

COVID-19 Vaccine Confidence Project

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Executive Summary

- This presentation outlines the Reagan-Udall Foundation for the FDA's approach to the COVID-19 Vaccine Confidence Project and shares initial findings.
- The Project's intent is to help the FDA's Center for Biologics Evaluation and Research understand public perceptions about COVID-19 vaccines and the Center's role in vaccine approval/authorization and to identify what information key audiences want as they determine whether to receive an approved/authorized vaccine.
- To date, efforts are focused on hearing from and understanding the attitudes of:
 - Frontline workers in service, retail, and healthcare settings
 - Often under-represented communities who experience health disparities and who are also at an increased risk for COVID-19 (e.g. African American/black, Hispanic/Latinx, and Indigenous/Native communities)
- The Foundation's approach to the project balances the need for a comprehensive and rigorous process with the need to quickly and efficiently deliver messaging input.

Our Four Step Approach

1 Landscape Analysis

- **Overview:** Identify key themes in media/social media surrounding COVID-19 vaccine hesitancy
- **Timeframe:** August - September

2 Listening Sessions

- **Overview:** Gather and listen to opinions and attitudes about a COVID-19 vaccine(s)
- **Timeframe:** September - October

3 Message Development

- **Overview:** Address concerns and common knowledge gaps while also tailoring messages for key audiences
- **Timeframe:** Late October - Early November

4 Message Testing

- **Overview:** Check that messages are relevant and credible to key audiences using polling and message-testing groups
- **Timeframe:** November

Our Two Key Audiences

Frontline Workers

Retail

- Hourly sales associates in rural and urban settings
- Mid-level managers

Healthcare Systems

- Clinical staff such as medical technicians, nurses, nursing assistants, orderlies, and physicians
- Non-clinical staff in food service, IT, and custodial roles

Community Health

- Public health leaders of color in underserved communities

Traditionally Under-represented Groups

- African-American/black men and women in a Southern state
- Black and Latinx community leaders in an urban area
- English as second language/Latinx families and individuals in a suburban area
- Indigenous/Native people from 11 tribes and villages
- Indigenous/Native people providing social services in 400 tribes and villages



What We Are Hearing

The following slides are direct quotes from listening session participants.



Concern About the Speed of the Process



- “The speed is appreciated, but there are questions.”
- “They want to get one out as soon as possible. Which I don’t think is very safe.”
- “We all know how long vaccines take, so to hear that it will be ready in a few months is concerning.”
- “I would not be first in line and I would want to see some data.”
- “Vaccines takes years to develop and test. For them to try to do it in a year is pretty absurd.”

Distrust of Government



- “Who can we trust? That’s the million-dollar question.”
- “I also hear so many people arguing about the pros and the cons. Mostly cons because of distrust of the government from past experience.”
- “When COVID first came out, I trusted the CDC website and was sharing from there. Now I trust the FDA and CDC much less than I did when this first came out.”
- “I don’t think the FDA can be trusted to keep people safe.”
- “When I hear the FDA say they have a particular process, but then I hear the White House say they can cut that in half or negate it – it brings more distrust.”

Distrust of Healthcare System



- “I am looking for an organization I can trust that does not have a tainted history and has not been bought out by some big pharma.”
- “Our family has had issues and a wrongful death with local hospitals...I have a major distrust.”
- “I have become really not trusting of the medical establishment...they never answered my questions.”
- “Doctors are going to be pushed to sell this [vaccine] to our community. I would like you to not sell me, but show me and tell me, educate me.”
- “African Americans are treated differently by doctors.”

Concern Politics and Economics will be Prioritized over Science



- “I would love to take it [the COVID-19 vaccine] because my wife is asthmatic, so if I can prevent me being sick, I can prevent her from being sick. But I am suspicious that they are trying to get it out before the election.”
- “A lot of people don’t trust the people who are making the vaccine because they are politically motivated, and we are all a bunch of guinea pigs.”
- “There is a common feeling that economic considerations are being considered over people’s health.”
- “Time and time again the US has proved it is about the dollar, especially in healthcare. For me to make my decision, to trust myself with the information, I would have to hear from countries who take better care of their people.”

