

Invest in Trust

**A Guide for Building COVID-19
Vaccine Trust and Increasing
Vaccination Rates Among CNAs**



Contents

Introduction	3
Summary	4
Section 1: How We Approached This Project	6
Section 2: What Is Keeping CNAs from Getting the Vaccine?	8
Section 3: Insights From Research	10
Section 4: Specific Actions for Building Confidence and Overcoming Barriers	13
Section 5: Building Confidence Through One-On-One Interactions	19
Section 6: Messages	26
Section 7: Tactics for Building Confidence	35
Theories at the Basis of This Work and Why They Are Useful	41
Contributing Scholars	47
Acknowledgements	48
Bibliography	49

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Introduction

Despite their role caring for people in settings that have seen exceptionally high rates of COVID-19 and their front-of-the-line access to COVID-19 vaccines, some of the most essential people in nursing homes—certified nursing assistants (CNAs)—have expressed concerns about getting vaccinated. There is no single solution to this challenge because the reasons are varied, complex and not specific to any one demographic. Even those willing or eager to get the vaccines may face logistical barriers.

A recent [Kaiser Family Foundation \(KFF\) Washington Post Poll](#) suggests that the number of point-of-care health-care workers who have received at least one vaccine dose or plan to is greater than those who haven't in most communities. But the significant rate of concern among CNAs is worrisome, given the essential role they play and the disproportionate number of deaths from COVID-19 in nursing homes.

Underlying their choices are issues of trust. Increasing the likelihood that CNAs will take the vaccine requires trust in the vaccine development process, the vaccine's efficacy, the messengers urging them to take it and their employers. It also requires that employers work to remove barriers that make it hard for CNAs to access the vaccine and provide support for employees who experience side effects.

We created this guide to help nursing home administrators apply insights from social, behavioral and cognitive science to build trust in the vaccines among CNAs and overcome barriers that may make getting the vaccines especially challenging. It is explicitly and singly focused on overcoming barriers to vaccination and increasing trust and confidence among CNAs, although many of these insights may boost confidence among other nursing home workers whose perspectives are also represented in our research.

Throughout the guide, you will see quotes from the scholars and CNAs who contributed their insights and perspective to this project. The CNAs' names are not included, as they spoke on the condition of their anonymity being protected.

Summary

Building confidence in the vaccines for COVID-19 among CNAs is essential. In some communities, CNAs are reporting higher rates of concern than the general U.S. population, which has profound implications not only for their health but for nursing home residents' health as well. Increasing vaccine confidence among CNAs requires acknowledging the ways in which they are different from other groups and applying messages and strategies that address how they see themselves, their expertise and their essential role in caring for others.

It also requires overcoming some of the barriers they face. In many states, CNAs who did not get both doses as part of the Pharmacy Partnership for Long-Term Care Program will now have to navigate complicated systems for accessing appointments or vaccine drives. The Pharmacy Partnership program concluded at the end of March, just as more and more nursing home workers were deciding that they were willing to get the vaccine. Getting a vaccine now means taking time away from work and residents. Given that most CNAs are hourly employees, time off from work—whether to get the vaccine or recover from short-term side effects—means losing pay. For people who work long hours and, in many cases, multiple jobs, these are significant barriers.

Overcoming this challenge requires building trust in the vaccines, establishing trust with CNAs by listening to their fears, offering compelling messages from peers and experts they trust, making it easy to get the vaccine and providing meaningful incentives for doing so, like paid time off. A new paid leave tax credit will offset the cost for employers with fewer than 500 employees to provide full pay for any time their employees need to get a COVID-19 vaccination or recover from that vaccination.

The reasons CNAs and other point-of-care employees don't get the vaccine are varied. Many cite the speed with which the vaccines were developed, their concerns about short-term side effects, fear about how the vaccine might affect pregnancy or harm future attempts to become pregnant or the fact that getting a vaccine just feels unnatural. Others say it's unnecessary, because they already had COVID-19, because their immune system had protected them from getting COVID-19 or because it will still be necessary to wear masks and other protective equipment, even after they are fully vaccinated.

It's important to note that CNAs see themselves as experts. Also, in certain cases, employers may not be the best messengers for those who aren't planning to get the vaccine, as our research suggests that employees who are most concerned about getting the vaccine also have the lowest trust in their employers.

Increasing vaccination rates in nursing homes requires that you:

1

Establish trust. Building trust in the vaccine means building employees' trust in you as their employer. Build trust by communicating transparently and frequently about the vaccine, organizational policies about vaccination and vaccination rates within your facility.

2

Remove barriers. Make it easy for your staff to find and access vaccines, and consider hosting vaccine drives so that employees can access them where they already are.

3

Make time to listen and create lots of opportunities for CNAs to get their questions answered by trusted, local experts. One-on-one conversations between managers and staff who have already gotten vaccinated and those who are still deciding are one of the most effective tools we have. This toolkit includes some suggested language for those conversations.

4

Offer meaningful incentives like paid time off to get vaccinated or recover from short-term side effects.

5

Activate trusted messengers who may not be part of your organization's management or leadership.

6

Use effective messages like "more and more CNAs here are choosing to get the vaccine," or cite critical milestones for those who want to wait and see, like the fact that more than 120 million Americans are fully vaccinated.

7

Appeal to CNAs' expertise and the role they play as caregivers for residents and their family members.

8

Celebrate as a community, but address fears at the individual level.

SECTION 1:

How We Approached This Project

This guide is informed by research-based evidence and the voices of CNAs who shared heartfelt reasons for their choices about getting the COVID-19 vaccine. To gain the insights we're sharing here, our team:

1. Identified available data about CNAs' willingness to get the vaccine, including breakdowns by demographics and regions.
2. Looked for “bright spots”—either research-informed recommendations or examples from nursing homes with high rates of CNA vaccination—and reviewed other resources and guides that have been developed to build trust in vaccines.
3. Held conversations with 18 CNAs—nine with people who were vaccinated or hoped to be soon, nine with CNAs who were undecided.
4. Reviewed existing research, identified leading scholars whose research and expertise could offer actionable insights and held “watch sessions” in which scholars viewed the CNA interviews and offered insights about what they observed from the perspective of their academic discipline and expertise. We synthesized their insights as well as those we had collected separately to develop strategies and messages that might boost trust and confidence. Our team then reviewed these insights with the participating scholars.
5. With separate funding provided by the Robert Wood Johnson Foundation, tested these messages and the likely effectiveness of these strategies through a survey of 233 nursing home and long-term care employees.

In addition to demographic differences among CNAs, psychographics are essential to understanding this challenge.

Demographics refer to specific data about populations. These kinds of data include factors like gender, age, income, race and ethnicity and the geographic regions where people live and work. **Psychographics** refer to the study and classification of people according to their attitudes, aspirations and other psychological criteria.

The difference is important because people bring their own reasons to the decisions they make about vaccines. Demographics are useful for figuring out how to share information with a specific community. But to determine what kinds of messages and calls to action will resonate, we need psychographics to help us understand what

a community sees as right and wrong, what's most important to them and which groups they see themselves as belonging to. These concepts offer an even more nuanced interpretation of how people see the world around them.

The strategies and messages developed for this guide rely heavily on understanding people's identities, moral values and worldviews. How we see the world influences our perception of truth and authenticity. Our identities affect whom we trust. And our moral values affect how we interact with authority, whether our responsibilities are to an entire society or to our closest friends and family. In the messages section, you'll see that we've provided guidance on how different messages and calls to action will resonate with people with their worldviews, moral values and identities in mind.

SECTION 2:

What Is Keeping CNAs from Getting the Vaccine?

It may seem counterintuitive for nursing home workers, and CNAs in particular, to have concerns about getting vaccinated for COVID-19. This group has been at the point of care since the first outbreaks in early 2020, and been at great risk for infection.

There is no single factor keeping CNAs from getting vaccinated. Broadly, there are two reasons: first, significant concerns about vaccination; and second, barriers even the most eager face to actually obtaining vaccines.

Nursing home leadership should acknowledge CNAs' concerns about getting vaccinated. The reasons CNAs and other nursing home workers offered for why they were wary of the COVID-19 vaccine or didn't plan to get it include:

1. The vaccine was developed too quickly, with some even suggesting that it “magically appeared,” and that we don’t know enough about its efficacy or the potential for harmful long-term side effects.
2. Side effects might force them to take unpaid days off from work.
3. The vaccine is every bit as dangerous as the virus; they have a 50/50 chance of dying from vaccine side effects or dying from the virus.
4. They don’t need the vaccine, either because they have been in harm’s way for more than a year and didn’t get sick, or because they have already had COVID-19 or believe they did and have the antibodies to protect them.
5. The vaccine could harm their pregnancy or their potential to become pregnant.
6. Injecting a foreign substance into their bodies doesn’t seem natural.
7. The fact that CNAs were prioritized for getting the vaccine may have suggested they were being used as “guinea pigs.”

“I haven’t gotten the vaccine. I’m just kind of the undecided one. I’m a little skeptical because ... they got the vaccine completed in less than a year ... I just think that’s kind of crazy. They came out with the vaccine so quick. And I know they had to do it because of the circumstances, we’re in a pandemic, a crisis situation, but it just seems too new and so fast.”

— CNA INTERVIEWED FOR THIS PROJECT

“I’ve actually had COVID, so my body has made the antibodies that the vaccine would give me. I continue to wear my PPE and continue to do everything to protect my family as I have for decades against things like the flu and bed bugs. There are all sorts of things we’re susceptible to bring home to our family that we protect ourselves against, and our families against.”

— CNA INTERVIEWED FOR THIS PROJECT

8. Available sources of information, including the government, media and pharmaceutical companies, are not trustworthy.

In addition, CNAs experience real barriers to getting both vaccine doses:

1. Many said they couldn't afford to take time off from work if they experienced short-term side effects.
2. CNAs work long hours, often at multiple jobs. If they didn't get their vaccine as part of the Pharmacy Partnership for Long-Term Care Program, but have since decided to, scheduling appointments or finding walk-up vaccine drives can be time-consuming and frustrating, especially with so much competing for their attention. Although CNAs are certainly not unique here, they have less time and fewer resources to address a problem experienced by nearly all Americans.
3. CNAs may not have easy access to transportation to vaccination sites or flexible child care options.

There are also important contextual factors:

1. Through the RWJF-funded survey, we learned that **the CNAs who are most hesitant have the lowest levels of trust for their employers.** This means that you'll need to establish trust and identify messengers they do trust, including peers who may have been wary but changed their minds and decided to get vaccinated. If you can't do that, trying to convince them yourself may do more harm than good.
2. Our choices and behaviors are strongly affected by perceptions of what people like us are doing. In this case, extensive news coverage of lower vaccination rates and low confidence among CNAs may create a paradoxical norm. So, although many CNAs have been vaccinated or plan to be, the fact that hesitancy rates are higher in this group may create a perception that people like them are choosing not to get the vaccine.
3. The reasons people offer for not getting the vaccine may be different than their real reasons. Many people fear doctors, needles and treatment. Others have never faced the decision of getting a vaccine for themselves.
4. Agency is essential. CNAs want to choose what's best for them and their families, and because they work in health care, they see themselves as having expertise. Making vaccination a choice is important for increasing their sense of agency.
5. For some CNAs, language barriers may make scheduling vaccinations harder.

