AJPH Podcast—June 2021
What causes the vaccine rollout tipping point?
Alfredo Morabia

MF We have heard from states several weeks ago that they were experiencing less demand and had excess supply of vaccine, and at that point in time everybody started to pivot to how are we going to do this next half of the population. However, I don’t think it’s an insurmountable wall and, in fact, may be less of a wall than a series of small hills we have to climb with different populations.

DB This doesn’t have to be a one-shot kind of thing. It has to be an ongoing conversation and relationship-building exercise with the ultimate intention of vaccine receipt; but in the meantime, some people will take more than simply one interaction to convince. And, I think that we have to reach out to people through multiple channels.

AM Hello and welcome! This is the June 2021 podcast of the American Journal of Public Health. On March 18, two months after its installation, the new US Presidential Administration achieved the symbolic mark of 100 million vaccine shots. The vaccines are safe, but the speed of vaccination has been slowing down across the country. There is a tendency to assign the slowdown to a lack of confidence in the vaccine. But there is also evidence that former vaccine hesitant have changed their minds. Have we reached the vaccine rollout tipping point? What is the best strategy to get the largest possible coverage? I am discussing these questions with Mike Fraser, Executive Director of the Association of State and Territorial Health Officials and with Professor David Broniatowski from George Washington University.

DB My name is David Broniatowski. I am an Associate Professor of Engineering Management and Systems Engineering at the George Washington School of Engineering
and Applied Science; and I am the Associate Director of the GW Institute for Data, Democracy & Politics.

AM Thank you, David. Mike?

MF Hi, I’m Mike Fraser. I’m the Chief Executive Officer of the Association of State and Territorial Health Officials, ASTHO.

AM Thank you very much. So, we seem to be at the watershed period in terms of vaccine rollout. If I understand well, if we only look at people 60 years or older, more than half of the population in the United States have been vaccinated, so that’s been a fantastic achievement, but the rollout is staring to slow down. And so, are we hitting now the hesitancy wall, the hesitancy barrier? So what do you think, David?

DB Well, I think that this hesitancy barrier, as you put it, is something that we are going to encounter and that we’re probably coming up on it faster than we think. It’s certainly something that a number of people have predicted because the original, really quick rollout that we saw was a group of people that were essentially quite eager to get vaccination, and now that the people who want the vaccine have gotten it, now we’re at the point where we need to start convincing people who may have doubts that this is the right thing for them and that this is the way for us all to return to a normal life. So yes, I do think we are going to hit that hesitancy barrier, but I do think we can overcome it.

AM So, Mike, is this also the perception in the states and territories?

MF I would agree with David for sure. I think your observation that we’re hitting a pivotal point in this campaign is spot-on. We have heard from states several weeks ago that they were experiencing less demand and had excess supply of vaccine, and at that point in time everybody started to pivot to how are we going to do this next half of the population.
However, I don’t think it’s an insurmountable wall, and in fact may be less of a wall than a series of small hills we have to climb with different populations. And so, what I hear from friends and from health officials is similar which is, as David said, those most eager to get the vaccine, did it, sought it out, drove hours to get it, and now we have to pivot to making it more convenient, making it part of routine clinical visits, and other kinds of opportunities for folks to just integrate it into their day-to-day life.

AM  But in the perception of people who are on the ground, what are the major obstacles that represent this resistance to the vaccine?

MF  So I would say two things: One is, it is not just hesitancy that’s causing the slowdown in vaccine, and I think that’s important. We don’t cover enough the logistical aspects of this campaign. This is not a simple Amazon box arriving at a clinical setting and being opened and administered, and the way that vaccine is shipped and allocated to states has not changed since December. So, there are massive quantities of vaccine that are distributed through channels to various sites, but they’re still pretty high volume in terms of cases of doses, and the logistics of that assume these large clinical operations with high through-put to use all the vaccine that’s being delivered. So, hesitancy is an issue, but the logistics of this are super important because what we’re also hearing from states is this vaccine needs to be made in a production process that makes it easier to get to smaller settings that can use the vaccine immediately. So, we’re talking about 14- to 16-dose vials of Moderna while we should also be talking about single-dose syringes that clinicians can just use and not have to worry about puncturing a vial and using the other 14 doses. So, yes, there is definitely hesitancy and confidence which I think is actually a better description of this. People’s confidence is on a continuum with this vaccine, but
the actual production of this vaccine is limiting the ability of it to get into more routine operation, and we knew that from the beginning and we have to address that now as well.

