Introduction

The Kansas Department of Health and Environment (KDHE) commissioned NORC at the University of Chicago and the JUNTOS Center for Advancing Latino Health at the University of Kansas Medical Center Research Institute to conduct public opinion research on sentiments of unvaccinated Kansans related to COVID-19 vaccines and testing in September of 2021.

This document highlights relevant data intended to inform immediate action to effectively promote the COVID-19 vaccine or testing to unvaccinated Kansans.

Additional data collected as part of our market research effort is available on the KDHE website:

- NORC final report
- JUNTOS final report

Summary of findings

The market research effort found the sentiments of unvaccinated Kansans to match national trends. In particular, while two thirds of the unvaccinated population are unlikely to get the vaccine, the one third who are likely or unsure have specific concerns that need to be addressed. Specifically, they raised ongoing concerns on side effects and lack of trust in the COVID-19 vaccine. That said, responses indicated that Kansas has successfully addressed nearly all barriers to vaccine access, also adequately ensuring widespread knowledge that the vaccine is free.

In terms of effective communication, primary care providers and other healthcare professionals remain the most trusted sources of information about vaccination. In addition, unvaccinated Kansans trust and rely on family and friends’ experiences and advice when deciding about getting vaccinated. Beyond messaging, respondents were most likely to be driven to get vaccinated if they received paid time off and monetary incentives.

The data collected from the research provides crucial insights on preferences across different groups related to COVID-19 vaccines and testing. KDHE will use this data to launch more targeted communications to unvaccinated Kansans, providing necessary information that addresses concerns from the most effective messengers.

NORC survey and qualitative research methodology

NORC fielded a state-wide survey of unvaccinated Kansas adults 18 and older and parents of unvaccinated children between 12-17 years of age, in English and Spanish, comprised of:
• a probability sample collected 677 completed interviews by web or telephone. Respondents were offered a $10 incentive
• an opt-in sample collected by an external vendor collected 162 completed interviews

NORC collected 620 completed responses from adults 18 and older and 177 responses from parents of unvaccinated 12-17 children. Responses were weighted to be representative of the full Kansas demographic population.

NORC held 6 initial focus groups virtually, with a total of 42 participants who received a $100 Amazon gift card as incentive. Groups consisted of:
• Young adults ages 18-34
• Black/African American adults
• Parents of unvaccinated children ages 12-17
• Rural adults
• Young women ages 18-30
• Low-income adults

Given low vaccination rates in the Black/African American Kansas population, NORC executed 3 additional focus groups with 11 total participants to better understand specific needs and concerns:
• Black/African American young males
• Black/African American young females
• Black/African American in religious communities

1.3 JUNTOS qualitative research methodology

JUNTOS conducted 8 focus groups (5 in Spanish and 3 in English), with a total of 50 participants identifying as Hispanic/Latino, residing in Seward, Ford, Finney, Sedgwick, Johnson or Wyandotte counties. Participants received a $100 Amazon gift card for their time. The focus groups targeted the following demographics:
• Unvaccinated young adults ages 18-24 (n=14)
• Unvaccinated adults ages 25-54 (n=18)
• Parents of unvaccinated children aged 12-17 (n=18)

JUNTOS also distributed a 30-item survey to focus group participants spanning four domains:
• Perceptions of COVID-19 vaccines
• Barriers, knowledge, beliefs, and attitudes toward vaccines
• Booster shots and FDA approval
• Communications around vaccines
1.4 Funding

This research was funded by KDHE with funds from the Centers for Disease Control and Prevention (CDC) of the U.S. Department of Health and Human Services (HHS) as part of a financial assistance award totaling $79,278,482 with 95 percent funded by the CDC/HHS.

Funding for this project was provided in part by the Sunflower Foundation: Health Care for Kansas, a Topeka-based philanthropic organization with the mission to serve as a catalyst for improving the health of Kansans. Sunflower Foundation’s grant specifically funded incentives for research participants.

