Communicating about COVID-19 Vaccinations:

Recommendations for Hawai‘i

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Communicating about COVID-19 Vaccinations: Recommendations for Hawai‘i

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Executive Summary

According to the most recent available data (released February 24, 2021), approximately 71% of adults age 18+ in the state of Hawai‘i have not yet received any doses of a COVID-19 vaccine. This group varies in their intentions to get vaccinated:

- 37% of adults age 18+ reported that they “will definitely” get the vaccine
- 18% of adults age 18+ reported that they “will probably” get the vaccine
- 11% of adults age 18+ reported that they will “probably not” get the vaccine, and
- 5% of adults age 18+ reported that they “will definitely not” get the vaccine.

Effective communication about vaccines is an important part of maximizing the number of eligible people who actually get vaccinated.

Recommendations

For people who already want to get vaccinated, effective communication can help people turn their intentions into action. We recommend creating messages that focus on:

1) Reducing access barriers. Provide clear and concrete information addressing issues (e.g., transportation, time off work, cost, process) that might keep people who want to get vaccinated from actually making a vaccine appointment;
2) Providing concrete “calls to action”. Tell people what to do when (e.g., what group is newly eligible, and what people in that group need to do to get vaccinated).

For people who are hesitant about getting vaccinated, effective communication can help them overcome their hesitancy by addressing their concerns and questions. Based on data that identifies people’s primary concerns about vaccination, we recommend creating messages that focus on:

1) Convincing evidence that the vaccine is safe;
2) Providing convincing arguments that side effects can occur but are not dangerous;
3) Reinforcing that there is a plan that prioritizes vaccines, and that it is important to take action when it is “your turn”.

When the COVID-19 vaccines are widely available, policies and regulations can be implemented to reach people who are unlikely to get vaccinated. When this occurs, messages should clearly inform people about such measures.

Finally, based on best practices in communication, we recommend that all public-facing messaging:

1) Tailor messages for target populations;
2) Use the medium (e.g., print, TV, social media) that the target audience prefers;
3) Use trusted sources for target populations;
4) Use high quality graphics and simple language;
5) Emphasize experiences and stories over analysis and facts;
6) Tell people that getting vaccinated is the norm; and
7) Highlight the local context.

Communicating about COVID-19 Vaccinations

Overview

Now that vaccines for the virus that causes COVID-19 are available, a major public health challenge is getting people vaccinated. Scientists estimate that we need approximately 70% to 90% of people vaccinated to reach “herd immunity” -- a situation that limits the virus from spreading because it runs out of people to infect.

Effective communication about vaccines is an important part of maximizing the number of eligible people who actually get vaccinated. For people who already want to get vaccinated, effective communication can help people actually go out and get vaccinated -- that is, to turn their intentions into action. For people who are hesitant about getting vaccinated, effective communication can help them overcome their hesitancy by addressing their concerns and questions.

This report uses data from recent bi-weekly “Pulse” surveys by the U.S. Census Bureau to provide information about the current state of vaccine uptake and attitudes in Hawai‘i. Based on these data, as well as current knowledge of best practices for communicating about vaccines, we provide recommendations for public-facing communication addressing vaccine hesitancy in Hawai‘i.

Barriers to Vaccination

Previous research about vaccines identifies four types of barriers to people getting vaccinated:

1) **Access:** Problems associated with actually getting the vaccine itself (even when people want to). Some examples include difficulty getting to vaccination sites (e.g., transportation, time off from work), difficulty scheduling appointments (e.g., access to a computer for online systems, wait times for phone systems), or shortages of the vaccine itself.

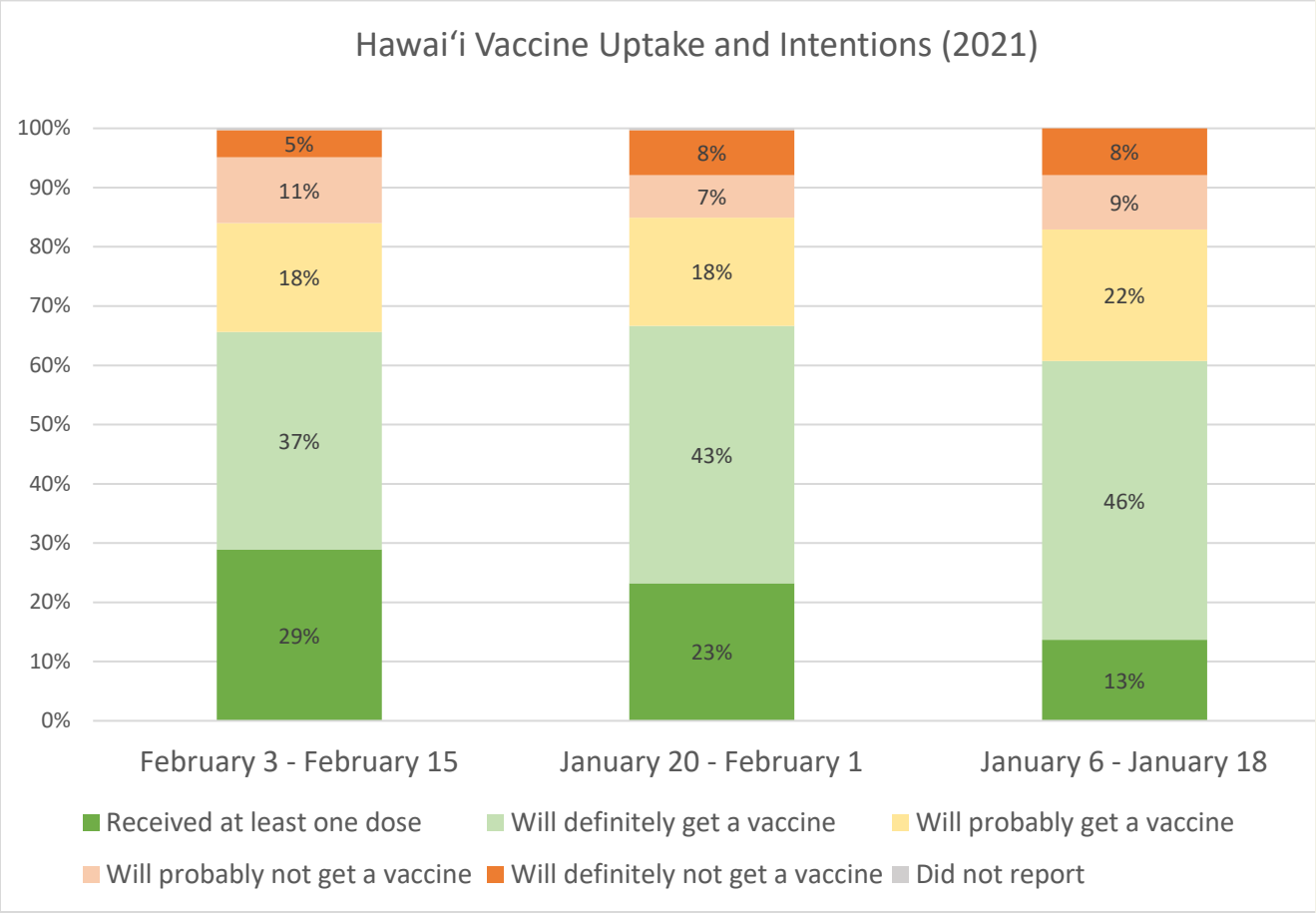
2) **Perceived harm:** Concerns about whether the vaccine is safe, or could harm people’s health (in the short- or long-term).