AM Absolutely true, and I think enormous progress have been done on this side, because last year we were expecting even greater hurdles. But David, when I hear you saying that you’re confidence that we can go over those obstacles, from you who are an expert in social media and misinformation, that’s great news. So, why are you confident that we can do better here?

DB First of all, I want to follow on what Mike just said. I think that the fact that logistical issues are one of the primary issues that we’re facing indicates that hesitancy or our perceptions of hesitancy may be coupled with other issues, and we know that vaccine confidence is in part driven by convenience, by ability to access. But, I think what this really emphasizes is that when it comes to vaccination, we can’t just have one strategy for everything, and we have to recognize that people are different and that they respond in different ways to different messaging and to different sorts of outreach. And so I think primarily, I would emphasize the role of empathy and the role of listening, trying to reach people on a personal level. You mentioned social media, and social media is usually something that we think about as a broadcast medium, a way to sort of get the message out there, and of course we pay a lot of attention to anti-vaccine organizations that the Center for Countering Digital Hate has traced to only, I want to say, something like 12 organizations with millions of followers. So, it’s really a very highly concentrated group, but another thing that we can use social media for is as a listening tool and especially a tool for targeting and tailoring messages. Right now, what we’re starting to see is that social media platforms, very large social media platforms such as Facebook and
Twitter—and YouTube to some degree—are taking actions to actually shut down anti-vaccination groups and to remove anti-vaccine content. What that does in practice is it takes those millions of followers and makes them essentially unreachable, and so rather than trying to shut down what are essentially ways for us to quite easily identify who some of these hesitant people might, maybe we should use the existing channels to reach out to them. A lot of these social media platforms actually make it easy for us to identify who might be vaccine-hesitant.

AM But David, what’s an empathy message on social media? Give me an example of what you think should be done.

DB Well, I think one of the things that we can do is we can actually look at what are the messages that are resonant from some of these anti-vaccine groups. A lot of these messages emphasize things like civil liberties and civil rights and freedom of choice. Well, you know what? If we’re going to talk about freedom of choice, then that means that our counter-messaging has to be you’re right, it’s your choice, here are the reasons why it’s the right choice to be vaccinated. We need to be very careful not to frame this as a war in which people who don’t want to vaccinate are enemy combatants. We actually want to frame this in the way that these are our friends, these are our family, these are our neighbors. We’re all on the same side, otherwise we don’t get out of this pandemic, and the same people who often resonate with issues and framings of civil liberty also tend to resonate with framings that emphasize self-reliance, community responsibility, and strength. And there are ways that we can frame our messages that basically indicate that vaccination will give you the strength required to be a good leader of your community
and a good example of your community. That’s something that resonates with these communities’ values.

AM So, Mike, is this a dimension that is also important in the logistics in states and territories when we roll out the vaccine campaign?

MF It’s extremely important. David’s spot on. I’ve just a couple of notes here. The ability of government, state health departments in particular, to participate actively on social media is pretty limited, so I think the participation of lots of folks outside of government is extremely important here when dealing with social media because IT has not been a strong suit of government in this response, I think we can all say. But having trusted physicians and parents and other individuals share messages of, hey, I know you’re concerned about the impact of this vaccine, here’s why I made the choice to get vaccinated. Those kinds of messages can certainly resonate. What we know about half the population is half the population is totally in love with Dr. Fauci, and half the population sees him as public enemy number one. So, that’s not going to resonate when he’s calling for all Americans to get vaccinated, and that’s probably true of state health officials these days as well. So, this issue of empathy is really important. It was actually something that we talked about with some of the more recent measles outbreaks before Covid, and we can’t just depend on the science and sharing the science to change people’s minds here, and it does need to address their concerns. What we spent a lot of time thinking about in December was how are we going to get this vaccine into people’s arms quickly, and we’re still playing catch-up on communications. I think there was a big assumption that the pain that this pandemic has caused would be the motivator for everybody to get vaccinated, and in fact that’s not true. So, the similar tension to the
logistics of delivery and administration now needs to be placed on communication; and that’s something the federal government is doing, and states have only recently begun with new dollars from the federal government to support state-based campaigns in addition to tons of other campaigns like the Ad Council and the Covid Collaborative and many others. So I think we’re going to see the fruits of that work soon emerge, but pretending that this was just a logistical problem or an administrative problem or is all about efficiency, not about empathy and not about communication and not about meeting people where they’re at and dealing with communities, I think we erred too much on the side of logistics which is who we are and that makes a lot of sense, but now I think there’s a lot more deep dives that have to get done.