*"[COVID vaccination is] not mandatory ... but [my employer] is highly encouraging it ... [They say] that you can still get [COVID] and still pass it... **what's the point of getting the vaccine if you can still pass it?"***

—CNA INTERVIEWED FOR THIS PROJECT

SECTION 3:

Insights From Research

This guide is based on robust research, including input from scholars, a deep review of academic literature and a recent survey of nursing home workers separately funded by the Robert Wood Johnson Foundation. This analysis revealed some essential insights that guided our development of strategy and tactics. These insights should guide your efforts in building trust.

1. CNAs are experts. They've been at the point of care, devoted themselves to the care of others and have acquired significant medical expertise. They are also regarded as experts by others, including peers, friends, family and residents. Build on their existing knowledge and treat them as experts—especially on COVID-19. They've watched it unfold.
2. Don't assume you know why a CNA hasn't gotten vaccinated. For example, you might assume that CNAs didn't get vaccinated because they made a deliberate choice not to, when in reality they were busy caring for residents when vaccines were offered on site or haven't had time to book an appointment since the nursing homes stopped offering them. It's important to remember that some CNAs have not gotten vaccinated because of logistical challenges, not because they don't want to.
3. Take time to understand their real fears—and recognize that uncertainty may be one of them. For people already skeptical of large organizations like pharmaceutical companies and government, a new vaccine is a greater unknown than the disease they've been fighting on the point of care for more than a year. They see COVID-19 every day, but the vaccine is new. For many people, [uncertainty is more frightening](#) than anything else.

“And what I heard from the hesitant participant was her situating her hesitancy in her own medical expertise and what she sees on a day-to-day basis as a medical professional. Being a health professional really seemed to be a source of authority for her to say, ‘You know what? I see mistakes doctors make every day. I see how medical recommendations change over time. I see how medicine doesn't turn out well for people all the time. And I'm not willing to be one of those people. I'm going to use my agency and my authority to make this decision.’”

— HEIDI LAWRENCE, ASSOCIATE PROFESSOR, GEORGE MASON UNIVERSITY

4. We all want to see our choices as consistent. Part of our very human desire to retain our positive sense of self is a belief that our choices are consistent and rational. This phenomenon is central to why it can be so hard to change behavior. Focus on helping people use their own critical thinking skills to support revisiting decisions now that they have more information available to them, and how getting a vaccine is consistent with their past choices and behavior. Or connect a choice to be vaccinated to the other habits they've developed to keep themselves and the people they care for safe.
5. Incentives for getting the vaccine have to make sense. For example, cash bonuses and T-shirts might stir skepticism, but support like paid time off, transportation vouchers and credits for child care make sense and show compassion for the long hours and limited personal time most CNAs have.
6. Emphasize and celebrate positive behaviors. Many more people are getting the vaccine or planning to get the vaccine than aren't. Emphasizing wariness or hesitance may create a perception that more people are choosing not to get a vaccine than are.
7. Make time to listen to those who express concern to understand their fears and affirm the thought and care they are putting into their decisions. Holding these conversations individually is more constructive than holding them in groups so that negative norms don't spread. As you listen, you can empathize with their fears, but be careful not to repeat them or reinforce them. Pivot quickly to positive stories and examples.
8. Personal choice is a norm among CNAs, as it is among the American public, so build on that by reminding them that just as they made a choice to wait and see, they can make the choice to get the vaccine. It's also important to create lots of opportunities for them to change their minds, and to use choice-driven language.
9. Use dynamic norms that describe new behaviors to build momentum, like "more and more people in our community are choosing to be vaccinated."
10. Connect to what you've learned about their personal values, identities and worldviews, especially their passion for taking care of their residents and protecting their families.
11. Messengers who come from within CNAs' trusted networks are essential to building trust. CNAs want to hear about the vaccine from people—especially other medical experts—in their own communities and networks.

"Humans want to be consistent with their past beliefs and behaviors. If people already said they don't want to get a vaccine and have told others that they don't want to get a vaccine, it can be harder for them to change their mind. Anything you can do to show that choosing to get a vaccine is consistent with past actions and what they've told other people would be helpful. For example, if people said they wanted to wait to decide until more people took the vaccine, explain that now over 100 million Americans have received the vaccine and are okay."

— SOPHIA PINK, RESEARCH COORDINATOR, POLARIZATION AND SOCIAL CHANGE LAB, STANFORD UNIVERSITY

"The third respondent, she opened up by talking about how much she likes to help people and how they'll hold people's hands and like really conveying that it's such a caring profession. And I think that's one opportunity for tapping in, affirming that and then sort of using it to convey how getting vaccinated is very much aligned with the identity and the values that they do seem to hold."

— ROSE HENDRICKS, PH.D., PROGRAM DIRECTOR, SOCIETY CIVIC SCIENCE INITIATIVE AT ASCB

12. Use personal stories of people who have gotten the vaccine, as well as concrete and visual language to overcome abstractions and uncertainty.
13. Connect vaccines to other kinds of precautions CNAs take as part of their daily life or work (e.g., wearing a seatbelt, washing hands, covering a wound), or the medical equipment they use every day.
14. Take time to listen to and understand CNAs' fears and connect to their personal experiences. Scholars studying COVID-19 vaccine communication emphasize that listening to concerns and addressing them from an empathetic stance is one of the most important strategies for increasing confidence in the vaccine. While administrators may not have time for this (and, in places where trust is low, may not be the best people to do it), peer leaders who have decided to get vaccinated could be highly effective.

Tina Sandri, executive director of the Forest Hills nursing home in Washington D.C., vaccinated 79% of her staff using a number of tactics. She shared with The New York Times that having one-on-one conversations with staff has been most effective. "You really have to listen to each person's story and address it from that standpoint, so they feel 'this is a workplace that cares about me,'" [Sandri told The New York Times](#).

15. Use positive emotions like joy, hope and relief in the context of positive stories of people's vaccine experiences or of reconnecting to activities that are meaningful and important to them.
16. Emphasize the specific gains and concrete benefits from getting the vaccine—give examples.
17. Use words that connect abstract values to concrete behaviors. For example, describe CNAs' work as a deep commitment to doing for others (a value), and describe getting vaccinated as a way to enable people to return to the building (a concrete behavior), which also does for others.

"These individuals feel that they understand exactly how scary COVID is. Scare tactics and scare messaging about severity and susceptibility are not going to work, or they are going to work really differently with this set of folks who've had it and yet are now being asked to vaccinate."

—HEIDI LAWRENCE, ASSOCIATE PROFESSOR, GEORGE MASON UNIVERSITY

"People who already feel like they have expert-level knowledge in the risks of COVID might be hard to convince that they are at risk. They may think that they've felt, done and seen it all and know better. So I don't know. I don't know that I would, I would try to amplify risk perception. I think that I would focus on the other side of that equation, which are benefits. The more that benefits can be tangible, if there are any benefits, and those can be articulated, that would be really positive. And I know that it's really difficult to try to communicate what those tangible benefits are right now, because we don't know what those are, but all three of the participants are saying, 'I want to be around my family. I want to stop wearing a mask. I want my unit to go back to its new normal as soon as possible,' right? Or 'I want to reduce the amount of time that I have to wear a mask.' This is what people want. And even if you can't, we can't promise that, is there a timeline upon which it could be promised or discussed? Are there other measures that are, that could create benefits that are real, felt, tangible benefits to vaccinating? Emphasizing those, on the ground, all of the time, and letting time work, would be some things I would tend to lean into more."

—HEIDI LAWRENCE, ASSOCIATE PROFESSOR, GEORGE MASON UNIVERSITY

SECTION 4:

Specific Actions for Building Confidence and Overcoming Barriers

To achieve herd immunity to COVID-19 in the United States, many experts estimate that 85% to 90% of the population will need to be vaccinated. But we don't cross the finish line together. If there are pockets of America where vaccination rates are particularly low, those communities will remain vulnerable. This is especially worrisome as more dangerous strains continue to spread throughout the country.

To solve this challenge, it may be tempting to use incentives or to make vaccination mandatory, but these approaches can undermine CNAs' trust not just in employers, but in the vaccines themselves.

We recommend an approach based on the best of what research tells us about how to increase vaccination rates among CNAs.

▶ **Start by addressing the logistical barriers to vaccination.**

At a basic level, there are two reasons people don't get the COVID-19 vaccine. One is that they don't want it; another is that they can't easily get it. Research tells us that if we can't access a resource or it is unavailable to us, we're likely to rationalize why we don't need it at all. Through the Pharmacy Partnership for Long-Term Care Program, CNAs were at the front of the line for access to the vaccine where they worked.

While that program went a long way toward addressing some logistical issues, it may have wrapped up too early. For CNAs, being among the first to get a new vaccine may have felt more like being asked to be part of a large experiment than a perk of the job. That program ended in late March, just as [data](#) suggested that more CNAs would be willing to get the vaccine. Now, in most states, CNAs have to use personal time to find an appointment and make it there. For people who work double shifts, have multiple jobs or have language barriers, booking and getting a vaccine may not be a priority amid other challenges, like caring for their home and children in the few hours they're not working.

Logistical barriers may include:

- ▶ Not having compensated time off if they experience short-term side effects that make it hard to work. In the RWJF survey, the incentive of paid time off scored higher than any other message or incentive.
- ▶ Not knowing how to schedule a vaccine or even where to look.
- ▶ Finding shots and making appointments online or in other settings.
- ▶ Finding time to get the shots.
- ▶ Getting to their appointment. For those who rely on public transportation, the process may take three hours per dose.
- ▶ Not having child care during that window.

There may not be an easy way to assess whether the barriers to vaccination in an institution are logistical or psychological, but making it easier for everyone to get vaccinated will have two positive results:

- ▶ Vaccination rates will increase immediately.
- ▶ The perception of getting vaccinated as a norm will increase immediately. When employers communicate with the presumption that everyone wants the vaccine, they avoid creating concerns where people may not have had any.

Approaches for addressing logistical barriers include:

- ▶ Host regular vaccine drives for employees to get their second dose or to provide opportunities for those now willing to be vaccinated. It's important to create multiple opportunities for people to change their minds. Inviting CNAs to bring their families will help establish trust and show that you care about them.
- ▶ Find out how workers in your facility would access shots in the community. Share that information through email and small printed business card size guides that are easy to carry.
- ▶ Offer vouchers for Lyft, Uber and Care.com to address transportation or child care challenges.
- ▶ Offer paid time off for both getting the vaccine and recovering from any short-term side effects. The American Rescue Plan includes tax credits for employers who offer paid time off so that employees can get vaccinated for COVID-19 and recover.

As you execute these approaches, however, you'll want to communicate using messages and strategies informed by research on how the mind works, like the ones you'll find in Section 6.

► **Use strategies to build trust with those who are still deciding.**

We've detailed the range of reasons CNAs offered for not wanting the vaccine in Section 2 of this document. For CNAs who have access to the vaccine but are still making up their minds or have decided not to get it, you might apply these approaches:

Take time to understand vaccine confidence, trust and barriers in your nursing home.

