

**Multimedia Flu Vaccination Communication – Focus Group Testing-**  
**December 2010**

The following report provides top line findings from focus groups conducted on behalf of Fultz Marketing (Fultz) and their client, the Virginia Department of Health (VDH). The overall objective of the research was to evaluate several brand and communications elements developed by Fultz and in use by VDH in an effort to increase adoption of flu vaccinations by impoverished communities in the Richmond, Norfolk, and Southwest Virginia regions. Specific objectives included:

- To find which opinions and attitudes govern decision making with regard to vaccination and preventative medicine in general
- To learn if target populations are aware of the availability of FluMist nasal spray
- To ascertain which communication touch points are most trusted and appropriate
- To evaluate the effectiveness of current advertising videos, materials, and spokespeople

In order to accomplish the research objectives, six focus groups were conducted in December 2010. Two groups were conducted in Abingdon, VA; Virginia Beach, VA; and Richmond, VA. One group per location consisted entirely of mothers with children under the age of 15; the other group consisted of an even gender mix who have older or no children. The Richmond and Norfolk groups were composed of 70% African Americans with the remainder split between Hispanics and Caucasians. The rural groups were composed entirely of Caucasians. All participants were low-income residents ages 18-44, but weighted



toward those under 35. Most participants had not been vaccinated for the flu in recent years, but none were concretely opposed to receiving the vaccination.

The groups began with participant introductions and an assessment of participants' knowledge and opinions of flu vaccination. Next, ideal communications touch points and methods were investigated, followed by evaluation of several communications elements, including print, radio, and television ads along with a campaign logo. After the individual communications elements' evaluation, a concluding conversation appraised the cohesiveness of the campaign as a whole.



The order of this report follows the flow of the focus groups. The sessions were audio taped, and the recordings will be turned over to Fultz Marketing.

Copies of the recruitment screener and discussion guide may be found in the Appendix to this report.

When reviewing this report, it is important to remember the special nature of recruited participants. The perspectives of lower income, urban and Appalachian respondents resistant to vaccination should not be extrapolated to the statewide population as a whole.

## General Vaccine Discussion

Over the course of the sessions, participants offered their thoughts on vaccinations in general. Respondents were relatively uneducated about vaccine composition or function. Four consistent comments/experiences are noteworthy:

- **“Vaccine” means “Flu Shot.”** Respondents show high association between the term “vaccine” and the flu shot. Groups were generally unable to name many vaccines, though mothers of young children (and parents in general) were more familiar with childhood vaccinations. Such as MMR, Tetanus, or Chicken Pox.
- **The important vaccinations are required.** Vaccinations like MMR and Tetanus were known to be required. Participants suggested that if the flu vaccination was important or necessary, it would also be required.
- **Vaccines contain some form of the virus.** The majority of participants were aware that a vaccine is composed of a virus and assume that virus to be live. Outside of this basic understanding, most were unsure of compositional specifics of the flu vaccine. Some thought it was composed of chemicals. Only 2-3 participants among all groups had specific knowledge of vaccine composition.
- **Vaccines strengthen your immune system.** Most participants agreed that vaccines help to build the immune system’s resistance to a virus. They were rarely able to expand further on the process.

## Flu & Flu Vaccination Beliefs

Respondents were often incorrect in their thinking of flu symptoms and contagion. Most believed the flu to resemble an intestinal virus; others thought of it as a “bad cold.” All in all, they believed their risk of the flu and the perceived severity of the illness not worth the effort or risk of the vaccine.

### Flu Perceptions

- **Uncertain of flu symptoms.** A majority of respondents were unable to differentiate the flu from other illnesses. Many were aware of fevers and aches, but vomiting and even chest colds were regularly listed as the predominant side effects of the flu.
- **The flu lasts about a week.** The majority of respondents acknowledged that the flu could last about a week. Some suggested as many as two weeks. A few insisted that proper treatment and a healthy immune system would eliminate it within a few days.
- **Flu infection statistics are unknown.** No participants knew the infection rates, death rates, or vaccination success rates for the flu. Many felt the vaccination was less than 50% effective. One person even insisted that as little as 2% of vaccinations benefited people.

