

Beyond Politics — Promoting Covid-19 Vaccination in the United States



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100 Million Doses in 100 days: April 30



President-elect Joe Biden receives the second dose of his Covid-19 vaccination at ChristianaCare Christiana Hospital on Jan. 11, 2021. | Alex Wong/Getty Images

Herd Immunity



“We need to have some humility here,” he added. “We really don’t know what the real number is. I think the real range is somewhere between 70 to 90 percent. But, I’m not going to say 90 percent.””

Product Launch



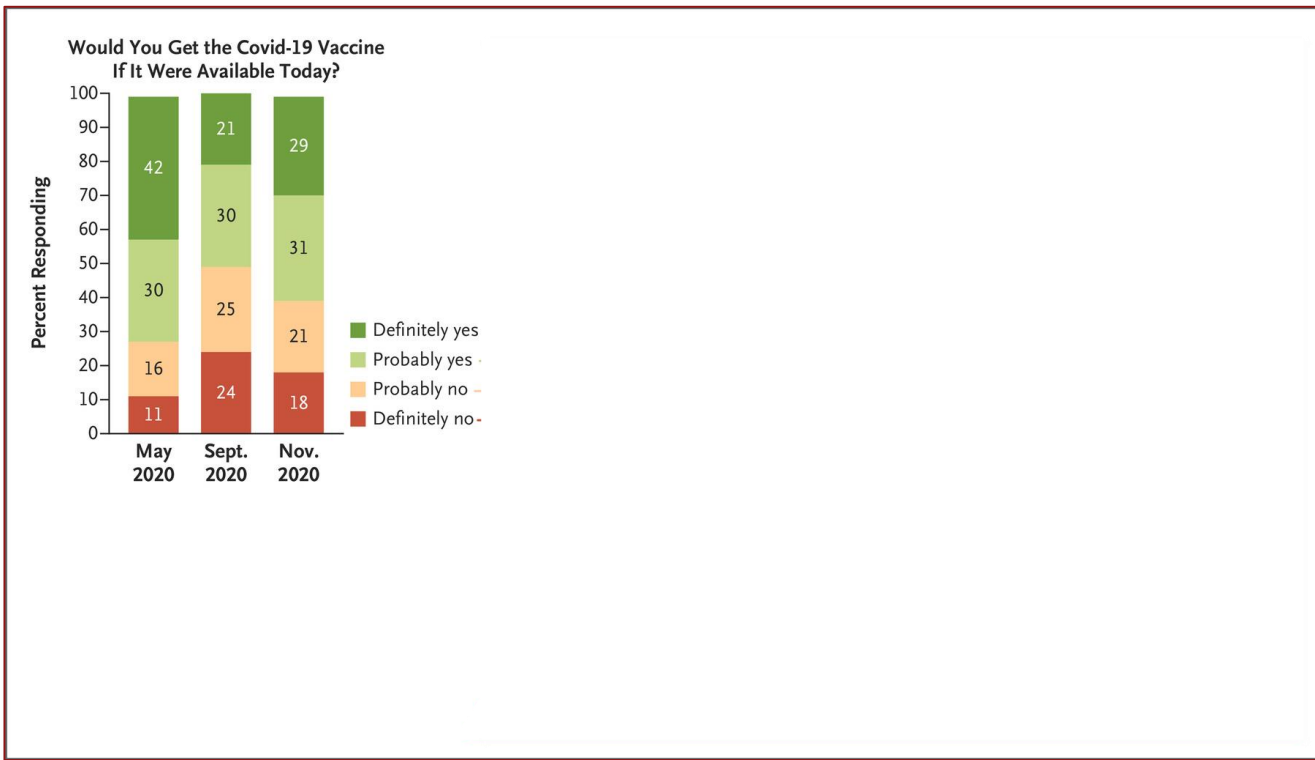
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Prioritization of Communication Tactics Based on Vaccine-Hesitancy Level