- ▶ In smaller organizations, one way to do this is by walking the halls and asking questions. You might also consider setting up phone lines or dedicated email addresses for CNAs to call and discuss their concerns and interests with an expert within your organization. You could also conduct short surveys to ask workers about their intentions, concerns and barriers, which vary among communities. Listen for the reasons CNAs are choosing to be vaccinated. They are probably highly specific, and these specifics will be meaningful for others in your organization. Listen for the highly specific reasons people in your organization aren't getting vaccinated. It may be that they don't feel that they can take time away from caregiving, or that they haven't had an opportunity to talk over potential side effects with a fellow expert. CNAs' reasons for hesitance are so varied that you can't address their concerns until you understand them precisely.

Identify trusted messengers.

- ▶ Local experts are better than distant ones. For example, a physician who works in your facility and can explain why the vaccines are safe and effective is more likely to be trusted than one who works for the Centers for Disease Control.
- ▶ Surveys have suggested that local health-care experts and workers are trusted and reliable sources of information, although in the RWJF survey the CDC and FDA were also popular choices for finding trusted information about the vaccine—even among those who said they were vaccine hesitant.
- ▶ Messengers not in health care scored low in the RWJF survey on measures of trust, which makes sense, given that CNAs see themselves as experts.
- ▶ In survey comparisons, nursing home workers in the RWJF survey were more likely than the general population to say they trusted health professionals (local and national) above others, like their faith leaders, government officials or community group leaders.
- ▶ While this community places greater trust in health experts than other Americans, they also trust their families.

Assess which communications channels are available to you. These may include:

- ▶ Environmental signage, such as posters in the break room or near employee entrances.
- ▶ Weekly paychecks, which create an opportunity to add a letter or postcard with information about how to get a shot, talk to in-house experts or participate in an upcoming vaccine drive.
- ▶ TV screens in break rooms and other employee areas, which can be used to display digital posters or short videos.
- ▶ One-on-one conversations.
- ▶ In-service trainings.
- ▶ Personal letters mailed to CNAs' homes.
- ▶ Email newsletters and correspondence.
- ▶ Text messaging services.
- ▶ Bulletin boards where staff share updates or can pin photos of themselves with their vaccine cards.

According to the RWJF survey, nursing home workers rely on email for information from their employers more than any other channel. However, since the survey was conducted online, there is a possible bias toward digital forms of communication among respondents.

Use the right techniques and messages on the right platforms.

- ▶ It's important to align your messages with the right platforms. Don't broadcast messages about overcoming hesitancy, because that could create a perception that more people are wary than actually are. Instead, talk about all those who are going to or have gotten the vaccine. Use channels that everyone will see, like posters, videos and newsletters, to focus on logistics, incentives and the benefits that come when everyone is vaccinated. Use closed channels like one-on-one conversation, text or email to create a space for people to ask questions or raise concerns.

Create messages that will resonate.

- ▶ Use the right emotions. Activating feelings of relief, hope or pride will be more effective than feelings of shame or sadness.
- ▶ Appeal to CNAs' expertise and pride in being caregivers.
 - Only about 6% of the RWJF survey respondents disagreed that vaccines are effective at preventing disease, compared with 21% who said they were not going to take the COVID-19 vaccines.
 - Many said they were hesitant due to lack of information and safety concerns, and that they were waiting for more information.
 - RWJF survey respondents said they preferred to hear “[scientific] evidence on the safety and effectiveness of the COVID-19 vaccines” from their employers, rather than anecdotal stories and information on when and where to receive the vaccine.
- ▶ Emphasize choice and agency, using phrases like: “By choosing to get the vaccine, you’re helping us keep everyone healthy.”
- ▶ Use messages that activate social proof—things they can observe themselves, like the numbers of employees and residents who are now vaccinated with minimal short-term side effects; and goal posts, like the percentage of people both nationally and in your facility, to overcome a “wait and see” mindset.
- ▶ Make your calls to action specific and actionable. Vague but uplifting messages don’t perform as well as clear calls to action that show people exactly what to do and help them do it.
- ▶ Don’t create a conflict in CNAs’ perceptions of themselves. Help them see how choosing to get the vaccine now is consistent with their choice to wait and see how others fared.
- ▶ Consider “fresh start” messaging. People are mostly likely to make changes and start new habits on days like the first day of the month, first day back from vacation, their birthday, etc. You could create a similar fresh start effect with language highlighting, for example, “a year since the first people received the COVID-19 vaccine” or “200-millionth vaccine given.” Where possible, orient “fresh start” messaging around new and easy access points to vaccines.

**Shift norms or
perceived behaviors
within a group.**

“Nearly all the interviewees believed that there was a social norm supporting their own decision, whether it was positive or negative. Even the woman who had COVID and didn’t get the vaccine because she believed she had immunity referred to her own social norm as ‘those of us who have had COVID and didn’t get the vaccine.’”

—VICKI FREIMUTH, PH.D., PROFESSOR EMERITUS, UNIVERSITY OF GEORGIA

- ▶ Use dynamic norms. A dynamic or transitional norm describes how the behavior of people like them is changing. Instead of saying that most CNAs have chosen to get the vaccine, say that more and more have decided to get it.
- ▶ Emphasize positive behaviors, not negative ones. Consider posting and sharing the total number of employees who are fully vaccinated each week, or the percentage of staff who are vaccinated.
- ▶ For those who say they want to wait and see, put social proof and goal posts to work.
 - Social proof encourages people to observe changes for themselves: “As you’ve seen, more and more of your colleagues are making the choice to get vaccinated.”
 - To use the concept of goal posts, ask waiters what they are waiting for and what they want to see first. Or, you can use a goal post of your own, like “nearly 160 million Americans have already had at least one dose of the vaccine.”
- ▶ Identify influencers within your community and invest in training them to use science-informed messages like these to recruit others. It’s tempting to assume that the most influential people in a community are those with the highest title or the most outgoing. But to really figure out who the influencers are among your employees, ask people who they most enjoy spending time with or being on shift with.
- ▶ Finger-wagging, shame or intrusive nagging will lead people to dig their heels in or tune out. Instead, highlight the stories, voices and experiences of people who got the vaccine, not those who didn’t. Giving public voice or space to those still deciding will create a perception that hesitance is greater than it actually is.
- ▶ If CNAs in your facility speak languages other than English, create materials in those languages. Even for those who use English every day, seeing calls to action in their first language will help them feel seen and acknowledged.
- ▶ Use references that are specific to the nature of their work and what they take pride in.

**Make sure that
CNAs feel seen and
that messages and
materials really
speak to them.**

SECTION 5:

Building Confidence Through One-On-One Interactions

Nursing homes that have achieved high vaccination rates continue to point to the power and effectiveness of interpersonal communication as an essential factor in their success. Although these kinds of one-on-one conversations can be quite effective, there's a right and wrong way to have them.

Motivational interviewing can strengthen people's motivation to change by helping them identify their own reasons for doing so. Motivational interviewing requires strong listening skills, respect and sincere curiosity. Motivational interviewing is most effective when people are ambivalent or don't see getting a vaccine as especially important. The point of this technique is not to argue, berate, win or debunk—those approaches can backfire and leave someone even more determined to stick to their original choice.

A recent [New York Times op-ed](#) by Adam Grant shares the story of “vaccine whisperer” Arnaud Gagneur, a pediatrician who has increased vaccine confidence among mothers by using this technique in the maternity ward. This is not a technique of manipulation—you have to use it sincerely to help people meet the goals they've identified for themselves. And you have to be sincerely curious about why they hold their current beliefs, and how they would solve particular issues.

For example, in a conversation with a CNA, after understanding why the person is concerned or fearful, acknowledge their fear without repeating it. It might be effective to ask them how to solve the problem of keeping residents and their families safe, and getting operations back to normal.

MINT, the Motivational Interviewing Network of Trainers, has an excellent web site that can help you learn more about this valuable technique.

“Their perception is that leadership is saying ‘just do this, accept it and get on board.’ This type of tone can evoke emotions about personal freedoms being restricted and also raise questions about whether employers truly care about the concerns of their staff members. ‘Just do it without asking questions’ is not necessarily great health advice. We typically don’t tell patients to just get a surgery or just take a drug without any explanation about why we think it may be helpful. People need safe spaces to ask questions and get credible information in a timely manner.”

—AISHA LANGFORD, PH.D.,
M.P.H., ASSISTANT PROFESSOR,
DEPARTMENT OF POPULATION
HEALTH, NYU.

Some other things to keep in mind as you hold these one-on-one conversations:

- ▶ Acknowledge that public health officials have made mistakes; be transparent about what you do and don't know.
- ▶ Acknowledge understandable distrust in a discriminatory health-care system. Show that millions of people, including African Americans, have received a vaccine and are okay. Highlight stories of health-care workers working to increase equitable access. Work with Black physicians and CNAs as messengers.
- ▶ While it's important to listen compassionately to people's concerns, do not repeat misinformation. Pivot to positive examples quickly, before they can repeat themselves. If they cite one sad story, acknowledge the sad story and also cite positive ones that are equally compelling.

In all of your interpersonal conversations:

- ▶ Be prepared!
- ▶ Approach the conversations with curiosity.
- ▶ Stay calm and do not react to defensiveness. If someone is defensive, it means that they feel you are talking down to them. Tell them you did not mean to offend them, and that you do not mean any disrespect.
- ▶ Show respect for CNAs' perspectives and their expertise. Avoid being patronizing, judgmental or condescending. No finger wagging.
- ▶ Offer to share sources related to questions they have that you can't answer.
- ▶ Let employees know that you care about them and that the vaccine can protect them personally and the loved ones around them.
- ▶ Start with empathy and genuine listening. Ask if they've gotten the vaccine and how they're feeling about it.
- ▶ Listen to their concerns and affirm that those things are in fact frightening. However, it's important that you don't repeat their concerns or let them go on at length. Point them toward trusted sites like <https://combatcovid.hhs.gov/>.
- ▶ Avoid using shame, fear or guilt.
- ▶ Use messages that apply to their specific concerns. For example, if they say the vaccine was developed too fast, remind them that more than 120 million Americans are now fully vaccinated.
- ▶ Help them make a plan to get vaccinated. Offer to help them find an appointment.
- ▶ If you know this person well, connect getting the vaccines to their personal goals (going to Disney, having a big family dinner) or their identity (as someone who considers evidence in their decision making, a parent making common sense decisions for their kids).

"It's important to normalize that many people are hesitant because, frankly, the last year has been very confusing in terms of how COVID-19 and the related vaccines were discussed. You will have early adopters for the vaccine, those who are a hard no initially, and people who are on the fence. Health professionals need to create safe spaces for people to share their concerns. We also need to give people room to change their minds."

—AISHA LANGFORD, PH.D.,
M.P.H., ASSISTANT PROFESSOR,
DEPARTMENT OF POPULATION
HEALTH, NYU.

Here are some specific recommendations for your one-on-one conversations that draw on what we learned through this project.

