

MESSAGING RECOMMENDATIONS

The [Ad Council](#) and [COVID Collaborative](#) are leading a massive communications effort to educate the American public and build confidence around the COVID-19 vaccines.

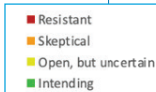
Guided by the leading minds in science and medicine and fueled by the best talent in the private sector, the **COVID-19 Vaccine Education Initiative** is designed to reach different audiences, including communities of color who have been disproportionately affected by COVID-19.

The following insights are based on extensive qualitative and quantitative research we conducted in December 2020 to ensure our messages are research-based and resonate with audiences. Specifically, we tested potential messaging with a variety of Americans nationwide, including white Americans, Black Americans and Hispanics.

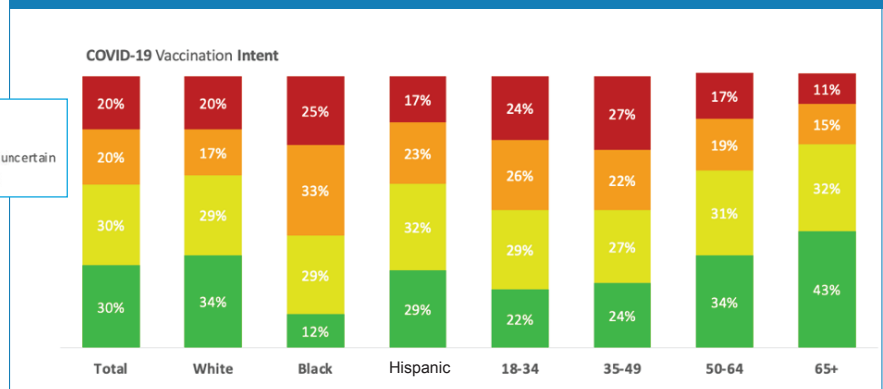
THE CHALLENGE

Extensive research shows pervasive hesitancy and reluctance around the COVID-19 vaccines among the American public, with many Americans having significant questions. A widespread “wait and see” mindset could create a significant public health challenge for the country. We need to overcome multiple attitudes; COVID-19 vaccine hesitancy is highly complex, with many factors coming into play, including fear, distrust, confusion, misinformation and complacency.

Overall, approximately half (50%) of the general public falls into the “movable middle”—they want to know if the vaccines are safe—and that the benefits outweigh the risk. Specifically, we define the movable middle as those who range from “skeptical” (20%) to “open but uncertain” (30%).



COVID-19 VACCINATION INTENT



PRIMARY DRIVERS OF HESITANCY



Concerns about **safety and side effects** from COVID-19 vaccination, driven by the speed of the clinical development process and the vaccines' novelty.



Lack of **knowledge**.



Distrust in the **political and economic motives** of the government and corporations.

MESSAGING RECOMMENDATIONS

STRATEGIC GUIDELINES for Messaging

- **Lead with empathy.** Respect people's hesitancy and acknowledge that it's okay to have questions. Avoid condescension, lecturing, negativity and guilt-mongering.
- **Facts about safety are important.** Don't just say "the science is solid." Explain why vaccines are safe, despite the fast timeline of development. Information needs to be clear, honest and presented in plain language.
- **Emotional triggers are important.** Highlight how vaccinations are a pathway to helping us get back to the moments of human connection that we are all yearning for. In the same vein, highlight

that vaccinations will protect the ones we love and those most vulnerable in our community.

- **The messenger is just as important as the message.**

Most people who are hesitant to get vaccinated are open to listening to a wide variety of messengers whom they trust. But, they want to receive information about COVID-19 vaccines from credentialed health experts. They are also open to hearing personal testimonials and anecdotes about overcoming vaccination hesitancy from "microinfluencers" (one's close personal network or online influentials with hundreds/a few thousand followers) to "macroinfluencers" (famous people who have hundreds of thousands/millions of followers) as long as they communicate authentically.

Acknowledge hesitancy + Questions are okay + Emotional moments = **Motivation to get informed**

RECOMMENDED MESSAGING TONE

- Should be welcoming, personal and authentic.
- Provide a safe space that's focused on dialogue, not debate.
- Leverage emotional touchpoints to remind people about those moments of human connection once we get past COVID-19.

