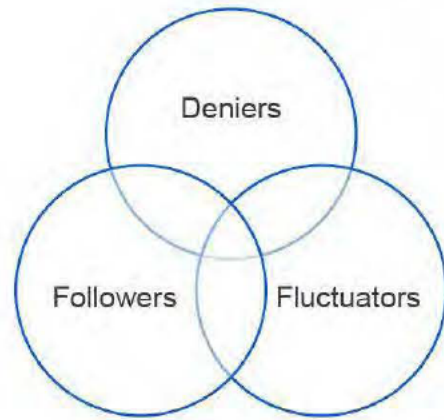


4. Preliminary territories

community tensions

territory opportunities for change



- We need to look for the overlapping tension areas and associated messaging – areas of conversion of need across the three targets of interest to form our territories for testing.
- Understanding areas of overlap provide the highest probability for converting those who are holding off on vaccination while reducing the potential for messaging aimed at one segment on it's own from alienating other segments.
- Messaging and the expression of the overall territory can be adjusted for segments individually as part of any programmatic or community based engagement.

The territories on the following slides are for TESTING PURPOSES ONLY - they are designed to tap into underlying tensions and to allow Kantar Public to explore these issues in detail in Phase 3. it is highly likely that final territories will be a combination of the elements in this draft document, or redrafted territories based on insight from Phase 3.

AUTONOMY

The big ask

Seldom in our lives is there such a big thing that we're all being asked to do at the same time. But, the Covid-19 vaccine is one of those rare times. We know it's a big ask ...but, we wouldn't be asking if we didn't think it was important. If you've been putting off getting a vaccine, our health experts are here to help and happy to talk about any questions you may have.

- **'Big ask'**: softens the parent to child tone and repositions this is a request to reduce pushback and tension – while continuing to raise the importance and need for broader vaccination
- **'Putting off vaccine'**: aligns with current decision making – implies opportunity for conversion
- **'Talk to health experts'**: brings in an element of individualism, provides a direct call to action beyond 'get the vaccine' and signals 'conversation' not 'compulsion'

OWNERSHIP

It's up to you, but you don't have to do it alone

Getting the COVID-19 vaccine is a big decision for everyone, and we know that people want to take time to make sure they choose what is right for themselves, their families and their community. The final decision is yours, but you don't have to make it alone. Our health experts are here to help explain the options, so your decision also comes with peace of mind.

- **'Not alone'**: reduces the tensions associated with fear of making the wrong decision – suggests conversation and tailored advice (critical for those with underlying health conditions)
- **'Take the time'**: reduces any stigma associated with 'not making the choice that is in the best interests of the community'
- **'Peace of mind'**: paired with health experts to indicate shared decision makers and to reduce the tensions associated with fear of poor choices (when made in isolation)

INDIVIDUALISM

It's a problem we all face, but we're not all the same

While we want everyone to act together, we know that everyone is different. We all have different views, experiences, and we're all at different points in our life. We want you to make the choice that's right for you. So, now's the time to tailor your solution - book an appointment and spend some time talking to a professional about one of the biggest challenges the world, and ACT, is facing.

- **'Everyone is different – different experiences'**: acknowledges that there are multiple points of view and that we are all on a journey
- **'Tailor a solution'**: promotes individualism and reinforces that different opinions are driven by different needs
- **'Spend time talking'**: conversational focus – shift from parent to child tonality as current

ACKNOWLEDGEMENT

It's ok to have questions

We know there are different opinions and questions about the COVID-19 vaccines ...and in something this complex, that's totally normal. If you've been holding off on getting the vaccine, because you don't feel like your questions are being answered or considered ...our health experts are here to listen and help explain what the options are.

- **'Ok to have questions'**: reduces any tensions associated with 'stigma' or 'shame' by normalising concerns and questions
- **'Holding off'**: deliberate use of term for testing
- **'Don't feel like your questions are being answered'**: direct acknowledgement of differences, reducing the tensions associated with being ignored

EMPATHY

Don't tie yourself in knots

Sometimes, even though we might think it's the right thing to do, it doesn't mean that it's easy. It's ok to still be thinking about the COVID-19 vaccine, and what's going to best for you and your family. But, don't tie yourself in knots. If you've been holding off on getting the vaccine, our health experts are here to listen and explain what the options are.

- **'Doesn't mean it is easy'**: clear demonstration of empathy associated with complex decision making'
- **'Still ok'**: noting this is controversial – again, focused on showing empathy and reducing stigma associated with consideration at this point in the vaccine roll-out
- **'Listen and explain'**: conversational, two-way in focus – listen implies empathy around decision making

CONFUSION

A problem shared is a problem halved

With so much information going around – about the vaccines, the targets, the pathway out – it can be hard to know what's right for you. If you've been putting off getting the vaccine because you're simply not sure what to do, we're here to help. Relieve the pressure and book an appointment and spend some time talking to a professional about the facts and how they apply to you.