If they say	You might say	You could ask	You might close by saying
<p>“The vaccine just appeared so quickly. It doesn’t seem like they had enough time to test it.”</p>	<p>“It was fast. It’s kind of amazing that we live in a historic moment where things like this are possible and these vaccines became available as quickly as they did. It certainly helped that we had such a strong body of existing mRNA science to build on, that the whole world worked with us on it. That’s how we got this really effective vaccine in such a short time.”</p>	<p>“What do you think about the fact that more than 120 million Americans are already fully vaccinated?”</p> <p>“Isn’t it great that all of our residents have now been vaccinated and their families can visit again?”</p>	<p>“Do you know that you can talk to one of our health experts about the COVID-19 vaccines? They have office hours or you can send them an email. Talking to an expert might help you get your question answered.”</p>
<p>“I’m worried that getting the COVID-19 vaccine will make it hard to get pregnant or hurt my child.”</p>	<p>“I know that making the right decision to protect you and your future child is important to you. Mothers who have chosen to get the vaccine have found that it protects not only them but even their new babies.”</p>	<p>“Have you seen the recent studies that show that women who are pregnant are at higher risk for complications if they get COVID-19?”</p> <p>“Have you seen the studies showing that the vaccine poses no risk to women who are pregnant, want to be pregnant or breastfeeding? In fact, they even found benefits to the baby. Babies whose mothers were vaccinated are born with the antibodies to protect them from COVID-19.”</p>	<p>“You could talk to your doctor about any concerns you have.”</p>

If they say	You might say	You could ask	You might close by saying
<p>“I’m worried about side effects, or that getting the vaccine will be worse than getting COVID-19.”</p>	<p>“Yes, some people do experience side effects from COVID-19 vaccines. They might range from nothing to bad flu symptoms. But you have had the flu before and you got through it. At worst, this may be 1 or 2 days like that.”</p> <p>“When you have side effects, even mild ones, it shows that your body is practicing by building up antibodies to prevent serious illness from COVID-19 in the future. You feel sick for a few days but it’s worth it to have peace of mind after!”</p>	<p>“I made a plan to deal with my side effects. I made sure to have Tylenol and child care ready if I needed them. Have you developed a plan for dealing with side effects that you might experience?”</p> <p>“Have you seen the studies showing that COVID-19 can have long-term effects and your life might be in danger?”</p> <p>“Have you seen the studies showing your chances of being seriously hurt by the vaccines are about the same as winning the lottery?”</p>	<p>“Most people have mild side effects, such as a headache, sore arm or feeling really tired. Having a plan for dealing with these things could be useful.”</p> <p>“You’re someone who considers evidence and makes the best decisions for yourself and those you love. Sure, you might feel sick for a few days, but then you will get to feel relief knowing you can safely be with your friends, family, coworkers and residents.”</p>
<p>“My choice is my business, and no one has a right to know.”</p>	<p>“Yes, it is important that medical issues are kept private for people who want it that way.”</p> <p>“Choosing to get a vaccine certainly is a personal choice. I chose to get it because I read the science and believe it will allow us to get back to normal and that I can hang out with my family again without fear.”</p>	<p>“Would you be interested in a more private way to get your vaccine?”</p> <p>“Would you like to know more about the vaccine and how to set up an appointment? I am happy to share what I know.”</p>	<p>“Lots of CNAs have chosen to get the vaccine. It was the right choice for them. If you are interested, there are ways you can privately access the vaccine. Your doctor’s office could be a good place to ask about that option.”</p> <p>“I may be strong, and my immune system works, but I don’t want to give COVID-19 to someone I care about who isn’t as strong.”</p>

If they say	You might say	You could ask	You might close by saying
<p>“I’ve already had COVID-19, and so I am already immune.”</p>	<p>“I am sorry to hear that. What was your experience like? Any lasting effects?”</p>	<p>“Have you seen new studies showing that immunity from having COVID-19 only lasts for months? These studies show people can get it again.”</p> <p>“Have you seen the report from a skilled nursing facility that had five residents who were suspected of becoming reinfected with COVID-19? The report indicated that their illness was more severe than the first time and one of the five residents passed away.”</p>	<p>“I’m sorry to hear that. Other CNAs who have had COVID-19 decided to get a vaccine to protect themselves from that happening again.”</p> <p>“I am getting vaccinated for COVID-19 because I can also protect people with weak immune systems.”</p>
<p>“Putting a foreign substance in my body just doesn’t seem natural.”</p>	<p>“Yes, putting things in our bodies when we do not want to can be difficult.”</p> <p>“I can see how it could feel weird to put a new vaccine into your arm. It can be scary. When I think about it, I don’t always know what’s in all the medicine I take, but I trust the science and the millions of medical professionals who have received it.”</p>	<p>“Do you want to avoid getting COVID-19?”</p> <p>“The vaccine is actually built off of other vaccines that have been around for a long time that naturally build up our antibodies to protect us if we ever come face to face with COVID-19.”</p>	<p>“COVID-19 vaccines will greatly increase your chances of not getting COVID-19. COVID-19 can do long-term damage to your body. Have you heard of the cases of people with long haul COVID-19?”</p>

If they say	You might say	You could ask	You might close by saying
<p>“I don’t want to be a guinea pig.”</p>	<p>“Yes, that is understandable, I don’t want to be either, but now that over 120 million people have safely received the vaccines and we can see that they are effective, I am excited to get the vaccine.”</p> <p>“The U.S. FDA grants Emergency Use Authorization after review of rigorous testing. Not only does the FDA grant the initial EUA, but the FDA and CDC share the responsibility of active post-authorization vaccine monitoring.”</p>	<p>“What do you think about the fact that over 120 million people in our country have taken the vaccine?”</p> <p>“For decades, America has made what it needed. We made these vaccines to help us make a better America in which we can all live free from fear and return to the things that matter most.”</p>	<p>“The vaccines may seem like they were developed quickly, but they were built off of existing vaccine ingredients and technology we already had and have been through rigorous clinical trials.”</p>
<p>“I don’t know who to trust for information. The media and government seem to be blowing this out of proportion.”</p>	<p>“Yeah, finding information you can trust can be hard these days.”</p>	<p>“Do you mean in terms of the death toll or the cases of long haul COVID-19?”</p>	<p>“I consider who I trust very carefully. I’ve done a lot of reading on this topic and I trust organizations that are non-partisan and stick to the facts, such as the CDC and FDA. Locally, I trust my doctor as well. My doctor also agrees with what the CDC and FDA are saying regarding the safety of the vaccines.”</p> <p>“We would be happy for the medical director to discuss the importance of reliable sources of information with you.”</p>

If they say	You might say	You could ask	You might close by saying
<p>“I’m not getting the vaccine unless they make me.”</p>	<p>“I hear you, I do not like being told what to do by anyone.”</p>	<p>“I don’t know if the vaccine will be mandated. But I got it so my friends, coworkers and residents can feel safe around me. Seems like a common sense way to keep everyone safe and get us back to normal.”</p> <p>“Vaccination is a collective action to prevent the spread of diseases.”</p>	

SECTION 6:

Messages

Based on the insights we gained through the RWJF survey, we developed messages and tested them with a sample of 233 long-term care and nursing home workers nationwide.

To the best of our knowledge, this survey is the first of its kind to ask about the COVID-19 vaccine among long-term care and nursing home workers using a sample of this population that mirrors the diverse makeup of the people who work as CNAs and other nursing home workers, taking into consideration gender, geography, race, income, education and age of this population. The aim of this survey was to understand the views of people who work in long-term care and nursing homes about COVID-19 vaccines, and, for some of them, their uncertainty about getting vaccinated. The survey sample was composed of respondents who closely matched the demographics of the estimated population working in long-term care and nursing homes in early 2021. The survey asked a series of demographic and psychographic questions and explored a wide range of areas, including media use, trust in employers, employer communications and previous experience with COVID-19, before respondents saw a series of messages.

Data for this survey was collected using Qualtrics panels employing a quota sampling method (a non-probability sampling technique). Two hundred and thirty-three respondents qualified and completed the survey while it was in the field (March 18, 2021 – April 11, 2021). We collected 2,741 responses, most of which did not qualify for the survey, and participants were removed for other reasons regarding data quality. Before the survey, we reviewed the messages with the participating scholars to ensure that they reflected the research insights, and then added them to the survey to see which performed highest, and which didn't seem to connect. The survey resulted in the following breakdown of completed responses from people who work in the following settings: Long-term care/nursing homes (51%), home health (elder care) 45% and hospice (3%). When asked to describe what categories “your job best fit into,” we saw the following breakdown of completed responses: Certified Nursing Assistant (26.18%); Other type of health-care worker (23.18%); Registered nurse (17.6%); None of the above—write in option—included laundry and other areas in elder care (16.74%); Administration/HR/Clerical (9.44%); Food or dietary (3.43%).

CHART 1. Strongest general appeal messages for all respondents

Messages that emphasize care for others, return to usual and expertise may work best for broad appeal

Messages that emphasize agency among long-term care employees, their roles as caregivers, their medical expertise and return to what matters most to them performed well, while a vague message and one that emphasized the importance of making vaccines mandatory performed poorly.



Notes: All percentages rounded from decimals and totals may not equal 100% due to rounding. Percentage points are rounded to the nearest whole number or decimal place. Percentages below 0.50% were rounded down and those that were 0.50% or above were rounded up (e.g., after rounding, 6.49% = 6% and 6.51% = 7%). For more detail on methods refer to notes under Chart 8.

CHART 2. Strongest and weakest individual appeal messages to get the vaccine

Messages that emphasize care for coworkers and residents resonate most for individual appeals

Messages that emphasize and appeal to their care for their residents and coworkers were much more meaningful than messages that emphasized the influence of others on their decision making or returning to social events.

