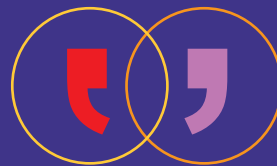


How to talk about COVID-19 vaccinations:

Building trust in vaccination



Version 1.0 August 2021

www.theworkshop.org.nz



This content is published by The Workshop under a [Creative Commons Attribution-NonCommercial-ShareAlike](https://creativecommons.org/licenses/by-nc-sa/4.0/) licence.

Contents

Who is this guide for?	3
Quick look:	4
How to use this guide	5
Section 1. The foundations of vaccination beliefs and hesitancy	8
Section 2. Eight communications techniques and tools to address drivers of vaccine hesitancy	11
1. Provide it: easy access to vaccines	12
2. Co-develop it: it's about building trust.....	16
3. Envision it: overcome fear and bias by describing the post-pandemic world	19
4. Motivate it: relate getting vaccinated to people's deeply held values.....	22
5. Frame it: help people see it differently	27
6. Explain it: deepen understanding in simple ways	30
7. Normalise it: show others supporting vaccination	34
8. Inoculate: protect against false information	36
Section 3. Tools and templates for your communications	40
1. Talking about COVID-19 vaccinations: a communication cheat sheet	41
2. Vision-led story formula	52
3. Explaining the difference between traditional and evidence-led communications about vaccinations	53
Acknowledgments and authors	55
References	55

Who is this guide for?



- This guide is for people in health, science, policy and community roles who want to talk effectively about COVID-19 vaccinations to different groups of people who may be hesitant about getting vaccinated.
- You may be in a district health board, a government body, a public health unit, a primary or community healthcare organisation or perhaps in a community leadership position looking to create COVID-19 communications for your community.
- You could be running vaccination outreach programmes or simply wanting to talk to your community about COVID-19 vaccination in an effective way to ensure there isn't a 'gap' left to be filled by false and unhelpful information.
- It is not specifically to help you have one-on-one conversations with people (although aspects of it may help).

Quick look: Messages that build trust and motivate vaccination



Use values of care and love to build trust in the vaccination process instead of delivering facts about safety.

People may say they need more information to feel confident in vaccination, but leading with safety and risk information does not reassure them.

Share knowledge and partner on the development of vaccination communications with all communities.

Provide information to **make access to vaccination easy**. Give practical information on how, where and when.

Provide a positive vision of life after the pandemic, getting back to the things and people we love (especially useful in lockdown or outbreak situations).

Motivate people to get vaccinated by **talking about caring for and keeping people they love and know well**.

Put health workers who care about people's wellbeing in the picture to help build trust in the system.

Lead messages with the collective benefits of vaccinating. Avoid leading with the risks of not vaccinating.

Avoid framing vaccination as an individual choice, with individual risks and benefits.

Explain how **when we all get vaccinated it gives all of us protection** by keeping the virus out (**collective immunity**).

Assume willingness to vaccinate and leverage these good intentions.

Avoid urgency framing. **Frame vaccination as one of many effective tools** we are using to keep ourselves well.

Normalise vaccination. Tell stories of people moving from hesitancy, ambivalence or 'wait and see' to action.

Have people who are trusted and perceived as experts within each community talk about why they got vaccinated.

When dealing with false information, first **alert people to the common strategies that people will use to spread false information** and erode trust in vaccination.

How to use this guide

This guide is intended to provide knowledge and insights to those creating communications and working alongside whānau, aiga, magafoua, famili, vuvalue, utu, kopu tangata and members of the community who may have hesitations or ambivalence about getting vaccinated. This guide is not intended to coerce or enforce vaccinations.

For a variety of reasons, trying to convince people who are strongly opposed to vaccinations is unhelpful and at times harmful to the work of moving hesitant people to getting a vaccination. This guide is not to help to convince those deeply opposed to vaccination.

Much like a house is built on foundations, people's beliefs about vaccination are built on many things: experiences, attitudes and social, cultural and political environments. Knowing people's specific concerns about the COVID-19 vaccination are like what we see when we stand outside a house – what is on the surface. To really understand and address people's hesitancy and to build trust in vaccination, we need to know what that hesitancy is built on.

In this guide we:

- help you understand the foundations that underpin vaccine hesitancy
- describe eight techniques and tools to effectively address vaccine hesitancies – pick and choose from these based on the hesitancies driving concerns in your community
- show you these techniques in use already
- provide some tools and templates to help you use the findings.



The four types of information in this guide



What the research tells us

A summary of key research about communicating COVID-19 and other vaccinations.



Implications for communicators

Turn research into recommendations for communications with some 'sounds/looks like' examples.



Insights

Information on the theory and science underpinning effective communications.



How it is done

Examples of the recommendations already in use in the world.

Throughout this guide, we reflect some of the experiences and needs of Māori communities in relation to communications about COVID-19 vaccination. In some cases, we provide specific research insights, and in others, we have suggested how messages could be made more relevant for Māori communities.

How we developed this guide

This guide has been developed by The Workshop and is informed by:

- a literature review into effective ways to build trust in vaccination and COVID-19, with a focus on messaging, in part commissioned by the Department of Health in the Victorian State Government of Australia
- qualitative research into COVID-19 vaccination attitudes and beliefs among Māori communities in Aotearoa New Zealand in July 2021
- messages that The Workshop has helped develop that were tested by the Department of Health in the Victorian State Government of Australia.



Insight: Move on from the information deficit model of communications

We tend to assume that people use logic and facts first to process information and decide how to act.

- It leads us to think that incorrect understandings, beliefs and mindsets about vaccination result from a deficit of good information.
 - This leads us to communicate in particular ways: filling people with facts, calling on traditional expertise and mythbusting or negating incorrect information. These approaches do not work.
 - Logic and facts are one of the last inputs our information-processing systems draw upon to develop or change our understandings and beliefs.
 - Instead, a host of social, cultural and individual factors determine what we come to believe. These include dominant narratives, values, identity, culture and information repetition as well as facts.
 - We also use thousands of mental shortcuts – what Daniel Kahneman calls our fast-thinking system – to rapidly and subconsciously filter information in the context of what we already value and believe.
- Information that leads with facts and problems is hard to process. If we don't already believe it, it also 'feels wrong' and is more likely to be rejected.
 - Information approaches that account for our complex information processes are more likely to be effective in supporting hesitant people to get vaccinated. These approaches include understanding the need to create new narratives not simply arguing against incorrect ones, using values-led communications, using tested frames, metaphors and simplified explanations and using values-aligned messengers.

Section 1.

The foundations of vaccination beliefs and hesitancy

Hesitancy about vaccination is on a continuum. Many people who have hesitations go on to get vaccinated. Most people in New Zealand are intending to or have already been vaccinated.

Vaccine hesitancy is trending downwards in New Zealand as more people get vaccinated, with most people having got a vaccination or expressing intent to do so. A small minority have declined vaccinations when offered (approximately 1–3%) according to New Zealand research done regularly for the Ministry of Health.

On the surface, people who are hesitant about vaccinations in New Zealand primarily say they are worried about the safety of vaccines or the speed of how the vaccine was developed⁽¹⁾.

Underneath these expressed concerns are three main overarching drivers of hesitancy^(2,3):

- 1.** Individual/social group influences – beliefs, attitudes and understandings of the vaccines that emerge from culture, personal experience with institutions, and information environments (see Insight: Beliefs, attitudes and understandings about vaccination can be shallow).
- 2.** Contextual factors – which include historical and political experiences of neglect, discrimination, lack of citizen participation, and politicisation of science and vaccination.
- 3.** Vaccine and vaccination-specific issues – which include characteristics of the vaccine, vaccine development and process and the accessibility of vaccinations. COVID-19 faces particular challenges because of the perceived novelty of the platform used (DNA and mRNA) and the speed of development.

What does this mean for Māori?

.....

For Māori, there are specific factors that contribute to hesitancy⁽⁴⁾. We see in public discourse that the impacts of past pandemics are at the forefront of our communities' minds when making decisions about the vaccination – particularly, the experiences passed down to us from the 1918 Spanish flu pandemic and evidence from many of our urupā reflecting the serious inequities in the death rate for Māori during this time and the enduring impacts of this significant loss.

.....

These experiences are often mentioned as a reason for mistrust in a healthcare system that has failed to protect Māori against past pandemics⁽⁵⁾. While these experiences and other factors we address in this guide have eroded trust for Māori, continued efforts to learn from the past and build trust among our people are critical for building acceptance in the vaccine.



Implications for communicators

- Don't assume false information is at the heart of most people's vaccine hesitancy.
- Addressing the underlying drivers of vaccine hesitancy is the most effective way to build trust and confidence in vaccination.
- Effective communications can help address these underlying drivers.
- Effective communications means moving away from the simple provision of facts (see Insight: Move on from the information deficit model of communication).



Insight: Beliefs, attitudes and understandings about vaccination can be shallow

The Frameworks Institute in the US has summarised the beliefs, attitudes and mindsets that need to be understood when designing communications to help move hesitant people to getting vaccinated:

- ➔ People see vaccines as both a poison and an antidote at the same time (can infect, overwhelm the immune system and cause side effects AND prevent disease). False information proponents capitalise on these beliefs by relying on narratives of harm.
 - ➔ People have a low understanding of herd immunity and how it works – they assume diseases disappear for good.
 - ➔ People generally underestimate the risks associated with diseases, including COVID-19. Lack of experience with the disease may contribute to this. Alternatively, they overestimate the marginal uncertainties and risks associated with vaccines.
 - ➔ The more people know about science and how vaccinations work generally, the better their understanding of the benefits and risks of vaccines.
- ➔ A number of cognitive biases impact on vaccination attitudes:
 - » Dunning-Kruger effect – the less you know, the more you think you know.
 - » Intolerance of uncertainty.
 - » Risk aversion bias – people fear risk and downplay benefits.
 - » Omission bias – people judge harmful actions worse than harmful inaction – opting out is seen as less risky than opting in to vaccination.
 - » ‘Like me’ bias – people see themselves as being at more risk if people who contract COVID-19 are perceived to be like them⁽⁶⁾.

Section 2.

Eight communications techniques and tools to address drivers of vaccine hesitancy

#1 Provide it – make access to vaccination easy.

