

COVID-19 Vaccination Messaging Guide

October 2021

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INTRODUCTION

This guide is designed to help us create effective communications about COVID-19 vaccination for people who may be hesitant about getting vaccinated.

Based on recent surveys, around 20% of Victorians are feeling hesitant about getting vaccinated against COVID-19. This group needs some persuasion to roll up their sleeves. They are our target audience.

People have hesitations for many different reasons, and many hesitant people go on to get vaccinated. Addressing the underlying drivers of hesitancy is the best way to move people to getting vaccinated through our messaging (see: [Addressing the root causes of hesitancy](#) on page 15).

This guide contains a series of useful tips for communicating about COVID-19 vaccination to people who are currently hesitant. See [Language to replace and embrace](#) on page 11 for a quick table of helpful messages to use, and unhelpful ones to avoid. See [Dealing with unhelpful messages or false information](#)

on page 14 to find tips for pivoting away from these unhelpful messages, and towards our own story of the benefits of vaccination.

Methodology and approach

The research and recommendations outlined in this guide are based on the Common Cause approach to community engagement. This approach is based on decades of research from the fields of social psychology, cognitive linguistics and behavioural sciences.

Specific recommendations on COVID-19 vaccination messaging in this guide are based on research conducted over the past six months by project partners Common Cause Australia, The Workshop NZ, and Qdos Research. This includes:

- Literature reviews and reviews of others' focus groups and surveys
- Six focus groups
- A survey of 1,555 people in Victoria carried out from 2-16 July 2021, in which participants gave their responses to a series of test messages.

The recommendations also draw on research carried out by The Workshop NZ for the report '*Creating COVID-19 vaccination communications: Building trust in vaccination*', August 2021.

FINDINGS

OUR TWO KEY MESSAGES

There are two key scenarios in which our messages are heard:

- 'Business as usual', when there are no large outbreaks of COVID-19 and no lockdown restrictions in place
- 'Outbreak', when there is a large outbreak with lockdown restrictions in place.

Each of these scenarios requires a different key message, as follows:

The best message during business as usual focuses on care:

→ *"We get vaccinated because that's how we care for our loved ones and keep everyone in our community well. Vaccination makes it hard for the virus to spread."*

The best message during an outbreak focuses on personal agency to get back to the things we love:

→ *"Vaccination is what we can ALL do to help end the outbreaks and lockdowns, and get back to doing the things we love with the people we love."*

SUMMARY OF TIPS

When talking about vaccination, focus on:

Keeping loved ones safe

Community immunity

Supportive, caring health experts who can answer questions

+

Social norming (everyone is doing it)

How to get vaccinated (when, where, how)

Be optimistic. Use positive language.

Stay away from messages that guilt trip and “what would you rather die of?” messages.



Avoid the choice trap

Timing is everything

The context in which a message is heard can influence the effectiveness of the message at that particular time. If a message doesn't match the context, it creates a credibility gap which limits its effectiveness.

Messages that sell the benefits of vaccination (i.e. making it hard for the vaccine to spread), can help to build an understanding and support for vaccination during times of limited availability and eligibility, while messages about getting vaccinated to ‘get back to the things we love’ will be more effective when people are feeling restricted, i.e. during lockdowns.

The full [Messaging Tips](#) on page 6 explain these points in more detail.

[Tip 1: Lead with love and care values, not facts](#)

- **KEY MESSAGE:** Emphasise the collective benefit of vaccination as a whole of community response, just like physical distancing, mask wearing and hand washing.
- **Centre values of love and care for family, friends and community**, not bare facts or statistical language.
- **Avoid risk comparison** or analysis and ‘how would you rather die?’ messages.

[Tip 2: Paint a positive picture of a post vaccination world](#)

- **KEY MESSAGE:** Lead with the benefits of vaccinating, rather than the problems of not vaccinating.
- **Avoid using the word ‘freedom’**, as this can trigger anti vaccination frames.