3) **Mistrust:** Beliefs that the government, scientists, pharmaceutical companies, or medical establishments are not trustworthy, and/or that vaccines are neither necessary nor effective.

4) **Beliefs about specific vaccines:** Concerns about this vaccine in particular. For example, some people think that COVID-19 vaccine was developed “too fast” and thus may not be safe, or that COVID-19 is not really a serious threat for healthy people, and so vaccines are not needed.

The Current Situation in Hawai‘i

Data from the U.S. Census Bureau’s ongoing Pulse survey provide an overview of approximately how many people in Hawai‘i want to get vaccinated, and how many people remain hesitant (among people who have not already had at least one dose of the vaccine).



According to the most recent data available (with a survey period ending February 15, 2021):

- 29% of adults age 18+ have received at least one dose of the vaccine
- 37% of adults age 18+ reported that they “will definitely” get the vaccine
- 18% of adults age 18+ reported that they “will probably” get the vaccine
- 11% of adults age 18+ reported that they will “probably not” get the vaccine, and
- 5% of adults age 18+ reported that they “will definitely not” get the vaccine.

Hawai‘i residents who report they will definitely get the vaccine are more likely to be age 65 or older and have a bachelor’s degree or higher.

Hawai‘i residents who report they probably or definitely will not get the vaccine tend to be younger, less educated, identify as multiracial, and live in a larger household (i.e., having 5 or more residents).

Communication Strategy Recommendations

In this section, we provide specific communication strategies and content recommendations for each of these four groups of people who have not yet received the vaccine, and report different types of intentions to get vaccinated. We also provide some general recommendations that apply to all four groups. Table 1 (pp. 15-16) summarizes key communication tasks and timing.

A. "Will definitely get the vaccine" (37% of Hawai'i adults)

Hawai'i adults who report that they will definitely get the vaccine tend to be older and more educated. This group is somewhat more White and somewhat less multiracial than the general population in the state (see Table A1 – Appendix).

Communication Strategy

The main communication goals for this group are to (a) reinforce their intentions to get vaccinated, and (b) help them translate their intentions into action.

Just because people want to do something does not necessarily mean that they actually do it. Consider how many New Year's resolutions have fallen apart by late January, or how many attempts at going on diets are unsuccessful -- people intend to do good things, but there are often real-world issues that keep them from carrying out their intentions.

Messages directed at this group should focus on reducing access barriers and providing concrete "calls to action", which provide information about what to do when.

Recommendations:

1) **Reduce access barriers.**[1] This includes clearly communicating to people:
    - Current state of vaccination efforts
        - Who is currently eligible to be vaccinated
    - Specific information about the vaccination process
        - If appointments are needed, and how and when to sign up for one
        - Where the vaccination sites are
        - Facility hours of operation
        - What to expect at a vaccination site (time commitment, sequence of events)

[1] Although the focus of this report is on communication, it is important to emphasize that communication alone cannot remove all access barriers. This issue also needs to be addressed with infrastructure. For instance, we recommend that transportation assistance should be available for those who need it; employers should be encouraged or required to provide time-off from work for vaccination; and assistance with making appointments should be available for those who lack computer access or skills.

- Logistical information relating to appointments
    - Options for getting to the site, including public or alternative transportation and parking information
    - What documentation is needed
    - Options for taking time off (paid leave) to go to a vaccination site
    - Options for child care during the time an adult needs to go to a vaccination site
- Cost and coverage information
    - The cost of the vaccine
    - Whether people need health insurance to get the vaccine
- How to seek assistance (e.g., phone number) if they encounter challenges.

2) **Provide "calls to action".** These are messages that tell people that it is time for them to take action. Examples include:
    - Media messages that inform people in different subgroups that it is now their turn to get vaccinated
    - Media messages that tell people how to sign up for an appointment and go through the process of getting vaccinated
    - Media messages encouraging people to get vaccinated (and not wait) when it is their turn
    - Messages from health care professionals or healthcare organizations that tell eligible people they should now get vaccinated.

Because vaccine supplies are currently limited (as of early March 2021) and most state residents are not yet eligible to receive a vaccine, it is important to make sure that relevant calls to action are communicated repeatedly, and regularly.

Messages should come from sources that people in this group trust. This potentially includes the Department of Health, scientists, medical professionals, professional/organizational leaders, and community leaders.

These messages should be distributed in ways that will reach their intended audience (as new groups of people become eligible to be vaccinated). Possible ways to distribute messages include press releases, television public service announcements, website announcements, posted flyers, and announcements from local leaders through their organization's means of communication (for example, business owners sending information to employees via a company's internal email system, or a church leader providing information to their congregation during regularly scheduled meetings).

To the extent possible, ongoing messaging should also inform people how the different vaccination phases are progressing, and which groups of people can expect to be vaccinated when.