#2 Co-develop it – build trust in the process.

#3 Envision it – overcome fear and bias by describing the post-pandemic world.

#4 Motivate it – remind people of what they value most.

#5 Frame it – help people see it differently.

#6 Explain it – deepen understanding in simple ways.

#7 Normalise it – show how many others support vaccination.

#8 Inoculate – protect against false information.

The first two techniques and tools (provide it and co-develop it) centre on communications processes.

The following six techniques and tools centre on narrative and framing.

Provide it: easy access to vaccinations



What the research tells us

Access to vaccination remains a fundamental issue for many people. This includes concerns about direct costs, being able to physically access a vaccine in a way that is convenient, concerns about the opportunity costs of getting vaccinated, getting time off work without negative consequences and having children cared for^(3,7).

Lack of access to good information about vaccination is a driver of vaccine beliefs and attitudes and therefore a determinant of health (see Insight: Information as a determinant of people's health).

Fear of injections and needles is a driver of hesitation and shouldn't be overlooked (see Insight: Addressing fear of needles).

Knowing the people who give a vaccine and that it will be given in a way that is culturally comfortable and safe is also an access issue.

Improving access for people who will find it hardest to get will improve vaccination rates.

Reminders, recalls and follow-ups are some of the most effective vaccine interventions⁽⁸⁾.

Presumptive communications (assuming willingness to vaccinate) and emphatic recommendations to vaccinate from trusted people encourage vaccination behaviour^(2,9).





Implications for communicators

- If access concerns are an issue, assume people are willing to vaccinate and communicate how and when people can access vaccines.



What this sounds like:

"Getting your COVID-19 vaccination is straightforward. There are many places in your community to get it, including [location]. We have people here to answer your questions and to talk you through the process. They have all had the vaccination themselves."

- Let people know they will get a vaccine in a way that will address their practical concerns that may be driving hesitancy such as not getting time off work or it being costly .



What this sounds like:

"The vaccine is free, and my employer helped by providing a vaccine clinic at work."

- Communicate often and frequently about where and how to get the vaccine, using multiple media channels including social media.
- Communicate who will provide a vaccine and that the environment will be culturally appropriate and safe (see also Insight: Addressing fear of needles).

- For Māori audiences, provide specific details about where/how whānau can be vaccinated in an environment familiar to us as Māori and by someone we trust. Run people through the specific steps involved when getting vaccinated, including that it is free. Remind our people, if they have questions about the vaccine, of where they can access trusted information and that they can always have a kōrero with a trusted health professional.



What this sounds like:

"We all need good information in order to make an informed decision about getting vaccinated for ourselves and our whānau. If you have questions, come have a kōrero with one of the pharmacists at your local pharmacy."



How it is done

Trusted faces, trusted places at Capital & Coast DHB Pacific Team ([Pacific Festival Vaccination Day](#)) – a festival day and wider information campaign led by the Pacific health team at a local health board in Wellington, New Zealand. It ensured Pacific people knew where to get a vaccination, that it would be in a comfortable environment and that people they perceived as experts, who could speak to their experience as Pacific people, were involved in the vaccination programmes. It also provided significant detail about the place people would be getting a vaccination and who they would receive a vaccination from and sought to reassure people that the institution could be trusted.



Insight: Information as a determinant of people's health

- Just as the places we live, work, learn and play are important determinants of people's health, so too is our infosphere (the place we get information)⁽¹⁰⁾.
- A healthy infosphere provides people with quality information about health in ways that work best for them. This means, for example, easy access to quality science regardless of social or economic position or location and information communicated in ways that work with how people process and use information.
- A healthy infosphere also means people are free from false, manipulated or badly communicated information critical to their wellbeing. Building and using effective communications about vaccinations, pandemics and health more broadly is therefore an important systems and structural issue.



Insight: Addressing fear of needles

Many people have concerns about needles and pain from vaccination. This is normal, and most of these people will get vaccinated. Some people (possibly as many as 1 in 6) have a fear of needles that is so significant they will do anything to avoid getting vaccinated. This is known as trypanophobia.

This extreme fear may be wrapped up in a bundle with other hesitancies so it will not always be clear that needle phobia is driving avoidance.

To help people with extreme needle fears, people communicating can avoid showing images of needles, people getting vaccinated or people in pain.

Instead, focus on images that are **after the event** and are supportive, positive and inclusive – for example, whānau attending together as support and/or giving a ‘thumbs up’.

Assume willingness to get vaccinated and provide practical information about what people can do to prepare and what the people giving vaccinations will do to help if they have fear of needles.



What this sounds like:

“Sometimes your concerns about needles can stop you getting over the vaccination line. We understand that and are here to support you... Some things you can do – tell us when you make the appointment, bring a support person, book an appointment first thing in the morning so you don’t worry all day. Things we will do to support you - encourage you to bring a friend, find a quieter place away from everyone else, talk you through some relaxation techniques and provide a nice distraction. Together, we can get there”

 [See more information on managing fear of needles.](#)

Co-develop it: it's about building trust



What the research tells us

People's trust in vaccination providers, including those communicating the benefits, is earned.

The credibility of vaccination information is highly dependent on a person's or group's experience with institutional experts and the political, social and cultural context they experience (see Insight: Trust is earned).

People's trusted experts come from, represent and can speak to their own community's experiences and concerns.

In general, compared to vaccination denial communications, pro-vaccination communications take a one-size-fits-all approach rather than using narratives that are tailored to the needs and expectations of different groups and audiences, which vaccination denial communications do⁽⁶⁾.

Grassroots vaccination campaigns are more effective at increasing vaccination rates than universal mainstream campaigns not specific to COVID-19^(11,12).

Co-development of vaccination programmes means working with communities, sharing information and handing over resources and leadership of programmes to community groups.

Proper co-development of vaccination campaigns and communications makes it more likely that trusted local leaders and experts will deliver messages. When they do, they reach pockets of people who are undervaccinated^(6,11,13).



Implications for communicators

- Co-develop communications campaigns and approaches with citizens.
 - » This needs to include providing the support needed for citizens to co-develop campaigns and approaches.
 - » For mainstream and government providers, this could look like giving resources directly to community leaders to create and deliver communications for their communities. This will require you to share critical scientific knowledge in ways that are useful to those leaders and health advocates and enable them to take the lead on communications within their communities.
- Tailor communications to specific groups and audience by:
 - » framing communications in ways that suit that audience
 - » using messengers who are seen to have similar values to those audiences – for example, a mother delivering a message to other mothers.
- Ensure excluded communities have access to good information.
- Amplify experts who can speak to people’s personal experiences and concerns, including Māori, Pacific and disabled experts or people most trusted by these communities.
- Highlight the care and sense of responsibility that is motivating the people who have developed the vaccine and who are giving and monitoring the vaccination (see 4. Motivate it).



How it is done

Protect our Whakapapa [#Tāwharautia](#) – a campaign by South Island Whānau Ora commissioning agency Te Pūtahitanga o te Waipounamu and Creative Natives that views “the vaccination through a fresh Māori lens”.

It uses experts from within te ao Māori – people who are values aligned with the community and can speak directly to the experiences and concerns of the community as they relate to health, wellbeing and vaccination. [Protect our Whakapapa - Home](#)

F*ck It Won’t Cut It – a US-based grassroots student-led campaign to keep COVID-19 out of a university campus. [Home - F*ck It Won't Cut it](#)



Insight: Trust is earned

Trust is a mental shortcut we use to assess the accuracy and relevance of information. We believe and accept information from trusted experts without slowing our thinking down.

Who we trust, find credible or perceive as an expert is determined by politics, culture, social and personal experiences and shared values.

People with institutional expertise (e.g., scientists, general practitioners) may be perceived as highly untrustworthy because people have had negative experiences with health and scientific and government institutions.

Distrust of government is often associated with vaccine hesitancy. For example, people believe the government shouldn't intervene in people's lives or that it is simply unable to do the work needed to help.

These beliefs can be driven by:

1. politicisation of health, science and vaccination specifically
2. historical abuse and current racism in health and other settings⁽⁶⁾
3. injustices, violations and belittling of people by people and groups in government institutions make people, unsurprisingly, less likely to trust government, science and health representatives⁽¹⁴⁾.

It's critical to rebuild trust by being trustworthy. Trustworthy action includes being humble, attending to those with the greatest need, properly resourcing community campaigns and showing the people who care who are part of the vaccine programme.

Envision it: overcome fear and bias by describing the post-pandemic world



What the research tells us

The act of vaccinating is not motivating for many people. The benefits of vaccination are more likely to be so we have to make those benefits concrete and visible.

Research from the US shows that, for people taking a ‘wait and see’ approach to vaccination, the current way of managing COVID-19 with hand hygiene and border controls, etc., feels appropriate and manageable. People are reluctant to stop doing the things that work in favour of something they have fears about⁽²⁴⁾. Omission bias means that people are more worried about harmful action than harmful inaction. This can mean that people see opting out or choosing to wait and see as less risky than opting in.

Hesitations about vaccination can also be driven by fear of needles and pain (see Insight: Addressing fear of needles).





Implications for communicators

It is important to help people envision how the world will be better without a COVID-19 pandemic. This concrete vision will help make the benefits of vaccination seem real, possible and important.

Don't show people having a vaccination. It's not motivating and can heighten fears in those with phobias. Instead, show the positive outcomes of immunity.

Leading with a vision will also help you avoid talking into the agenda of implacable opponents (see Insight: Don't repeat unhelpful information).

Lead with the cake, not the ingredients. The cake is how things will be better in our communities in real concrete ways with collective immunity resulting from vaccination. The ingredients are the steps we need to follow to get there, like getting vaccinated. People are motivated to take those steps only when they can see and believe in the cake they will get at the end.



This looks and sounds like:

- describing the benefits of vaccination instead of the risks of not vaccinating
- describing in concrete terms the better world we will have once our community is immune, not the act of vaccination.



What this sounds like:

“Getting vaccinated builds our immunity to COVID-19. This protects you and your loved ones and lets you get back to the things you love doing. When everyone who can get vaccinated gets vaccinated and our community has good immunity, we can again enjoy travel and overseas family reunions.”