**Flu Vaccine Perceptions.** As non-vaccinators were recruited, it is not surprising that a firm resistance to inoculation existed in the groups. Many shared the same beliefs, both positive and negative. The most predominant views follow:

- **Barriers**
  - **Antipathy:** Many respondents dislike taking needles or foreign substances into their bodies, especially when they feel healthy.
  - **Inertia/Urgency:** Even those who are not strongly resistant to vaccination indicate they “never get around to it.”
  - **Lack of perceived risk:** Respondents believe they will not get the flu or that if they do, they will fight it successfully without undue suffering or missed time.

- **Side effects:** Side effects are equated to flu infection.

**Vaccination is an admission of weakness/dirtiness:** Flu vaccinations are viewed as only necessary for the weak and at risk.

- **Drivers:**
  - **Severity of strain/risk of serious illness:** The threat of death or serious illness from powerful strains like H1N1 are motivating to many.
  - **Contagion:** Concern about infecting and harming other, weaker individuals such as children or grandparents may be a driver for vaccination, even among those who consider themselves healthy.
- **Flu vaccinations are for children, the sick, and the elderly.** The vast majority of respondents insisted that flu vaccinations were only necessary for those with weak immune systems. The majority of mothers and parents vaccinated their children against the flu. Some mothers had vaccinated themselves during pregnancy. However, none of the respondents considered the flu vaccination to be *necessary* for them at the current time. Two key factors contributed to this perception: **1)** Respondents were firm believers in their natural immunity. The pride with which respondents described their immune systems suggests that vaccinations may contradict their perception of their own strength. **2)** Respondents were proud of their cleanliness. Phrases such as “I’m a clean person; my home doesn’t have germs” or “Children touch their noses and mouths; I don’t unless my hands are clean” were frequently uttered, implying that vaccination may, on an unconscious level, be an admission of an unsanitary home or lifestyle.
- **The flu vaccine comes in a shot.** A few participants cited fear of needles as a barrier to vaccination, though when presented with the spray alternative remained resistant to inoculation. This implies that the shot itself is not a strong barrier. However, very few participants were aware of the FluMist Spray. Some were more open to the FluMist while others suggested a pill form. In all, though, the form of the vaccine does not appear to be an important barrier.

- **The flu vaccine makes you sick.** The majority of respondents insisted that the vaccine causes flu virus. The tone of group conversation when discussing this idea was remarkable. Respondents attempted to one-up each other with stories of someone they knew who had become gravely or repeatedly ill as a result of a flu shot. It is important to remember that this conversation likely reflects thousands of similar conversations between acquaintances across the state. One Norfolk area student explained, “My school does it for free, but the buzz around campus is that it makes you sick. It gives you the flu.”
- **Cannot differentiate sickness from side effects.** Participants would often explain that the flu vaccine would cause people to feel hot and achy. They did not know the true nature of the symptoms and assumed that the symptoms directly represent infection.
- **Flu vaccinations cost about \$25.** Most respondents assumed the flu vaccine to cost money, and expected it to cost around \$25. A few were aware of free vaccinations through either work or the health department. Because they had rarely considered vaccination seriously, they had not considered the value of the \$25 investment. However, for impoverished respondents, \$25 for a vaccination is likely a steep price.
- **Doctor recommendation matters.** Respondents reported that physicians do not strongly recommend a flu vaccination. In the words of one Abingdon respondent, “My doctor asked if I wanted one and I said ‘no’ and he was like, OK, and we moved on. Didn’t seem very important to him.” This experience, shared by respondents in all markets, communicated a general lack of urgency for the vaccine.
- **Doctor recommendation must personally apply to individual patients.** Vaccination-resistant respondents indicated that if their doctor “diagnosed” them with the need for a flu vaccination, they would be more likely to agree than if the doctor implied that everyone needed the vaccine. Again, these respondents consider themselves uniquely strong, clean, and able to resist infection.