MESSAGING ELEMENTS THAT RESONATE

Validate Concerns & Answer Questions

Acknowledge people's hesitancy rather than challenge it.

Provide scientifically-based, plain language answers.

Moments Missed

Reference things the people miss most. With many feeling COVID-19 fatigue, missed moments (especially human connections that we took for granted like visiting family and friends) serve as a powerful reminder of the ultimate end goal: vaccination as a pathway to the possibility of regaining these moments.

Protection

Emphasize "protecting myself, loved ones and those in my community" (rather than "coming together as a nation").

Positive Tone

Be inviting and respectful as opposed to demanding.

Acknowledge that the "choice is yours to make," which connects with the deeply rooted American value of liberty.

MESSAGING RECOMMENDATIONS

MESSAGING ELEMENTS THAT DON'T RESONATE

Negativity & Fear

People push back when reminded of how difficult a year it's been—it tends to put them in a pessimistic, hopeless or frustrated frame of mind.

Fear tactics are likely to backfire because this does little to generate trust or answer people's questions about vaccines.

Guilt

References to “many people already stepping up” can come off as pushy or accusatory.

Those who are hesitant do not see themselves as “free riders” letting others take risks first; rather, they are worried about being “guinea pigs” for new COVID-19 vaccines.

Overpromising

Avoid claims that are unproven. Being overly rosy may cause concern. Be clear about the facts without any sugarcoating.

Most people understand that mass vaccination is a long-term process. Avoid messages that inadvertently imply that vaccine availability will “flip the switch.”

“Back to Normal”

Some just want things to “get back to normal,” but for others, post-pandemic life will never be “the way it was.”

It's more about getting back to life rather than back to normal.

Messages that focus on economic recovery—rather than public health—do not perform well.

LANGUAGE CONSIDERATIONS

- Do not assume high levels of general health literacy and avoid scientific jargon. Use plain language, so information is clear and easy-to-understand. Graphics plus text works better than text alone.
- Language around “protection” resonates, evoking the end goal of protecting your loved ones and protecting those most vulnerable in your community.
- Avoid language that makes it appear as if you're promoting or endorsing one manufacturer's drug. Do not talk about “the vaccine” or refer to a specific drug; instead, use the term “vaccines” in plural or refer to “vaccinations” instead.
- Present vaccines as one important option to fight the pandemic, e.g. “vaccines are a key” not “the key”. (For example: “Everyone should continue to take all recommended actions to help stop the pandemic.”)
- Direct people to have conversations with their healthcare provider or doctor, (e.g. “talk to your doctor” or “start a conversation”) instead of telling them to get vaccinated. Avoid giving medical advice.
- Avoid any mention of efficacy rates—this points to specific brand name drugs, which you should avoid promoting.
- Do not include any drug-specific disclaimers on side effects, since that also points to specific drugs.
- If you are communicating about side effects, be transparent and up front about potential severe side effects in rare cases.
- Avoid discussing total elimination or eradication of COVID-19, as scientists are predicting that COVID-19 will become endemic (like the flu). Talk about ending the pandemic, not about ending COVID-19 for good.
- Avoid broad statements about where, when and to whom the vaccine will be available as every state is different.

MESSAGING RECOMMENDATIONS

MESSAGING AND VISUAL WATCH-OUTS:

- While vaccines roll out, people need to continue to wear masks and maintain social distance. It's important that we don't imply that having a vaccine is a way to get out of wearing a mask and social distancing.
- Visually, people shown together with those outside of their immediate family should be wearing masks and six feet apart.

LANGUAGE DO'S & DONT'S

Do Say	Don't Say
Vaccination	Injection or shot
A safe and effective vaccine	A vaccine developed quickly
Authorized by FDA based on clinical testing	Approved by FDA, Operation Warp Speed; Emergency Use Authorization ¹
Get the latest information	There are things we still don't know
Keep your family safe; keep those most vulnerable safe	Keep your country safe
Public Health	Government
Health / medical experts and doctors	Scientists
People who have questions	People who are hesitant, skeptical, resistant, or "anti-vaxxers"

1. The perceived speed of vaccine development is a current barrier among many audiences

These recommendations are based partly on [research](#) conducted by the de Beaumont Foundation.