“Making sure our people are vaccinated and protected from COVID-19 means we can get back to the things important to us as Māori like visiting our whānau and people around the motu, hongi and kihi, and enjoying being together kanohi ki te kanohi.”



How it is done

Ka Kite, COVID – the New Zealand Government’s COVID-19 vaccination campaign “Ka Kite, COVID” shows what it looks like to envision a better world after leaving COVID-19 behind rather than focusing on the act of vaccinating in COVID-19 vaccination messaging. “Ka kite” can be translated colloquially as “see you round”, intended to emphasise leaving the pandemic behind but not necessarily totally eliminating the virus. [Ka kite, COVID](#).

Manurewa Marae in South Auckland is a site for people to receive vaccines. They also have a strong social media presence. Their social media communications include many examples of envisioning the world without a pandemic (alongside using trusted messengers to speak to the experiences of their local community). [Manurewa Marae - Posts](#)



Insight: Don’t repeat unhelpful information

In a saturated information environment where fast-thinking systems (the cognitive biases and mental shortcuts we all use) are at work, repetition is a highly effective tool in embedding information.

Frequently repeated information presented in narrative form and tailored towards particular identities and groups becomes cognitively ‘fluid’ – it is easily processed and recalled.

Source confusion means people don’t recall where they hear incorrect or unhelpful information, only that they have heard it often.

The more we repeat unhelpful information in order to debunk it, the more fluid the information becomes. This also happens when we talk into the agenda of strong opponents.

We waste our own resources amplifying their story while leading our own communications in less-effective ways.

Motivate it: relate getting vaccinated to people's deeply held values



What the research tells us

Research on values that motivate other positive COVID-19 behaviours (getting tested and being traced) highlighted the importance of messages led by values of collective responsibility, personal agency and love and care for people you love, respect or know (“Do your part”, “Do it for them”).

These messages were more convincing to people than messages focused on ease, effectiveness or problems⁽¹⁵⁾.

Guides and studies on vaccination hesitancy, including COVID-19, recommend motivating people using other collective intrinsic values including empowerment, responsibility and freedom (See Insight: Using ideas of freedom)^(2,3,16–19).

Some personal benefit messages have been found to have effect in some groups but are also likely to undermine wider efforts to build people's understanding of the public health benefits of all vaccinations^(6,20).

Leading communications with personal security values, i.e risk of not vaccinating, is not recommended^(7,21–23).





Insight: Why values matter in communications

Values are our guiding motivational force as humans. They are the ‘why’ of life – determining our beliefs and actions.

We are motivated by a wide range of basic values. Some are intrinsic in nature (they have inherent internal rewards), for example, love, responsibility and self-determination. Some values are extrinsic in nature (they have external, often material rewards), for example, status, wealth, power and achievement.

We are also motivated by security for ourselves and our in-group (family, community, country, etc.). This often looks like being motivated by fear for ourselves or our family’s health and safety.

Research shows that, if we want to encourage people to support and take actions for collective benefit, we need to:

- surface the intrinsic values that most people hold (but may not express)
- avoid the extrinsic and security values people hold.

Surfacing and engaging people’s intrinsic and collective values helps them think about and understand complex collective social and environmental problems and solutions.

 [Common Cause map of basic human values based on research by Shalom Schwartz and colleagues.](#)



Implications for communicators

→ Build trust in the vaccine process and delivery

Highlight the shared intrinsic values of care and responsibility motivating the people who have developed the vaccine and who are giving and monitoring the safety of the vaccine (this also builds trust).



What this sounds like:

Tell the stories of the vaccine safety monitoring system, the people in it and why they care.

“What people working in health care about is everyone in our community staying well during COVID-19. That’s why they’re encouraging us to get vaccinated for COVID-19 and closely monitoring the vaccinations to make sure they are always giving us the best health advice.”

For Māori, this could look like reminding people about the sense of responsibility our own health professionals carry in ensuring our people are well and protected against COVID-19.

→ Build motivation to get vaccinated

Avoid leading with the risks of COVID-19 (see Explain it).

Lead with the collective benefits that vaccination for COVID-19 offers us. Use responsibility, care and freedom values (see Insight: Using ideas of freedom).



Care and responsibility messages **sound and look like:**

- “In New Zealand, acting in everyone’s best interests has really helped us during the pandemic. By getting vaccinated, we can all help to care for the people in our community who need more protection.”
- “Many of us are responsible for taking care of other people in our lives. Taking care of people who may be more vulnerable to COVID-19, like our parents, means getting vaccinated. When everyone gets vaccinated, we help everyone stay well.”

→ “To look after our people and our whakapapa means we need to ensure that those who need protecting in our communities – our kaumātua, our babies and our whānau with health conditions – are cared for and shielded against COVID-19.”

- Images of the people you are helping when you get vaccinated, including healthcare workers.



Empowerment and self-direction and freedom values **sound and look like:**

- “When all of us who can get vaccinated do get vaccinated, the collective immunity we have will help us be free from the COVID-19 pandemic and all the challenges, separation and hard times it has brought.”

→ “What is important to us is supporting oranga motuhake so that our whānau can lead their own hauora journey and be free from the worries of themselves or others getting sick.”



How it is done

Greater Than COVID – a United States campaign aimed specifically at building trust among Black people and people of colour for COVID-19 vaccinations among other things. The video of Black healthcare professionals talking about why they joined the campaign is an excellent way of showing the care and sense of responsibility felt by people who are part of the healthcare system. This is also an example of trusted people helping build trust in the process by speaking directly to the shared experiences they have with their audience.

.....

This Is Our Shot to be #TogetherAgain – a campaign for vaccination in Canada that uses benevolence values (care for loved ones, responsibility to others) very powerfully in a video to communicate the importance of vaccination and there are also elements of a vision of the post-pandemic world.

The wider campaign uses empowerment and knowledge values.

[Home - This Is Our Shot Canada](#)

.....

Ka Kite, COVID – the New Zealand Government's COVID-19 vaccination campaign uses self-direction values freedom and empowerment to motivate people to get vaccinated. For example, the viewer sees a person giving a vaccination, open a door to a vaccination area and say, "This is the metaphorical door to freedom" (see Insight: Using ideas of freedom).



Insight: Values associated with vaccination rejection

It is useful to understand the values that those highly opposed to vaccination draw upon to motivate vaccine refusal or hesitancy in others.

Individual freedom, autonomy and liberty are key values all linked to the beliefs of people who deny vaccines. These can inform particular ideas and behaviours including a focus on natural care and rejection of government and related institutions, including health.

Freedom and individual autonomy motivations can manifest through a focus on individual wellness practices (i.e., the wellness industry) and a rejection of human-made prevention and treatment. When people think like this, they will reject vaccination in favour of lifestyle practices.

Related to spiritual self-care are values of **purity and cleanliness** – keeping bodies pure, relying on natural immunity and rejecting artificially created immunity. Evidence suggests that the purity values associated with 'organic culture' can lead parents to refuse childhood vaccinations^(6,24).

People who deny vaccinations may engage similar values but are very heterogeneous, ranging from natural health left wing groups to right wing extremists.

It may be possible to motivate people to get vaccinated by drawing on some of the intrinsic values closely aligned to autonomy, such as empowerment and self-direction values, but this has not been tested.



Insight: Using ideas of freedom

The word ‘freedom’ brings many bundles of associations with it. Using the word will surface different ideas, beliefs and values in different people, some of which will be counterproductive to our message, unless we clearly signpost and activate helpful meanings, values and ideas.

For people who actively deny the effectiveness of vaccines, the word ‘freedom’ is used to motivate people to reject vaccination by surfacing values related to individuals’ freedom from government or larger institutions’ involvement in our lives.

However, freedom is also an important intrinsic value in the context of decisions about vaccination for collective benefit. We can use the value of freedom for vaccination communications if we do so carefully.

Avoid using the word ‘freedom’ on its own.

Instead, surface the idea of freedom while being specific about what sort of freedom we mean.



What this sounds like:

“We all need access to good information and to be free from false information to be informed about what the benefits and risks of vaccination actually are.”

“Supporting the whānau we work with and their oranga motuhake means making sure that we are free from false information to ensure that we all have access to the good information we need to make an informed decision about being vaccinated.”

Because the idea of freedom has been used to motivate vaccine rejection, it is especially important when using the word ‘freedom’ to be concrete about what type of freedom good information, vaccination and collective immunity offer. Spell it out each time.



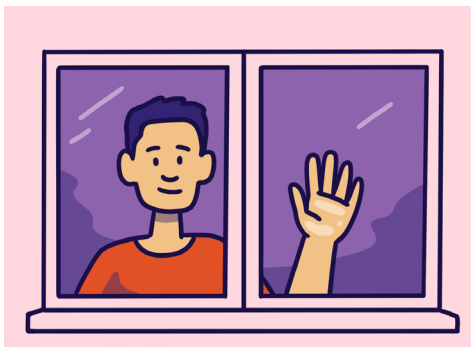
What this sounds like:

“The immunity we get from vaccination offers us many benefits: the freedom from all the restrictions of managing it, the freedom to see friends and loved ones again, the freedom to no longer worry about our parents and grandparents during an outbreak.”



What the research tells us

In vaccinations, safety and risk frames are common (presenting the risks of the disease or side effects of the disease for example) but also less helpful to building trust and motivating vaccination (see 4. Motivate it). There are a number of frames that should be avoided because they do not build trust or confidence, they surface people's fears indirectly and they reinforce the idea that others are hesitant.



Insight: What is a frame?

A frame is a lens through which we can present particular issues. Each frame comes with a bundle of neurologically hard-wired associations and existing understandings and explanations. Different frames lead people to think and act in different ways. For example, if we frame vaccinations solely through the lens of individual benefits, it can lead to 'free-rider' behaviour, which involves getting the benefits of other people getting vaccinated through herd immunity while deciding not to get vaccinated yourself.

Every issue we talk about is framed, regardless of whether we are aware of it or not.

Economic and individual choice frames are common but unhelpful when we want to deepen understanding of collective problems, solutions and effective action.