- **Respondents know how to get vaccinated.** Most reported that if they decided to be vaccinated, they would proceed to their doctor's office or local pharmacy. They regularly see signs advertising vaccine availability. Respondents in Abingdon were more likely to mention the Health Department as a primary flu vaccine resource.

## Media Exposure

The focus groups reported that messages about flu vaccination might reach them via local television news and radio, Facebook, doctor's offices, and health departments. Some less conventional suggestions included gas station pumps and bathroom stalls (with messaging referring to the germs on the gas pump handle or toilet seat). Most participants do not read newspapers. There were some significant and specific differences by location:

- **Southwest Virginia:** There was a greater emphasis on television than radio. This is possibly due to the poor radio reception in the mountains, and/or the ability for respondents to relate to television personalities in terms of ethnicity, accent, and interests. No specific alternative sources were listed for local events; respondents relied on local television and word of mouth for much of their local news.
- **Norfolk:** BET, ESPN, CNN, and local news channels were listed as major sources, but radio was more greatly acknowledged in Norfolk. Radio is better able to cater to specific ethnicities within a diverse metropolitan area. The predominant radio station mentioned was 95.7 FM.
- **Richmond:** Richmond groups added extra emphasis to the Internet, along with TV and radio sources. One respondent commented, "Put it on Facebook, everybody's on Facebook!" YouTube and Yahoo! were also mentioned as popular internet destinations. The two predominant radio stations listed were Q94 and 106.5 FM. Television shows *Dr. Roz* and *The Doctors* were thought to be appropriate as well.

### **Touch Point Trust- Credible Sources of Medical Information**

Respondents were asked to share the information sources they found to be the most trustworthy for information about flu vaccinations. “My doctor” and “the Internet” were very popular responses. WebMD was the website listed most frequently as the “go to” source for information.

The media as a whole was distrusted to some extent. One respondent even went as far as to say, “I don’t believe anything the media tells me,” with some agreement from other group members. Local television news, however, was more trusted than the national media; especially in Southwest Virginia. Radio was appreciated more by Norfolk and Richmond groups.

Churches and community groups were not mentioned by the groups, but when prompted with the concepts, they responded positively. Some participants, without solicitation, also mentioned the health department as being trustworthy.

It is important to note that distrust of governmental health departments or spokespeople appears to be waning. In fact, in creative evaluation (presented below), participants often suggested emphasizing the VDH logo for additional credibility.



## **Creative Overview**

In general, respondents found the campaign to be cohesive and “fitted well together.” Local celebrity appearances were very well-received, but enhancements will make them even more appealing and convincing. The logo was also well-received, and appeared to work as a stand-alone creative piece. Print ads were generally criticized as not “scaring them into action” and reactions to TV and radio were mixed.

Print Advertisements



Black and white print newspaper advertisements were distributed to the Norfolk and Richmond groups for evaluation. The moderator read the content aloud to the groups before requesting feedback. The print ads varied by location, but similar criticisms arose among all of them:

- **It's too "black."** The individuals represented in each of the ads were all African American, and the groups noticed this. They felt as though they were being too obviously singled out and targeted. Some appeared to feel

*accused* of not getting flu vaccinations. One Norfolk respondent complained, “It’s saying: black people are contagious!”

- **It’s not believable.** The pose of the people in the photos as well as the background. The groups wanted to see something more natural and representational of their real life.
- **The mood is inappropriate.** The groups felt that an ad about Flu vaccinations should display a mood and seriousness that matches the topic. Smiling faces, particularly when paired with the happy background, seemed out of place. Respondents suggested that a somber or intense tone/environment would be more convincing and appropriate. “Scare me into it.”
- **The block of text is reminiscent of “fine print.”** Participants overwhelmingly stated that they would not bother to read the block of text in the ad. It reminded them of the fine print on a contract or of a legal disclaimer. In their minds, this “fine print” likely warned about the inefficacy or risk of the vaccine.
- **Reading is passé.** *One respondent confidently stated, “People don’t read!” to the agreement of the rest of the group. A majority of the respondents denied reading newspapers at all. The groups admitted that they’d most likely glance at the ad and move along after reading the first few words.*
- **“Thousands of Virginians” is too few.** In Richmond, respondents were unimpressed by the mention of “thousands of Virginians.” One participant pointed out that the Richmond metro area has one million people. This communicated that a very low percentage of people are being vaccinated.

