

Overcoming COVID-19 Vaccine Hesitancy: The Greatest Marketing Communication Challenge of Our Lives

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An estimated 60-70 percent of the world population has to be vaccinated from COVID-19 to achieve herd immunity. However, many countries in the world (e.g., US, UK, Israel) are moving “from a supply problem to a demand problem,” as Dr. David Kessler, the Chief Science Officer for the US government’s COVID response task force noted.ⁱ Further, various polls indicate that many other countries (e.g., Australia, France, Russia, South Africa, Japan, and Germany) will face this demand problem once their vaccine production and distribution issues are addressed.ⁱⁱ Thus, overcoming COVID-19 vaccine hesitancy, procrastination, and rejection is the greatest communication challenge of our lifetime.

Our research focuses on creating and implementing customer- or patient-centric solutions to address problems that organizations face. This involves helping organizations develop a clear understanding of their audiences and creating patient-centric solutions to inform, persuade, and getting each customer segment to act. Yet, based on our observations and discussions with policy makers, we have observed a lack of patient-centric solutions to address vaccine hesitancy, procrastination, and rejection. Consequently, we provide a comprehensive patient-centric framework to assist COVID-19 vaccine communication efforts.

Patient-centric Solutions to Overcome Vaccine Hesitancy

The Hierarchy of Effects framework proposed by Lavidge and Steiner (1961) is regularly employed to better understand the process customers or patients go through when making decisions. The framework suggests that customers first “think,” then “feel,” and finally “do.” For

the COVID-19 vaccine, this implies that patients need to first “think” about it; i.e., become aware and knowledgeable. Next, patients need to “feel” positively about it; i.e., like, prefer, and have conviction. Finally, patients need to “do” it; i.e., get vaccinated.

In our opinion, most policy makers have emphasized the “do” stage by focusing on distribution and convenience; e.g., a combination of mass vaccination, hospital, physician, and drug store sites. This makes sense for the population interested in getting vaccinated. However, for the vaccine procrastinator, hesitant, and rejector populations, we need to focus on the “think” and “feel” stages of decision making, without which patients are unlikely to move to the “do” stage. Hence, we propose three recommendations, using examples from the US that can be replicated in other countries.

1) Increase Knowledge and Overcome Misinformation

First, we need to focus on the “think” stage and ask: why are patients hesitating, procrastinating, and rejecting? Research shows a main reason is that such patients are likely to believe the invention and approval process of the vaccine was rushed, with underreported side-effects.ⁱⁱⁱ This can be addressed by local leaders proactively reaching out and educating sceptics, and by using multiple media, i.e., phone calls, direct mail, television, billboard, and digital, to best reach such patients. For example, one rural parish in Louisiana enlisted African-American preachers and local leaders to directly phone members of their community, which led to a nine-percent increase in the parish’s vaccination rate in a week. Iowa features a current congresswoman, an experienced physician, in it is various advertisements. This approach appeals to many vaccine hesitant’s preferences to hear from leaders in their own political party with medical expertise, while empowering them to make their personal decisions without pressure. Second, more assertive approaches are needed to overcome vaccine misinformation, in particular

on social media. Previous research shows that having medical sources directly refute inaccurate claims where misinformation is posted is particularly effective.^{iv} Hence, training and funding is needed to help medical, public health, and non-profit organizations actively respond to misinformation with science-based evidence.

2) Improve Patients' Feelings

The vaccine hesitant population has developed strong feelings against the vaccine. Consequently, it is critical to use information sources trusted by hesitants to improve their “feel.” Research indicates hesitants most trust medical providers, political, and faith-based leaders to provide “think”-based knowledge about medical decisions, but are more likely to rely on “common folks” in their communities to provide the “feel” or emotion-based conviction for decisions.^v One nurse in Louisiana deployed a particularly effective tactic. She directly called and engaged in personal in-depth conversations with her vaccine hesitant patients and talked about how she was a previous vaccine skeptic but changed her mind after her husband passed away due to Covid19.^{vi} The Confederated Tribes of Siletz Indians has effectively employed word-of-mouth tactics through direct phone calls, discussions, and social media apps to get family and friends vaccinated, which resulted in higher vaccination rates than other communities in Oregon. Additional methods to improve vaccine sceptics' feelings is by creating a fear of missing out (FOMO), both socially and economically (e.g., see our previous article <https://hbswk.hbs.edu/item/how-influencers-celebrities-and-fomo-can-win-over-vaccine-skeptics>).