Strategies for Promoting Covid-19 Vaccination

Table 1. Strategies for Promoting Covid-19 Vaccination.*

Strategy	Needed Action	Sample Tactics
Segment public according to identity barriers	Qualitative research or text mining of social media to determine why patients feel vaccination runs counter to their identity.	Create targeted messaging based on relevant barriers, such as a “Go out with a bang, but don’t die this death” campaign for groups with a Covid-defiant identity.
Find a common enemy	Message testing to determine what common enemies resonate across two polarized groups. Look for an enemy that prompts more animosity than the opposite group does.	If a common enemy is poverty or recession: “This economy needs a shot in the arm. We can do that.” If a common enemy is those who don’t believe in America: “Think we can’t vaccinate 300 million people in 3 months? Watch us.”
Use analogy	Develop a list of appropriate analogies for critical facts, processes, or statistics and share them through health care channels. Encourage trusted medical providers to prepare their own analogies for common vaccine questions. Use analogies to augment more complicated discussions of fact.	Use process analogies (e.g., if asked how the vaccine works, say “mRNA is like a teacher that shows the body how to make the antibodies that fight off Covid.”) Use statistical analogies (e.g., “You’d be more likely to get hit by lightning than to die from Covid after getting vaccinated.”)
Increase observability	Make it easy to see, in person or online, who has been vaccinated.	Offer a wearable token — a bracelet, sticker, or pin — that can be observed by others. Offer social media frames and banners (e.g., “I’m a First Responder and I’m Vaccinated”). Partner with celebrities, respected local leaders, and members of all parties to show them, on old and new media, being vaccinated.
Leverage natural scarcity	Use a national or state referendum to decide who gains access to the vaccine first, or request community input through surveys.	Frame the chosen “first receivers” — whether the elderly, first responders, teachers, or essential workers — as nationally valued and honored.
Predict and address negative attributions	Monitor media to quickly identify negative attributions. For segment-specific attributions, partner with community leaders or influencers to identify and counter negative attributions.	If delays in vaccine accessibility are being attributed to government incompetence, use daily briefings to show a complicated “air traffic control map” tracking freezer trucks. If prioritized deployment of vaccines in historically disadvantaged neighborhoods is being attributed to a belief that these populations are expendable “lab rats,” include these communities’ trusted local leaders in prioritization discussions.

Table 1. Strategies for Promoting Covid-19 Vaccination.*

Prompt anticipated regret	Develop and use communications to remind people of a low-probability but high-stakes outcomes and the resulting strong emotions.	Train family practice staff to use questions and statements such as: “What would change in your family if you became a Covid long-hauler and had permanent lung or heart damage?” “I’ve seen the crushing guilt of families that lose someone to Covid after not being quite careful enough — don’t do that to yourself.”
Avoid conveying piecemeal risk information	Coordinate press releases with stakeholders to avoid letting bad news trickle out and making it seem worse than it is.	If a delay seems likely, wait until you have a clear sense of the new situation and present any bad news up front and, ideally, just once.
Promote compromise options	Find ways to promote a sense of control by offering multiple vaccination choices; introduce other actions to frame vaccination as a middle or normal choice.	Train cold-call promoters or survey takers to ask people if they will get the vaccine later, get it now, or get it now and sign up to donate plasma.
Create FOMO motivations	Frame vaccination as a desirable opportunity not to be missed. Find and provide rewards for vaccine completion.	Partner with employers to give employees a day off to be vaccinated. Create a campaign to promote the idea that families should stagger vaccinations so that each “hero” gets a day in bed with snacks and binge-watching movies. Use monetary incentives (tax deductions or insurance refunds). Encourage celebrities to hold future free events for vaccinated fans.
Combat uniqueness neglect	Work with health care providers to identify patient groups that might feel they have special conditions unlike “ordinary” people.	Train medical personal to identify uniqueness neglect (e.g., patients might say, “The vaccine is fine, but it won’t work for me.”) Offer safe (even if largely unnecessary) modifications to standard vaccine delivery (e.g., topical analgesics before injection; getting the shot late in the day).
Neutralize the case versus base-rate heuristic	Communicate with clinicians and other front-line health personnel about the base-rate fallacy. Build and use collection of positive anecdotes.	Encourage clinicians to counter patients’ anecdotal “bad reaction” stories with “good reaction” stories rather than statistics. Ensure that DHHS briefings and websites include a continuous collection of real people’s stories about good vaccination experiences.

* DHHS denotes Department of Health and Human Services, and FOMO fear of missing out.