AM I just want to check one thing about the 50% of people who hate Fauci. I just read a statistic saying that the people who have no intention or strongly hesitant to get vaccinated represents only 20% and they were a much larger group weeks ago. So, with the [15]% of people who did change their mind at all [throughout that time], so that’s less than 50.

MF I guess half and half was an overstatement, but you know certainly there’s a percent of the population that doesn’t want to hear from a government doctor telling them what to do, but they will certainly pay more attention to their family physician or another messenger that can say yeah, I got this myself and here’s why. You know, I think that’s sort of, that was the point I was trying to make. I have a Fauci bobblehead in my office, so…

AM David, you’re saying that we need to have a positive approach and we have lots of arguments, the success of this vaccination campaign to do a powerful media campaign
only with positive argument and trying to avoid the war directly against the anti-vax movement…

DB I think part of the concerns of what we’re facing here are that we’re really dealing with the organizations that generate the negative content, the hardcore anti-vax content—and again, these are highly concentrated to a small number of groups that are generating a lot of content and have a lot of followers. And that concentration is for them, at the same time, a strength and a weakness. It’s a strength because of the volume that they can generate, but it’s a weakness because essentially what it means is that they can’t target and tailor as effectively as, for example, a set of 50 states all of whom were set on targeting and tailoring to their local populations; and at the same time, they don’t make it secret who their followers are. So, I think one of the things that we really have to do here is we have to avoid demonizing people who have doubts about vaccination. Just because somebody follows an anti-vaccine organization doesn’t mean that they agree with everything that organization says. Even if they claim to, they might ultimately change their mind, and of course we know that vaccine hesitancy is quite a large spectrum. So, one of the things that I think we really need to do is we need to use the social media platforms and the affordances of those platforms as effectively as these anti-vaccine organization but at a larger scale. And again, given that the number of organizations that are anti-vaccine is relatively small, that shouldn’t be an impossible task.

AM Who can do that? Who has this larger-scale access to social media and affectivity?

DB Well, I think a lot of that boils down to thinking through the ways in which some of our traditional public health communicators actually use the resources that they have available. So for example, can we potentially enlist large numbers of volunteers to
participate in some of these online forums where they will simply engage in conversation with some of the people who are following anti-vaccine organizations; and again, the key here is not to directly engage in sort of a tit for tat argument because that’s just going to make everybody upset. But if somebody seems to be expressing doubts or hesitancy, well one of the things that happens and that you can on social media is you can engage in direct messaging. You don’t have to make everything out there in the public. You can say you know what, I see that you seem to be expressing some concerns. Do you want to talk? Maybe we can form that personal connection, and of course it’s resource intensive to do that with millions and millions of people, but at the same time if we can enlist the same resources that we’re using for public health communications on the ground and have some of that effort go towards also engaging in online public spaces, I think we can make a dent in this.