TRUSTED MESSENGERS

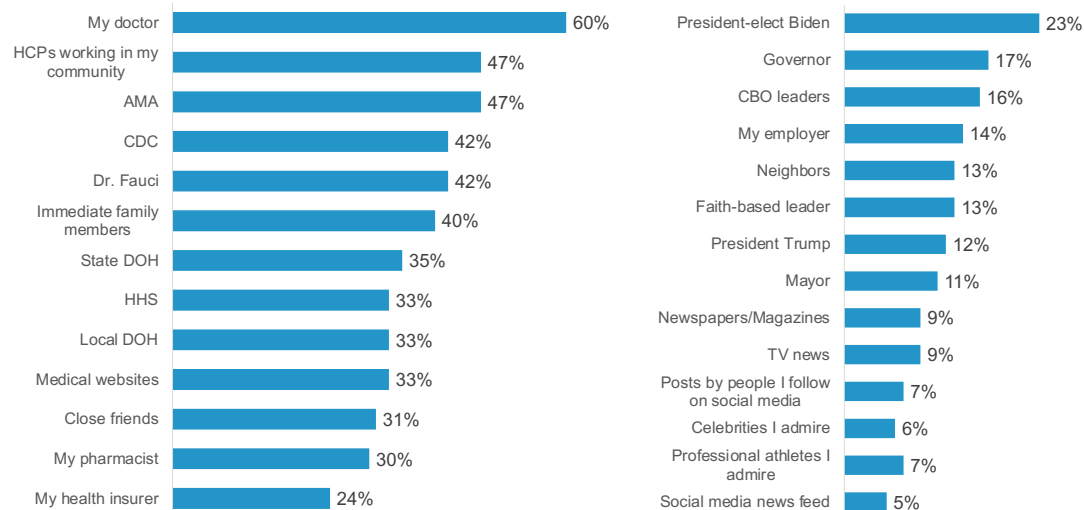
- **Medical experts, personal doctors and other health care providers** are generally the most trusted sources of information for COVID-19 vaccination information and advice.
- **Health agencies and institutions** like the Centers for Disease Control and Prevention carry credibility, but it may be better to feature individual experts rather than institutions generally. Public trust in government and the pharmaceutical industry is generally low.
- **Word of mouth** from those whom people trust, including those within one's close personal network, is a powerful form of "social proof" (i.e. "if my family, friends and neighbors and others I admire intend to get vaccinated, I am more likely, too").
- **Celebrities** can be useful when they feature health experts on their channels to share educational information.

MESSAGING RECOMMENDATIONS

DOCTORS AND SCIENTIST ARE THE MOST LIKELY TO INFLUENCE VACCINATION BEHAVIOR

If you heard a strong recommendation to get the COVID-19 vaccine from the following, do you think you would be more or less likely to get the COVID-19 vaccine?

% More Likely – General Population (Vaccine Hesitant)



Source of our insights and recommendations:

- Literature review of existing research around vaccination hesitancy, with a focus on COVID-19 vaccination hesitancy.
- Consultations with public health and health communications professionals, affiliated with COVID Collaborative and other expert organizations.
- Insights and input from Ad Council partner creative and media agencies, including Dentsu Health, Been There Done That, Pereira O'Dell.
- A series of short quick-turnaround surveys in November-December 2020, conducted in partnership with Feedback Loop.
- Qualitative in-depth interviews conducted December 10-17, 2020 with a diverse array of 30 COVID-19 vaccination hesitant individuals nationwide (10 Black, 10 Hispanic, 10 white). Interviews conducted in English and Spanish. Conducted in partnership with Ahzul.
- Nationwide survey conducted December 15-21, 2020. n=1992, including augment samples of Black and Hispanic adults. Sampling and weighting protocols were implemented to ensure U.S. Census-representative results. This online study was conducted in partnership with Ipsos Public Affairs, leveraging their Knowledge Panel methodology.