# Vaccine Attitudes: Focus Groups Summary Report

*published September 17, 2021*

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. Sixteen months 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 the HERO Project's work to understand attitudes on vaccination among various communities in Utah through targeted focus groups. More information on the HERO Project's past and current work can be found in the project's previous reporting.

## Background

180 Utahns from 13 specific populations of interest participated in 26 focus groups (each consisting of 5-15 participants) with each group lasting approximately an hour. 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.

## Factors Influencing Vaccination Decisions

### FOR VACCINATED PARTICIPANTS:

- Transitioning back to normal
- Protecting themselves and others
- To enable traveling
- Peace of mind/better mental health
- Easing restrictions
- Lifting mask requirements

### FOR UNVACCINATED PARTICIPANTS:

- Not enough time for research to be done
- Inadequate current research
- Possible side effects, or not worth the risk
- Already healthy and did not need it (including those who had contracted Covid-19 previously)

For those who were hesitant, protecting others was not a factor in their decision to get vaccinated. A few individuals mentioned they would only get the vaccine if they lived with someone who was high risk.

## Trusted Sources of Information

The most trusted sources of information varied across groups, but the most commonly-mentioned included the Centers for Disease Control and Prevention and the National Institutes of Health, local doctors or medical professionals, and participants' personal research. Family members were mentioned by some as trustworthy, particularly if they were medical professionals. Some participants did not regard family members as trustworthy, especially if they mentioned conspiracy theories. Social media and politicalized news outlets were widely considered as unreliable sources. Dr. Fauci was cited as both a trusted and distrusted source of information. Some cited a distrust in government entities due to receiving contrasting information throughout the pandemic, particularly at the beginning.

## Vaccine Hesitancy Among Focus Group Cohorts

**Number in Focus Groups Cohort Vaccinated**

*Reasons for vaccine hesitancy (or initial hesitancy if vaccinated) mentioned by one or more participants*

### NURSES
**10 of 12 vaccinated**

*No hesitancy reported*

### LONG-TERM CARE FACILITY STAFF
**12 of 13 vaccinated**

*Few concerns overall; some concern with possible symptoms after receiving vaccine*

### WOMEN
**14 of 18 vaccinated**

*Concern about long-term effects; attitudes changed frequently over time depending on who they talked to and what they learned*

### RURAL
**14 of 15 vaccinated**

*Waiting for more information about vaccine; not high enough risk for contracting Covid-19; vaccine should be given to those who need it the most*

### POLITICAL AFFILIATION: REPUBLICANS
**5 of 16 vaccinated**

*Adverse reactions; blood clots; wanted more research and information; not FDA approved; did not care about contracting Covid-19, felt antibodies/immune system was enough; not enough time to prove vaccine efficacy*

### AFRICAN AMERICANS
**5 of 7 vaccinated**

*Already contracted Covid-19; lack of vaccine research and perceived effectiveness; initially put off due to misinformation and propaganda*

### HISPANICS
**7 of 13 vaccinated**

*Felt they were healthy; lack of FDA approval; lack of vaccine research; concern about long-term effects; saw vaccinated person die after contracting Covid-19*

### PRIMARY CARE PHYSICIANS
**14 of 14 vaccinated**

*No hesitancy reported*

### EDUCATORS
**12 of 16 vaccinated**

*Possible infertility risk; not enough time to prove vaccine efficacy*

### YOUNG ADULTS
**15 of 18 vaccinated**

*Possible infertility risk; developed too soon; not concerned about contracting Covid-19; conversations with anti-vaccine family*

### HIGH SCHOOL STUDENTS
**8 of 13 vaccinated**

*Busy schedules and concern for taking time off for possible side effects after receiving vaccine; already contracted Covid-19; unsure of the need once restrictions lifted*

### ASIAN AMERICANS
**12 of 14 vaccinated**

*Felt the vaccine came out too soon; personal research; possible side effects (blood clots); saw family member die from Covid-19 after being vaccinated*

### PACIFIC ISLANDERS
**5 of 11 vaccinated**

*Possible side effects; felt vaccine came out too soon; lack of adequate vaccine research; felt virus was not a threat*

## Vaccination Comparison across Groups

**Medical professionals** (nurses, primary care physicians, and long-term care facility staff) had higher rates of vaccination, and believed in the vaccine's efficacy. Even in non-medical cohorts, those who were health professionals were less hesitant and more pro-vaccine. Among the **remaining groups**, most were still vaccinated, although there was more hesitancy and reported lack of information to feel comfortable about receiving the vaccine.

## Participants' Views on Incentives

**Most people did not like incentives** and felt they were manipulative or like bribery. A few vaccinated participants did not mind incentives, but participants in the political affiliation group noted no amount of money would convince them to take the vaccine. A participant in an African American group suggested using information as the best incentive, as they believed physical rewards (e.g., lottery, gift cards, etc.) would not help change people's minds as much as information would.