MF Yeah, you know, I would just add, I think, again, we’re falling into our own trap by trying to simplify this, and hesitancy is a broad category or confidence is a continuum. I don’t think any of us want to spend our day trying to convince a vaccine refuser to get vaccinated. Those people call me, they leave me hate mail and talk about how there’s a microchip in the vaccine. I’m not going to change their mind, nor do I think it’s a good use of my time or anybody’s time, honestly, to try to counter whatever that narrative is because they’ve gotten into that and there’s many other things they probably believe that I disagree with as well. But what I think we need to start thinking about is what are those other groups that are hesitant or lack confidence in the vaccine. Is it a timing issue? Is it because this vaccine was rolled out in January and you want to see the results for yourself over the next year? There’s a group that might think the vaccine is worse than Covid
itself. We know that’s true about young people. So they’re more willing to get Covid disease and less willing to take the vaccine because they’re more skeptical about the vaccine’s either efficacy or its development or the speed with which it was developed. And then there’s a group of people that say you know I’d like to get vaccinated, but it’s just not convenient for me and I’m not going to make an appointment and I’m not going to do that twice and I’m not going to take off work. So, until this is something that I can just roll out of bed and get vaccinated, I’m not going to bother with it because the risk in my world is low, in their perception. And then finally, I don’t think we spend enough time thinking about what are the incentives to be vaccinated. So, it was only yesterday that the CDC said you don’t have to wear a mask outside in small gatherings if you’re vaccinated. Pretty much everything else, you’re still masking, and that makes sense. That’s what the science says. But, we haven’t started the conversation about are we going to tell people you can’t go to sporting events unless you’re vaccinated; are we going to tell people you can’t fly internationally unless you’re vaccinated. There are certain things, incentives, that would, I think, propel some of these people that are in the movable middle to be more inclined to get vaccinated, but right now there’s no reason for it—a lot of who believe Covid disease isn’t really that significant and that it’s not that big a deal. So, this is all tied into the early narrative about Covid, and we’re seeing that play out now. But, I think this issue of hesitancy is not allowing us to get more specific about these various beliefs that people have, and in fact as David mentioned, that’s the movable majority here. I’m not even going to say middle, because I think it’s a big group of people that watch this thing roll out; watched it roll out quickly; we’d called it Warp Speed; are skeptical of government to begin with; and now they’re just sort of waiting
and seeing. And I think that’s unfortunate because we need to end the pandemic quickly, but we’re up—in their minds, they’re not willing, for their individual selves, to say I’m going to do this next year, it might be more likely. And until we make it more attractive to get vaccinated, I don’t see what’s going to move those folks, honestly.

AM And I saw the stat where saying being able to fly internationally or to go to a sports game would be major convincing argument for people who don’t want to get vaccinated; but there’s another dimension, because we’re talking here a little bit here as if it were a one size fits all, but yesterday New York Times had this incredible graphs with, by county level, and richness of those counties, and we see that it’s actually in the poorer parts of the country and the poorer counties where the vaccination is actually the lowest. So, for an organization like yours, Mike, that is, go through counties, how do you reach those populations that have been made vulnerable across time?

MF Yeah, absolutely, well I think there’s the counties that are dense in terms of poverty and those are known to the state, obviously. There’s lots of public health needs in those places, let alone vaccine, and I think what we’re seeing now is people using these new resources to really make vaccine accessible in those places in a different way. They could be pharmacy deserts; they could be places where folks aren’t able to take time off from work to be able to go get vaccinated. So, really thinking about how can the state health department partner with its locals, if there are county health departments in those areas as well as community-based organizations, to really use all the asset in that community and, again, micro-level-focused campaigns within a place, whether it’s at a church or at a school or a mobile van or all of—one of the biggest issues with the pause on J&J was not the interesting science about blood clotting but the fact that J&J vaccine was really seen
by many as a very effective way to reach populations that might not come back for a second dose or some of the more remote areas where it’s going to be big deal to come back for a second dose. And so a lot of folks are again now pleased to get back to using the J&J, especially in some of their mobile clinics. So, those places are known; they were not the focus of a lot of early mass or community vaccine campaigns because of the facilities and their inability to do that; but now that we’ve got community health centers, we’ve got more clinicians accepting the vaccine and using it and really setting up more clinics in smaller areas, I think you’ll see that start to change.