Implications for communicators

Frames to avoid

- ❌ **Urgency to get vaccinated**
“Vaccinate now before another outbreak comes.” (It surfaces fears about the speed of development).
- ❌ **Vaccination as an individual choice**
“This is your choice to make.”
It can engage free-rider thinking such as “I’ll choose to wait until others get vaccinated.” (And still get the benefit of others vaccinating).
- ❌ **Failure to vaccinate or hesitancy or rejection as the problem**
“If people refuse vaccination, we won’t be able to manage COVID-19.”
- ❌ **Technology as saviour or vaccination as the silver bullet**
“Vaccination is our one big chance to get rid of COVID-19.”^(25,26)

Frames to embrace

- ✅ **Vaccination as the next empowering tool**
This frame is about showing vaccination as the next sensible and powerful step following on from all the other actions already taken to keep COVID-19 out. It likely counters the ‘technology as saviour’ frame and reduces anxiety.



What this sounds like:

“Getting a vaccination is one more powerful tool you can use to take care of your loved ones, whānau, communities and yourself during COVID-19.”^(16,26)



Helping people over the line

This frame assumes willingness to get vaccinated (despite some hesitancy or ambivalence) and leverages these good intentions. It frames the opportunity to get vaccinated and models people’s move from ambivalence to action^(22,26,27).



What this sounds and looks like:

Telling stories of local people who were hesitant or ambivalent and wanted to wait and see but moved to act.

- ➔ “Most of us intend to get vaccinated for COVID-19 to ensure we stay well and keep others we care about well. Because vaccination is such a powerful tool, more and more people are deciding to get vaccinated.”
- ➔ “A few months back, 6 out of 10 of Pacific people were likely to get vaccinated. Now, 8 out of 10 Pacific people have been vaccinated or are going to be vaccinated. Let’s make it 10 out of 10.”

✓ **Vaccination as the solution**

This frame increases people’s sense of agency to solve the problem of COVID-19 by getting vaccinated^(6,21). Some research suggests it’s important to provide a balance between an accurate description of the problem and vaccination as the solution.



What this sounds like:

“The COVID-19 pandemic has led to some hard things for us all – lockdowns, closed borders and families being separated. Many people have lost loved ones, and people in our health system are tied up managing it and keeping it out. Vaccination is available and free, and it is something we can do to help all of us leave COVID-19 behind.”

✓ **Frame collective benefits and gains**

This frame focuses on collective benefits and gains^(18,27,28), minimising side-effects and inconvenience to individuals. It may help overcome various cognitive biases that mean people inflate the risks of vaccination as compared to risks from COVID-19.



What this sounds like:

“When all of us who can get vaccinated do get vaccinated, we all get the benefits that immunity brings. We can travel more easily, see family and friends from overseas and focus on the other things that need our attention. While vaccination can be inconvenient and can have some mild short-term side effects, the benefits to all of us far outweigh the risk.”

✓ **Frame decision making in the context of collective benefits over individual choice**



What this sounds like:

“With good information, you can make a decision about the best way we can help each other and move on from COVID-19.”



How it is done: Infographic by The Workshop and Dr Amanda Kvalsvig

COLLECTIVE IMMUNITY PROTECTS OUR COMMUNITY

GETTING VACCINATED

WHEN WE GET VACCINATED, WE’RE PROTECTING EACH OTHER (AND OURSELVES)

When we all get vaccinated, we make it very hard for the virus to move between people. As more of us get vaccinated, we stop the virus moving through our communities, keeping it away from our whānau, our colleagues, our kaumātua. Acting together like this keeps the virus away and we all stay well. That’s how vaccination and collective immunity protect us all.

A collaboration between The Workshop, Dr Amanda Kvalsvig and Daylight Creative

Explain it: deepen understanding in simple ways



What the research tells us

People generally have shallow understandings of immune systems, vaccinations and how herd immunity works. For example, people may not know that side effects, like fever, are often a sign that the immune system is working as it should to create immunity to a virus.

Particular metaphors can be used to help people understand how a vaccine assists our own immune system to develop its own defences. These include machine, factory, building and tool metaphors⁽²⁴⁾.

Other metaphors such as war, fighting and invisible metaphors mislead people about the most effective processes of dealing with COVID-19 over the long term and preventing other pandemics. War and fighting metaphors don't build understanding of the need for collaborative, co-ordinated and co-operative approaches across borders, nor do they direct people's thinking to the importance of good public health policy and practice⁽²⁹⁾.



Implications for communicators

→ **Explain side effects in the context of how vaccinations work, not simply that they are rare⁽³⁰⁾**



What this sounds like:

"Because of the way vaccines work – quickly training the body's immune system to fight off a virus – any issues arise within hours or a few days. Most side effects are typically mild (a sore arm, feeling tired or a headache) and last less than a day or so. These side effects are a sign the vaccine is working to train your immune system to fend off the worst of COVID-19."

→ **Explain the ongoing monitoring of safety by putting people in the picture**



What this sounds like:

"What our health workers want is for everyone in our community to be healthy and well. That's why people across the health system here and all over the world are closely monitoring the vaccines that are administered, analysing all the reported side effects, to make sure we always have the best health advice."

For messages that highlight the shared intrinsic values of care responsibility of those who have developed the vaccine and are giving and monitoring the safety of the vaccine, see 4. Motivate it.

For Māori, for Pacific peoples, for all communities, it remains critical that we see our own people actively involved in this process.

→ Explain that uncertainty is normal

It is important to normalise uncertainty to help people understand and trust in the process of science and inevitable refining of advice and direction ^(27,31,32).



What this sounds like:

"It's normal to have some degree of uncertainty about the right level of vaccination needed across the community. It takes time to monitor the health of people and the reduction in cases of COVID-19 and we continue to do our best."

"Some of our whānau may still have pātai they need answered about getting vaccinated. We need to make sure that we awhi them and help them find the information they need and keep our arms open for them."

→ Use machine, learning, factory, building and tool metaphors to explain how vaccination works



What this sounds like:

"Vaccines produce natural immunity because they power up the immune system to produce its own natural protection."

- » *"The antibodies that protect us are manufactured by our own body."*
- » *"The vaccine trains our immune system to recognise the virus before we encounter it in our community, then when we are exposed, we will be OK because our immune system has already been trained to see it off."*
- » *"Vaccination is a powerful tool."*

Māori health experts like Dr Maia Brewerton suggest explaining the immune system is learning and using our kupu for immunity – aw hikiri – to help explain how immunity works and how the vaccine can help our innermost line of defence.



What this sounds like:

"Awhikiri is our kupu for immunity and describes the strongest, innermost wall of our pā and protection for our people. The vaccine acts in support of our immunity – to awhi around us and provide a layer of protection for ourselves, our whānau and our communities."

→ Use an explanatory chain to explain the collective and then the personal benefits of collective (herd) immunity

We need to explain collective immunity in order to deepen people's understanding that vaccination works as a collective prevention intervention, not just an individual health intervention. The order in which we explain complex issues matters to how people understand them. Explain how collective benefits lead to the personal, not vice versa.



What this sounds like:

"When we all get vaccinated, we make it very hard for the virus to move between people. As more of us get vaccinated, we stop the virus moving through our communities, keeping it away from our whānau, our colleagues, our kaumātua, our Nanas. Acting together like this keeps the virus away and we all stay well. That's how vaccination and collective immunity protect us all."

→ **Use facts to tell a story about cause and effect. Make the facts relatable to everyday life**

Single facts are hard to process and embed. They do little to deepen understanding. Use facts about vaccination judiciously and use them to explain cause and effect rather than simply describing an effect or a solution. For example, “95% of people have had no side effects at all” describes but it doesn’t explain.

Use facts and data judiciously and give them context for people’s everyday lives^(7,33).



Insight: How people think about immunity and vaccination

Researchers at Frameworks Institute in the US looked at the stories or explanations people have for immunity and vaccination⁽⁶⁾. Here’s what they found:

- People don’t have a good understanding of how immune systems work, how vaccinations activate our own immune system or how herd immunity works. This was not helped by some people in leadership talking incorrectly about herd immunity at the start of the COVID-19 pandemic⁽²⁵⁾.
- People tend to understand vaccination as a ‘toxic cure’, either giving people the disease or contains many toxic substances.
- Fears can build from this lack of understanding, including the fear that the vaccines are unsafe or were developed too fast.
- Addressing those surface fears won’t deal with the underlying thinking.



Insight: The power of explanations

Deeper understandings come from good explanations that work with people’s information-processing systems.

People think and understand the world in little subconscious stories ($A + B = C$). If people have the story wrong, a single fact or two won’t give them a new explanation.

Better explanations provide new stories to replace and overcome shallow or unhelpful thinking. A good explanation helps people see why an issue matters, how it came about and what to do to solve it.

We don’t always have to slow people’s thinking down to give them a better explanation for an issue. It’s better not to rely on slow thinking and instead explain vaccination in ways that work with people’s fast-thinking system.

Metaphors and explanatory chains are tools and strategies that researchers and communicators can use to explain things in ways that are easy for people to grasp.

Metaphors help explain complex things by comparing something hard to understand or unfamiliar to something concrete and familiar. For example, if we say that a vaccination “gears or powers up” our immune system to fight off a virus, we are comparing the unfamiliar way that vaccination works to the familiar way that machines work.

Explanatory chains are little short stories that link together our pertinent facts to explain something like how herd immunity works.



How it is done

Safety of COVID-19 Vaccines: The safety of vaccination by WHO and Toby Morris – to help normalise the number of people who have been vaccinated and the safety, this explanation presents information about the number of people vaccinated in real-world terms (using a sports stadium analogy). Large numbers are much easier to understand and process in real-world terms.

Toby, Siouxsie and the Swiss cheese: a metaphor for vaccination – in order to explain that vaccination is one more powerful thing we can do to keep COVID-19 out or ensure we will be OK even if we are exposed to COVID-19, this explainer uses a Swiss cheese metaphor. This metaphor works because it compares something we understand (cheese!) to something abstract and harder to understand (i.e., that systems need multiple layers in order to give us the best protection).