Fear the Vaccine Will Not Work for Me or My Community



- “I need to know that all the minorities who took it are okay. I need to know it works for everybody. I am not trying to be harmed.”
- “Indian people are different biologically but then who constitutes as Indian – half Indian?”
- “Unless there is a specific study done with us and our specific make-up, we are going to be incidentally immune with a vaccine that is studied with a proportionally lower number of participants in the study group.”
- “Need to know other minorities have taken it. Are other minorities ok? We’re all built different. How do we know?”

Fear Based on Past Experiences



- “I firmly believe that this is another Tuskegee experiment.”
- “I stand strong on this in saying that my family’s personal belief is that the vaccine would be an experimentation on us, and that’s not something I am willing to risk, not something I am willing to do.”
- “One of my biggest concerns is that the Alaska Natives, Indigenous people, are at the highest risk of death and we are the ones that are the guinea pigs for the rich. “
- “They want to use us, and I don’t want to keep getting used.”
- “We are not going to be guinea pigs again.”
- “The more they study me, the more they know how to get rid of me.”

Initial Learnings

People are interested in the science, and how the science relates to them

People want to understand the process – and want it to work

Personal relationships matter – with doctors/other healthcare providers and friends/community

Timing matters in perceptions of safety on at least two levels: development and uptake

Our Next Steps

OCTOBER

- Complete remaining listening sessions
- Synthesize take-aways across all listening sessions
- Develop proposed messaging framework

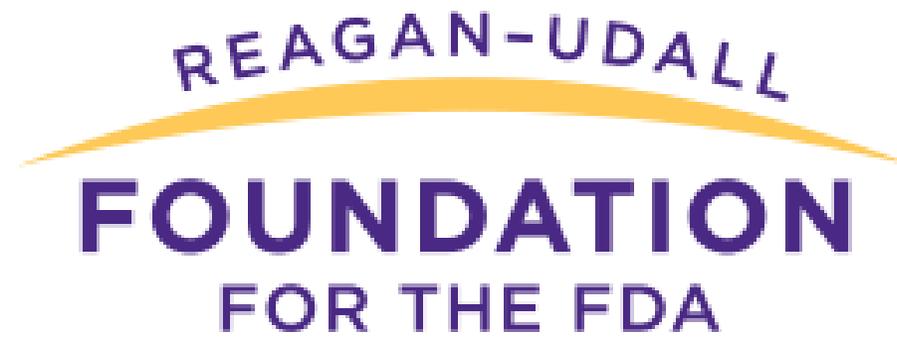
NOVEMBER

- Conduct message testing, including polling, message testing groups, and individual interviews
- Refine messaging framework based on testing

DECEMBER

- Deliver message recommendations by early December





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Appendix: Landscape Analysis Approach

Purpose	Identify key themes in traditional and social media surrounding COVID-19 vaccine hesitancy
Sources	<p>Major media sources with news dated March 2020 - August 2020</p> <ul style="list-style-type: none">▪ Traditional Media: newspapers (16), news magazines (7), national broadcast outlets (6), news wire outlets (2), and an online health resource▪ Social Media: public groups, platforms, profiles on five social media platforms <p>Note: Sources canvassed were in English only due to staffing resources</p>
Search Terms	Vaccine, COVID-19, COVID vaccine, #covid, #covid19, #vaccine, #fda, #covidvaccine
Analysis	Content was grouped and summarized into themes
Reporting	Landscape Analysis

Appendix: Listening Session Approach

Purpose	Gather community perceptions about a COVID-19 vaccine(s) in key audiences.
Participant Selection	Convenience and Purposive
Number of Participants	Groups: 13, Participants: 100-150 (total)
Mode Of Sessions	Virtual with video, in-person, telephone-only
Mode Of Recruitment	Emails and calls from trusted contacts
Analysis	<ul style="list-style-type: none">▪ Approach: Grounded Theory▪ Validity: triangulation and member checking
Reporting	Summaries, report, recommendations for communication strategy

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