a vaccination for?"*

When asked about the benefits of the vaccine, many participants cited peace of mind, being able to socialize or travel, and getting back to normalcy. Participants recognized the vaccine wasn't certain to prevent one from contracting Covid-19 but would mitigate the severity of the symptoms; booster shots were also understood to be necessary to protect against virus variants.

*"Me, the biggest one, really, is the fact that—I know that the vaccines are not 100% but knowing that even if I come down with a case, so far, the statistics show that the cases are very mild. So that fear factor is not as enhanced like it was. So it's kind of also given me a little bit a sense of freedom in my social life back. I feel like I could travel. I can get into an airplane. I can go into a group setting and not come out of there thinking, 'Is it just a matter of days before I start noticing symptoms?' So I don't have those thoughts anymore. When I interact with people or somebody coughs around me or I hear a sneeze, I don't run for cover."*

### Sources of Vaccine Information

Many participants spoke on the lack of information around the vaccine. Some mentioned that the information they had access to was for those that wanted the vaccine rather than addressing the hesitations of those who were unsure. Others received no information and expressed a desire for public health officials and organizations to make information more readily available. Some hoped the media would contribute to the spread of information while others saw the media as engaging in fearmongering tactics.

*"I think that was one of the initial weaknesses, or, I guess, one of the biggest weaknesses of the vaccine rollout, was the lack of information. I mean, I don't know a whole lot about government processes even, state or local or federal or anything like that. But for how easy it is in Utah to vote and get information about voter issues—I mean, that stuff's just kind of mailed out to you in, yeah, it's a nice little packet and it tells you all this information and more sites and stuff. I feel like that was a pretty simple template to that. And I mean, voting is very important, obviously, but the fact that I got more information about that than a once-in-a-lifetime global pandemic, even if it was just some sort of leaflet letter when the vaccines were available that went out to as many as possible, that just kind of had like, 'Here's what our plan is for the next so on and so forth.' The billboards that they have were nice, I guess, but they were nothing more than just, 'Utah is at level yellow.' And I'm like, 'I don't know what that means. Cool. Thanks for that, I guess.' But more information would have been fantastic, especially if there was just some sort of government line that could have been followed at any point."*

Trusted sources of information varied among participants, including people they knew, doctors, the CDC, WHO, NPR, and research articles. Participants agreed that they did not trust a single source but sought out multiple sources to obtain accurate information. Social media was not trusted as a source of information. Overall, participants expressed difficulty in knowing who to trust due to constantly changing information.

*“For me, that’s kind of a difficult question because very early on, there was some discussion on whether or not masks were effective or if you even needed them at all. That was one of the main big things. And I’ve always worn masks if I was sick and I was kind of going out and people would always look at me funny, but whatever. But when that was one of the big through lines of that’s not really needed and then a complete 180 on, yeah, that actually is really needed; we should double down on that, it was less about who I didn’t trust and more about, I guess, who is all saying what and where’s that commonality? You try and get as much as you can with the WHO because they’re the ones kind of leading the effort and the CDC as well, but to say there were sometimes when I wasn’t even trusting that information that was coming out. Once things kind of settled down and you could see more commonalities through all the news that was being published globally, that’s when I started finding, all right, okay, these sites and mostly Facebook and social media in general, they’re not pushing good information. So we should probably stay away from them. Anything that didn’t have a source obviously was no-go for me. If I couldn’t at least get to a primary source within one or two clicks, that’s pretty much a no-go.”*

## Logistics of Receiving the Vaccine

Participants generally felt the vaccine was very accessible to them, especially after the first weeks it was available to the general public. Yet participants indicated that very little effort had been made to build confidence in the vaccine, especially in underserved communities.

*“I think in the Salt Lake County, it’s really available. I think the challenge in Salt Lake County, it’s not whether you can get a vaccine, but it’s an outreach to try to boost the confidence, especially of underserved communities or people who may have any hesitations. I don’t feel like that’s really being done. I think right now, it’s kind of like, ‘Hey, it’s available. Come and get it.’ And nobody really has put any effort to try to build confidence in people who may not be as confident towards getting the vaccine.”*

One participant also shared that vaccine participation was hindered by community members failing to realize the vaccine was free.

*“I think the one thing that I’d like to say is a lot of family and friends, some of them don’t know that it’s free, which I think is very concerning because I’ve had people say, ‘Yeah. I don’t have it because I don’t have any money.’ And I think that portion needs to probably be included in that information. And I’m not sure if they’re already doing it, but that it’s not free.”*

## Next Steps

HERO Project will continue to publish reports summarizing focus groups held with Utahns of various communities and identities. These reports will help to inform the state’s reflection, evaluation, and adaptation of their pandemic response with regard to public perception, concerns, and experiences receiving the Covid-19 vaccine.

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