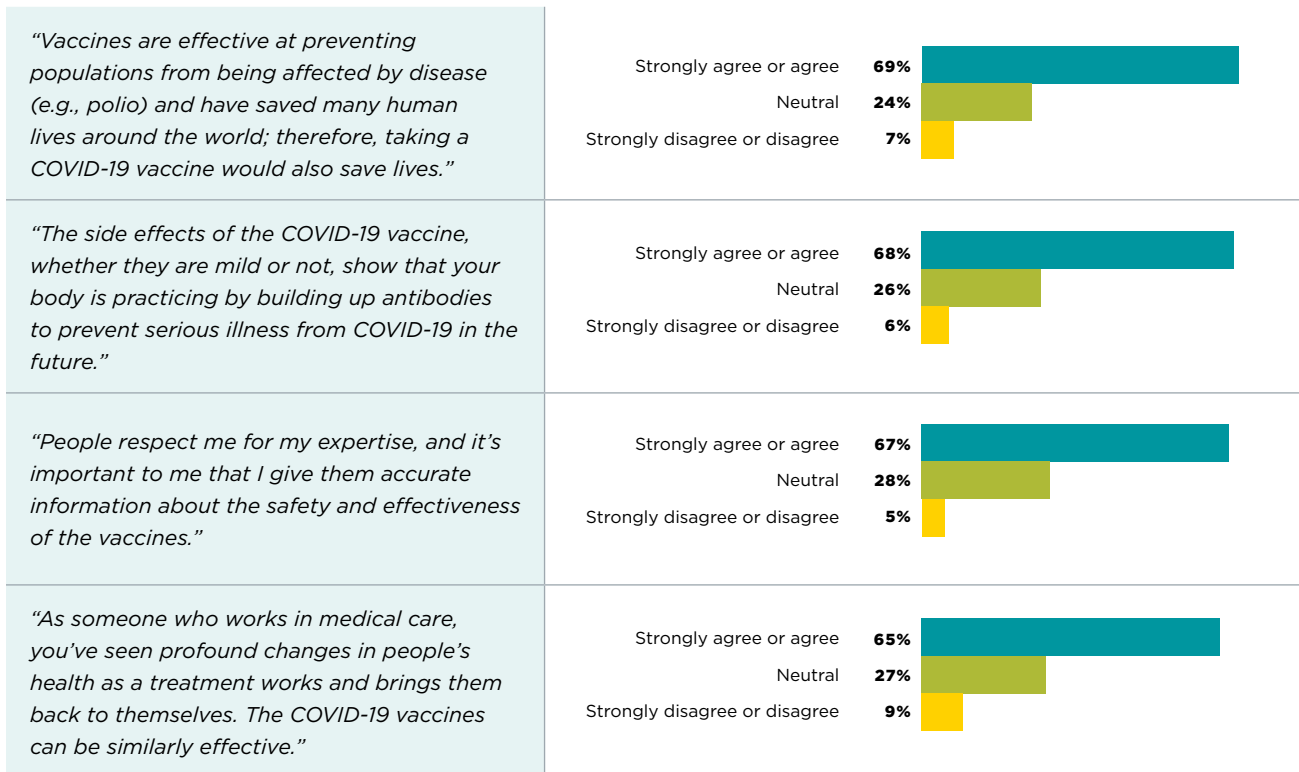


Notes: All percentages rounded from decimals and totals may not equal 100% due to rounding. Percentage points are rounded to the nearest whole number or decimal place. Percentages below 0.50% were rounded down and those that were 0.50% or above were rounded up (e.g., after rounding, 6.49% = 6% and 6.51% = 7%).

CHART 3. Messages with appeal to long-term care workers' medical expertise performed well

Messages that appeal to long-term care employees' medical expertise resonate

A theme that emerged from the interviews with CNAs who are vaccine confident and those who are hesitant is that they see themselves as having medical expertise, and are considering their decision in that light. Messages that appeal to their expertise performed especially well.



Notes: All percentages rounded from decimals and totals may not equal 100% due to rounding. Percentage points are rounded to the nearest whole number or decimal place. Percentages below 0.50% were rounded down and those that were 0.50% or above were rounded up (e.g., after rounding, 6.49% = 6% and 6.51% = 7%).

CHART 4. Strong messages for the vaccine hesitant (most popular messages)

For those who are vaccine hesitant, it’s essential to create opportunities to address their concerns, and appeal to their identity as caregivers

Among those who are not planning to get a vaccine, messages that emphasized care for others performed well, as did the assurance that they would have an opportunity to get their concerns addressed. Messages about general safety (especially without any explanation), the influence of people like them and vague affirmations did not resonate.



Notes: Fifty-one respondents in vaccine unsure sample—22% of total sample. The same general and messages above were among the most popular with this group as well. All percentages rounded from decimals and totals may not equal 100% due to rounding. Percentage points are rounded to the nearest whole number or decimal place. Percentages below 0.50% were rounded down and those that were 0.50% or above were rounded up (e.g., after rounding, 6.49% = 6% and 6.51% = 7%).

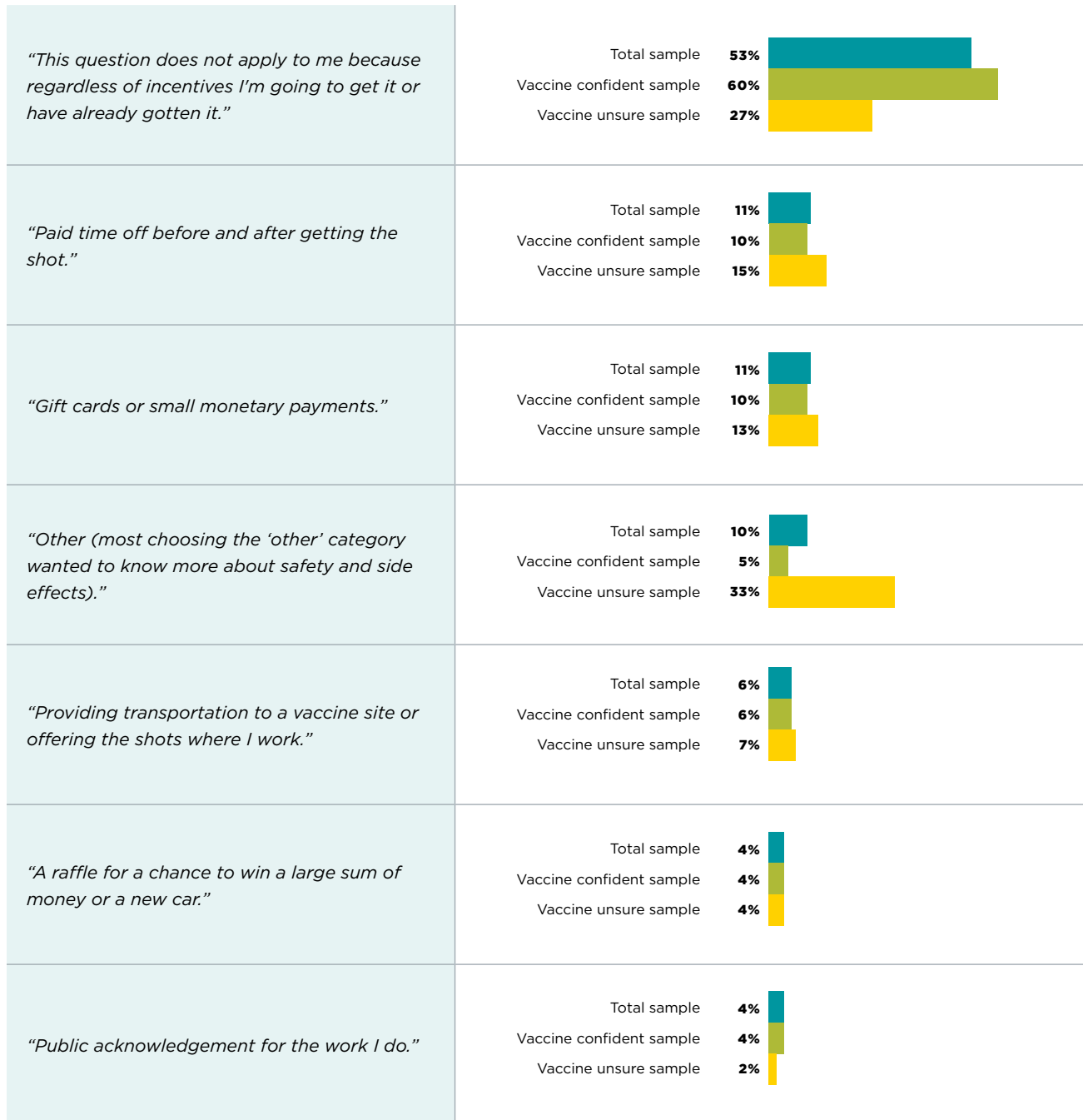
In this survey, we asked the following question to determine if someone was unsure about getting a COVID-19 vaccine: “Please read the following sentence and indicate your agreement or disagreement: If a vaccine for COVID-19 were available to me and cost nothing, I would get it.”

Respondents choosing “Strongly agree, Agree or Somewhat agree” were considered vaccine confident (vaccine confident sample 79% of total sample). Respondents choosing “Strongly disagree, Disagree, or Somewhat disagreed” were considered vaccine unsure (vaccine unsure sample 22% of total sample). Fifty-one respondents were in the vaccine unsure sample, which was 22% of the total sample. The results in this chart are the strongest scoring messages for the vaccine unsure sample.

CHART 5. Incentives (broken down by group)

Which incentives are most meaningful?

While incentives have been broadly used to increase vaccine uptake among long-term care employees, their responses here suggest that paid time off is the most meaningful incentive, particularly for those who are hesitant. Public acknowledgement was significantly less motivating.

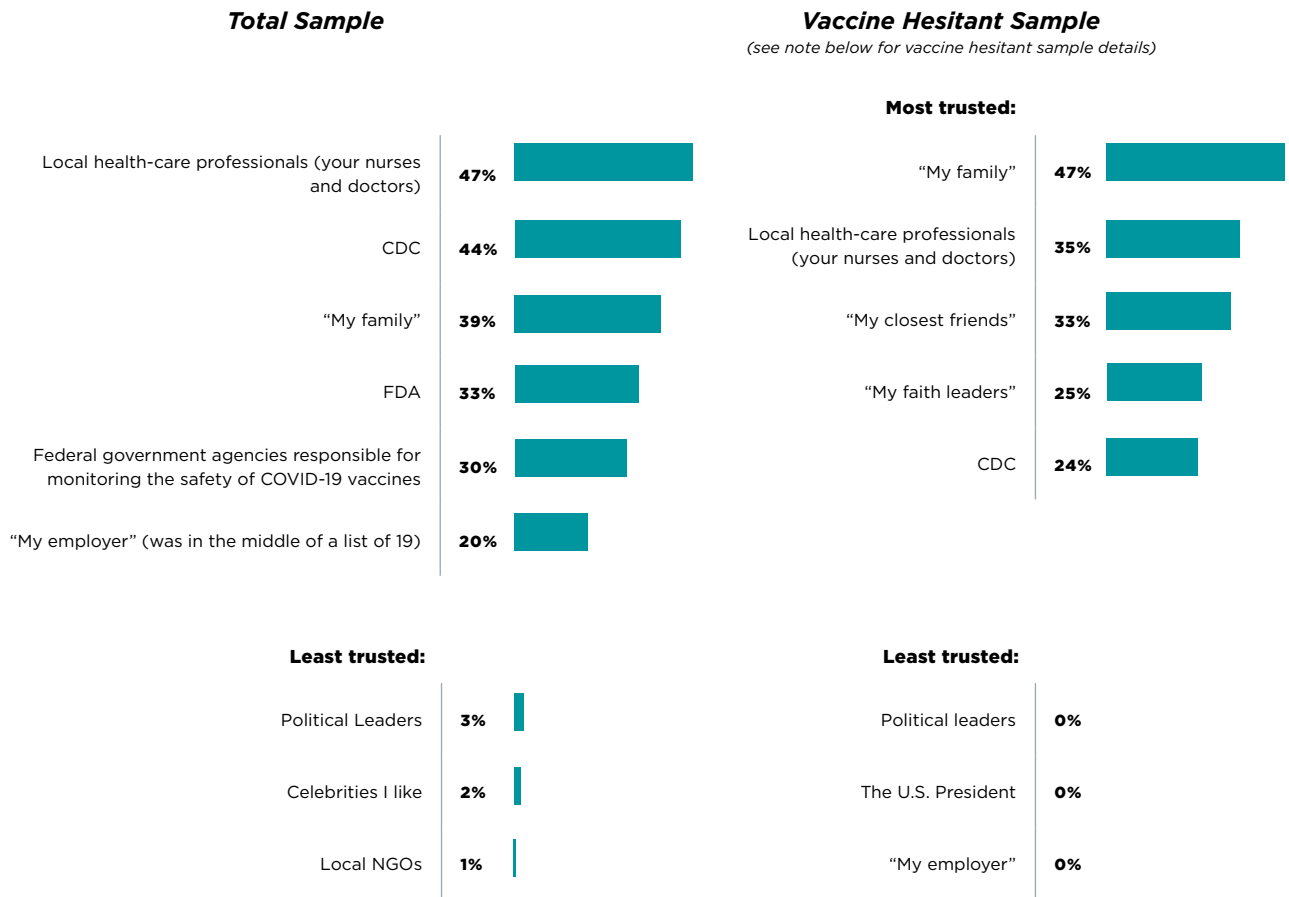


Notes: Fifty-one respondents were in the vaccine unsure sample—which was 22% of the total sample. The vaccine confident sample included 182. The total sample included 233. All percentages rounded from decimals and totals may not equal 100% due to rounding. Percentage points are rounded to the nearest whole number or decimal place. Percentages below 0.50% were rounded down and those that were 0.50% or above were rounded up (e.g., after rounding, 6.49% = 6% and 6.51% = 7%).