12 Strategies for Promoting Covid-19 Vaccination

Strategy 1: Segment by Identity Barriers

Description

Medicine frequently segments patients by demographic or socioeconomic traits, but a striking aspect of public response to the pandemic has been the association of Covid-behaviors with personal or political identity. Marketing teaches us to segment groups of people based on the reasons why they act or choose as they do. There are many different types of identity reasons that can cause vaccine-hesitancy. Some people distrust of medical research in general, while others perceive themselves as very scientifically-minded but felt this vaccine development was too fast. Some feel that the Covid-19 vaccine is a solution from far-off countries. And some feel that modern medicine, in general, is misguided or immoral.

Sample Tactic

Create targeted messaging based on relevant barriers, such as a “Go out with a bang, but don’t die this death” campaign for groups with a Covid-defiant identity.

12 Strategies for Promoting Covid-19 Vaccination

Strategy 2: Identify a Common Enemy

Description

Uniting two antagonistic groups often depends on finding a third, more hated common enemy. The obvious common enemy here is the virus, but demonizing it will work only if both groups see it as real and dangerous. Other potential common enemies may be downstream effects like bad economies (e.g., focusing on “battling” poverty by getting people back to work) or other countries (e.g., “racing” other countries to vaccinate and return to normal).

Sample Tactic

If a common enemy is poverty or recession: “This economy needs a shot in the arm. We can do that.”

If a common enemy is those who don’t believe in America: “Think we can’t vaccinate 300 million people in 3 months? Watch us.”

12 Strategies for Promoting Covid-19 Vaccination

Strategy 3: Use Analogy

Description

Analogies used in communication use understanding of familiar concepts to explain a complex new concept. Analogies can communicate rich information in a single image or phrase. Analogies can be used for two purposes: it can explain processes or it can explain risks. For a process example, a doctor might explain that the mRNA vaccines work as if they were injecting a teacher into your body to show your cells how to fight off Covid-19. For a statistics example, people may ask if the vaccine “guarantees” that they won’t get Covid-19, and of course it can’t, but an analogy to some extremely rare event may help: the doctor can say, “The likelihood is about the same as being killed in a car crash,” rather than simply “no.”

Sample Tactic

Use process analogies (e.g., if asked how the vaccine works, say “mRNA is like a teacher that shows the body how to make the antibodies that fight off Covid.”)

Use statistical analogies (e.g., “You’d be more likely to get hit by lightning than to die from Covid after getting vaccinated.”)

12 Strategies for Promoting Covid-19 Vaccination

Strategy 4: Increase Observability

Description

Everett Rogers' concept of observability suggests that consumers' ability to observe others' choices of new products can increase an innovation's rate of adoption. A good example was the Apple iPod's white earbuds that made every iPod user a walking advertisement for Apple. There are ways that vaccination status could be made observable. Wearable tokens, such as LiveStrong-style bracelets, or stickers or pins similar to those given to voters, would work for in-person environments. Digital badges (such as frames or banners for one's social media profile photo) would work for virtual environments.

Sample Tactic

Offer a wearable token — a bracelet, sticker, or pin — that can be observed by others.

Offer social media frames and banners (e.g., "I'm a First Responder and I'm Vaccinated").

Partner with celebrities, respected local leaders, and members of all parties to show them, on old and new media, being vaccinated.

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Strategy 5: Leverage Natural Scarcity

Description

For products, consumers are sensitive to losses (loss aversion) and scarcity often signals exclusivity and prompts greater interest or desirability. It would be wrong to create artificial vaccine scarcity, however we can leverage natural scarcity. To do this, governments should frame early access to vaccines as a mark of honor or respect for people they want to protect, whether they're elders with cultural knowledge, first responders (police, fire fighters, emergency medical technicians), medical staff, school teachers, or essential workers. For healthy people who identify as “tough” (such as police or army members) early access can be framed as a sign of respect “awarded” to them. Leveraging scarcity may help counteract hesitancy to “go first.”

Sample Tactic

Frame the chosen “first receivers” — whether the elderly, first responders, teachers, or essential workers — as nationally valued and honored.

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Strategy 6: Predict And Address Negative Attributions

Description

"Attribution theory" explains that people confronted with something unexpected or troublesome develop explanations for it. This can hurt the adoption of new things. For example, if a product launch occurs later than initially announced, people might attribute the delay to problems with the product (even if the delay was caused by weather slowing a shipment). The need for trust and transparency demands that vaccine promoters do not invent positive attributions. Anticipating and combating negative attributions requires listening openly to the vaccine hesitant, building trust, and addressing false attributions directly and consistently. It is also critical to work with social media platforms to limit dissemination of false information.