Messages should also state what kinds of things people need to prepare. For instance, some people may need to secure doctors' clearances or referrals, or prepare documentation (e.g., proof of employment with a specific organization) for their appointment.

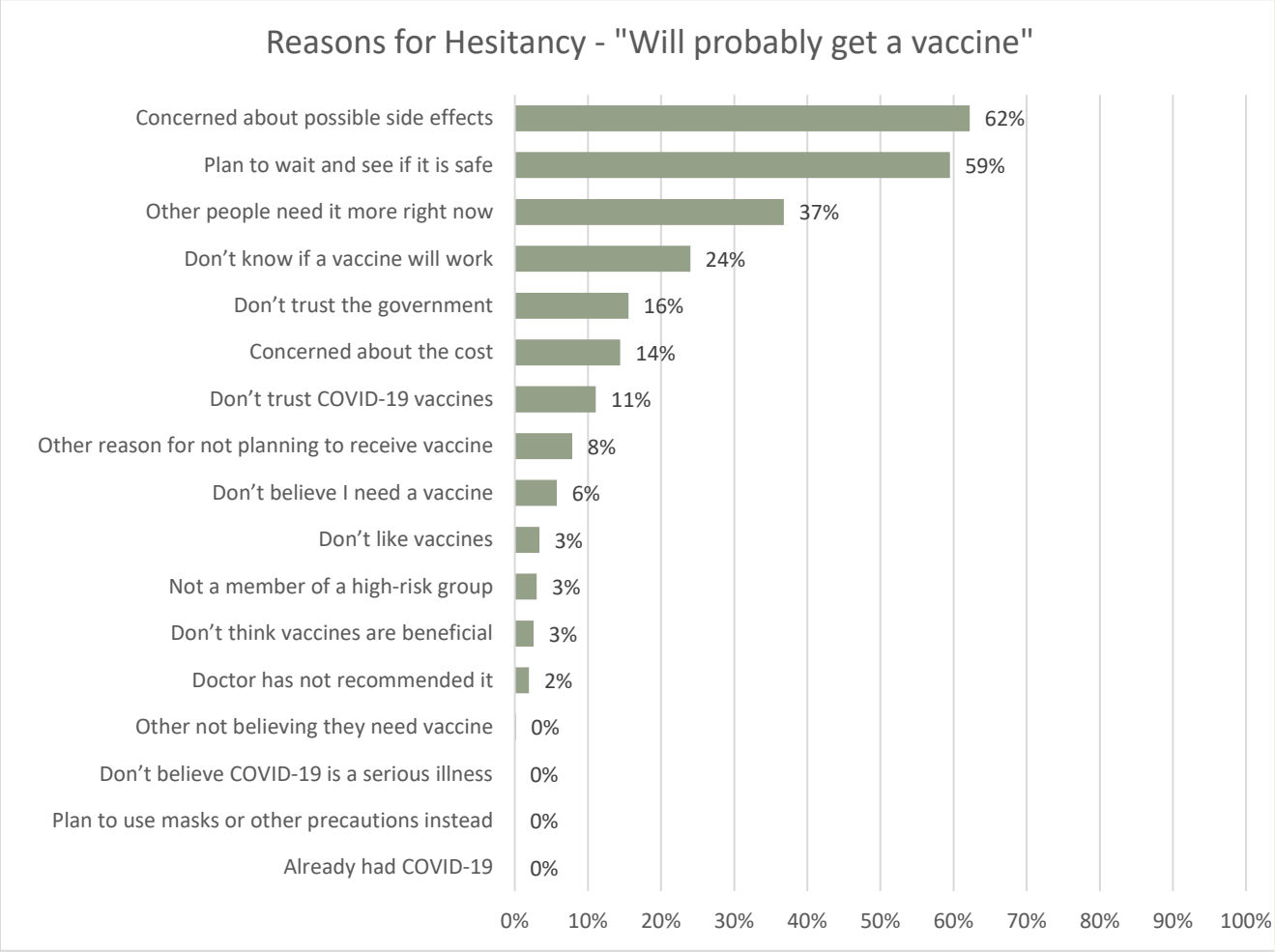
B. “Will probably get the vaccine” (18% of Hawai‘i adults)

Hawai‘i adults who report that they will probably get vaccinated tend to be between 25 and 54 years old, and come from a range of education levels and racial groups (see Table A1 – Appendix).

This group is generally in favor of getting vaccinated, but also has some concerns that make them hesitant.

Pulse survey data indicate that the primary sources of hesitation for this group are:

- Wanting to wait and see if the vaccine is safe;
- Being concerned about side effects of the vaccine; and
- Feeling that other people need the vaccine more than they do.



Communication Strategy

The main communication goal for this group is to address their concerns about the vaccine, in order to change their intention to get vaccinated from *probably* to *definitely*.

Messages targeting this group need to address their three primary areas of concern: safety, side effects, and others' needs.

Recommendations:

1) **Provide convincing evidence that the vaccine is safe.** This can include:

   - Stating how many people (citing local, national, and/or international numbers) have received the vaccine safely;
   - Emphasizing that doctors and nurses were vaccinated first, and that they chose to take it because it is safe;
   - Emphasizing the rigorous testing process that preceded (emergency) vaccine approval;
   - Explaining reasons that vaccine trials were more rapid than for previous vaccines (e.g., high rates of infection, large number of volunteer participants);
   - Emphasizing that no "shortcuts" were taken in the approval process, but that vaccine companies *did* have a head start on production, which is why doses are available so soon after approval.

2) **Acknowledge that side effects can occur, but provide convincing arguments that they are not dangerous**. This can include:

   - Emphasizing that most reactions to getting vaccinated are normal and not dangerous;
   - Suggesting that a better way to think about "side effects" are as "*routine* side-effects";
   - Explaining that the presence of side effects does not mean something is wrong or that the vaccine is dangerous;
   - Emphasizing that most side effects subside within 72 hours (dangerous reactions are those that prevent you from eating, sleeping, or working and last longer than 3 days);
   - Explaining that side effects such as fever, chills, and headache are a good sign, because it means the immune system is responding to the vaccine and building defenses (but also that this is not the only sign that a vaccine is effective);
   - Explaining that there are easy, known treatments for the routine side effects (e.g., taking pain killers, resting);
   - Explaining that dangerous side effects (e.g., allergic reactions - hives, swelling of face and throat, difficulty breathing, faster heartbeat, dizziness, and weakness) are extremely rare, and that there are protocols in place to address these (e.g., waiting 15 to 30 minutes after receiving the vaccine);
   - Emphasizing that routine side effects are much less severe than many symptoms of COVID-19 (if contracted).