Information in this report is presented across four subsequent sections:

• Unvaccinated Kansas adults
• Kansas parents of unvaccinated children ages 12-17
• Unvaccinated Hispanic/Latino Kansas adults
• Unvaccinated Black / African American Kansas adults

2 Unvaccinated Kansas adults

2.1 Likelihood to get vaccinated

Based on survey data, the ~500,000-600,000 unvaccinated adult Kansans are estimated to be:

• Younger (61% are under 45 years old)
• Live in rural (47%) or suburban (18%) areas of the State
• Earn less than $50,000 per year (61%)
• Have a relative (61%) or a friend (50%) who was infected with COVID-19

While most of the unvaccinated adult Kansans (66%) are unlikely to get a COVID-19 vaccine, 14% (or about 80,000 Kansans) reported they are likely to get vaccinated. The remaining 19% (or about 110,000 Kansans) is unsure about getting the vaccine; this group is often referred to as the “movable middle.”

While 33% of unvaccinated Kansans are likely or moveable in their sentiments toward vaccination, the data shows that a few key groups are more likely than others to get vaccinated:

• Minority communities: 61% of Black/African American and 54% of Hispanic/Latino Kansans are likely or unsure compared to 29% of white Kansans.
• Urban: 42% of adults living in urban areas are likely or unsure compared to 30% of adults living in suburban and 28% of those living in rural areas of the state.
• Younger: 35% of adults ages 18-29 are likely or unsure compared to 27% of those age 30-44, 32% of those age 45-59, and 25% of those age 60+

2.2 Hesitancy drivers

Unvaccinated Kansans adults remain hesitant about COVID-19 vaccines with several concerns:
• 59% are concerned with the safety of the vaccine
• 49% do not trust the vaccine
• 39% do not believe the vaccine is effective

A focus group participant commented: “Even though they said there’s no long-term side effects from the vaccine, it has barely been out... So how can you prove that there are no long-term side effects?”

Furthermore, 22% of participants are concerned side effects will interfere with their daily activities, indicating those that remain unvaccinated are doing so by choice or due to situational constraints.

These concerns have led many to want to wait before getting vaccinated. While 24% of respondents plan to get the vaccine within a year, 19% will wait more than a year. The remaining 52% are not planning to get vaccinated at any time. “Until I can trust the information that I’m getting, I just want to sit and wait... The more that people try to push me into it, the more I feel I need to wait,” added a focus group participant.

2.3 Access to vaccines

Data shows that access to vaccines across Kansas is no longer a significant barrier to getting vaccinated:
• 48% of respondents say there are no barriers to getting the vaccine
• 82% of respondents know where to get the vaccine

Regarding availability and access to the vaccine, a focus group participant said, “We have a clinic that’s right across the street from our school, we have a clinic right down the road from my house, and then right across the street from our job.”

The data also show a strong preference for where the unvaccinated population would like to receive their vaccine. While more than 55% of unvaccinated adults would be comfortable receiving their shot at a doctor’s office, hospital, or health center, only 19% would be comfortable at a mobile vaccination clinic and 11% at a mass vaccination site or their workplace. Furthermore, 19% would not be comfortable in any setting.

2.4 Communications

Misinformation about the COVID-19 vaccine remains widespread:
• 87% of respondents believe or are unsure whether the vaccine impacts fertility and pregnancy
• 64% of participants believe or are unsure whether the vaccine can change their DNA

When asked about infertility concerns, a focus group participant replied, “I just turned 30. I am barely starting to think about getting a family. If I get the shot that actually causes infertility, that would be terrible. It is really a concern for me.”
This represents an opportunity for KDHE to address the ongoing need to share accurate and relevant information to directly combat specific vaccine misconceptions. “I would make information more accessible. The public needs to know why they should get it and what it’s going to do for them so they can make an educated decision,” said a focus group participant. This need for information was also highlighted in the survey findings:

- more than 50% of respondents said they believe the vaccine is not effective at preventing infection or at stopping the spread of the virus
- about 50% of unvaccinated Kansans report not having enough information about safety of the vaccine (50%), efficacy against COVID-19 variants (51%), and protection against getting sick (44%)
- 64% are worried about side effects from the vaccine being worse than COVID-19

Medical voices remain the most trusted for sharing accurate information about vaccination. When prompted about trusted sources, a focus groups participants shared: “I go to my doctor's office. Basically, that’s where I get all my information, from my doctor.”

- 30% of unvaccinated adults trust their primary care provider
- 19% trust nurses
- 19% trust the Kansas Department of Health & Environment (KDHE)
- 18% trust the Center for Disease Control and Prevention (CDC)

That said, 38% of respondents indicate they do not trust any source. One focus group participant revealed, “It’s hard to really trust anybody right now…. they’re just trying to push everyone to get the vaccine. They tell you why you should get it, not what all the side effects are. I don’t really know who to trust.”