[Tip 3: Tell stories of transformation from hesitancy to vaccination](#)

- Normalise moving from hesitancy to vaccination. **Use first person transformation stories** of people moving from hesitancy to deciding to get vaccinated.
- **Use trusted community members** in content and as ambassadors - make getting the vaccine socially normal.
- **Provide frequent practical information** on where, when and how to get vaccinated.

[Tip 4: Build on existing trust in healthcare workers](#)

- **Tell people to talk to their GP** about side effects in the context of their own health - GPs care about the health of their patients and the community.
- Emphasise that vaccines and side effects are monitored closely by **experts who genuinely care** about the health of the community.
- **Avoid using the words ‘choice’ or ‘decision’**. These can trigger ‘it’s my choice’ anti-vaccination frames.
- **Avoid frames that suggest the government is dictating vaccination**, or that seem pushy. We saw in the focus groups that people resent such messaging.

[Tip 5: Tell our story, not theirs](#)

- **Avoid repeating incorrect information** about vaccines, even to correct or ‘myth bust’ it. Avoid engaging with implacable vaccine opponents.

MESSAGES TO USE AND LOSE

HELPFUL messages to use ourselves
We get vaccinated because we care for ourselves and our loved ones - see Tip 1
We get vaccinated because we care for our community - see Tip 1
Getting vaccinated will mean we can get back to doing the things we love, with the people we love - see Tip 2
People are moving from hesitancy to vaccination - here are their stories - see Tip 3
Here’s where, when and how you can get vaccinated - see Tip 3
Health workers care about us. That’s why they monitor constantly and provide the latest advice - see Tip 4
Talk to your GP or trusted local health worker - they can give you personalised advice about getting vaccinated - see Tip 4

UNHELPFUL messages to avoid using ourselves

Here's a set of statistics proving the vaccine has been tested enough - see [Tip 1](#)

Comparing the risks of vaccination (for example, blood clots) with other risks and dangers (for example, other medications, flying, driving). We call this 'How would you rather die?' - see [Tip 1](#)

Here are some pictures of people getting jabbed with needles - See [Tip 2](#)

It's normal to be hesitant about getting vaccinated - see [Tip 3](#)

Guilt-tripping: you should feel bad if you don't get vaccinated - see [Tip 4](#)

It's your choice whether to get vaccinated; vaccination is an individual's 'choice' or 'decision' - see [Tip 4](#)

It's super urgent to get any vaccine you can immediately - 'the best jab is the one in your arm'. See [Tip 4](#)

Vaccine myths busted - here are the facts / The vaccines do not cause [false anti vaccination claim] - see [Tip 5](#)

OPPOSITION messages to avoid repeating (see p. 14 for how to pivot to our message)

Every individual has the right to choose for themselves whether or not to get vaccinated.

Freedom: the government shouldn't tell us what to do/ they have ulterior motives.

It's up to each person what they put in their body, no one should tell another person what to do.

It's all a 'giant experiment' with not enough trials/testing.

Vaccination will make you or your children unwell in the long term.

The vaccines were developed and rolled out too fast.

MESSAGING TIPS

Tip 1: Lead with love and care values, not facts

Highlight the values of collective responsibility and care for loved ones and our whole community.

People may say they want more information to feel confident in vaccination, but more facts and information about safety and the low risks of vaccination *do not* increase feelings of trust.

Facts alone do not change people's minds, and you risk getting into a 'fact off' which tends to entrench people's positions. Use facts only as a supporting character in your story – a story that focuses primarily on the benefits of vaccination.

People do not need as many facts as we often assume because they make decisions at speed on the basis of values and emotion. Appealing to people's deeply held values to shift their attitudes and behaviours – changing the way they *feel* about the issue – is more effective.

Messages should therefore prime the values of *collective responsibility and care for loved ones and our whole community*.

'**Working together / we're in this together**' was found to be a very powerful message in our focus groups and survey. Explain how collective benefits lead to personal benefits, not vice versa.

Collective immunity: most people don't understand how collective immunity (often called herd immunity) works, and how vaccines cause it. Use simple explanations to illustrate this.