3) **Reinforce that there is a plan that prioritizes vaccines, and that it is important to take action when it is "your turn".** This can include:

- Explaining that the current rollout has been designed to prioritize the most vulnerable people first;
- Emphasizing that getting vaccinated when it is "your turn" is how we all fight a common enemy (the pandemic) together;
- Emphasizing that each person getting vaccinated when they can (rather than waiting) is the best, safest choice for society as a whole;
- Emphasizing that getting vaccinated when you can (rather than waiting) is the best, safest choice for an individual;
- Using analogies to explain what it means to take action when it is your turn (e.g., boarding an airplane, the buffet dinner at a wedding).

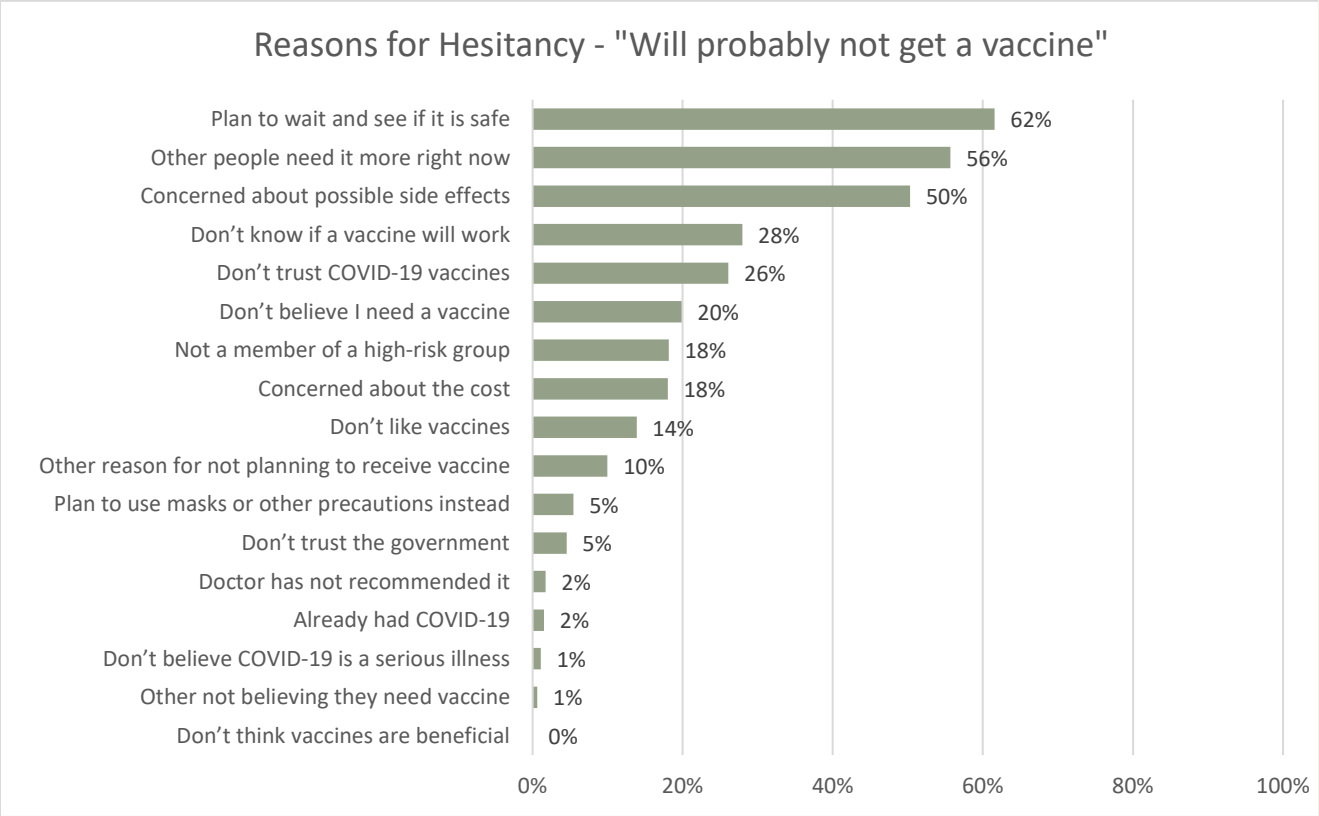
Time will be needed to persuade this group that the vaccine is safe, effective, and beneficial for them to receive. Because of this, producing and publicizing messages targeting this group should begin now, even though vaccines are in short supply.

Once people in this group become more certain about wanting to get vaccinated, the messages recommended for the "will definitely get the vaccine" group (i.e., addressing access barriers, providing calls to action) will work with this group as well.

C. "Will probably not get the vaccine" (11% of Hawai'i adults)

Hawai'i adults who report that they will probably not get vaccinated tend to be between 25-54 years old. This group tends to be less educated; a majority of people in this group do not have a college degree. This group is disproportionately non-White and non-Asian, with the majority being individuals from report identifying with two or more races as well as races other than White, Black, Hispanic or Asian (see Table A1 – Appendix).

People in this group are not inclined to get vaccinated. They share some concerns with the previous group (concerns about safety, side effects, and others needing the vaccine more). However, this group is distinct in that they are skeptical of the COVID-19 vaccine (e.g., not trusting this specific vaccine, being unsure it will work, not believing they need a vaccine).