Infographic by The Workshop and Dr Amanda Kvalsvig

VACCINATION IS ONE POWERFUL TOOL WE ALL USE TO STAY WELL

OTHER TOOLS THAT HELP US:



Sick leave so we can stay home



Wastewater testing

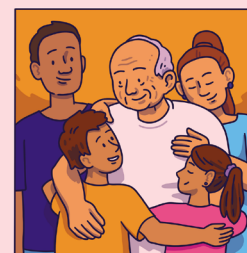


Improving indoor air quality



Mask wearing in public

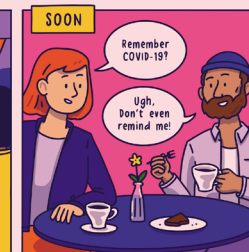
AND HERE'S WHY WE DO IT:



To care for our family and loved ones



To keep the community well



To get this darn thing over with

NEED MORE INFORMATION?

People who work in the health system care about your wellbeing, which is why they are gathering information all the time about vaccinations, monitoring vaccinations and making sure they always have the best information to give. For more about vaccination, check out <https://covid.immune.org.nz/faq>



A collaboration between The Workshop, Dr Amanda Kvalsvig and Daylight Creative

The Workshop

Normalise it: show others supporting vaccination



What the research tells us

Many people with hesitations also have intentions to vaccinate and go on to get vaccinated if the right conditions are in place.

Normalising vaccinations as a behaviour and assuming intent to vaccinate (e.g., making vaccines very easy to get, providing reminders and recalls) is very effective at minimising the impact of hesitations on action⁽⁸⁾.

Social norms exert a powerful influence on our attitudes and actions. Seeing others, especially people with whom we believe we share values, recommend or take particular actions influences our own beliefs and actions⁽¹⁴⁾.

The thoughts, messages and actions of people we trust and with whom we share values influences vaccination acceptance and behaviours^(34,35).

The more we talk about hesitancy, the more we normalise it and end up telling vaccination opponents' stories for them⁽⁹⁾.

Emphatic recommendations to get vaccinated from people we perceive as experts (including in the health community) influence vaccination decisions⁽⁹⁾.





Implications for communicators

Vaccination information and messages should be delivered by a wide range of people in whom communities can see their shared values.

Don't normalise hesitation by talking about it or referring to it a lot.

Normalise the move from hesitation or ambivalence to action through trusted messengers who speak directly to the experience of people within those communities. (see 5. Frame it: Helping people over the line)



What this sounds like:

"Despite all the noise, 79% of Pacific people will get or have already got the COVID-19 vaccination." (Adapt this to different communities of interest).



How it is done

Trusted faces, trusted places at Capital & Coast DHB Pacific Team (Pacific Festival Vaccination Day) – [a festival day and wider information campaign](#) led by the Pacific Health team at a local health board in Wellington, New Zealand. It ensured Pacific people could see that people they perceived as experts, who could speak to their experience as Pacific people, were involved in the vaccination programmes. Stories in the media covered leaders within the Pacific community walking over the line from hesitancy to action.



Insight: Move on from trying to persuade the implacable opponents

It is tempting to focus our attention on the loudest, smallest and most implacable groups of people opposed to vaccination. They take up a disproportionate amount of narrative space, on social media especially, and appear to have a significant influence.

However, the more of our resources we use addressing the false information such opponents spread, the more we are helping to spread their agenda.

The impact of this can be pluralistic ignorance – where the frequent repetition of a view held by a small minority leads other people to believe there is no plurality of opinions on this issue and so shift their beliefs in line with the most frequently heard view⁽³⁶⁾.

It is more effective to speak to those people who hold less-implacable attitudes and who need to hear your well-framed communications about vaccinations to be reassured.

Inoculate: protect against false information



What the research tells us

It is important to establish whether false information is having an impact or likely to have an impact before addressing it. Every time you address false information, you risk familiarising people with it⁽⁹⁾.

Pre-bunking or inoculation to heighten people's critical thinking before they are exposed to false information is recommended as the first line of defence. Inoculation provides people, prior to exposure to false information, with information about the key strategies they will see being used by people who deny vaccines (see Insight: Tactics of people who deny vaccines). For example, an inoculation message would tell people that they can expect to see people who deny vaccines using fake experts and carrying out personal attacks^(24,35,37). This trains us to be vigilant and critical before we are exposed to such strategies⁽⁹⁾.

Inoculation strategies may surface freedom values in a helpful way – for example, reminding people that it matters to them that they are free from manipulation by others and free to access accurate high-quality information on which to base their decisions.

The last line of defence is careful countering of misinformation. It must be done carefully because some research shows that mythbusting false vaccination information causes a backfire effect where people double down on believing the false information under threat⁽³⁸⁾.

Even when countering is successful, false information can continue to influence thinking.



Implications for communicators

→ Use inoculation strategies over fact checks and mythbusting



What this sounds like:

- » *“When you see people spreading fear-inducing stories about getting vaccinated, cherry picking one or two studies to show vaccination is harmful, demanding that vaccinations need to be proven 100% safe or attacking vaccination advocates, be aware that these people could be spreading false information about vaccination and preventing you from accessing the good information you need.”*
- » *“Sometimes opposing viewpoints on COVID-19 vaccinations may be presented equally, although there is only sound evidence for one standpoint. People in the media want to report fairly and aim to give opposing perspectives on a topic as part of fair reporting. However, in the case of vaccination science, this can result in false balance. False balance is when the reporting of opposing perspectives on a scientific issue gives the impression that both positions are of equal merit and value. The reality is that the body of evidence is heavily weighted in favour of one perspective, while the other is driven by opinion without evidence to back it. It can be hard, however, for the lay reader to see that, and the best information and scientific facts about vaccination become distorted by these falsely balanced reports.”*

→ Inoculate people against the misattribution of side effects

Prepare people, including people in the media, for how misattributed side effects happen. When we vaccinate very large numbers of people, there will inevitably be many people who experience health issues related to their age or other factors. This means there will be health outcomes that coincidentally happen just after vaccination. These might be reported as part of a monitoring programme, but they would have happened anyway because people become unwell every day.

→ Frame false information as an issue of empowerment



What this sounds like:

- » *“When people spread false information about vaccination through frightening stories or cherry picking of data, this is an intrusion on our need to have access to good information and make well-informed decisions.”*
- » *“Our people deserve to lead their own hauora journey. People spreading false information and concern undermines our oranga motuhake and access to the trusted information we need to make informed decisions for ourselves and our whānau.”*

→ Carefully counter false information

If you have evidence that specific false information is affecting people’s beliefs about vaccination and the other techniques in this guide have been tried, careful countering of false information can be done.

This is a tested formula for doing this, sometimes known as a truth sandwich. It comprises the following components:

- » **Values:** “Good information about vaccines is critical for us to have the freedom to make good decisions to help others.”
- » **Facts (use pictorial depictions if you like):** “The Pfizer COVID-19 vaccination is highly effective at stopping the spread of COVID-19” (include a graphic of the number of people who get the vaccine and the number protected from serious illness).
- » **Warning about myth:** “Watch out! False information coming your way!”

» **Explanation about the false information including:**

1. why the mistaken information was thought to be correct
2. why it is wrong
3. why the alternative is correct.

» **Fact:** “The Pfizer COVID-19 vaccination is highly effective at stopping the spread of COVID-19.”

Learn more about inoculation through the work of Naomi Oreskes, Professor of the History of Science at Harvard University. Naomi Oreskes’ work focuses on uncovering and communicating the techniques and strategies used by bad-faith actors to undermine credible and important scientific discoveries and the process of science itself, including the link between tobacco smoking, climate change and fossil fuel burning among others (see [Naomi Oreskes | Department of the History of Science, Harvard University](#)).



WHEN WE GET VACCINATED,



WE'RE PROTECTING EACH OTHER (AND OURSELVES)

When we all get vaccinated, we make it very hard for the virus to move between people. As more of us get vaccinated, we stop the virus moving through our communities, keeping it away from our whānau, our colleagues, our kaumātua, our Nanas. Acting together like this keeps the virus away and we all stay well. That's how vaccination and collective immunity protect us all.

A collaboration between The Workshop, Dr Amanda Kvalsvig and Daylight Creative



How it is done

Careful countering from the [COVID-19 Vaccine Communication Handbook](#):⁽⁹⁾

FACT: Being gay is fab, but the COVID-19 vaccine can't change your sexual orientation.

MYTH: An Iranian cleric suggested people who have been vaccinated are homosexuals (Because they have microchips and they have been genetically modified).

Err, no.

Lest you think only Iranian clerics have unparalleled ideas about medicine, remember that an American conservative news compendium site called WorldNetDaily proposed in 2006 that tofu makes people turn gay.

What tofu and vaccinations really have in common is that they are good for your health.

See: [Myths about COVID-19 vaccination](#)



Insight: Tactics of people who deny vaccines

People who deny vaccines consistently use the following actions to spread their messages^(6,35,37):

- Use emotive fear-led stories about the harm from vaccination.
- Use individual freedom, choice and individuality values – for example, calling on parents’ “choice to protect”.
- Call upon or reference particular lifestyle norms – for example, references to toxicity, healthy planet, environmental concerns, natural parenting, organised religion.
- Surface ideas of what “good parents” do for their children – they protect them from outside forces.
- Skew the science – for example, denigrating and rejecting all studies or science that fails to support their beliefs and endorse poor-quality studies that promote their beliefs (cherry picking data).
- Shift the hypothesis – constantly proposing new theories for vaccines and how they cause harm, moving these targets when research fails to support these ideas such as ever-increasing demands for proof that vaccines never cause any side effects.
- Censor dissenting positions and shut down those who critique them through attacks.
- Attack the opposition through personal insults, online attacks and filing legal action.

Section 3.

Tools and templates for your communications

In the following section you will find a number of tools and templates to assist you in implementing the research and messages recommended in this guide.



1

How to talk about COVID-19 vaccinations: a communication tip sheet

This tip sheet is based on The Workshop's guide, *How to talk about COVID-19 Vaccinations: Building trust in vaccinations*.

People have hesitations about getting vaccinated for many different reasons. Despite their requests for more information, fact-led communications about the safety and science of vaccination do little to support hesitant people to feel reassured or get vaccinated.

By connecting with people instead of correcting them, understanding the underlying foundations of hesitancy and engaging in communications processes proven to be effective in overcoming hesitation, we can build trust in COVID-19 vaccinations.