- **'Hard to know'**: normalises confusion and a lack of clarity
- **'Here to help'**: assistance based rather than directive – conversational in tone, supportive in nature
- **'Relieve the pressure'**: benefit led as a result of tension resolution

MYTH (possible support territory)

Direct myth address

Undertaken in a statement format, with 'false' statements referenced to their sources (particularly Facebook, Instagram etc which dominate for these segments), contrasted with facts referenced through reliable and searchable sources.

A 'hearing and knowing' format.

NOTE: BEFORE TESTING, WE REQUIRE INPUT FROM THE ACT GOVERNMENT ON MYTHS – EXAMPLES FOR REVIEW HERE ONLY

Hear	Know
Drinking bleach will kill COVID-19 (Donald Trump, 2020)	Wrong – bleach contains sodium hypochlorite which is a corrosive, it destroys human tissue and can kill you. It's listed on the poisons register.
Ivermectim has been proven to be highly effective in treating COVID-19. (reddit feed)	Wrong – this is a de-wormer used for horses, it is not designed for humans and has never been tested on us. It has not been proven to help with the symptoms of COVID-19 anywhere in the world. It is dangerous for humans to consume.
There are more people in hospitals from getting the COVID-19 vaccine than there are COVID-19. (my mate John on Facebook)	Wrong – In the ACT, no one has been admitted to hospital after getting the vaccine. In the ACT, there are currently XXX people with covid, XXX are in hospital and XX in ICU.
You only get really sick or die from COVID-19 if you have pre-existing conditions – it's really just a common-cold and we should treat it that way. (Something I overheard it at the pub)	Wrong....

Kantar Public

From: "Morgan, Hannah (KT)" <>
Sent: 21/09/2021 7:21 AM
To: "Briant, David" <David.Briant@act.gov.au>
Cc: "Stafford, Neil" <Neil.Stafford@act.gov.au>; "Donovan, Craig (KT)"
Subject: HPE CM: Covid-19 vaccine hesitancy
Attachments: 263406985_Covid 19 Vaccinations_DSG (Territories)_20210920.docx

CAUTION: This email originated from outside of the ACT Government. Do not click links or open attachments unless you recognise the sender and know the content is safe.

Hi David,

Thank you to you and the team today – it was great to get everyone's thoughts on our initial thinking, we're looking forward to seeing how this all progresses with the additional data.

A quick one to share with you the guide for tomorrow for the territory testing – as you can see, the bulk of the conversation is focused on the territories but if there are additional things or feedback you'd like us to address such as the incentivisation discussed today, please let us know and we'll add in as probes.

Many thanks,

Hannah

KANTAR PUBLIC

Hannah Morgan
Associate Director

Level 6, The Bond
30 Hickson Road
Millers Point
NSW 2000
Sydney, Australia

T: 2.2(a)

Today, I am working on the lands of the Gadigal and Bidjigal people of the Eora Nation. I acknowledge the traditional custodians of this land and pay respect to their Elders past, present and emerging.

<https://www.kantar.com/campaigns/public/australia/>



From: "Morgan, Hannah (KT)" <>
Sent: 22/09/2021 2:15 AM
To: "Stafford, Neil" <Neil.Stafford@act.gov.au>; "Briant, David" <David.Briant@act.gov.au>
Cc: "Donovan, Craig (KT)" <>; "Moore, Ash (KISYD)" <>
Subject: HPE CM: RE: Covid-19 vaccine hesitancy
Attachments: 263406985_Covid 19 Vaccinations_DSG (Territories)_cv2.docx, 263406985 ACT Government - Project Vaccination - Territories.pptx
Importance: High

CAUTION: This email originated from outside of the ACT Government. Do not click links or open attachments unless you recognise the sender and know the content is safe.

Hi Neil,

Thanks for sending this through.

I've incorporated and made some changes in the attached the main thing I'm a bit concerned about is that we don't want to be seen to be doing what we are doing (trying to figure out how to convince them to get vaccinated) in case we trigger them further...so have looked to soften the framing a bit and also set this up as more of a collaboration on how to decide for or against, rather than just for.

For the myths too yes, we'd love your input, sorry I should have made that clear. Because the respondents are going to figure out that this research is being done by a government of some kind, we need to make sure that what we are presenting is true and verifiable again to ensure we don't undermine any efforts / trigger in any way, so we need to be sure these aren't too made up. I've done desk research this morning on publicly available sources based on your suggestions but would be really grateful if you could please get sign off on some of these? E.g., Slide 11 hard to verify the first part of this myth buster in particular. I've also used a range of sources to see if this triggers them which we can show / not show.