Communication Strategy

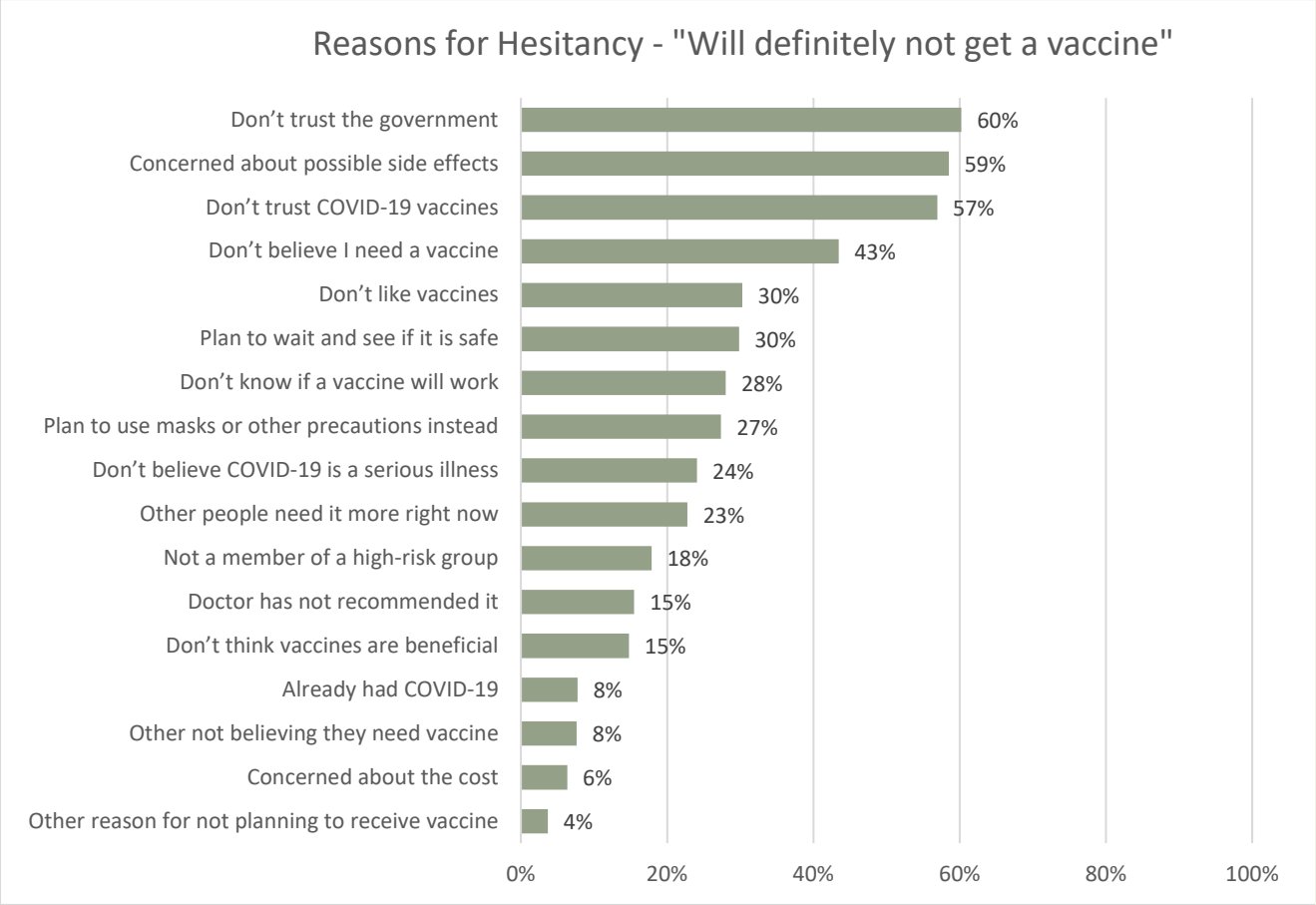
Although it may be possible to address this group's concerns about safety and side effects, it will likely be much more difficult to address their distrust of vaccines. Given that vaccine supplies are still limited and there are many people who definitely or probably intend to be vaccinated, we recommend focusing on those that express positive attitudes toward vaccination and not on this ("probably not") group at this time. Once most of the people in the previous two groups are vaccinated, this group can be targeted.

Given that this group tends to exhibit mistrust of institutions and vaccines, government or official communication sources may not be effective. People in this group are more likely to be influenced by people that they personally know and trust. Thus, messages coming from friends, religious leaders, or respected community elders may be more persuasive for this group.

D. "Will definitely not get the vaccine" (5% of Hawai'i adults)

Hawai'i adults who report that they will definitely not get vaccinated represent all ages over 24 years old. This group is biased towards females and comes from all education levels. This group is disproportionately composed of non-Whites and non-Asians, with the majority in this group being individuals from two or more races and other races (see Table A1 – Appendix).

This group is strongly anti-vaccine and anti-vaccination. They do not trust vaccines or the government.



Communication Strategy

It is very unlikely that this group will be persuaded to change their mind about vaccination. To get members of this group vaccinated, policies and regulations are likely to be the most effective approach. If policies or regulations require vaccines for certain activities, people who otherwise would not get vaccinated may be willing to do so if they want to engage in that activity. Examples of such policies or regulations include making vaccines mandatory for air travel, or making vaccination a requirement to work at or patronize certain businesses (e.g., hotels, gyms, or health clubs).

Local leaders should begin discussing such policies now, but we do not recommend implementing them until vaccines are widely available. At the point where such regulations or policies are implemented, communication messages to clearly inform people of such measures will be needed.

E. Overarching Best Practices in Communication for All Groups

The following are some additional recommendations that apply to messaging in general, drawing from work on best practices in communication.

1) **Tailor messages for target populations**. While early efforts to communicate about vaccination can be broad, later efforts to reach specific groups (particularly, those that are not reached earlier on) will need to be tailored to those groups. This can include:
   - Translating key messages into multiple languages, so people can access information in their native language;
   - Providing culturally representative models (e.g., pictures, people) in images and stories;
   - Addressing social, cultural, and historical factors that may be other sources of hesitancy for specific groups;
   - Enlisting members of target communities as trusted message sources (e.g., community leaders, pastors).

2) **Use the medium of communication that the target audience prefers.** Make messages available using forms of communication that the audience prefers and/or already uses.
   - For older populations, send messages via television, radio, print media, websites, and face-to-face communication.
   - For younger populations, send messages via (state and health care provider) websites and television, as well as Instagram and YouTube.