Sample Tactic

If delays in vaccine accessibility are being attributed to government incompetence, use daily briefings to show a complicated "air traffic control map" tracking freezer trucks.

If prioritized deployment of vaccines in historically disadvantaged neighborhoods is being attributed to a belief that these populations are expendable "lab rats," include these communities' trusted local leaders in prioritization discussions.

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Strategy 7: Prompt Anticipated Regret

Description

Marketers often promote anticipated regret (i.e., “you will be sorry you missed out”) as a motivation to buy. Emotions, such as regret, are powerful motivators of decisions, and they can motivate us even before they're experienced. Vaccination can prevent a specific anticipated regret: the fear that someone we love will die from the illness or that we will unwittingly pass along the terrible virus to people we love. People may be especially persuaded by a fear for their loved ones. We may also be motivated by others' anticipated regret (e.g., “Get your Covid vaccine so your mother can stop worrying and get some sleep.”)

Sample Tactic

Train family practice staff to use questions and statements such as:
“What would change in your family if you became a Covid long-hauler and had permanent lung or heart damage?”

“I've seen the crushing guilt of families that lose someone to Covid after not being quite careful enough — don't do that to yourself.”

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Strategy 8: Avoid Conveying Piecemeal Risk Information

Description

In the global pandemic response there has been a slow and changing release of information about the scientific milestones and recommendations. Although this information flow is a well-intentioned effort to improve transparency for the scientific community, it could backfire with the public. Piecemeal risk — risk information that trickles out over time — can increase the perceived risk and uncertainty of side effects of the vaccine and decrease people's intention to get vaccinated. Though the efficacy and safety of Covid-19 vaccines are highly newsworthy, policymakers should recognize that negative trends that “trickle out” or recommendations that are frequently changed can disproportionately influence the public. Vaccine news cannot be covered up, but it can be presented in total, rather than with incremental updates.

Sample Tactic

If a delay seems likely, wait until you have a clear sense of the new situation and present any bad news up front and, ideally, just once.

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Strategy 9: Promote Compromise Options

Description

The practice of offering three options to consumers (such as in small, medium, and large cup sizes) builds on consumer research about decision heuristics or rules of thumb; one robust example is our tendency to prefer nonextreme choices and thus choose middle, or compromise, options. Choices often follow a bell-shaped distribution, with most customers choosing the middle option. With the vaccine, many patients are often offered only two choices — to get or not get the vaccine. But the compromise effect suggests that we make vaccination decisions a three-option rather than two-option choice; for example, we could allow people to get the shot now, sign up for a later date, or not get it at all. Or all three options could include the vaccine (get the shot now and donate blood, just the shot, or get the shot later).

Sample Tactic

Train cold-call promoters or survey takers to ask people if they will get the vaccine later, get it now, or get it now and sign up to donate plasma.

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Strategy 10: Create FOMO Motivations

Description

People dislike missing out on fun things, but vaccination is not normally a fun experience. However, vaccine promoters could increase FOMO by offering (or encouraging others like employers to offer) rewards so people feel an urgency to act lest they miss out on a limited opportunity. For example, employers could offer a day off to reward an employee's contribution to a safe workplace. Universities could offer students and staff tickets to sports or cultural events. Financial incentives such as insurance rebates and tax benefits could also be considered.

Sample Tactic

Partner with employers to give employees a day off to be vaccinated.

Create a campaign to promote the idea that families should stagger vaccinations so that each “hero” gets a day in bed with snacks and binge-watching movies.

Use monetary incentives (tax deductions or insurance refunds).

Encourage celebrities to hold future free events for vaccinated fans.

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Strategy 11: Combat Uniqueness Neglect

Description

Uniqueness neglect is a phenomenon recently conceptualized as when patients don't want to do something that is designed for everyone or the average person. They believe they are unique or different from the average person and may see vaccines as “one-size-fits-all” options for the average person — but not for them. Clinics may be wise to develop some variations in vaccine delivery (e.g., topical numbing of the injection site for sensitive patients, extra waiting time to monitor for allergic reactions post-shot) that cater to such patients.

Sample Tactic

Train medical personal to identify uniqueness neglect (e.g., patients might say, “The vaccine is fine, but it won't work for me.”)

