

HOW CAN WE BUILD TRUST IN A VACCINE?

The development of a vaccine for the coronavirus that causes COVID-19 has led to hope that the global health crisis will soon be over. How soon may depend on willingness to receive a vaccine, and a recent survey by the Kaiser Family Foundation reveals that roughly one quarter (27%) of Americans say they “probably” or “definitely” would not get the vaccine. “Vaccine hesitancy” is highest among Republicans, rural residents, and Black adults.

Reasons for Distrust

According to Kaiser, among those who are skeptical of the vaccine, the main reasons are concern about possible side effects (59% offer this as a major reason), distrust of the government’s ability to ensure safety (55%), worries that the vaccine is too new (53%), and the role of politics in the development of the vaccine (51%). About half of Black adults do not trust vaccines in general (47%) or are worried about getting COVID-19 from the vaccine (50%).¹

Historical Context

The development of new vaccines has historically engendered mistrust. In the past two decades, an anti-vaccination movement emerged after a 1998 study falsely concluded that vaccines cause autism. Though the study was retracted in 2010, it gave life to a movement. The advent of social media has encouraged the spread of misinformation (untrue information that is passed along inadvertently) and disinformation (organized campaigns to intentionally spread falsehoods). For Black communities, the memory of the 1932 Tuskegee Experiment—a study of the effects of syphilis performed mostly on poor, illiterate sharecroppers and run by the US Public Health Service—continues to cause outrage and distrust in public health efforts after it became known that researchers knew that penicillin effectively treated the disease, withheld that information, and followed the men for forty years.

The Case for Vaccination

Vaccines are an important tool in fighting preventable diseases of all kinds, not just COVID-19. Skipping vaccines can leave a person vulnerable to preventable diseases like shingles, pneumococcal disease, influenza, and HPV and hepatitis B (both leading causes of cancer). Infants and the elderly are put at risk and work days lost due to illness can hurt the economy. Vaccines are one of the safest products in medicine because governments monitor safety after a new vaccine is licensed for use. The US has the best post-licensure surveillance system, according to the National Foundation for Infectious Diseases.²

How to Take Action

Counter Disinformation on Social Media. Stronger (www.stronger.org), a “national campaign on behalf of science, medicine, and vaccines,” recommends the following actions to stop the spread of misinformation



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in social media. 1) Block, ban, or hide posts from your feed. By limiting what you see, you are also stopping others who are linked to you from seeing this information. 2) Report it to the platform. This helps social media sites to alter their algorithms so that false information is not spread. 3) Comment to warn others. Even doing the minimal, such as commenting “not true” next to misinformation influences how readers interpret the message, according to research.

Provide a Model for Others. When trying to figure what to do, most people look to peers—friends, co-workers, and family—for guidance. In a famous study, Robert Cialdini, a marketing professor, experimented with methods to get people to conserve energy. His team went door to door in a San Diego suburb, placing hangers on doorknobs with messages about energy conservation. They tried four messages: 1) conserving energy saves money, 2) conserving energy can save the earth’s resources, 3) conserving energy is the socially responsible thing to do, and 4) the majority of your neighbors conserve energy on a regular basis. Only the last message had a discernable effect. Peer pressure works.³ This suggests that seeing others get vaccinated may convince those who are undecided to overcome their doubts.

Listen for Understanding. Heidi Larson, Director of The Vaccine Confidence Project, believes that people are too quick to jump to conclusions about those who are reluctant to be vaccinated. Trained as an anthropologist, she has spent years studying vaccine misinformation in various parts of the world. When having a conversation with someone who is hesitant about getting a vaccine, Larson suggests listening even if you don’t agree with them. “I think that one of the reasons that I see that the anti- and questioning and skeptical voices have gotten louder is they feel like they’ve been shut down when they tried to express a concern or have their view. . . . I always try to find some point where we can agree. Find some common ground.”⁴

Offer the Church Building for Vaccine Distribution. Hospitals and medical clinics can seem remote and inaccessible to the vaccine reluctant. Church buildings may feel safer and more familiar, especially if they are already used as the site of community meetings. Even better would be a church with a program for vulnerable or underserved populations. For example, WIC clinics, federally qualified health centers, STD clinics, or substance use treatment centers. Vaccine

services could be provided to those who participate in the program.

Host a Meeting to Gather Information. A congregation that values its community will make a special effort to engage with neighbors, listening for what matters most in their lives. In light of a new vaccine, what hopes and concerns are raised? Host a listening session (in-person with social distancing or online) and be intentional about inviting representatives of every demographic. This has the potential to launch new relationships, renew trust in the church, and better understand what community members are thinking.

An Orthodox Priest Goes into the Field

In late 2020, Father Paul Abernathy of St. Moses the Black Orthodox Church in Pittsburgh led community health deputies to mobilize Black adults to be part of clinical trials for the coronavirus vaccine. Volunteers asked, “Would you do this? If not, why not?” One volunteer explained to a skeptical woman that the trials were already in Phase Three and therefore less risky than previous phases, and offered to bring her the results of Phases 1-2 to ease her concerns. After the first week in the field, minority enrollment had gone up from 3% to 8%.⁵

More Than Facts Are Required

Dealing effectively with skepticism over vaccination requires more than facts. Science matters, but so do relationships. Whether in conversation over social media or face to face, listening with respect and encouraging an honest exchange of views can go a long way toward building understanding of our neighbors, and it may even change a few minds along the way.

1. Liz Hamel, Ashley Kirzinger, Cailey Muñana, and Mollyann Brodie, “KFF COVID-19 Vaccine Monitor: December 2020,” Dec. 15, 2020, <https://www.kff.org/coronavirus-covid-19/report/kff-covid-19-vaccine-monitor-december-2020/>

2. Ten Reasons to Get Vaccinated, National Foundation for Infectious Diseases, <https://www.nfid.org/immunization/10-reasons-to-get-vaccinated>. Accessed December 17, 2020.

3. “Peer Pressure Best Motivator When it Comes to Energy Saving, Psychologists Tell House Panel,” <https://www.apa.org/news/press/releases/2007/09/peerpressure>. Accessed December 17, 2020.

4. Christianna Silva, “A COVID-19 Vaccine Has Come Quick, But Expert Says That’s No Reason To Fear It,” *All Things Considered*, November 30, 2020.

5. “A Pastor’s Plight to Address Vaccine Skepticism in Black Communities,” *On the Media*, WYNC Studios, December 4, 2020.