### 2.5 Demand generation

Respondents indicated the following were most likely to increase their likelihood of getting vaccinated:

- 21% would be more likely to get the vaccine if urged by their health care provider
- 20% would be more likely if offered paid time off from work to manage side effects
- 17% would be more likely if pushed by a family member
- 15% to 21% would be more likely if offered monetary rewards (note: there was variation in impact based on the size and type of reward, with many focus group participants indicating financial incentives would decrease their likelihood to get vaccinated)

In regard to testing, the following reasons would be the most likely to drive respondents to get tested:

- COVID-19 symptoms would drive 50% of the adult unvaccinated population to get tested if experiencing symptoms
- Only about 30% would get tested before or after attending a large gathering
3 Kansas parents of unvaccinated children ages 12-17

3.1 Likelihood to get vaccinated

About 66% of Kansas parents are not likely to get their 12-17 children vaccinated. Of the remaining, 17% are unsure, and 17% are likely to vaccinate their teens.

3.2 Hesitancy drivers

The main reasons cited by parents to not vaccinate their teen children are:
- 61% are concerned about side effects of the vaccine
- 50% do not trust the vaccine
- 40% do not believe their child needs a vaccine

Focus group participants shared that their worries about side-effects are exacerbated by kids’ pre-existing health conditions or previous allergic reactions to other vaccines. A parent added: “I feel like it was developed way too quickly. Just from history for other vaccinations, for other illnesses... it takes a while to figure it out, collect data, test it. I just want to wait and see how it goes.”

3.3 Access to vaccines

Similar to adults, accessibility concerns are not a significant barrier for parents: 73% of respondents report no barriers in getting their child vaccinated.

3.4 Communications

When deciding on whether to vaccinate their child, parents reported they highly valued their children’s opinion: 54% of respondents believe their kids’ opinion to be important. This was validated in multiple focus groups – while younger kids are more impressionable and influenceable by parents, older teens want to do their own research and make their own decisions. One parent revealed, “My son won’t get it. Just to get his regular immunizations is like a fight anyways, but he is very vocal about it to begin with that he didn’t really want it.”

3.5 School measures

Parents didn’t feel strongly about school-based interventions to stop the spread of COVID-19, with:
- 39% believing limited class sizes is important
- 33% believing requiring all students and staff to wear face masks is important
- 29% believing requiring regular testing for all students and staff is important
4 Unvaccinated Hispanic/Latino Kansas adults

Hispanic/Latino represent a total respondent base of N=66. Readers should be cautious when interpreting results for groups with less than 100 respondents.

4.1 Likelihood to get vaccinated

Less than half (46%) of currently unvaccinated Hispanic/Latino adults are unlikely to get the vaccine. This means 54% of the adult Hispanic/Latino unvaccinated population is either likely or unsure about getting the COVID-19 vaccine.

One potential driver of this difference in likelihood by ethnicity appears to be widespread concern about personal or familial infection with COVID-19: 53% reported this as a worry versus 37% of the overall Kansas population.

4.2 Hesitancy drivers and access concerns

The Hispanic/Latino unvaccinated population raised several concerns about the vaccine:

- perception that vaccine development time was too short
- concerned about side effects and allergic reactions
- worried about fertility issues resulting from the vaccine
- preference for at-home remedies (e.g., natural/herbal therapies, over-the-counter medications)

In addition to the above, respondents reported concerns on financial barriers that resulted from unfriendly workplace policies, namely lost wages resulting from missing work due to potential vaccine-related side effects.

4.3 Communications

Specific messages proved more effective for the unvaccinated Hispanic/Latino population than the overall unvaccinated population in Kansas:

- while the phrase, “There is no cost nor out-of-pocket expenses to get the COVID-19 vaccine” would persuade 12% of the overall unvaccinated population in Kansas, 30% of the Hispanic/Latino Kansans would be more likely to get vaccinated after hearing this
- hearing the phrase, “The vaccines are very effective at preventing hospitalization and death from COVID-19” would convince 15% of the overall unvaccinated population in Kansas, and 30% of unvaccinated Hispanic/Latino Kansas
- after hearing the phrase, “Even though most people who die from COVID-19 are older or have other health conditions, some young and healthy people have also been hospitalized and died from it,” 9% of overall Kansans and 28% of Hispanic/Latino Kansans would be more likely to get vaccinated
• the phrase, “The vast majority of doctors who have been offered the vaccine have taken it” would persuade 12% of overall Kansans and 25% of Hispanic/Latino Kansans
• the phrase, “More than 5 billion doses of the COVID-19 vaccines have been administered worldwide” would persuade 8% of overall Kansans and 25% of Hispanic/Latino Kansans to get the vaccine