3) **Use trusted sources**. Messages should come from people that the target audience trusts. For some audiences, this can be the Department of Health, government, medical professionals, and scientists. For others, this may be friends, community leaders, or pastors.

4) **Use graphics and simple language**. Specifically:
   - Use high quality images and pictures, because people process visual information more quickly than words;
   - Use simple, non-scientific language (no "jargon");
   - Keep messages short. People do not read long texts carefully.

5) **Emphasize experiences and stories over analysis and facts.** People are drawn to stories and anecdotes of others' experiences, and often weigh this information more heavily than facts and figures. Messages about COVID-19 vaccine will need to include scientific information, but efforts should be made to "translate" this information into forms that emphasize concrete experiences, stories, and personal connections.

6) **Tell people that getting vaccinated is the norm.** People are social beings, and they want to "fit in" and do what is "normal". Telling people that most people either (a) intend to get the vaccine or (b) have gotten the vaccine (depending on the time of messaging) can motivate people who have not yet done so to get vaccinated.

7) **Highlight the local situation.** Provide localized information that emphasizes the relevant impacts of vaccination in Hawai'i and among Hawai'i populations. This group is generally in favor of getting vaccinated, but also has some concerns that make them hesitant.

Table 1. Key Communication Tasks and Timeline

Groups	Communication Activities	Now	As vaccinations for new phase groups open up	When the vaccine becomes widely available to general public	When about 75% of adults are vaccinated	When 85% of adults are vaccinated
"Will definitely"	Work on removing access barriers	Yes	Yes	Yes	Yes	Yes
	Communication addressing access barriers	Messages for the phase groups that are currently being vaccinated	Messages for the new phase groups for vaccination	Messages for the general public	Messages for the general public	Messages for the general public
	Calls to action	Develop, test, produce messages, considering appropriate medium (e.g., print, TV, social media) and champions/sources	Messages targeting each new phase groups	Target each new phase groups	Messages targeting anyone not yet vaccinated	Messages targeting anyone not yet vaccinated
"Will probably"	Messages about vaccine safety and side effects	Develop, test, produce messages, considering appropriate medium (e.g., print, TV, social media) and champions/sources	Message dissemination for general public starts ASAP	Message dissemination continues	Message dissemination continues	Message dissemination continues
	Messages addressing belief that others need it more	Develop, test, produce messages, considering appropriate medium (e.g., print, TV, social media) and champions/sources	Message dissemination for new phase groups starts	Message dissemination continues	Message dissemination continues	Message dissemination continues

Groups	Communication Activities	Now	As vaccinations for new phase groups open up	When the vaccine becomes widely available to general public	When about 75% of adults are vaccinated	When 85% of adults are vaccinated
"Will probably not"				Develop, test, produce, and disseminate messages for general public, considering appropriate medium (e.g., print, TV, social media) and champions/sources	Message dissemination continues	
"Will definitely not"				Work on policies or regulations that require vaccination for various activities	Work on policies and regulations continues, and communication about relevant changes to policies and regulations begins.	Communication about relevant policies and regulations continues

Appendix

Table A1. Demographic Information from Pulse Survey Data - February 3 to February 15, 2021

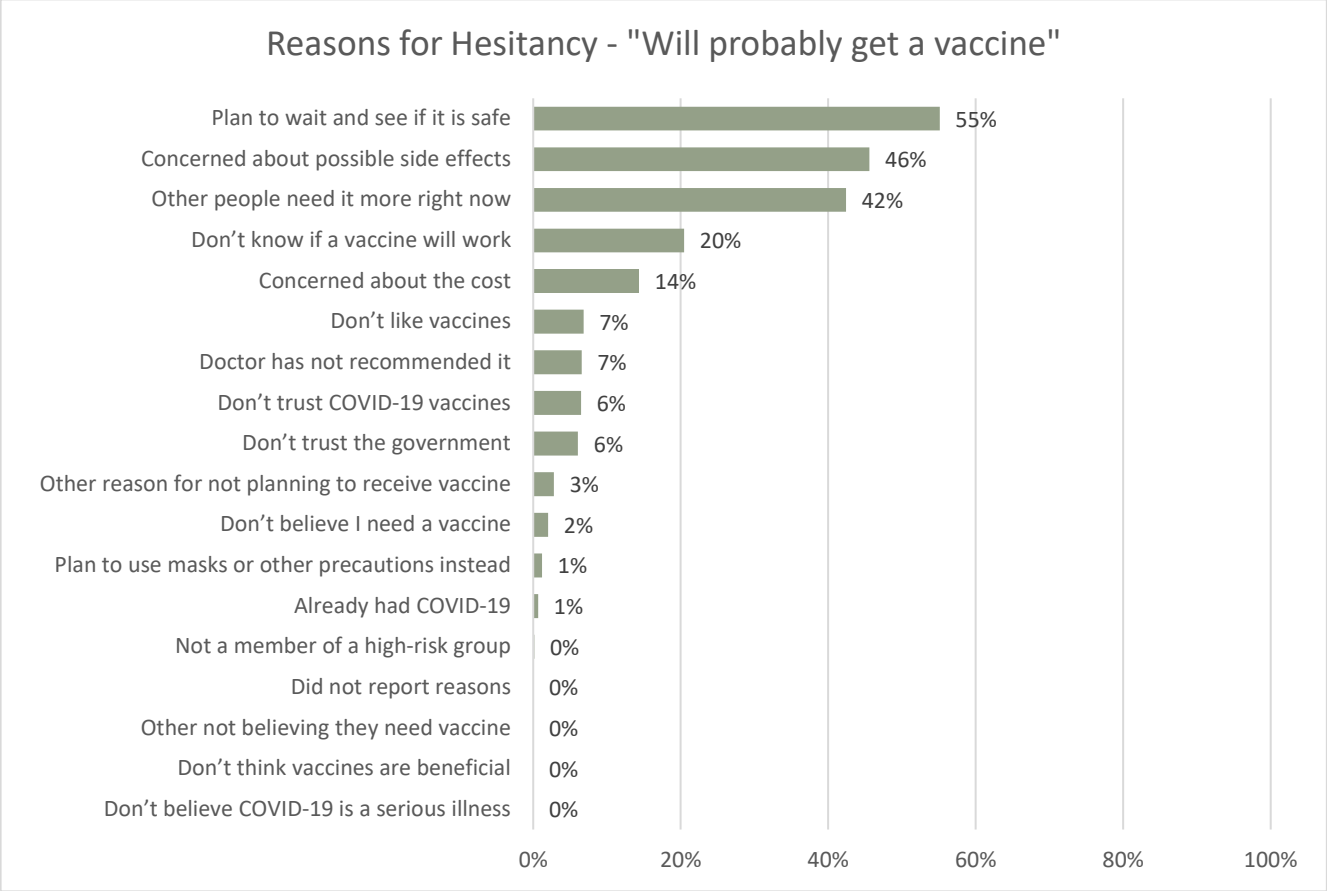
	"Will definitely"	"Will probably"	"Will probably not"	"Will definitely not"
Age				
18 - 24	12%	12%	12%	0%
25 - 39	16%	36%	38%	40%
40 - 54	21%	24%	33%	22%
55 - 64	18%	12%	12%	21%
65 and above	33%	16%	5%	17%
Sex				
Male	52%	44%	54%	25%
Female	48%	56%	46%	75%
Race/Ethnicity				
Hispanic or Latino	11%	7%	14%	17%
White alone, not Hispanic	27%	19%	8%	16%
Black alone, not Hispanic	0%	4%	0%	1%
Asian alone, not Hispanic	37%	37%	27%	15%
Two or more races + Other races	25%	34%	51%	50%
Education				
Less than high school	6%	7%	1%	8%
High school or GED	25%	36%	51%	36%
Some college/associate's degree	33%	31%	37%	35%
Bachelor's degree or higher	36%	26%	11%	21%
Household size				
1 person in the household	6%	5%	9%	2%
2 people in the household	29%	31%	17%	15%
3 people in the household	14%	18%	12%	14%
4 people in the household	18%	17%	14%	20%
5 people in the household	10%	12%	28%	30%
6 people in the household	8%	7%	1%	1%
7+ people in the household	15%	10%	19%	18%