Example messages:

- *"Many of us are responsible for taking care of other people in our lives. Taking care of loved ones who may be more vulnerable to COVID-19, like our parents, means getting vaccinated. When everyone gets vaccinated, we help everyone stay well.*
- *When enough people get vaccinated, we have immunity from COVID-19 as a whole community, which helps to keep our loved ones safe.*
- *Getting vaccinated breaks the chain of transmission and prevents the virus spreading through the community. With fewer people catching the virus, there are fewer people to pass it on.'*

Real example:

- *Our Shot, [Canadian campaign](#)*

Avoid using these all-facts-no-values messages:

- Messages that frame vaccination as a comparative ‘risk management’ exercise, comparing it to getting blood clots when flying, or being in a car crash. We termed these the ‘how would you rather die?’ messages, and testing showed they were **not** reassuring to hesitant people.
- Discussion or debate on the different brands of vaccine. Vaccines should be a collective term for all of them. Pivot away from this debate by emphasising that ‘your GP or local healthcare worker’ is the best source of advice.

Tip 2: Paint a positive picture of a post vaccination world

Emphasise the collective **benefits** of vaccination, rather than leading with the **risks** of not getting vaccinated. Provide a vision of a world where COVID-19 no longer poses a severe threat, rather than painting a dire picture of the horrors of the pandemic.

Getting back to what we love: Explain how collective immunity via vaccination makes outbreaks less likely and less severe in future, meaning we can get back to the things and people we love with peace of mind.

These things might include entertainment and arts, music, sports, education, visiting family members, and overseas or interstate travel.

Note: Focus group research indicated that people are less likely to be persuaded by ‘get your life back’ messages when there are relatively few limitations and they feel their life is ‘already back to normal’. However, during outbreaks, where movement and activities are limited, this type of message can be very persuasive.

AVOID: IMAGES OF THE ACT OF INJECTION ITSELF. The act of getting a vaccination itself is not a motivating act - people are motivated by what can happen after vaccination. So don’t portray people getting jabbed as the end goal. It’s a good idea to avoid images of needles or syringes, as evidence shows this can trigger needle phobia.

AVOID: ‘FREEDOM’. Framing the benefits of vaccination in terms of ‘freedom’ is unhelpful, because ‘freedom *not* to get vaccinated’ is an appealing idea to hesitant people. ‘Freedom’ has also become a central idea among people protesting against public health restrictions such as lockdowns and mask wearing. Use relevant synonyms for ‘freedom’, such as vaccination allowing us to ‘move on from the pandemic’ and giving us ‘peace of mind’ when visiting family and friends.

Example messages:

- **FROM** *If you’re not vaccinated, you’re exposed to the worst effects of COVID-19 like severe illness or death.*
- **TO:** *Getting vaccinated means you are protecting your loved ones and yourself from getting seriously ill with COVID-19.*
- **FROM:** *If we don’t get enough of the population vaccinated, we’ll be in lockdown/restricted for a long time.*

- **TO:** Getting enough people vaccinated means we can get back to the things we love, like visiting family overseas, or going to music festivals.
- **FROM:** Images of needles or people being jabbed
- **TO:** Images of happy people leaving a vaccination centre with 'I've had my COVID-19 vaccination' stickers on their shirts.

Real examples:

- Back to the good things: [VCOSS](#)
- Performance of a Lifetime: [Melbourne Symphony Orchestra](#) (without the needle footage)
- Ka Kite Covid: [NZ Government](#)

Tip 3: Tell stories of transformation from hesitancy to vaccination

Normalise moving from hesitancy to getting vaccinated, instead of normalising hesitancy.

Social norming means motivation to act based on the idea that many others in one's in-group are doing the same thing. Existing literature and earlier focus group research all indicate that 'social norming' messages can be very effective, providing vaccines are widely available.

Social norming is particularly important in communities that have cultural or historical reasons to distrust official government messaging, or who are often unrepresented in mainstream vaccination communications - such as Aboriginal and Torres Strait Islander people, people with disabilities, and those with high healthcare needs.