CHART 6. Who do long-term care workers trust for advice about taking COVID-19 vaccines? (total sample)

Who do respondents trust for advice about taking COVID-19 vaccines?

Respondents were asked to check “all that apply” in identifying trusted sources for advice about taking COVID-19 vaccines. Local health experts are among the most trusted resources for all respondents. Only 20%, however, said they trusted their employer. Political leaders, celebrities and local NGOs scored lowest as trusted sources. None of the survey participants who are vaccine hesitant chose their employer as a trusted source of information, though family, local experts, friends and colleagues scored high.



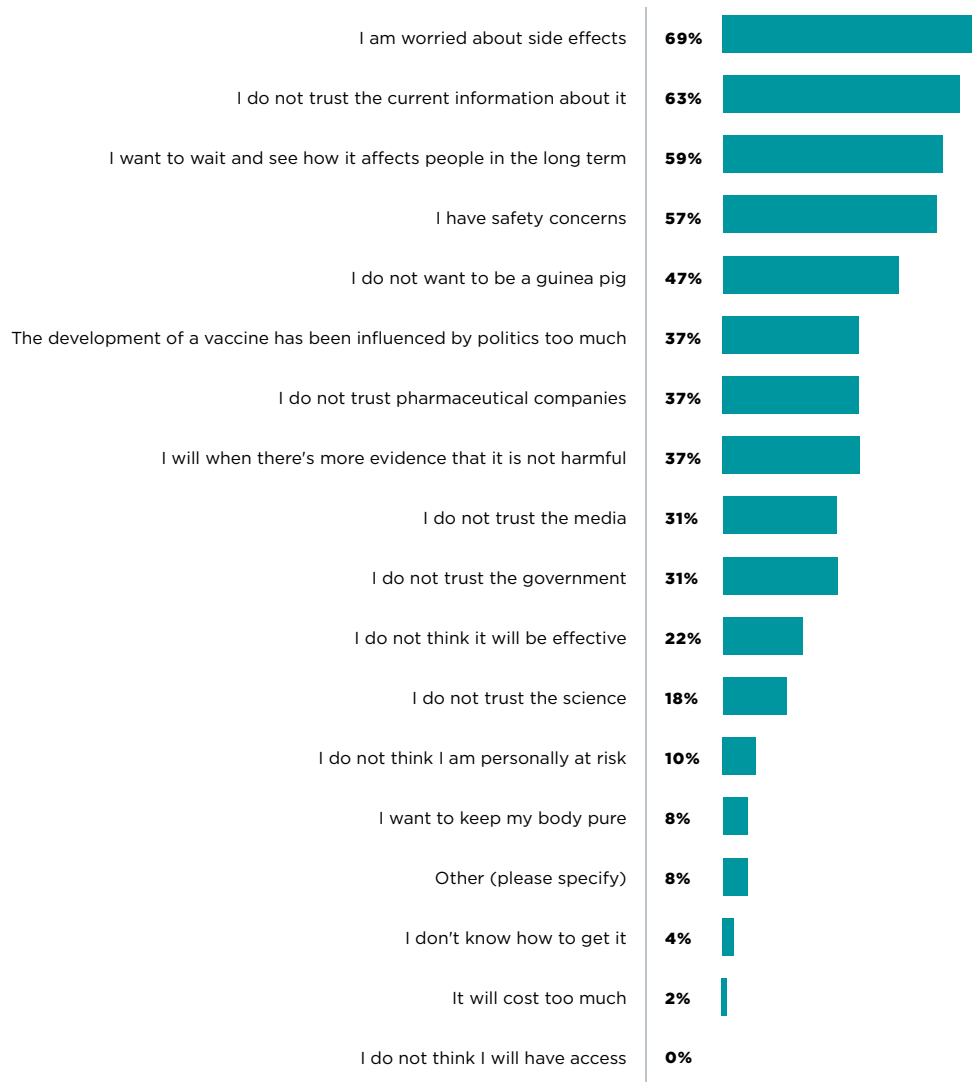
Notes: Fifty-one respondents were in the vaccine unsure sample—which was 22% of the total sample. The vaccine confident sample included 182. The total sample included 233. All percentages rounded from decimals and totals may not equal 100% due to rounding. Percentage points are rounded to the nearest whole number or decimal place. Percentages below 0.50% were rounded down and those that were 0.50% or above were rounded up (e.g., after rounding, 6.49% = 6% and 6.51% = 7%).

CHART 7. The reasons given by those that are NOT getting vaccine about why

The reasons given by those that are NOT getting the vaccine

While increasing ease of access to vaccines will be effective for those who are not hesitant, these responses suggest that issues of trust and concerns about side effects are informing their decisions.

Respondents were asked to check all that apply

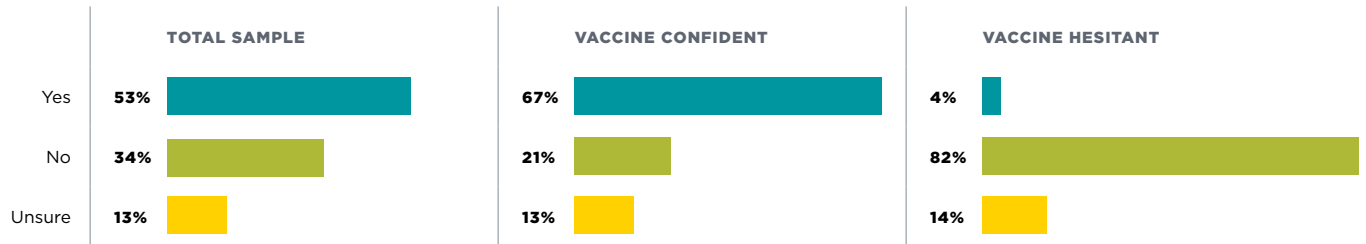


Notes: Fifty-one respondents were in the vaccine unsure sample—which was 22% of the total sample. The vaccine confident sample included 182. The total sample included 233. Percentage points are rounded to the nearest whole number or decimal place. Percentages below 0.50% were rounded down and those that were 0.50% or above were rounded up (e.g., after rounding, 6.49% = 6% and 6.51% = 7%).

CHART 8. Support for a mandate?

Less support for mandates than vaccines

Even among long-term care workers who are vaccine confident, mandates are unpopular.



Notes: Fifty-one respondents were in the vaccine unsure sample—which was 22% of the total sample. The vaccine confident sample included 182. The total sample included 233. Percentage points are rounded to the nearest whole number or decimal place. Percentages below 0.50% were rounded down and those that were 0.50% or above were rounded up (e.g., after rounding, 6.49% = 6% and 6.51% = 7%).

This survey was conducted by Qualtrics using online panels composed of internet users. 233 respondents qualified and completed the survey in total while the survey was in the field (March 18, 2020 - April 11 2020). 2,741 responses were collected, most of which did not qualify for the survey, and participants were removed if they failed speeding or attention checks. The survey resulted in the following breakdown of completed responses of those working in long-term care: Long-term care/nursing homes (51%), home health (elder care) 45%, and hospice (3%). When asked to describe what categories "your job best fit into" the survey resulted in the following breakdown of completed responses: Certified Nursing Assistant (26.18%); Other type of health-care worker (23.18%); Registered nurse (17.6%); None of the above—write in option—included laundry and other areas in elder care (16.74%); Administration/HR/Clerical (9.44%); Food or dietary (3.43%).

SECTION 7:

Tactics for Building Confidence

► **Build an environment of trust.**

Establishing trust among employees is about more than just increasing vaccine confidence—but they both are essential to success. Research by Linjuan Rita Men, Ph.D., points to the importance of employers communicating transparently with employees about the vaccines, including facts on how to get vaccinated, vaccination rates among residents and staff, whether your company will mandate vaccines for employees and company policy on whether people can get paid time off to be vaccinated or to recover from any short-term side effects. Provide this material across multiple channels, including emails, your internal web site, environmental signage and personal conversations and through multiple messengers. And consider offering daily or weekly updates on the number of staff and residents who have been fully vaccinated.

An essential aspect of establishing trust is listening. Create multiple opportunities to listen to your employees' concerns through office hours with experts, a dedicated email address and phone numbers where they can call or text with their questions. The survey suggests this will be especially effective with those who are unsure—57% said they were worried about safety and 69% were worried about side effects and others wanted more information in these areas, which suggests that one-on-one sessions could do a lot to boost confidence.

Demonstrate true empathy and care. Consider sending personal letters to each employee that state that you care and demonstrate it by detailing the policies and support that will make it easier for them and their loved ones to get vaccinated. If you are planning a vaccine drive on site, this would be a good way to notify them, though you should communicate any information across multiple channels. Use [this letter](#) to detail the different channels available to get employees' questions answered and to offer hope for the future. Acknowledge the essential role they have played and the expertise they have acquired in their careers and this year specifically.

In all forms of communication, Dr. Men urges using language like “we’re all in this together” and putting “you” at the center of your communication. On this topic, it’s important to recognize that every member of the team is a messenger, so it may be helpful to provide training to managers and employee advocates and leaders about how to listen and talk with their colleagues about vaccination, using this guide.

It’s worth noting in the context of trust that, among the incentives evaluated, public acknowledgement for point-of-care workers was among the lowest performing incentives, with things like paid time off, gift cards and vouchers for transportation performing much better. There may be fatigue with the “Heroes Work Here” messages that many long-term care facilities have been using.

Overcome barriers with specific tools.

As you work to overcome barriers, develop resources that make it easy for point-of-care workers to find and get to vaccination drives or appointments. Print business cards with QR codes that link to websites where they can make an appointment or find a walk-up site and add them to their pay envelopes. Provide this same information through emails and your employee benefits website.

Should you decide to host a vaccination drive, urge your employees to bring spouses or other family members to get vaccinated as well. Consider hosting several so that employees taking a “wait and see” approach have an opportunity to change their minds.

Consider offering ways for people to get vaccinated in private settings, without being observed by their coworkers.

Use the right message in the right setting.

The messages we’ve tested and shared in this guide should be effective in broad appeals such as signage, videos and all-staff emails. The messages that focus on individual appeals should be effective in one-on-one conversations.

