

# A COMMUNICATOR'S GUIDE TO COVID-19 VACCINATION

Research, Theories, Models, and Recommendations Communicators Should Know

## KEY FINDINGS:

Edited from full report

### Vaccine hesitancy is not due to a lack of information.

Sending out information about vaccines alone does not increase vaccine uptake. People who are vaccine-hesitant should be treated with compassion, sensitivity, and respect. People more willing to be vaccinated are more likely to believe that they are at risk of contracting COVID-19 and that the vaccine is safe and effective.

### Tailoring communication is critical.

Attitudes and perspectives on vaccinations can vary widely. A one-size-fits-all approach will not be as effective. Communicators should conduct research about audiences to better understand them. Messaging should be pre-tested and made available in multiple languages. Deploying insights should be done responsibly.

### Marginalized groups have lower vaccine confidence.

Communities of color have lower confidence in vaccines due to historic and systemic racism, discrimination, and inequities within the healthcare system and government. Messaging related to COVID-19 vaccinations must specifically focus on these communities with input from people within them. Cultural humility is important.

### Opinion leaders should be defined.

Vaccinate credible influencers within defined communities to demonstrate vaccine confidence. Per social contagion theory, people have a tendency to think and act like their friends and family, which encourages adoption of behaviors. Family and friends are one of the most trusted sources of information.

### Tell stories, not statistics.

Stories and anecdotes about those affected positively by vaccinations are more likely to be effective than statistics. The COVID-19 vaccination should be framed as another important action to take with hand washing, mask-wearing, and physical distancing. Official communications about vaccines should have a clear take-home message, tell a memorable story, and elicit feelings.

### Misinformation should not be repeated.

Communicators must be careful to not amplify misinformation when they are rebutting or correcting it. Multiple sources providing accurate information is better than a single source. Communicators do not want people to reject credible information presented to them and strengthen their original stance on an issue. Also, do not respond to trolls.

### Understand biases.

*Omission bias* indicates a strong preference for inaction even when taking action is more beneficial. *Optimism bias* means people believe they have a lower chance of contracting COVID-19 than they actually do. *Confirmation bias*, or seeking information that only confirms one's beliefs, may lead to polarization and echo chambers. Understanding biases can equip communicators with strategies for overcoming them.

### Language matters.

Avoid using loaded terms that can turn people off. Some of these include "conspiracy theories" or "anti-vaxxers." Also, "Operation Warp Speed" or a "rushed" vaccine process may impact people's perception of the vaccine's safety. "Public health agencies" is better than "federal" or "government" to not elicit a feeling of red tape.

### Transparency is key.

People are concerned about the "rushed" vaccine process so these concerns need to be addressed. The potential adverse effects of a vaccine should be disclosed to patients. Keep it simple or detailed analyses and jargon will dissuade people.



### Use theories and models to guide communication planning as well as strategies and tactics.

Understanding how people think and feel as well as the determinants of behavior change can make or break a campaign's success. For example, using the COM-B model of behavior by applying the Behavior Change Wheel can increase vaccine uptake.

### Trust doctors and nurses.

Healthcare providers (HCPs) are the most important source for many to increase vaccine uptake. Research shows that HCPs must be confident in the vaccine and have the resources, knowledge, and tools to effectively communicate with their patients and communities.

### The anti-vaccination movement should not be ignored.

While communicators are unlikely to change the minds of those in the anti-vaccination movement, the anti-vaccination community is influential to those who are undecided about vaccinations. This could decrease vaccine confidence within the critically-important, undecided community.

### Agencies must be aligned.

All agencies (government, healthcare, federal agencies, companies, etc.) must provide clear and consistent messaging to increase public trust and confidence.

### Inoculate people against misinformation.

Inoculation theory suggests false claims should be debunked before people encounter them. Inoculating against misinformation, or "prebunking," by warning people about potential misinformation can be effective.

### Help encourage health literacy.

Cultivate critical thinking by increasing the knowledge of employees and the community about health information. Low health literacy is more prevalent among older adults, minority populations, those with low socioeconomic status, and medically underserved people. Offer programs and workshops to help employees become more health literate. It also helps protect against misinformation.

### Listen.

Listen to people's and HCP's concerns about the vaccine to increase vaccine uptake. Listening to rumors also can help identify deeper issues.

### Technology can help increase uptake.

Digital push technologies, such as text messaging, have been effective at increasing uptake (including for some audiences vaccination like the COVID-19 vaccine) for some audiences. Gamification is also effective for changing attitudes and behavior, such as identifying and dismissing disinformation. Also, do not forget to track and measure communication efforts.

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Find the full report at: <https://instituteforpr.org/a-communicators-guide-to-vaccines/>



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