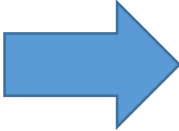
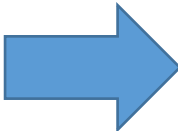
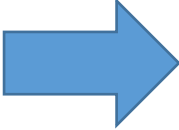
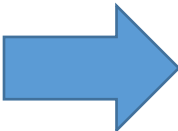
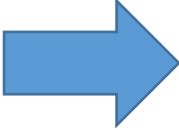
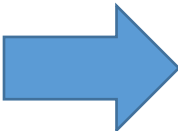
3) Facilitate Patient Action (shots-in-arms)

Mass vaccinations sites were critical to vaccinate patients who wanted to be vaccinated. However, reaching vaccine hesitants and procrastinators will require direct proactive tactics.

First, one can incentivize action. Several states and cities are employing effective tactics that should be mirrored, including providing cash incentives, free transportation, and creating lotteries and large block parties to incentivize vaccinations. Businesses should also be incentivized to contribute as many have employed effective incentive tactics such as paid time-off, free products, and lottery giveaways. Second, one can enhance the convenience of getting vaccinated. In business, we call this a need to “go to your market (customers)” or, in this case, “take the vaccine to the patients” versus “getting patients to come to the vaccine.” For example, the Primary Health Network in Pennsylvania created a mobile health unit to create pop-up clinics in rural and underserved areas with larger vaccine hesitant populations. And the Southwest Health System in Colorado created “vaccine SWAT teams” to reach long-term care facilities and homebound residents who experienced difficulty getting to mass vaccination sites. Such approaches provide proactive micro-vaccination sites tailored for vaccine hesitant, procrastinators, and rejectors, in contrast to mass vaccination sites for those eager to get vaccinated.

Overall, we hope using the “think → feel → do” patient-centered approach to the COVID-19 vaccine communication problem will improve efforts at accelerating global herd immunity for a safe economic reopening and recovery to overcome this most important generational health and economic challenge.

Think-Feel-Do Framework for COVID-19 Vaccine Communication Efforts

Stage	<u>Think</u>		<u>Feel</u>		<u>Do</u>
Hierarchy of Effects-based Appeal	Rational		Emotional		Behavioral
Effect on Patient	Cognitive		Affective		Conative
Objective	Awareness and knowledge		Liking, preference, and conviction		Get Vaccinated
Why	Inform and overcome misinformation		Build trust employing trusted sources		Motivate action
How	Multiple media		Word-of-mouth		Go to your market
Who	Need local medical, religious, business, and political leaders to educate		Need “common folks” to reach out to family, friends, and colleagues to build conviction		Need governments and businesses to make it easy to get vaccinated
What	Increase knowledge and directly refute inaccurate claims		Create FOMO, both socially and economically		Incentivize action and facilitate convenience

Source: Mintz, Currim, and Deshpandé (2021), “3 tactics to overcome COVID-19 vaccine hesitancy,” World Economic Forum.

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ⁱ <https://www.nytimes.com/2021/03/03/opinion/trump-vaccine-ambassador.html>

ⁱⁱ <https://yougov.co.uk/topics/health/articles-reports/2021/05/25/year-covid-19-global-attitudes-vaccination>

ⁱⁱⁱ [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(21\)00306-8/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(21)00306-8/fulltext)

^{iv} <https://doi.org/10.1056/NEJMp2103798>

^v <https://doi.org/10.1056/NEJMp2100351>

^{vi} <https://www.nytimes.com/2021/03/06/health/african-americans-vaccine-hesistancy.html>