Use stories and testimonials: including stories from people from diverse communities and demographics who had initially been hesitant but have now decided to get vaccinated are powerful.

Have communications developed and led by excluded communities: We can suggest to communities that they consider telling their own stories of moving from hesitancy to getting vaccinated, and then allow them to lead development of these messages for their communities. This puts communications in their hands, allowing them to tell their stories in ways that work for them.

Access is very important. Providing and repeating clear information about where, when and how to get the vaccine is also important because this is an often overlooked cause of people being hesitant.

Correct misperceptions on numbers: As more people move from hesitant to vaccinated, a greater proportion of non-vaccinated people will be the vocal minority of 'unwilling' rather than 'hesitant' people. As they are louder, it may seem that there are *more*, not fewer, hesitant people at this point. Using graphics and charts could help to offset this perception and heighten awareness that the number of hesitant people is actually going *down* as more people get vaccinated.

Avoid messages that convey rush or urgency: 'take whichever one you can right now'. These are not reassuring and play into the frame that the vaccine development and rollout was too rushed.

Example messages:

- **FROM** *"It's normal to be hesitant, afraid or anxious about getting vaccinated. Like many people, you might be worried about blood clots, or scared of needles."*
- **TO:** *"More people are getting vaccinated every day."* Or: *"Local resident Jonas says, "I had a couple of questions, but I chatted to my GP and now we're all good to go!""*

Real examples:

- *We Are Family:* [Aboriginal Medical Service, Redfern](#)
- *Surge in COVID jabs for young people in NSW and Victoria as vaccines become more available:* [ABC](#)
- *These young Sydneysiders have convinced their older relatives to get vaccinated:* [SBS](#)
- *Locked-down Sydney communities lead vaccine push:* [SMH](#)

Tip 4: Build on existing trust in healthcare workers

Healthcare workers are already highly trusted sources of advice about COVID-19 and other vaccinations. In our focus groups and survey, we found that many people are reassured by messages emphasising that supportive healthcare workers and health experts can take care of you and answer your questions.

For people with concerns about side effects or risks of the vaccines, the best message is: *'Speak to your GP or local healthcare worker, who cares about you and knows your health history'*. Use trusted health carers from within diverse communities for targeted messages.

Caring health workers should also be central to the narrative of updated health information and recommendations. Instead of talking about advice 'changing' or 'going out of date', flip this to the positive and talk about information being 'constantly updated' by people who care about our health.

Explain how vaccines work in the body - build understanding of how vaccination works. You could use machine, learning, factory, building and tool metaphors to explain this. Examples include:

- *"Vaccines produce natural immunity because they power up the immune system to produce its own natural protection."*
- *"The antibodies that protect us are manufactured by our own body."*
- *"The vaccine trains our immune system to recognise the virus before we encounter it in our community. Then when we are exposed, we will be OK because our immune system has already been trained to see it off."*
- *"Vaccination is a powerful tool."*

AVOID talking about ‘an individual choice’. This is because the powerful idea of individual choice can trigger anti-vaccination messages such as ‘it’s up to me what I put in my body’, which are appealing to people who have hesitations.

Example messages

- *“It’s easy to find good advice about getting vaccinated from healthcare workers. You can chat to your own local GP or pharmacist, or talk to the trained people working at vaccination centres.”*
- *“The vaccine trains our immune system to recognise the virus before we encounter it. Once our immune system is geared up, the vaccine disappears. The antibodies that protect us are made by our own body.”*
- *“Healthcare workers really care about our wellbeing, which is why they are gathering information all the time, monitoring vaccinations constantly, and making sure they always have the best information to give.”*

Real examples:

- *How a Vietnamese community emerged among the most vaccinated:* pri.org
- *‘Don’t take medical advice from me. I didn’t go to medical school, I’m not a doctor. But you know who is a doctor? Your doctor.’* [Hamish Blake, Instagram](#)

Tip 5: Tell our story, not theirs

It’s tempting to weigh into debates against a vocal minority of opponents who are proclaiming falsehoods or unhelpful ideas. But the real reasons people are hesitant usually run much deeper. (See [‘Addressing the root causes of hesitancy’](#) on page 15.)