Offer safe (even if largely unnecessary) modifications to standard vaccine delivery (e.g., topical analgesics before injection; getting the shot late in the day).

12 Strategies for Promoting Covid-19 Vaccination

Strategy 12: Neutralize The Case Versus Base-rate Heuristic

Description

Although medical school emphasizes communication using facts and statistics, people often underweight base-rate statistics and overweight anecdotal cases — stories — in judging probability, a decision heuristic known as the base-rate fallacy or case versus base-rate effect. People will pay more attention to stories (in the news or social media) than the statistical facts offered by experts. Stories they hear of bad reactions to the vaccine are likely to be emotionally evocative and go "viral" more than a numerical statistic. Unfortunately, experts often respond by citing statistics showing that the case was rare. Because of this, we suggest that when a vaccine-hesitant patient repeats side-effect stories, clinicians can counter with their own stories, rather than offering statistical explanations. Further, vaccine communications teams should proactively spread their own "cases" in addition to statistics using news media, social media, or websites. A large number of these positive stories can help counteract the shock value of a few bad-effect stories.

Sample Tactic

Encourage clinicians to counter patients' anecdotal "bad reaction" stories with "good reaction" stories rather than statistics.

Ensure that DHHS briefings and websites include a continuous collection of real people's stories about good vaccination experiences.

Key Actions for Players in Various Health Care Roles

Table 2. Key Actions for Players in Various Health Care Roles.*

Health Care Player	Key Actions
Local clinicians and practices; care facilities (e.g., nursing homes)	<ol style="list-style-type: none"> 1. Prepare list of common vaccine questions. 2. Investigate specific concerns of your various segments of patients. 3. Develop list of effective responses. 4. Practice and train staff for responses. 5. Add incentives (free sports exams, prizes). 6. Develop prompts to persuade vaccine-hesitant patients and offer compromises. 7. Make vaccination status observable in your community.
Hospital management	<ol style="list-style-type: none"> 1. Determine campaign themes and messaging for local community. 2. Train medical personnel on responses to common questions and concerns. 3. Select statistical analogies for use by staff. 4. Add incentives for employees (even if vaccination is mandated). 5. Train PR office personnel for coordinated responses to new events. 6. Develop special vaccine protocols for unique cases.
Insurance and benefits management	<ol style="list-style-type: none"> 1. Determine campaign themes and messaging for client base. 2. Select analogies for use in messaging. 3. Add incentives for clients. 4. Train PR office personnel for coordinated responses to new events. 5. Develop mailing for client segments.

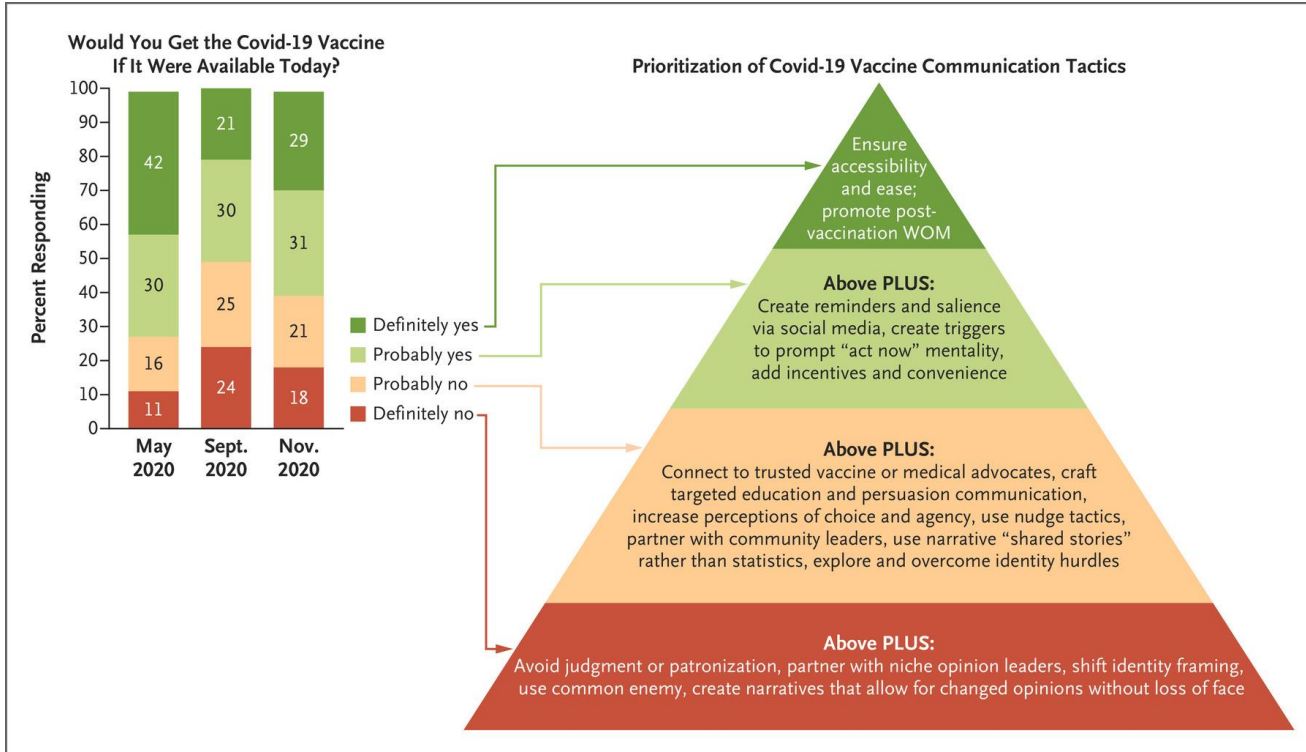
Key Actions for Players in Various Health Care Roles