## Radio and Television Advertisements

There were some consistent, overarching themes in the suggestions by all 3 regions:

- **Local media celebrities are great spokespersons.** The groups all loved their local celebrities. They easily grabbed the attention of the viewers and were all respected individuals.
- **Doctors Remley and Cantrell.** While participants acknowledged the authority and credibility of both physicians, particularly Dr. Remley, they didn't feel that alone would change their minds on flu vaccination. When it was pointed out that Dr. Remley is a pediatrician and mother of two, participants responded more favorably to message. Several suspected that the doctors were hiding drawbacks to the vaccine in order to advance/execute their career ("She has to say that; it's her job," suggested one respondent). In Abingdon, respondents liked the fact that Dr. Cantrell is from Southwest Virginia (though it needed to be pointed out by the moderator), but few remembered her title and none recognized her on their own. In fact, the :30 version of the television spot with only Dr. Remley was preferred to the longer one (a rarity in television ad testing).
- **Statistics are vital.** Every single focus group suggested statistics be added to the advertisements. They specifically wanted to see infection rates, death rates, and vaccination success rates.
- **Make it personal.** The celebrities grab the audience's attention, but their message fails to relate to respondent experience. Making their messages personal will help them further relate to audiences. Groups suggested celebrity "testimonials" as a solid and convincing messaging format. Respondents assumed spokespersons were getting paid for their appearances rather than being invested in the cause. Similar perceptions were held about Drs. Remley and Cantrell; several felt they "had to" make their statements because "it's their job," although that was not an outright negative as they didn't relay any distrust toward public health.

- **Make it more serious.** Participants suggested that if the speakers take the Flu seriously, they should communicate the importance of their message in a more serious way. Many respondents even suggested that the advertisements would be convincing only if they scared the audience.

The radio ads, in particular, were criticized for not being attention-getting. Several suggestions were offered by respondents:

- Make the first sentence powerful and relevant. Grab the listener's attention with a relevant statistic or risk factor pronounced with strength.
- Change the music to a more intense form. Some considered the music in the radio spots as background without urgency.
- Include influential statistics
- Add a sense of urgency to encourage listeners not to postpone getting a flu shot. "How late is too late to get one? I keep thinking I'll do it eventually, then I think it's too late." asked one participant in Abingdon.

Reactions to local celebrities was positive, and are summarized below.

### **Johnny Wood**

Johnny Wood was very well-received in Abingdon. Respondent body language clearly communicated his appeal; respondents leaned forward, smiled and laughed when they saw/heard him. They mentioned his consistent references to fishing, and including this in the television spot further drew in respondents. As one participant said, "he's walked in our shoes, and that matters out here."

### **Big Dose**

Big Dose was also complimented as an excellent choice for spokesperson. "His voice on the radio is like writing in bold without having to see it," said one participant. They also touted the radio as the "voice of the community" and held it in high regard. However, as respondents were

quite familiar with his voice, but none had ever seen him, they were taken aback and distracted by his appearance.

### **Clovia Lawrence**

Clovia Lawrence is a very trusted spokesperson; she “wouldn’t put her name and reputation on the line if she didn’t believe in it,” believed one participant. However, most felt her delivery was unnatural; several believed her to be reading from a teleprompter. On the other hand, though participants would listen to what Clovia had to say, her “reading the prompter delivery” was not enough to persuade them to get vaccinated.

**Banner Advertisements**



Two Internet banner ads were presented to the Norfolk and Richmond groups (“Bug” and “Safe”). In general, Richmond groups were more receptive to banner ads in general, and liked the idea of Flu vaccine information being “just a click away.” Many Norfolk respondents thought that banner ads were untrustworthy and would be unlikely to click on one for fear of malware or computer viruses.

Bug was preferred to Safe by the majority of respondents. They described it as cute and much more likely to grab their attention. The Safe banner was disliked because groups felt it was “talking down” to them. The overall length of the banner ad was also criticized. Many of the participants agreed, “I would never look at an ad for that long.”