When asked about effective messaging, Hispanic/Latino focus group participants echoed much of the general survey findings. Respondents reported an ongoing need for accurate and comprehensive material in Spanish (mirroring what is available in English), further interest in hearing from scientists and doctors about vaccine development and safety, the personal stories of those who have been vaccinated, and the importance of traditional and social media in shaping beliefs. Hispanic/Latino parents, in particular, are interested in the long-term safety of the vaccine for children and availability of vaccine-related education for children in multiple channels (e.g., schools and social media)

4.4 Demand generation

Monetary incentives are more likely to persuade unvaccinated Hispanic/Latino Kansans to get vaccinated than the overall Kansas population:
• 21% of overall respondents versus 36% of Hispanic/Latino Kansans would be more likely to get vaccinated if offered a $250 gift card
• 16% of overall respondents versus 31% of Hispanic/Latino Kansans would be more likely to get vaccinated if offered a $100 gift card
• 15% of overall participants versus 31% of Hispanic/Latino Kansans would be persuaded to get vaccinated if they were entered into a $1,000,000 lottery

5 Unvaccinated Black/African American Kansas adults

_Beck/African American represent a total respondent base of N=57. Readers should be cautious when interpreting results for groups with less than 100 respondents._

5.1 Likelihood to get vaccinated

Just under 40% of Black/African American unvaccinated adults reported they are not likely to get vaccinated, with roughly 60% of this community either likely or unsure about getting the vaccine. This difference may be related to less mistrust of the vaccine as compared to the overall Kansas population: only 30% of Black/African American Kansans report mistrust of the vaccine versus 49% of the overall population.

5.2 Hesitancy drivers

Several concerns need to be addressed before unvaccinated Black/African American Kansans will decide to get the vaccine. Participants highlighted:
• concerns about underlying health conditions and related vaccine side effects
• belief that the benefits of the vaccine do not outweigh the risks
• mistrust in the medical and academic field from historical mistreatment of the Black/African American community
• preference for using other precautions instead of getting vaccinated (45% of Black Kansans prefer other measures, compared to 33% of overall Kansans)

To illustrate this, a focus group participant said: “I’m going to continue to wash my hands, take my vitamin C, my vitamin D, and zinc, and eat healthy and try to keep my immune system up and my body strong.”

5.3 Communications

The majority of unvaccinated Black/African American Kansans report a lack of information regarding the vaccine that appears specific to this population:
• 75% do not have enough information or are unsure about the efficacy of the vaccine against variants (as compared with 51% of all unvaccinated participants reporting the same concern)
• 70% do not have enough information or are unsure about the safety of the vaccine (as compared with 50% of all participants reporting the same concern)
• 67% lack information about how well the vaccine protects from getting sick with COVID-19 (as compared with 44% of all participants reporting the same concern)

Black/African American respondents shared that the information they trust about COVID-19 is spread by word-of-mouth and conversations with those in their communities, meaning they are more likely to trust close friends, community leaders, employers, and local news.

5.4 Demand generation

Black/African American Kansans are more likely to be vaccinated when flexible and responsive policies are enacted by their employer than the overall Kansas population:
• 37% Black/African American employed Kansans are more likely to get the vaccine if offered paid time off, compared to 20% of overall participants
• 25% Black/African American Kansans are more likely to get the vaccine if vaccinations were offered at routine medical visits, compared to 12% of overall participants
• 16% Black/African American employed Kansans are more likely to get the vaccine if their employer arranges for a medical provider to come administer vaccines at their workplace, compared to 7% of overall participants

6 Conclusion

While there are a variety of factors driving concerns around COVID-19 vaccines for Kansans, we now also have a set of actions and messages that we know are more likely to be effective in promoting vaccination to those who have not yet gotten their shot. We hope the findings presented across the general public as well as specific demographic groups provide key insights
to inform both operational and communications efforts to further increase vaccination and testing rates across the State.