These messages would be likely to be effective in email updates or personal letters. They would also be effective on posters, combined with specific directions for how to get vaccines in your community:

- ▶ “I may be strong, and my immune system works, but I don’t want to give COVID-19 to someone I care about who isn’t as strong.” (strongly agree or agree: 81%; neutral: 14%; strongly disagree or disagree: 4%)
- ▶ “Vaccination is a collective action to prevent the spread of diseases.” (strongly agree or agree: 78%; neutral: 17%; strongly disagree or disagree: 3%)
- ▶ “Vaccines are in high demand throughout the world, but you’re at the front of the line because of your importance as someone who cares for and protects others.” (strongly agree or agree: 75%; neutral: 21%; strongly disagree or disagree: 3%)
- ▶ “For decades, America has made what it needed. We made these vaccines to help us make a better America in which we can all live free from fear and return to the things that matter most.” (strongly agree or agree: 74%; neutral 19%; strongly disagree or disagree: 6%)

It’s also worth noting that messages that acknowledge respondents’ expertise performed exceptionally well:

- ▶ “Vaccines are effective at preventing populations from being affected by disease (e.g., polio) and have saved many human lives around the world; therefore taking a COVID-19 vaccine would also save lives.” (strongly agree or agree: 69%; neutral: 24%; strongly disagree or disagree: 7%)
- ▶ “The side effects of the COVID-19 vaccine, whether they are mild or not, show that your body is practicing by building up antibodies to prevent serious illness from COVID-19 in the future.” (strongly agree or agree: 68%; neutral: 26%; strongly disagree or disagree: 6%)
- ▶ “People respect me for my expertise, and it’s important to me that I give them accurate information about the safety and effectiveness of the vaccines.” (strongly agree or agree: 67%; neutral: 28%; strongly disagree or disagree: 5%)
- ▶ “As someone who works in medical care, you’ve seen profound changes in people’s health as a treatment works and brings them back to themselves. The COVID-19 vaccines can be similarly effective.” (strongly agree or agree: 65%; neutral: 27%; strongly disagree or disagree: 9%)

These messages were tested as personal appeals. They would be useful in one-on-one communications:

- ▶ “Getting a COVID-19 vaccine myself will protect the residents at the facility where I work from COVID-19.” (strongly agree or agree: 75%; neutral: 18%; strongly disagree or disagree: 8%)
- ▶ “Getting a COVID-19 vaccine myself will protect my fellow employees at my place of employment from COVID-19.” (strongly agree or agree: 72%; neutral: 21%; strongly disagree or disagree: 8%)
- ▶ “I would get vaccinated for COVID-19 because I can also protect people with a weak immune system.” (strongly agree or agree: 70%; neutral: 19%; strongly disagree or disagree: 10%)

In all forms of communication, avoid:

- ▶ Vague phrases that may present too sunny a picture of a post-COVID world. For example, this message performed poorly as a general appeal: “Likely side effects of the COVID-19 vaccine include relief, joy and hugs.” (strongly agree or agree: 39%; neutral: 29%; strongly disagree or disagree: 30%).
- ▶ Messages that hinted at vaccines being mandatory or becoming mandatory also performed poorly as a general appeal.

 **Celebrate.**

Celebrate when people are fully vaccinated with small acknowledgements that don't feel transactional and feel personal. Consider sending personal thank you notes with a small gift like an attractive pin that shows the wearer has been fully vaccinated. And celebrate as the percentage of vaccinated members of your team crosses milestones.

► Specific Examples Of Tactics

Posters

Use [this poster](#) to promote office hours. However, if you can, replace the stock image here with a photograph of someone who works in your nursing home, preferably a point-of-care worker.

Use [this poster](#) to help people find vaccines. If you can, modify it to include a picture of someone who works in your nursing home who has gotten vaccinated. Ideally, this would be someone whom other CNAs and staff see as a leader, even if they don't have "manager" in their title.

Information cards

Print [these cards](#) with information about how to schedule or find vaccines locally. If you're offering specific benefits like transportation vouchers, child care vouchers or paid time off to get the vaccine or recover from side effects, this information can be added to paycheck envelopes and left in break rooms to make it easy to find and share.

Enamel pins

[These pins](#) can be printed quickly and inexpensively through multiple sites online. Consider presenting them to staff who have been vaccinated with a handwritten thank you note from a supervisor.

Other ideas

Reserve a bulletin board in a well-used hallway for staff to post pictures of themselves after getting vaccinated. Provide sticky notes so they can write why they decided to get vaccinated and add it to their photos.

Visit our toolkit to explore more tactics ►

Sample letter home or email:

Dear Julia,

I want to personally thank you for your hard work on behalf of our residents. It's so obvious that you care about them and that you take great pride in doing your job well. Your health and safety are important. If you haven't already been vaccinated for COVID-19, I hope you'll consider getting a vaccine soon. It's easy to get a vaccine in our area, and I've enclosed a card that can help you find a vaccine nearby.

If you need time off from work to get vaccinated, you may qualify for full pay for that time and any time you might need to recover from short-term side effects.

If you have questions about the vaccines, you can get them answered by **XXX**. They are holding regular drop-in office hours during all shifts, and they are happy to talk with you. And if those hours don't work or your shift is too busy to allow you to take advantage of them, you can email your questions to **XXX**.

If you've already been vaccinated, please share your story! As someone who works in health care, people look to you for expertise and others will be inspired by your choice.

Sincerely,

XXX

Sample thank you note:

Dear Julia,

Thank you so much for deciding to get vaccinated against COVID-19. I know you thought a lot about this decision, and finding a shot isn't always convenient. Your choice shows how much you care for our residents and your coworkers. Today, XX percent of our staff is now vaccinated! Thanks so much for helping us keep everyone safe.

Sincerely,

XXX

Theories at the Basis of This Work and Why They Are Useful

Here are the theories we drew on for these insights, with brief explanations.

Availability Bias

We use mental shortcuts when judging how likely or frequently an event will happen, because we tend to remember our most recent experience and therefore we put more value on that information. This affects people when they are thinking about how likely something is to reoccur. If a recent event produced strong emotions in us, we're more likely to think this event will happen again.

Tversky, A., & Kahneman, D. (1973). Availability: A heuristic for judging frequency and probability. *Cognitive Psychology*, 5(2), 207-232.

Construal Level Theory

Describes the relationship between psychological distance and the extent to which people's thinking (e.g., about objects and events) is **abstract** or **concrete**. The general idea is that the more distant an object is from the individual, the more abstract it will be thought of, while the closer the object is, the more concretely it will be thought of. In CLT, psychological distance is defined on several **dimensions—temporal, spatial, social** and hypothetical distance are considered most important, though there is some debate among social psychologists about further dimensions like informational, experiential or affective distance.

Trope, Y., & Liberman, N. (2010). Construal-level theory of psychological distance. *Psychological Review*, 117(2), 440.

Cultural Cognition

Refers to the tendency of individuals to conform their beliefs about disputed matters of fact (e.g., whether humans are causing global warming; whether the death penalty deters murder; whether gun control makes society more safe or less) to values that define their cultural identities.

<http://www.culturalcognition.net>

Diffusion of Innovation

Explains the pattern and speed at which ideas spread from their introduction to uptake in the wider society. Four elements influence the spread of the new idea: the innovation itself, **communication channels**, time and the social system. This theory can be used to accelerate the adoption of important public health programs that typically aim to change the behavior of a social system.

Rogers, E. (2003). *Diffusion of Innovations*. Fifth edition. Free Press: New York.

Dunning Kruger Effect

The Dunning Kruger effect is a cognitive bias, affecting people at all levels of intelligence, where people tend to overestimate their knowledge or ability in specific areas, especially new ones for them. A lack of self-awareness is considered a reason for this effect because it can prevent people from accurately assessing their own ability/knowledge. Because confidence is so highly praised and sought after in many cultures, many would rather pretend they are skilled or knowledgeable to avoid appearing inadequate or losing face.

Kruger, J., & Dunning, D. (1999). Unskilled and unaware of it: How difficulties in recognizing one's own incompetence lead to inflated self-assessments. *Journal of Personality and Social Psychology*, 77(6), 1121-1134. <https://doi.org/10.1037/0022-3514.77.6.1121>

Fundamental Attribution Error (or the Over-attribution Effect)

People are often quick to draw conclusions about the attitudes and personalities of others, even when an external factor or cause may explain that behavior.

Ross, L. (1977). The intuitive psychologist and his shortcomings: Distortions in the attribution process. In *Advances in experimental social psychology* (Vol. 10, pp. 173-220). Academic Press.

Berkowitz, L. (1984). *Advances in experimental social psychology*. Academic Press.

Health Belief Model

One of the original public health theories developed in the 1950s, this model suggests that people's beliefs about health problems, perceived benefits of and barriers to action and [self-efficacy](#) explain engagement (or lack of engagement) in health-promoting behavior. It's based on the expected value concept: 1) the desire to avoid illness or desire to get well, and 2) the belief that the required action will prevent the illness or make people healthy. The model holds true today, as public health officials look at individual behaviors and their cultural values and beliefs in health when making health decisions.

Boslaugh, Sarah E. (2019). Health belief model. *Salem Press encyclopedia of health*.

Inoculation and Prebunking

A psychological framework derived in the 1960s that aims to induce pre-emptive resistance against unwanted persuasion attempts. Papageorgis and McGuire (1961) explain: "A

previous study ... showed that strong initial beliefs are more effectively immunized against persuasion by pre-exposing them to counterarguments ... The present study tested the hypothesis that pre-exposure to refutations of some counterarguments against the belief would have a generalized immunization effect, making the beliefs more resistant to strong doses not only of the specific counter arguments ... but also of alternative arguments against the given belief ... As expected, the beliefs proved highly vulnerable to the strong counterarguments when there was no prior immunization. Immunization had a direct strengthening effect on the beliefs and also substantially reduced the effect of the subsequent strong counterarguments."

Papageorgis, D., & McGuire, W. J. (1961). The generality of immunity to persuasion produced by pre-exposure to weakened counterarguments. *The Journal of Abnormal and Social Psychology*, 62(3), 475-481. <https://doi.org/10.1037/h0048430>

Roosenbeek, J., van der Linden, S., & Nygren, T. (2020). Prebunking interventions based on the psychological theory of "inoculation" can reduce susceptibility to misinformation across cultures.

Mental Models

Mental models are the images, thoughts, ideas and beliefs that we form based on our experiences. These models are formed intentionally and unintentionally and can be based on real or imagined experiences. These mental models help us navigate the world around us, forming our perception and understanding of the things we encounter.

Ungvarsky, J. (2020). Mental model. *Salem press encyclopedia, [s. l.]*.

Moral Foundations Theory

With roots in sociology and social psychology going back to Emile Durkheim, scholars in the 1990s and 2000s coined the term "moral

foundations theory,” which proposes that several innate and universally available psychological systems are the foundations of “intuitive ethics.” Each culture then constructs virtues, narratives and institutions on top of these foundations, thereby creating the unique moralities we see around the world, and conflicting within nations too. The six foundations for which they think there currently is evidence are: 1) Care/harm; 2) Fairness/cheating; 3) Loyalty/betrayal; 4) Authority/subversion; 5) Sanctity/degradation; 6) Liberty/oppression.