Table 2. Key Actions for Players in Various Health Care Roles.*

State and county health agencies	<ol style="list-style-type: none"> 1. Prepare list of common vaccine questions. 2. Investigate specific concerns from different segments of patients locally. 3. Develop list of effective responses. 4. Determine campaign themes and messaging for regional or local community. 5. Create materials for medical personnel for responding to common questions and concerns. 6. Find local analogies for use in public announcements and messaging. 7. Create a multifaceted social media network strategy. 8. Partner with companies and organizations to create incentives. 9. Train PR office personnel for coordinated responses to new events. 10. Determine and coordinate order of vaccine access and communicate rationales. 11. Partner with local celebrities and trusted community leaders to promote vaccination.
Federal agencies (e.g., DHHS, CDC)	<ol style="list-style-type: none"> 1. Investigate specific concerns from nationally critical segments (e.g., health care workers). 2. Develop list of effective responses. 3. Determine campaign themes and messaging for national and targeted segments. 4. Create materials for large organizations, logistics, and health care systems. 5. Select analogies for use in public announcements and messaging. 6. Create a multifaceted social media network strategy. 7. Partner with companies and organizations to create vaccine incentives. 8. Explore federal incentives (tax). 9. Train PR office personnel on coordinated responses to new events. 10. Offer advice on order of vaccine access and communicate rationales. 11. Partner with national celebrities and trusted leaders to promote vaccination.
Advocacy groups (e.g., AARP, NAACP)	<ol style="list-style-type: none"> 1. Determine campaign themes and messaging for client base. 2. Select analogies for use in messaging. 3. Train PR office personnel for coordinated responses to new events. 4. Develop mailing for client segments.

* AARP was formerly the American Association of Retired Persons. CDC denotes Centers for Disease Control and Prevention, DHHS Department of Health and Human Services, NAACP National Association for the Advancement of Colored People, and PR public relations.

Prioritization of Communication Tactics Based on Vaccine-Hesitancy Level



Global Validation


For each strategy, would the practice be helpful in your region?

[7 point Likert; Strongly Agree – Strongly Disagree]

Open-ended responses



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The State of California has [approved](#) giving the COVID-19 vaccine to people age 65 and older. We are calling hospitals and pharmacies daily to check which are currently administering vaccines.

California's statewide COVID-19 vaccination program has been evolving rapidly. [Federal](#), [state](#), and [county](#) officials are all publishing frequent updates. These government websites are your best source for official information.

We are a community-led website and do not represent the government or any healthcare provider.

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(Humboldt, Mendocino, Shasta, Tehama, etc)

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(San Francisco, Alameda, Santa Clara, Solano, Napa, etc)

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San Joaquin Valley
(Fresno, Merced, Kings, Madera, Stanislaus, etc)

Southern California
(Los Angeles, San Diego, Orange, Inyo, Mono, etc)

Discussion