## Surprising Data

Researchers identified several surprises from the data:

- Rural and African American participants felt more positively toward the vaccine, which did not align with previous research. This may be because highly-educated individuals are more likely to take part in research and be vaccinated.
- The Political Affiliations: Republican group trusted religious leaders as a source of information, which was not mentioned by any other group.
- Most participants generally trusted other pre-existing vaccines.
- High school students seemed more informed than expected, although most were unvaccinated.

## Recommendations Mentioned to Increase Vaccination

Based on collective responses from the groups, researchers provided some recommendations to facilitate or increase vaccination uptake. **Education and information sharing** (including openness about side effects) could be increased and distributed more widely. **Medical professionals** were frequently mentioned as trusted sources and reported as successful at lessening people's hesitation and directly addressing questions. Communicating that the **vaccine is free** regardless of insurance coverage or citizenship status, could help those who were unaware or specified communities such as low-income communities, racial minorities, and immigrants. Lastly, participants discussed their dislike at the feeling of being told what to do, the government's "pushiness", or how the vaccine has become moralized/politicized. To address these issues, researchers recommend **creating a personalized approach** or discussion for people who are hesitant.

## Conclusions

Most participants were vaccinated, and many of those who were not would only do so if:

- forced to for work or travel
- lived with someone who is high-risk
- more time had passed for research to come out, especially regarding infertility and pregnancy

The primary way to get people vaccinated may likely be to ensure openness about all information on the vaccine, including side effects.

# Acknowledgments

Leading the HERO Project are Stephen C. Alder, PhD; Adam Looney, PhD; and Matt Samore, MD. The project is funded by the State of Utah in coordination with the Governor's Office of Management and Budget and the Utah Department of Health.

Senior advisors to the project are Taylor Randall, MBA, PhD; Natalie Gochnour, MS; and Michael Good, MD. The Project team is Andrew T. Pavia, MD; Julio Delgado, MD, MS; Adam Hersh, MD; Krow Ampofo, MD; and Tom Greene, PhD. The following teams and centers supported the project:

**Center for Clinical & Translational Science Study Design and Biostatistics Center**
Brian Orleans, MS
Gentry Carter
Angela Presson, PhD
Chong Zhang, MS
Jian Ying, PhD
Chelsea Allen, PhD
Andrew Redd, PhD
Molly Mcfadden, MS
Ben Brintz, PhD
Tyler Bardsley, MS
Yue Zhang, PhD
Jincheng Shen, PhD
Zhining Ou

**CTSI Qualitative Research Core**
Patrick Galyean, BS
Elisabeth Kimball, MS
Jeanette Young, MA

**Division of Epidemiology**
Kristina Stratford, PMP, CCRP
Tavis Huber
Molly Leecaster, PhD
Candace Haroldsen, BS
Xiangyang Ye, PhD
Susan L. Zickmund, PhD

**Marriner S. Eccles Institute for Economics and Quantitative Analysis**
Nathan Seegert, PhD
Mac Gaulin, PhD
MJ Yang, PhD

**University of Utah Health Clinical Operations**
Michael Bronson, JD, MBA
Nikki Gilmore, MSN, RN
Christina Butterfield, MSN, RN
David Ence, MHSA

**Survey Design and Measurement Core**
Morgan Millar, PhD

**Utah HERO Project Team**
Alicen Bringard, MPA
Elizabeth Rabon, MA
Jill Stephenson, MPA
Soumava Basu, PhD
Jeanette Nelson, PhD
Christopher "Kit" Fry
Jonathan Frehner
Jamon Winegar
Devin Ostler
Annie Smith
Hannah Crane
Braden Card
Maddison Dillon
Cassie Cowdell

The Church of Jesus Christ of Latter-Day Saints generously contributed the use of their parking lots and buildings to support mobile testing for this project. In addition, we thank the HERO Project's field team that has staffed and supported countless testing events across the state. We also appreciate the support of the National Center for Advancing Translational Sciences of the National Institutes of Health under Award Number UL1TR002538.

This report was developed by the Sorenson Impact Center at the University of Utah's David Eccles School of Business in partnership with the HERO Project leadership. Sorenson Impact works with public, nonprofit, and private sector stakeholders to develop, structure, and mobilize capital for innovative and data-driven approaches to difficult social and public health challenges. This report was compiled by Annie Kaufman, Allison Nicholson, and Austin Hendrickson.

For more information about this report, contact Elizabeth Rabon, Associate Director of Administration of the Center for Business, Health, and Prosperity at the University of Utah.

Utah Health & Economic Recovery Outreach
David Eccles School of Business THE UNIVERSITY OF UTAH
Hope Corps STUDENTS LIFTING UTAH
HEALTH UNIVERSITY OF UTAH
ARUP LABORATORIES