Understand hesitancy

Effective communications about vaccination need to be based on the drivers of hesitancy to have the greatest chance of affecting people's willingness to get vaccinated. On the surface, people who are hesitant about vaccinations may say they are worried about the safety of vaccines or the speed of how the vaccine was developed. Underneath, there are three main drivers of hesitancy:

1. Individual and social group influences – beliefs, attitudes and understandings of the vaccines that emerge from culture, personal experience with institutions, information environments.
2. Contextual factors – historical and political experiences of neglect, discrimination, lack of citizen participation, politicisation of science and vaccination.
3. Vaccine and vaccination-specific issues – which include characteristics of the vaccine, vaccine development and process and the accessibility of vaccinations.



Use proven communications techniques and tools based on a deeper understanding of hesitancy to build trust.

In *How to talk about COVID-19 vaccinations*, we provide eight evidence-based communications techniques and tools. In this tip sheet, we show you how these techniques and tools can be applied when there are specific aspects of vaccination you want to talk about or address.

Tip #1: If you want to talk about the safety of COVID-19 vaccinations



AVOID these narrative strategies, words and phrases

- » Leading with safety data and facts,
- » Describing risks if even to note they are small
- » Mythbusting false arguments.



EMBRACE this strategy from the guide

- » **Communication tool #4 – Motivate it:**
Motivate it: build trust and reassurance in the vaccines and vaccination and the people who are involved by framing vaccination through people's values
- » **Communication tool #8 – Inoculate:**
Protect against false information



This sounds and looks like:

→ **Tell the stories of the vaccine safety monitoring system, the people in it and why they care:**

“To look after our people and our whakapapa means we need to ensure that those who need protecting in our communities – our kaumātua, our babies and our whānau with health conditions – are cared for and shielded against COVID-19.”

→ **Use inoculation strategies over fact checks and mythbusting:**

“When you see people spreading fear-inducing stories about getting vaccinated, cherry picking one or two studies to show vaccination is harmful, demanding that vaccinations need to be proven 100% safe or attacking vaccination advocates, be aware that these people could be spreading false information about vaccination and preventing you from accessing the good information you need.”

Tip #2: If you want to talk about the benefits of vaccination and the risks of COVID-19



AVOID these narrative strategies, words and phrases

- » Leading with the consequences of not vaccinating e.g. data on COVID-19 side effects, the symptoms of long COVID-19, economic impacts, negative consequences.
- » Mythbusting false information about vaccination.



EMBRACE this strategy from the guide

- » **Communication tool #3 – Envision it:**
Overcome fear and bias against vaccinations by describing the better world post-vaccination
- » **Communication tool #4 – Motivate it:**
Using values: care, responsibility, empowerment, self direction
- » **Communication tool #8 – Inoculate:**
Protect against false information



This sounds and looks like:

→ Envisioning it:

“Getting vaccinated builds our immunity to COVID-19. This protects you and your loved ones and lets you get back to the things you love doing. When everyone who can get vaccinated does get vaccinated and our community has good immunity, we can again enjoy travel and overseas family reunions.”

→ Motivating it with values:

To look after our people and our whakapapa means we need to ensure that those who need protecting in our communities – our kaumātua, our babies and our whānau with health conditions – are cared for and shielded against COVID-19.”

“When all of us who can get vaccinated do get vaccinated, the collective immunity we have will help us be free from the COVID-19 pandemic and all the challenges, separation and hard times it has brought.”

→ Frame false information as an issue of empowerment:

“Our people deserve to lead their own hauora journey. People spreading false information and concern undermines our oranga motuhake and access to the trusted information we need to make informed decisions for ourselves and our whānau.”

Tip #3: If you want to talk about the trustworthiness and reliability of people involved in vaccinations or of the vaccinations themselves)

AVOID these narrative strategies, words and phrases

- » Highlighting people's qualifications, institutional position and scientific credentials to talk about vaccination.
- » Outlining the safety and risk profile of the vaccination

EMBRACE this strategy from the guide

- » **Communication tool #2 – Co-develop it:**
Develop communications with communities to build trust
- » **Communication tool #4 – Motivate it:**
Highlight the shared intrinsic values of care and responsibility motivating the people who have developed the vaccine and who are giving and monitoring the safety of the vaccine, which also builds trust



This sounds and looks like:

→ **Co-developing it to build trust:**

For mainstream and government providers, giving resources directly to community leaders to create and deliver communications for their communities. This will require you to share critical scientific knowledge in ways that are useful to those leaders and health advocates and enable them to take the lead on communications within their communities.

For Māori, for Pacific peoples, for disabled people and all communities, it remains critical that we see our own people actively involved in the vaccination development and roll-out.

Use messengers who are seen to have similar values to those audiences – for example, a mother delivering a message to other mothers.

Ensure excluded communities have access to good information.

Amplify experts who can speak to people's personal experiences and concerns, including Māori, Pacific and disabled experts or people most trusted by these communities.

→ **Motivating it, by telling the stories of the vaccine safety monitoring system, the people in it and why they care:**

"What people working in health care about is everyone in our community staying well during COVID-19. That's why they're encouraging us to get vaccinated for COVID-19 and closely monitoring the vaccinations to make sure they are always giving us the best health advice."

Tip #4: If you want to talk about or show that other people are getting vaccinated



AVOID these narrative strategies, words and phrases

- » Images of people getting injected, images of needles
- » Words like 'jab' or 'shot'.



EMBRACE this strategy from the guide

- » **Communication tool #7 – Normalise it:**
Normalise the move from hesitation or ambivalence to action through trusted messengers who speak directly to the experience of people within those communities
- » **Communication tool #3 – Envision it:**
Overcome fear and bias against vaccinations by describing the post-vaccination positives



This sounds and looks like:

→ Normalising it:

“Despite all the noise, 79% of Pacific people will or have already got the COVID-19 vaccination.” (Adapt this to different communities of interest.)

Stories of hesitant people with good intentions getting vaccinated.

A post-vaccination thumbs up.

Use the words: vaccination, get vaccinated, getting immune.

→ Envisioning it:

“Getting vaccinated builds our immunity to COVID-19. This protects you and your loved ones and lets you get back to the things you love doing. When everyone who can get vaccinated does get vaccinated and our community has good immunity, we can again enjoy travel and overseas family reunions.”

Tip #5: If you want to talk about people who are hesitant about getting vaccinated



AVOID these narrative strategies, words and phrases

- » Talking about how safe the vaccines are and minimising risks.
- » Focusing on naming hesitancy and the problem of hesitancy.
- » Talking to and addressing the arguments of those who are vaccine deniers.
- » Using the terms ‘vaccine hesitancy’, ‘vaccine-hesitant people’.



EMBRACE this strategy from the guide

- » **Communication tool #1 – Provide it:**
Easy access to vaccinations. Assume people are willing to vaccinate and communicate how and when people can access vaccines
- » **Communication tool #7 – Normalise it:**
Show others moving from hesitancy to action
- » **Communication tool #5 – Frame it:**
People who need help over the (vaccination) line. A frame that assumes willingness and leverages good intentions



This sounds and looks like:

→ **Assuming willingness and providing access information:**

“Getting your COVID-19 vaccination is straightforward. There are many places in your community to get it, including [location]. We have people here to answer your questions and to talk you through the process. They have all had the vaccination themselves.”

“The vaccine is free, and my employer helped by providing a vaccine clinic at work.”

Provide information on the trusted people who will deliver vaccines, how and what they will do to support people.

→ **Normalising it:**

Stories of hesitant people who had good intentions getting vaccinated.

→ **Framing willingness:**

“Most of us intend to get vaccinated for COVID-19 to ensure we stay well and keep others we care about well. Because vaccination is such a powerful tool to help keep us all well, more and more people are deciding to get vaccinated.”

Tip #6: If you want to talk about vaccination as a key decision for people to protect their health and wellbeing



AVOID these narrative strategies, words and phrases

- » Framing individual health benefits and the individual 'choice' involved
- » E.g., Vaccination is your "choice", "Vaccination will protect you and your health".



EMBRACE this strategy from the guide

- » **Communication tool #5 – Frame it:**
Frame the collective benefits and gains



This sounds and looks like:

→ Frame it:

"When all of us who can get vaccinated do get vaccinated, we all get the benefits that immunity brings. We can travel more easily, see family and friends from overseas and focus on the other things that need our attention."

"With good information, you can make a decision about the best way we can help each other and move on from COVID-19."

"We all need good information in order to make an informed decision about getting vaccinated for ourselves and our whānau. If you have questions, come have a kōrero with one of the pharmacists at your local pharmacy."

Use the words: 'decision making', 'being informed', 'knowing the options and outcomes'.

Tip #7: If you want to talk about the immunity vaccinations give us, community level (herd) immunity



AVOID these narrative strategies, words and phrases

- » Using the term 'herd immunity' – it's been used incorrectly too often.
- » Talking about community level immunity without explaining how immunity or collective immunity works.
- » War, sport metaphors (fighting COVID-19).



EMBRACE this strategy from the guide

- » Use the terms **community or collective immunity** and explain how collective immunity/community immunity works
- » **Communication tool #4 – Motivate it:** Highlight the shared values of care and responsibility we have to others in our lives.
- » **Communication tool #6 – Explain it:** Deepen understanding in simple ways about immunity and community/collective immunity
Use machine, learning, factory, building and tool metaphors to explain how vaccination works.



This sounds and looks like:

→ Motivate it:

"Many of us are responsible for taking care of other people in our lives. Taking care of people who may be more vulnerable to COVID-19, like our parents, means getting vaccinated. When everyone gets vaccinated, we help everyone stay well."

→ Explain collective/collective immunity:

"When we all get vaccinated, we make it very hard for the virus to move between people. As more of us get vaccinated, we stop the virus moving through our communities, keeping it away from our whānau, our colleagues, our kaumātua, our Nanas. Acting together like this keeps the virus away and we all stay well. That's how vaccination and collective immunity protect us all."

"Vaccines produce natural immunity because they power up the immune system to produce its own natural protection."

Tip #8: If you want to talk about the importance of vaccination, the need to get vaccinated soon



AVOID these narrative strategies, words and phrases

- » Vaccination as urgent/extreme urgency, requiring speed: “Vaccination is our one shot”, “We will deliver a vaccination every minute”.