### **Flu Logo (It's Up to You to Fight the Flu- No Flu for You)**

The VDH Flu vaccination logo was presented in color print after the banner ads were reviewed. It was well received by all six focus groups. In fact, some groups mentioned it during print ad testing, which testifies to its appeal. Respondents found it simple, catchy, and reminiscent of a bumper sticker. **The tagline “it's up to you to fight the Flu” was thought to be both positive and empowering.** They could easily picture it in use in advertisements or on display in stores and clinics. It was undoubtedly held in the highest regard of all the creative pieces reviewed.

## Collective Campaign

Finally, the groups were asked what they thought of the campaign as a whole:

- Do the individual pieces work well together?
- Is it obvious that the pieces are connected in a larger campaign?
- Is there any important information missing?
- Could any communication channels be added to strengthen the campaign?

The respondents had little to say in response to the moderator's questions. There was strong concurrence that the pieces were recognizable as part of a larger campaign. According to the respondents, there was some key information missing:

- Statistics
- Side Effects
- How the Flu vaccination works
- What the Flu vaccination is made from

They could think of no additional communication channels to add to the campaign.

## Executive Recommendations

**Consider intent of campaign.** The campaign tested among vaccine-resistant Virginians did not directly address the powerful barriers preventing vaccination. This approach was likely effective as a reminder for those with a propensity to be vaccinated in the first place (though testing is needed to confirm this). If changing the perspective of vaccine-resistant Virginians is the objective of the campaign, key barriers (side effects, statistics) will need to be addressed.

**Address side effects.** In the absence of any reassurance to the contrary, opinions on the risk of illness from flu vaccines have become greatly exaggerated. Discussion of this topic in focus groups resembled urban myth making. Virginia Department of Health must offer facts about side effects to combat this phenomenon.

**To change behavior of the reluctant inoculators, consider positioning similar to blood donation.** There appears to be some traction to the concept of vaccination as a method to protect *others* instead of oneself. Portraying healthy adults as vaccine “heroes” will serve to combat two key barriers to vaccination:

- Cleanliness/strength; vaccination is no longer an indication of weakness (as respondents believe vaccines to be for the weak or at risk), but of strength of character.
- Side effects: acknowledging side effects and dismissing them as insignificant will turn this barrier into a potential source of pride for vaccine-resistant adults.

**Communicate urgency.** Not only should the importance of getting a flu vaccine in general be communicated, but the audience must believe they need to be vaccinated immediately. No time-specific call to action allows viewers to procrastinate until they believe it is too late to make a difference.

**Communicate “free”.** Particularly among the population below the poverty line, it will be imperative that audiences know that free vaccines are available to them and their children. Either reference free locations directly in communications, or offer the website as a resource for finding free vaccines.

**Test among general population.** It will be critical that new advertising targeted to non-vaccinators also be tested among likely vaccinators. Alienation of core and occasional vaccinators should be prevented.

**Encourage doctors to strengthen recommendations.** Physicians do not appear to be passionate about recommending flu vaccines to patients. Respondents trust their doctors, and a strongly worded, personal appeal to receive the vaccine may increase rates.

**Include local personalities.** Local color in the communications improves appeal, grabs attention, and encourages audiences to listen to the message delivered. Johnny Wood and Clovia Lawrence work well for television and radio. Big Dose conveyed better in radio; another local celebrity with whom residents are visually familiar is recommended for Norfolk television spots. It is vital that the spokespersons endorse flu vaccinations on a personal level. A testimonial provides a legitimate reason for their support as opposed to a paycheck.

**Emphasize television in southwest VA and radio in urban markets.** Though confirmation in quantitative testing or media data is recommended, it appears that southwest Virginia residents rely more on television for local information, while urban residents in Norfolk and Richmond prefer radio.

**Increase diversity in print depictions.** Featuring all-black characters in print ads raises a red flag to African American respondents, who feel singled out. Depicting more ethnic diversity in communications will make the targeting feel less obvious.

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