Let me know if you'd like to discuss?

Thank you,

Hannah

From: Stafford, Neil <Neil.Stafford@act.gov.au>
Sent: Wednesday, 22 September 2021 9:57 AM
To: Morgan, Hannah (KT) <>; Briant, David <David.Briant@act.gov.au>
Cc: Donovan, Craig (KT) <>; Moore, Ash (KISYD) <>
Subject: RE: Covid-19 vaccine hesitancy

OFFICIAL

Hi Hannah,

Thanks to you all for sharing your insights yesterday – it was well received and we are looking forward to the final wrap up. There has been no feedback on the territories for testing (and probably unlikely to be)...David & I are happy from our end but we'll let you know if anything comes through by this afternoon.

For the guide, happy with the approach in terms of exploring and testing the territories. We would like if possible to add a bit of time for discussion on more than just comms and messaging but the possible policy levers, strategies etc that would support such messaging. May not be directly testing financial incentives per se, but how some of these territories can be operationalised / facilitated / supported in practice to help people make a decision to get

vaccinated. E.g. is it about where and who they would consider getting a vaccine from, how they would need to access experts and what form this might take, anything else that might just get them over the line once they've made their mind up? Noting that some of this likely came out in the initial qual, but it would be good to ensure this is checked off. I have made some suggestions in the final section in the attached, but happy for you to play around with it.

For the myths, I noticed you had some examples in the preso yesterday and these are fine to run with. If you are happy for a few extra then I'd suggest something on fertility and vaccination, big pharma / gov conspiracy stuff, and maybe something along the lines of building up natural immunity is better than getting vaccinated or some such.

Happy to discuss if you have any questions.

Cheers,
Neil

From: Morgan, Hannah (KT) <>
Sent: Tuesday, 21 September 2021 5:22 PM
To: Briant, David <David.Briant@act.gov.au>
Cc: Stafford, Neil <Neil.Stafford@act.gov.au>; Donovan, Craig (KT) <>; Moore, Ash (KISYD) <>
Subject: Covid 19 vaccine hesitancy

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1 Territories

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2

Myth busting

Drinking bleach will kill COVID-19
(Donald Trump, 2020)

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There are more people in hospital from getting the COVID-19 vaccine than there are COVID-19.

(my mate John on Facebook)

Wrong – In the ACT, no one has been admitted to hospital after getting the vaccine. In the ACT, there are currently 227 people with Covid-19, 10 are in hospital and 2 in intensive care.

You only get really sick or die from COVID-19 if you have pre-existing conditions – it's really just a common-cold and we should treat it that way.

(Something I heard from a friend)

Wrong – 14% of cases end up in hospital and 3% in intensive care – not all of these had pre-existing conditions.

Never before have we been asked to do something like this
(Something I heard from a friend)

Wrong – both polio and smallpox were all but eradicated in Australia via a nationwide vaccination programme.

The government are hiding the number of vaccine injuries / side-effects / adverse events occurring from the Covid-19 vaccine.

(Something I read somewhere)

Wrong – the Therapeutic Goods Administration (TGA) are releasing a Covid-19 weekly safety report showing all reported adverse events and deaths, by brand of vaccine.

You're more likely to die from a vaccine related blood clot than from Covid-19 itself
(Something I saw on the news)

Wrong –134 cases of Thrombosis with thrombocytopenia syndrome (TTS) have been reported in Australia. Only 39 of these were in intensive care, and 8 died. There have been 88,710 cases of Covid-19 (765 in the ACT) and 1,178 (3 in the ACT) have died.

Getting infected with Covid-19 gives you better immunity than the vaccine does...so it's better to get Covid than get vaccinated.

(That new study from Israel)

Wrong – vaccination is the safer path.

This study didn't include unvaccinated people who hadn't been infected with Covid-19 for comparison, nor did it account for the harm caused by direct infection vs. vaccination – it's not a like for like comparison. In fact, several studies have shown that people recovered from Covid-19 are at increased risk of long-term health problems when the same is not true for the vaccines.

The Covid-19 vaccine was developed too quickly so it's not safe and we don't know enough about it.

(A news site I visit)

Wrong – yes they were developed quickly but these vaccines used existing technology so were able to go straight to clinical trials. All vaccines follow the same clinical trial process:

- Phase I: a small group of people for initial efficacy and safety testing
- Phase II: a larger group of people with specific characteristics like being the same age
- Phase III: a large trial with thousands of people
- Phase IV: real-world monitoring & adverse event reporting

All Covid-19 vaccinations have undergone Phase III trials. If there is any concern about a vaccine at any stage, the vaccine does not progress - like the University of Queensland vaccine which did not progress to Phase 2/3.