DB The only thing I’d quickly add onto that is these social media platforms make their money by micro-targeting; that’s what they do, that’s where they get their ad revenue, which means that if we were to find ways to partner with these organizations to get a sense of what people are saying in particular hyper-localized regions and have that information available to public health communicators who might be working at some of those community sites while also trying to get some of the messages from those community sites targeted to those hyper-specific regions, then we can really kill two birds with one stone. We can take advantage of the community in-person outreach which will work for some people, and we can also take advantage of the online outreach which will work for other people, and we can set up a virtual cycle here whereby people might see something on social media and then go to the community outreach to perhaps have more conversations or vice versa. This doesn’t have to be a one-shot kind of thing. It has to be an ongoing conversation and relationship-building exercise with the ultimate intention of vaccine receipt, but in the meantime some people will take more than simply one
interaction to convince, and I think that we have to reach out to people through multiple channels.

MF And you know what? If we get this right with Covid, think about the implications for all of our public health efforts in the future: Obesity prevention, diabetes prevention and management, smoking cessation, maternal and child health. There’s a lot of work on engaging communities happening right now around Covid that I think’s going to pay dividends for the public’s health in the future.

AM Absolutely. Building long-term confidence, that’s what we need to do.

MF Well, we’re living through history. I think this is bringing all of our public health tools and knowledge to bear. This is a partnership between multiple levels of government and a whole global effort. I think it’s important, again, that we understand the complexities of this and that we meet people where they’re at, as David said, you know, be empathetic. I think that’s key for us who really spend most of our time thinking about data and science. Now’s the opportunity to also really think about those human components of this that we all experience but might leave behind at work, and instead integrate that into our messaging and understanding, yeah, maybe the most got it and now we’re pivoting to folks who may not and not depending on sharing a bunch of facts to change people’s minds. I think that’s the key insight right now.

DB Yeah, I want to second that. Obviously, our communications have to be evidence-based and fact-based, and I don’t think you’re saying otherwise. But it’s not enough to just communicate the facts. We have to connect those facts to the values that people hold, and the way to understand those values is to listen to what they’re saying, to be empathetic, and then to communicate when we do communicate a bottom-line meaning
or a gist that really does that bridging, that takes the facts and helps people to understand those facts in light of their values. Because at the end of the day, of course it’s their choice but getting vaccinated really is a choice that will save their lives and the lives of their family members.

AM  Alright, we are at the pivotal moment in the vaccination campaign. More than 50% of the population aged 16 years or more is vaccinated. Vaccinating all of the population would in principle allow us to reach the herd immunity that will close all opportunities for the coronavirus to infect susceptible persons and continue its deadly cycle. But there are multiple reasons for which the vaccination rate is slowing down. First, there remain logistic issues associated with making the vaccine available in every county, with reaching populations that are traditionally hard to reach, and even more so hard to reach twice such as homeless persons; and the infamous underdevelopment of the public health infrastructure in some areas of the country. The second hurdle on the vaccine rollout is the residual lack of confidence in the vaccine’s usefulness, efficacy, or safety. This distrust needs to be addressed with proper communication. My guests stressed empathy, combining social media communication with community outreach which resonates with specific communities’ values and concerns. But probably the most important take-home message of this conversation is that this campaign can be successful and will have implications for every other public health goal in the future. The experience accrued today about combining logistics and communication will pay dividends for controlling the epidemics of opioid use, obesity, smoking, diabetes, HIV/AIDS, and so on. I’m grateful to the two members of the panel for taking the time to share and discuss their ideas. I’d also like to thank Emily D’Agostino and Michael C. Constanza for edits on an
earlier version of this podcast. Anthony Bansie is the student producer for today’s
episode. Francis Jacob chose to paraphrase a 1966 song often seen as one of the most
beautiful pop songs ever written, because the song is about trust, reliability, empathy, and
God only knows what more. My two guests have paper in the June issue of the Journal,
and these papers are available on the Journal website. For more podcasts including
podcasts in Chinese, visit us at www.ajph.org or subscribe to this podcast on your usual
podcast app. A full transcript of the podcast is available on our website for persons with
hearing disabilities. This is Alfredo Morabia at AJPH. That’s it, thank you for listening!