This finding is important for framing arguments, as Feinberg and Willer (2015) tested, claiming that frames that target a person’s morality are more likely to have success in changing minds.

Feinberg, M., & Willer, R. (2015). From Gulf to Bridge: When Do Moral Arguments Facilitate Political Influence? *Personality and Social Psychology Bulletin*, 41(12), 1665-1681. <https://doi.org/10.1177/0146167215607842>

Moralization

Moralization is the degree to which moral relevance is attached to issues, actions or entities and the changes within their relevance. Morals can change at a personal level or a societal level. Rozin (1999) defined moralization as a process that “involves the acquisition of moral qualities by objects or activities that previously were morally neutral.”

Rozin, P. (1999). The process of moralization. *Psychological Science*, 10(3), 218-221.

Rhee, J. J., Schein, C., & Bastian, B. (2019). The what, how, and why of moralization: A review of current definitions, methods, and evidence in moralization research. *Social and Personality Psychology Compass*, 13(12).

Motivated Reasoning

Motivated reasoning moves people to justify decisions, actions or outcomes that they most desire in spite of contradictory evidence. We

tend to find arguments to support the outcomes we want and ignore those that we don’t want to believe, especially if our goal is to protect our standing in a social group or our own identity. It is similar to confirmation bias, where we purposefully seek out and give more credibility to the information that confirms our beliefs rather than seeking for information that contradicts us. The stronger our emotional stake is to the subject at hand, the stronger our emotional attachment will become each time we are confronted with the information, eventually reinforcing and strengthening our conclusions.

Kunda, Z. (1990). The case for motivated reasoning. *Psychological Bulletin*, 108(3), 480-498.

Kahan, D. M. (2012). Ideology, motivated reasoning, and cognitive reflection: An experimental study. *Judgment and Decision Making*, 8, 407-24.

Motivational Interviewing

A technique used to help people deeply examine their behavior and beliefs about a subject in an effort to have them change a behavior or belief. The interviewer frames questions in a way that enhances the likelihood that the interviewee will engage in change-oriented talk. It requires good listening skills as well as directing (giving good advice). The goal is to empower people while they explore their reasons and come to the conclusion on their own to make the behavior change.

Miller, W. R., & Rollnick, S. (2013). Motivational interviewing: Helping people change (p. 29). New York, NY: Guilford.

Froiland, J. M. (2020). Motivational interviewing (MI). *Salem Press encyclopedia*.

Prospect Theory

Prospect theory comes from behavioral economics and is credited to Daniel Kahneman and Amos Tversky and their 1979 paper “Prospect

Theory: An Analysis of Decision under Risk,” in which they argue individuals assess gains and losses in asymmetric ways. In other words, there is more aversion to loss than inclination toward gains. This tendency, they argue, contributes to risk aversion in choices involving sure gains and to risk-seeking in choices involving sure losses.

This has real-world effects in that the overweighting of low probabilities may contribute to the attractiveness of insurance and gambling.

This theory stands in contrast to expected utility theory, which expects people to act the same in terms of loss and gains and to always try to maximize utility; yet, prospect theory holds up under rigorous studies in the real world, as opposed to expected utility theory.

Kahneman, D., & Tversky, A. (1979). Prospect theory: An analysis of decision under risk. *Econometrica*, 47(2), 263-291. [doi:10.2307/1914185](https://doi.org/10.2307/1914185)

Post, T., Van den Assem, M., Baltussen, G., & Thaler, R. (2008). Deal or no deal? Decision making under risk in a large-payoff game show. *The American Economic Review*, 98(1), 38-71. Retrieved February 22, 2021, from <http://www.jstor.org/stable/29729963>

Psychological Distance

This term refers to our perceived cognitive distance between ourselves and other instances (people, events, times). When we perceive the psychological distance to be large, we focus on the big picture and think in abstraction and desirability. When the perceived distance is small, we think more concretely.

Trope, Y., & Liberman, N. (2003). Temporal construal. *Psychological Review*, 110(3), 403-421.

Reactance

The way someone reacts when they feel that their personal choice is being taken away or that their

choices have been limited. People are motivated to protect their freedom of choice and once that choice has been taken away from them, they become critical of that choice. This has been also referred to as “sour grapes.”

Brehm, S. S., & Brehm, J. W. (2013). *Psychological Reactance: a theory of freedom and control*. Academic Press.

Risk Perception

People predominantly assess risk intuitively, or by their feelings. In day-to-day life, most people judge the risk quickly and make decisions based on those immediate appraisals. We normally do not look at risk analytically. When fear is involved, we tend to see the risk as high, most likely because there is uncertainty and perceived lack of personal control. When anger is involved, we see a certain risk as lower because we feel more certain and believe we have control.

Slovic, P. (2016-01-02). Understanding perceived risk: 1978–2015. *Environment: Science and Policy for Sustainable Development*. 58(1), 25–29. [doi:10.1080/00139157.2016.1112169](https://doi.org/10.1080/00139157.2016.1112169)

Tversky, A., & Kahneman, D. (1974). Judgment under uncertainty: heuristics and biases. *Science*. 185(4157), 1124–1131. [doi:10.1126/science.185.4157.1124](https://doi.org/10.1126/science.185.4157.1124)

Self-affirmation Theory

This theory explores how people adapt to situations and information that threaten their sense of self. If people focus on the values that are personally meaningful to them when faced with information that threatens their sense of self, they are less likely to be upset and become defensive.

Steele, C. M. (1988). The psychology of self-affirmation: Sustaining the integrity of the self. In *Advances in experimental social psychology* (Vol. 21, pp. 261-302). Academic Press.

Self-determination Theory

This theory explores how people are motivated to act and how to move others to act. People constantly seek new experiences and challenges to master. This theory describes intrinsic and extrinsic motivation and people's tendency toward growth. People's intrinsic motivation toward growth relies on three core needs: competence, autonomy and relatedness.

Deci, E. L., & Ryan, R. M. (1985). *Intrinsic motivation and self-determination in human behavior*. New York, NY: Plenum.

Social Dominance Theory

A theory that stable societies and social groups tend to organize hierarchically around status, power and economic opportunity, without any formalized acknowledgement. People in the higher level of the hierarchy have advantages over those in the lower levels, including access to jobs, health care and education. The theory attempts to explain how and why people divide themselves, or are divided by society and how this division reinforces discrimination such as racism, ageism and sexism.

Keene, B. M. (2020). Social dominance theory. *Salem Press encyclopedia*.

Sidanius, J., & Pratto, F. (2001). *Social dominance: an intergroup theory of social hierarchy and oppression*. Cambridge UP.

Social Identity Theory

"Social identity theory maintains that all individuals are motivated to achieve and maintain a positive self-concept. A person's self-concept derives from two principal sources: personal identity and social identity. Personal identity includes one's individual traits, achievements and qualities. Social identity includes the group affiliations that are recognized as being part of the self, such as one's image of oneself as a

Protestant, a blue-collar worker, or a conservative. Some individuals emphasize the personal aspects in their quest for a favorable self-image, while others emphasize their social identities. Social identity theory focuses on the latter. It attempts to explain when and how individuals transform their group affiliations to secure a favorable self-concept."

Hogg, M. A. (2016). Social identity theory. In *Understanding peace and conflict through social identity theory* (pp. 3-17). Springer, Cham.

Rodriguez, J. (2019). Social identity theory. *Salem Press encyclopedia of health*.

Social Norms

Social norms are informal and formal rules that govern how we act and what we see as normal and taboo. Examples in Western culture are saying "excuse me" if you accidentally bump into someone or not interrupting someone when they're speaking. A social norms approach to change focuses less on changing beliefs and more on changing perceptions of what other people like us do. Our behavior is influenced by those around us. If we think something is a social norm (or becoming one), we will update our own actions to fit in. The social norms theory was first used by Perkins and Berkowitz in 1986 to address alcohol consumption in a student population.

Perkins, H. W., & Berkowitz, A. D. (1986). Perceiving the community norms of alcohol use among students: Some research implications for campus alcohol education programming. *International Journal of the Addictions*, 21(9-10), 961-976.

Terror Management Theory

People recognize that death is unpredictable and inevitable, which conflicts with the drive for self-preservation. Therefore, people invest in cultural beliefs and worldviews to counter the fear that death is inevitable. People seek symbolic

immortality through their connection with things greater than themselves. A high self-esteem helps sway the fear of mortality.

Miller, S. P. (2019). Terror management theory. *Salem Press encyclopedia*.

Greenberg, J., & Arndt, J. (2012). Terror management theory. In *Handbook of theories of social psychology: Vol. 1* (pp. 398-415). Thousand Oaks, Calif.: Sage.

Theory of Planned Behavior (TPB)

This theory helps explain what makes people go from intention to action. It posits that behaviors are planned and therefore can be predicted. If someone evaluates an intended behavior as positive and they believe other people in their group want them or approve of them performing that behavior, they will have a stronger motivation to act and they'll be more likely to do it. People are also much more likely to intend to act on behaviors if they feel they can do them successfully. The person's attitude, perceived behavioral control and the subjective norms all shape a person's behavioral intentions. "A tenet of TPB is that behavioral intention is the most proximal determinant of human social behavior." This theory can help predict if a person will perform certain behaviors.

Ajzen, I. (1985). From intentions to actions: A theory of planned behavior. In *Action control* (pp. 11-39). Springer, Berlin, Heidelberg.

Contributing Scholars

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Vicki is Professor Emeritus at the University of Georgia, where she also held a joint appointment in the Department of Speech Communication and the Grady College of Journalism and Mass Communication. She served as Director of Communication at the Centers for Disease Control and Prevention (CDC). Her research focuses on health communication, specifically the role of communication in health behavior change programs. She is author of “Searching for Health Information,” co-editor of two books on HIV/AIDS and communication and author of chapters in several major books on health communication. She received an honorary doctorate from Emerson College in 2010 and won a Distinguished Career Award from the American Association of Public Health in 2003. She was selected as the first Outstanding Health Communication Scholar by the International Communication Association and the National Communication Association and was selected as the Woman of the Year at the University of Maryland in 1990.

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Ana is an assistant professor of social psychology at Brooklyn College (City University of New York). She completed her doctorate at New York University. Her research program investigates morality as it pertains to social issues and public policy and affects our behavior, cognition and perception.

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Rose is a cognitive scientist and the program director for the Society Civic Science Initiative, a network of scientific societies working to support impactful public engagement with science. Previously, Rose conducted research at the FrameWorks Institute to understand public thinking about a range of social and scientific issues and test communications strategies for advocates. She earned her doctorate in cognitive science from the University of California, San Diego.

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Jeremy is an assistant professor of management at Georgetown University’s McDonough School of Business and a research scholar at the University of Pennsylvania’s Wharton School. Jeremy’s program explores the psychology of conflict and negotiations. His research on emotions, incivility, ethics and perspective-taking has been published in leading management and psychology journals. He earned his doctorate in organizational behavior from the Rotman School of Management at the University of Toronto and completed his postdoctoral fellowship in the Department of Psychology at Yale University. He was a lecturer and research scholar at the Wharton School.

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