EMBRACE this strategy from the guide

- » **Communication tool #4 – Motivate it:**
Highlight the shared values of care and responsibility we have to others in our lives.
- » **Communication tool #5 – Frame it:**
Vaccination is the next best step we take, leveraging people’s good intentions.
Vaccination as the solution: increasing people’s sense of agency to solve the problem of COVID-19 by getting vaccinated
Vaccination as one powerful tool



This sounds and looks like:

→ **Care and responsibility:**

“In New Zealand, acting in everyone’s best interests has really helped us during the pandemic. By getting vaccinated, we can all help to care for the people in our community who need more protection.”

→ **Vaccination as the solution:**

“The COVID-19 pandemic has led to some hard things for us all – lockdowns, closed borders and families being separated. Many people have lost loved ones, and people in our health system are tied up managing it and keeping it out. Vaccination is available and free, and it is something we can do to help all of us leave COVID-19 behind.”

→ **Vaccination as one powerful tool:**

“Getting a vaccination is one more powerful tool you can use to take care of your loved ones, whānau, communities and yourself during COVID-19.”

Tip #9: If you want to talk about how vaccination works to stop COVID-19 and protect people



AVOID these narrative strategies, words and phrases

- » Provision of facts about safety and risk.
- » Absolute messages: “Vaccination stops the virus”, “Vaccination means you won’t get COVID-19”.



EMBRACE this strategy from the guide

- » **Communication tool #6 – Explain it:**
 - Deepen understanding in simple ways.
 - Explain immunity using simple metaphors.
 - Explain side effects in the context of how vaccinations work, not simply that they are rare.
 - Explain the ongoing monitoring of safety by putting people in the picture.



This sounds and looks like:

→ Explain it using metaphors:

“The vaccine trains our immune system to recognise the virus before we encounter it in our community, then when we are exposed, we will be OK because our immune system has already been trained to see it off.”

“Because of the way vaccines work – quickly training the body’s immune system to fight off a virus – any issues arise within a month and usually much sooner. Most side effects are typically mild (for example, a sore arm, feeling tired, or headache) and last a day or so. These side effects are a sign the vaccine is working to train your immune system to fend off the worst of COVID-19.”

→ Explain monitoring by putting people in the picture:

“What our health workers want is for everyone in our community to be healthy and well. That’s why people across the health system here and all over the world are closely monitoring the vaccinations that are administered, analysing all the reported side effects, to make sure we always have the best health advice.”

Tip #10: If you want to talk about false information and people who spread it



AVOID these narrative strategies, words and phrases

- » Repeating, sharing or mythbusting false information in order to debunk it.
- » Naming vaccine denial as part of someone's identity: "vaccine deniers, anti vaxxers".



EMBRACE this strategy from the guide

- » **Communication tool #8 – Inoculate:**
Protect against false information
Use inoculation strategies over fact checks and mythbusting.
Frame false information as an issue of empowerment.
- » **Communication tool #8 – Carefully counter false information using a proven formula:**
Value > Fact > Warning about myth > Explanation > Fact
Name vaccine denial as a behaviour
- » **Communication tool #7 – Normalise it:**
Normalise the move from hesitation or ambivalence to action through trusted messengers who speak directly to the experience of people within those communities.



This sounds and looks like:

→ **Inoculate: protect against false information:**

"When you see people spreading fear-inducing stories about getting vaccinated, cherry picking one or two studies to show vaccination is harmful, demanding that vaccinations need to be proven 100% safe or attacking vaccination advocates, be aware that these people could be spreading false information about vaccination and preventing you from accessing the good information you need."

"Our people deserve to lead their own hauora journey. People spreading false information and concern undermines our oranga motuhake and access to the trusted information we need to make informed decisions for ourselves and our whānau."

Use the words: "people who deny the effectiveness of vaccines, vaccine denial, vaccine denialism."

→ **Normalising it:**

Stories of hesitant people getting vaccinated.

2

Vision-led story formula

This is a useful four part story formula to guide any communications from a tweet to an op-ed. It helps you follow sound evidence-based communications principles. It comprises a vision, a barrier and a solution with action.

#1. Vision

- What do we want more of after everyone gets vaccinated? (Be concrete.)
- Intrinsic values: why does this matter?

Using care and responsibility values



What this sounds like:

"To look after our people and our whakapapa means we need to ensure that those who need protecting in our communities – our kaumātua, our babies and our whānau with health conditions – are cared for and shielded against COVID-19."

#2. Barrier

- What's standing in our way?
- Cause + agent: How & who put it there?



What this sounds like:

"Without everyone getting vaccinated, we won't achieve collective immunity, and it will be much harder to stop the spread of the virus in our community and much harder to keep the people we care about well."

#3. Solution

- How can the barrier be removed?



What this sounds like:

"Getting vaccinated is free – you can get it at your workplace, your marae, your local church from people you trust who have also been vaccinated themselves."

#4. Action

- What can I do?
- Does your solution match your problem?
- Finish by reminding people of why this matters.



What this sounds like:

"Talk to people around you – your friends, your workmates – and tell them why getting vaccinated matters to you. Together, it is how we will keep the people we care about to stay well."



Short social media post example

When we all get vaccinated, we are taking care of the people we care about around us.

Together, your vaccination and my vaccination means we can stop the spread of COVID-19. That is how we all stay well.

21

12

33

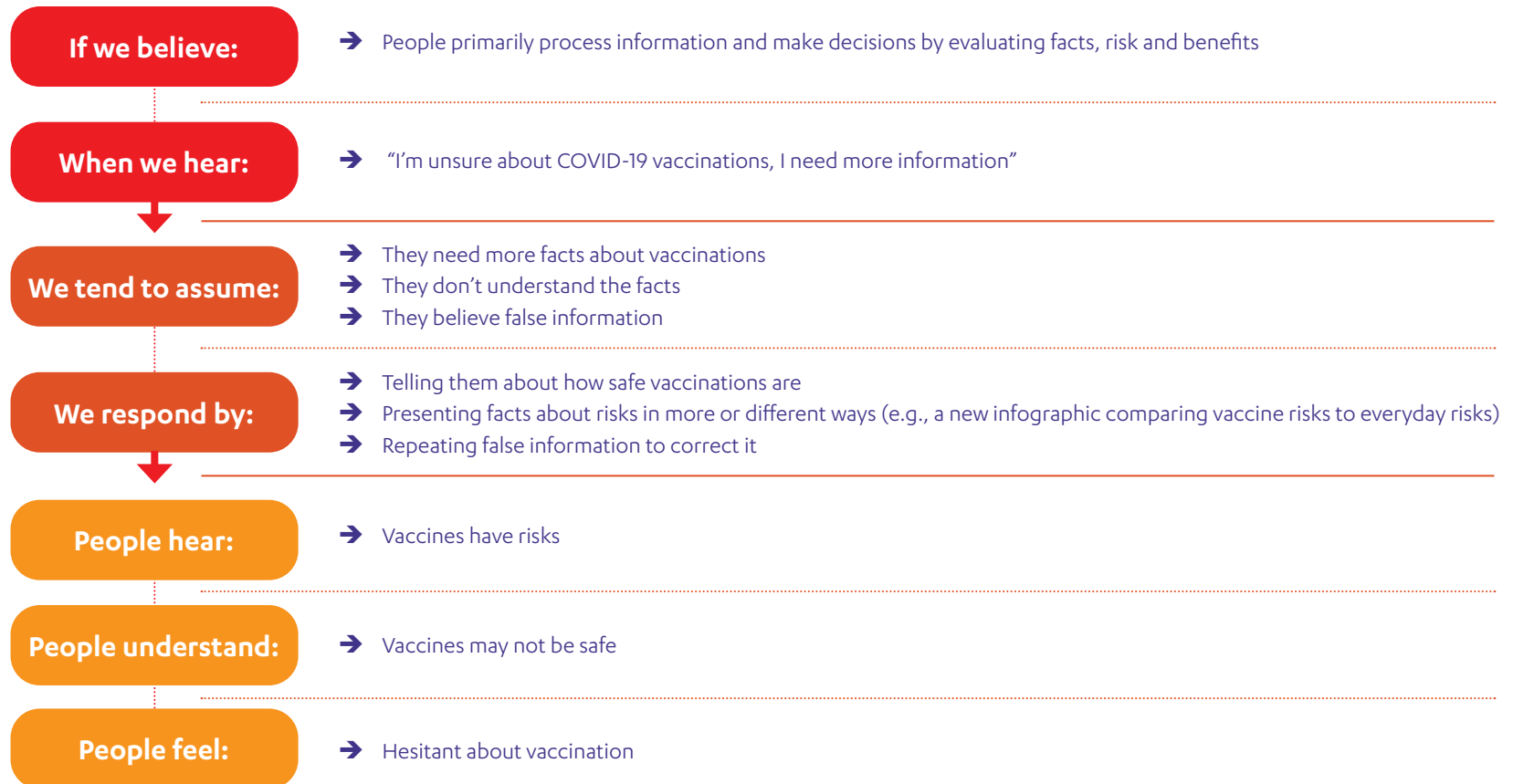


3

Explaining the difference between traditional and evidence-led communications about vaccinations

Use this tool to help explain the different ways we communicate about vaccination depending on the assumptions we have about how people process information. This flow chart has been adapted from Common Cause Australia.

Traditional communications about vaccinations



Evidence-led communications about vaccinations



Acknowledgments and authors

We wish to acknowledge and awhi the following people and organisations: Dr Eleanor Glenn, Dr Amanda Kvalsvig, Dr Anthony Jordan, Gemma Pitcher, Common Cause Australia, Department of Health in the Victorian State Government of Australia, IMAC (The Immunisation Advisory Centre), and Daylight Creative.

This guide was written by Dr Jess Berentson-Shaw and Jordan Green (Te Whānau-ā-Apanui, Ngāti Porou).

Suggested citation: The Workshop. Creating COVID-19 vaccination communications: Building trust in vaccination. Wellington: The Workshop Collective; 2021.