Table A1 (continued). Demographic Information from Pulse Survey Data - February 3 to February 15, 2021

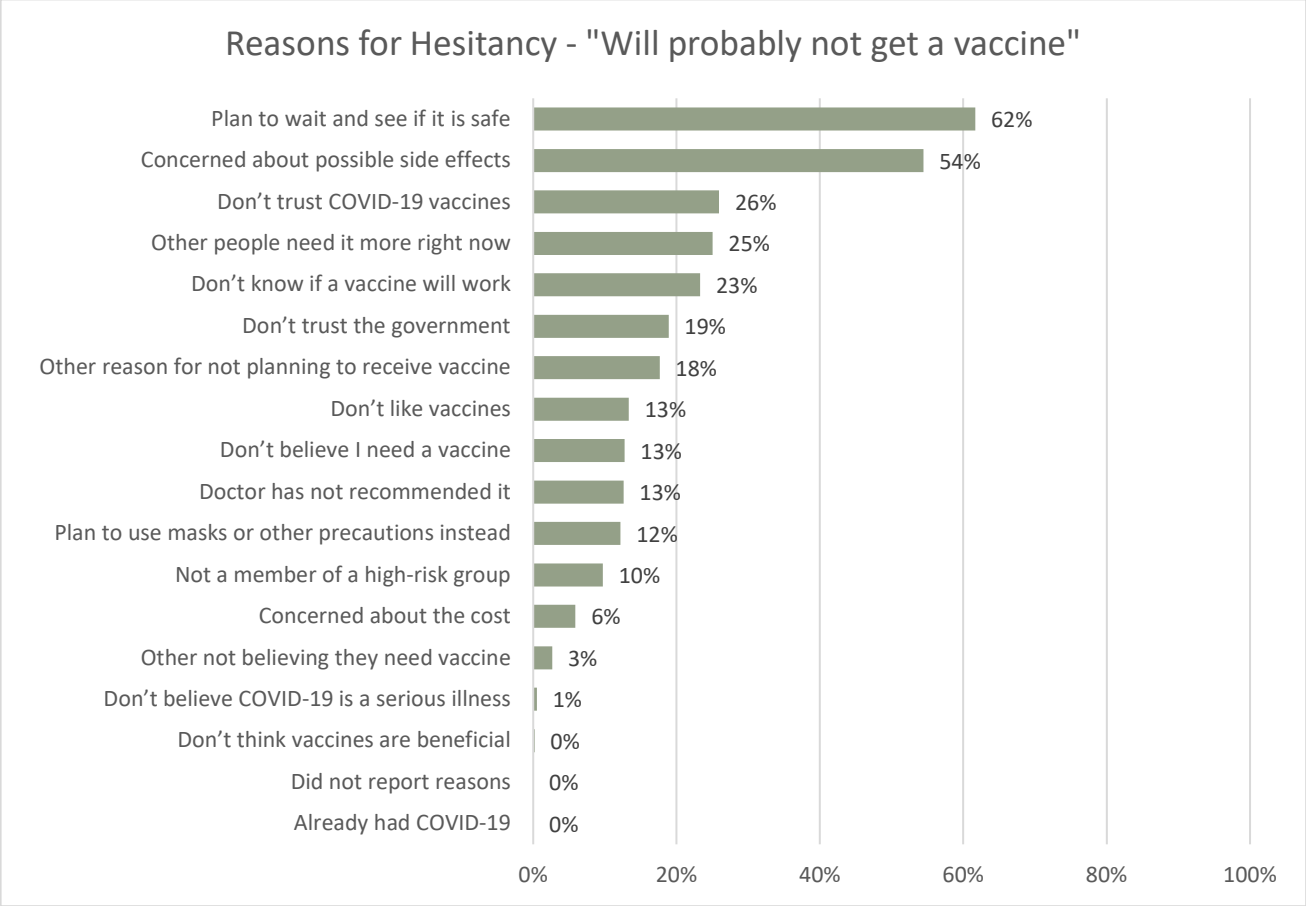
	"Will definitely"	"Will probably"	"Will probably not"	"Will definitely not"
Household income				
Less than $25,000	6%	12%	7%	12%
$25,000 - $34,999	11%	9%	18%	1%
$35,000 - $49,999	10%	10%	9%	2%
$50,000 - $74,999	16%	17%	8%	13%
$75,000 - $99,999	8%	5%	7%	5%
$100,000 - $149,999	16%	10%	22%	11%
$150,000 - $199,999	8%	2%	2%	11%
$200,000 and above	6%	1%	1%	11%

Figure A1. Reasons for Hesitancy from Pulse Survey Data - January 20 to February 1, 2021 (Previous Wave)

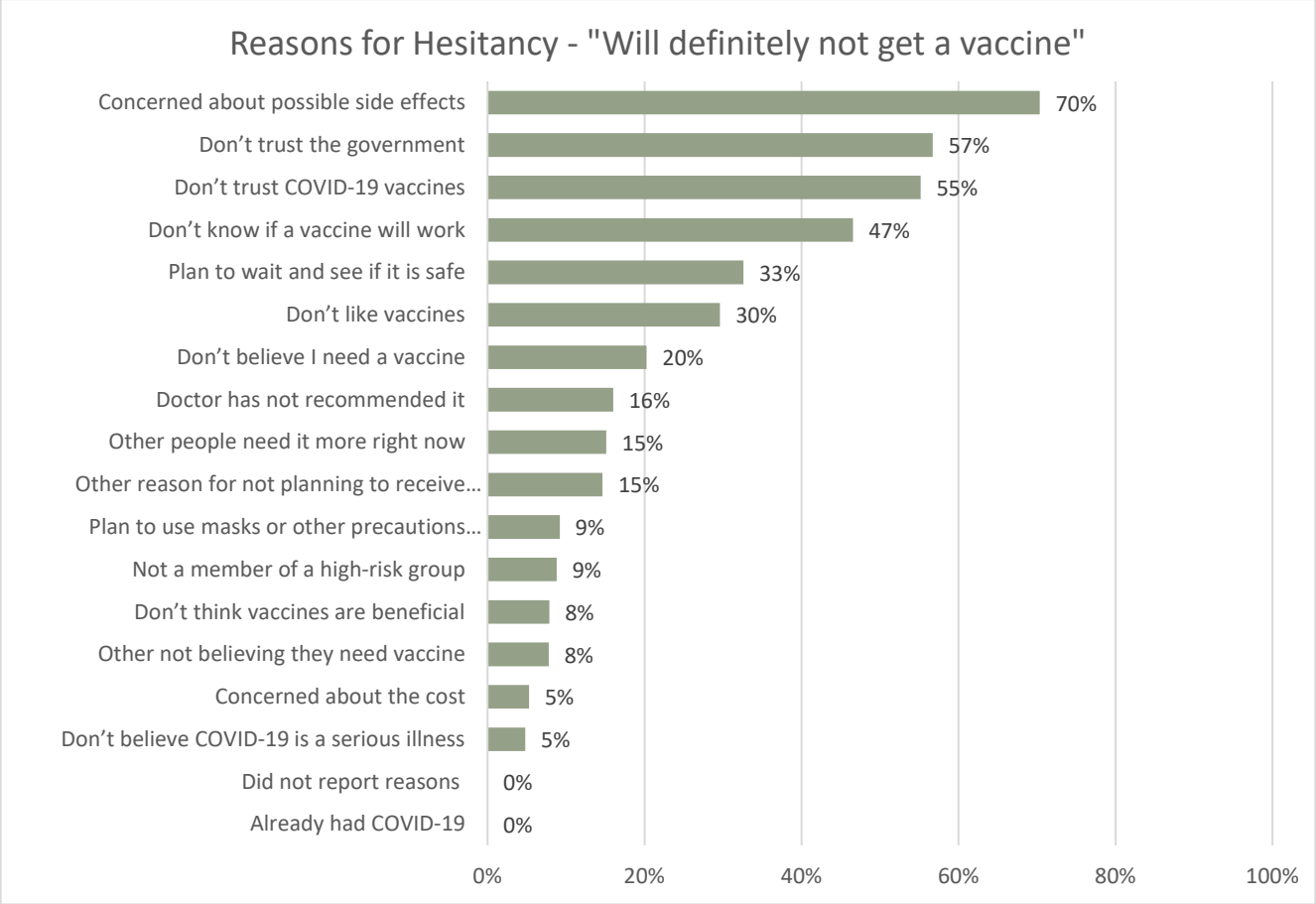
(a) Reasons for hesitancy for those who report they “will probably” get the vaccine (18% of Hawai‘i adults)



(b) Reasons for hesitancy for those who report they “will probably not” get the vaccine (7% of Hawai‘i adults)



(c) Reasons for hesitancy for those who report they “will definitely not” get the vaccine (8% of Hawai‘i adults)



Limitations of Available Data

Data from Pulse survey, conducted by the U.S. Census Bureau, was the primary source used to determine people's vaccine intentions and reasons for hesitancy, which inform our recommendations. No source of data in social science is perfect; we note the following points of caution for these data.

First, as with any survey data, answers to questions are self-reported from the pool of participants that could include people providing (more) socially desirable answers.

Second, the samples of people in each wave of data are not perfectly representative of Hawai'i's population, and information about people's locations within the state are not available.

Third, the data provide limited information about race. In particular, the available data provides a single category that combines all people who identify with two or more races and anyone who identifies as a race other than White, Black, Asian or Hispanic. Because of this, we are not able to offer any specific information Native Hawaiians and Pacific Islanders, who represent a large and important part of the state's population.

Fourth, in order to provide the most up-to-date data possible in the report, we examined data across several weeks and we report population estimates based on subpopulations of people answering the survey. We emphasize that what we report should be seen as estimates, not absolutes, and that some estimates may be more reliable than others.

Despite these limitations, this is the best, current data available, and it does shed light on some of the thinking on vaccinations that are helpful in guiding public-facing communication strategies.

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