References

1. Horizon Research, School of Population Health, University of Auckland. Horizon Research COVID-19 Vaccine: April 23 - May 2, 2021 [Internet]. Auckland, NZ: Horizon Research; 2021. Available from: <https://www.health.govt.nz/system/files/documents/pages/horizon-research-covid-19-vaccine-apr2021.pdf>
2. Apfel F, Cecconi S, Oprandi N, Larson H, Karafillakis E. Let's Talk about Hesitancy: Enhancing Confidence in Vaccination and Uptake [Internet]. Stockholm: European Centre for Disease Prevention and Control; 2016. Available from: <https://www.ecdc.europa.eu/sites/portal/files/media/en/publications/Publications/lets-talk-about-hesitancy-vaccination-guide.pdf>
3. Hrynick T, Ripoll S, Schmidt-Sane M. Rapid Review: Vaccine Hesitancy and Building Confidence in COVID-19 Vaccination [Internet]. Social Science in Humanitarian Action Platform; 2020. Available from: <https://www.socialscienceinaction.org/resources/rapid-review-vaccine-hesitancy-and-building-confidence-in-covid-19-vaccination/>
4. Thaker J. New Zealand Public Attitudes and Intentions for COVID-19 Vaccination: Panel Survey March 2021 and May 2021. 2021 Jul.
5. Wilson N, Barnard LT, Summers J, Shanks D, Baker M. Relatively high mortality for Maori and Pacific peoples in the 2009 influenza pandemic and comparisons with previous pandemics. J Epidemiol Community Health. 2011 Aug 1;65(Suppl 1):A356–A356.
6. FrameWorks Institute. What the American Public Thinks About Vaccines and How Framing Can Help. A Literature Review. [Internet]. Washington, DC: FrameWorks Institute; 2021 [cited 2021 May 26]. Available from: <https://www.frameworksinstitute.org/publication/what-the-american-public-thinks-about-vaccines-and-how-framing-can-help/>
7. SAGE Working Group. Report of the SAGE Working Group on Vaccine Hesitancy [Internet]. World Health Organization; 2014. Available from: https://www.who.int/immunization/sage/meetings/2014/october/1_Report_WORKING_GROUP_vaccine_hesitancy_final.pdf

8. Noel T. Brewer, Gretchen B. Chapman, Alexander J. Rothman, Julie Leask, Allison Kempe. Increasing Vaccination: Putting Psychological Science Into Action [Internet]. 2017 [cited 2021 May 20]. Available from: <https://journals.sagepub.com/doi/full/10.1177/1529100618760521>
9. Lewandowsky S, Cook J, Schmid P, Holford DL, Finn A, Leask J, et al. The COVID-19 Vaccine communications handbook: A Practical Guide for Improving Vaccine Communication and Fighting Misinformation [Internet]. SciBeh; 2021. Available from: <https://sks.to/c19vax>
10. Morley J, Cows J, Taddeo M, Floridi L. Public health in the information age: Recognizing the infosphere as a social determinant of health. J Med Internet Res. 2020 Aug 3;22(8):e19311.
11. European Centre for Disease Prevention and Control. Catalogue of interventions addressing vaccine hesitancy [Internet]. Stockholm: ECDC; 2017. Available from: <https://www.ecdc.europa.eu/sites/portal/files/documents/Catalogue-interventions-vaccine-hesitancy.pdf>
12. Wild A, Kunstler B, Goodwin D, Onyala S, Zhang L, Kufi M, et al. Communicating COVID-19 health information to culturally and linguistically diverse communities: Insights from a participatory research collaboration. Public Health Res Pract. 2021 Mar 10;31(1).
13. Attwell K, Lake J, Sneddon J, Gerrans P, Blyth C, Lee J. Converting the maybes: Crucial for a successful COVID-19 vaccination strategy. PLOS ONE. 2021 Jan 20;16(1):e0245907.
14. Berentson-Shaw J. A Matter of Fact: Talking Truth in a Post-truth World. Bridget Williams Books; 2018. 103 p.
15. The Rockefeller Foundation. Message Handbook: Covid-19 Testing and Tracing [Internet]. 2020. Available from: https://www.rockefellerfoundation.org/wp-content/uploads/2020/10/CovidTestingTracing_Handbook.pdf
16. National Foundation for Infectious Diseases. COVID-19 Communications: Promoting Prevention Measures and Vaccine Confidence [Internet]. 2021. Available from: <https://www.nfid.org/wp-content/uploads/2021/03/NFID-COVID-19-Communications-Report.pdf>
17. Chou W-YS, Budenz A. Considering emotion in COVID-19 vaccine communication: Addressing vaccine hesitancy and fostering vaccine confidence. Health Commun. 2020 Dec 5;35(14):1718–22.
18. Finney Rutten LJ, Zhu X, Leppin AL, Ridgeway JL, Swift MD, Griffin JM, et al. Evidence-based strategies for clinical organizations to address COVID-19 vaccine hesitancy. Mayo Clin Proc. 2021 Mar;96(3):699–707.
19. Guttman N, Lev E. Ethical issues in COVID-19 communication to mitigate the pandemic: Dilemmas and practical implications. Health Commun. 2021 Jan;36(1):116–23.
20. Harrison EA, Wu JW. Vaccine confidence in the time of COVID-19. Eur J Epidemiol. 2020 Apr;35(4):325–30.
21. UNICEF, First Draft, Yale Institute for Global Health, Public Good Projects. Vaccine Misinformation Management Field Guide [Internet]. UNICEF; 2020. Available from: https://www.unicef.org/mena/media/10591/file/VACCINE+MISINFORMATION+FIELD+GUIDE_eng.pdf%20.pdf
22. French J, Deshpande S, Evans W, Obregon R. Key guidelines in developing a pre-emptive COVID-19 vaccination uptake promotion strategy. Int J Environ Res Public Health. 2020 Jan;17(16):5893.
23. Sadique MZ, Devlin N, Edmunds WJ, Parkin D. The Effect of Perceived Risks on the Demand for Vaccination: Results from a Discrete Choice Experiment. PLoS ONE [Internet]. 2013 Feb 8 [cited 2021 May 20];8(2). Available from: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3568102/>

24. Yale Institute for Global Health, UNICEF. Vaccine Messaging Guide [Internet]. 2020. Available from: <https://www.unicef.org/documents/vaccine-messaging-guide>
25. Hooker C, Leask J. Risk communication should be explicit about values: A perspective on early communication during COVID-19. *J Bioethical Inq.* 2020 Nov 9;1–9.
26. State and Territory Alliance for Testing, The Rockefeller Foundation. Vaccine Confidence Message Brief [Internet]. 2021. Available from: <https://www.rockefellerfoundation.org/wp-content/uploads/2021/04/STAT-Vaccine-Confidence-Message-Brief.pdf>
27. Habersaat KB, Betsch C, Danchin M, Sunstein CR, Böhm R, Falk A, et al. Ten considerations for effectively managing the COVID-19 transition. *Nat Hum Behav.* 2020 Jul;4(7):677–87.
28. Altay S, Mercier H. Framing messages for vaccination supporters. *J Exp Psychol Appl.* 2020;26(4):567–78.
29. Naumova EN. The traps of calling the public health response to COVID-19 “an unexpected war against an invisible enemy.” *J Public Health Policy.* 2020;41(3):233–7.
30. Freeman D, Loe BS, Yu L-M, Freeman J, Chadwick A, Vaccari C, et al. Effects of different types of written vaccination information on COVID-19 vaccine hesitancy in the UK (OCEANS-III): a single-blind, parallel-group, randomised controlled trial. *Lancet Public Health* [Internet]. 2021 May 12 [cited 2021 May 20];0(0). Available from: [https://www.thelancet.com/journals/lanpub/article/PIIS2468-2667\(21\)00096-7/abstract](https://www.thelancet.com/journals/lanpub/article/PIIS2468-2667(21)00096-7/abstract)
31. Han PKJ, Scharnetzki E, Scherer A, Thorpe A, Lary C, Waterston L, et al. Communicating scientific uncertainty about the COVID-19 pandemic: Online experimental study of an uncertainty-normalizing strategy. *J Med Internet Res* [Internet]. 2021 Apr 22 [cited 2021 May 14];23(4). Available from: <https://pubmed.ncbi.nlm.nih.gov/33769947/>
32. Fischhoff B. Making Decisions in a COVID-19 World. *JAMA.* 2020 Jul 14;324(2):139.
33. Seale H, Leask J, Danchin M, Attwell K, Clark K, Cashman P, et al. A COVID-19 Vaccination Strategy to Support Uptake Amongst Australians: Working Paper [Internet]. Collaboration on Social Science and Immunisation; 2020. Available from: https://www.ncirs.org.au/sites/default/files/2020-12/WorkingPaper_AdultCOVID19%20vaccination.pdf
34. Palm R, Bolsen T, Kingsland JT. The effect of frames on COVID-19 vaccine hesitancy. *medRxiv.* 2021 Jan 6;2021.01.04.21249241.
35. Moran MB, Lucas M, Everhart K, Morgan A, Prickett E. What makes anti-vaccine websites persuasive? A content analysis of techniques used by anti-vaccine websites to engender anti-vaccine sentiment. *J Commun Healthc.* 2016 Jul 2;9(3):151–63.
36. Prentice DA, Miller DT. Pluralistic ignorance and the perpetuation of social norms by unwitting actors. In: Zanna MP, editor. *Advances in Experimental Social Psychology* [Internet]. Academic Press; 1996 [cited 2021 Jun 22]. p. 161–209. Available from: <https://www.sciencedirect.com/science/article/pii/S0065260108602385>
37. Kata A. Anti-vaccine activists, Web 2.0, and the postmodern paradigm: an overview of tactics and tropes used online by the anti-vaccination movement. *Vaccine.* 2012 May 28;30(25):3778–89.
38. MacDonald NE, Butler R, Dubé E. Addressing barriers to vaccine acceptance: An overview. *Hum Vaccines Immunother.* 2018 Jan 2;14(1):218–24.

Written by: Dr Jess Berentson-Shaw and Jordan Green (Te Whānau-ā-Apanui; Ngāti Porou).

Graphic Design: Catherine Adam
Wonderbird Photography & Design Studio
www.wonderbird.nz

Illustrations: Daylight Creative
www.daylightcreative.co.nz