‘Mythbusting’ also has the counterproductive effect of reinforcing the very ideas we seek to dispel. Research shows that every time people are exposed to a particular concept – even when it is framed as untrue – it is reinforced in their minds and more likely to be activated next time we think about that issue. So debating or debunking false vaccination messages actually helps spread them further.

Instead of repeating false information (even to debunk it), we should focus on making sure our own true messages are values-based, positive and relatable so that people believe and recall them. Making the truth concrete and accessible is the best way to help accurate messages dominate the public discourse - and our audience’s memories - instead of false information.

For tips on addressing specific false messages, see [‘Dealing with unhelpful messages or false information’](#) on page 14.

LANGUAGE TO REPLACE AND EMBRACE

If you want to talk about this:	REPLACE this:	EMBRACE this:	By saying or doing things like this:
<p>The safety and trustworthiness of COVID-19 vaccinations</p>	<p>Leading with safety data, describing risks if even to note they are small, fact provision, mythbusting or highlighting false or toxic arguments.</p>	<p>Build trust and reassurance by framing vaccination through positive values</p>	<p><i>“When all of us who can get vaccinated do get vaccinated, the collective immunity we have will help us move past the COVID-19 pandemic and all the challenges, separation and hard times it has brought.”</i></p>
<p>The benefits of vaccination, the risks of COVID-19</p>	<p>Leading with the consequences of not vaccinating, data on COVID-19 side effects, long COVID, economic impacts, negative consequences.</p> <p>Mythbusting false information about vaccination.</p>	<p>Send a postcard from the future: overcome fear and bias against vaccinations with a vision of a better world post-vaccination</p>	<p><i>“Getting vaccinated builds our immunity to COVID-19. This protects you and your loved ones and lets you get back to the things you love doing. When everyone who can get vaccinated does get vaccinated and our community has good immunity, we can get back to the people we love and the things we love doing.”</i></p>
<p>The trustworthiness and reliability of people who develop the vaccine, scientists who talk about it and health professionals who deliver it</p>	<p>Highlighting people’s qualifications, institutional position and scientific credentials to talk about vaccination.</p>	<p>Co-develop communications with communities to build trust</p> <p>Highlight the care and responsibility motivating the people developing, administering and monitoring the safety of the vaccine, which also builds trust.</p>	<p>Show people from within different communities actively involved in the vaccination development and roll-out.</p> <p>Tell the stories of the vaccine safety monitoring system, the people in it and why they care.</p> <p><i>“Health workers care about everyone in our community staying well during COVID-19. That’s why they’re encouraging us to get vaccinated, and they’re closely monitoring vaccinations to make sure they are always giving us the best health advice.”</i></p>

<p>The fact that many people are getting vaccinated</p>	<p>Images of people getting injected, images of needles, words like ‘jab’ or ‘shots in arms’.</p>	<p>Normalise the move from hesitation or ambivalence to action through trusted messengers who speak directly to the experience of people within communities.</p> <p>Overcome fear and bias against vaccinations by describing the post-vaccination positives.</p>	<p><i>“Despite all the noise, xx% of people will or have already got the COVID-19 vaccination.”</i> (Adapt this to different communities of interest.)</p> <p>Tell stories of hesitant people who had good intentions getting vaccinated.</p>
<p>People who are hesitant about the vaccination</p>	<p>Using the terms ‘vaccine hesitancy’, ‘vaccine-hesitant people’.</p> <p>Assuming they are all classic ‘anti-vaxxers’.</p> <p>Talking to and addressing the arguments of those who are vaccine deniers.</p>	<p>‘People who need help over the (vaccination) line’.</p> <p>Assume they have good intentions and could become willing in future.</p> <p>Normalise it: show others moving from hesitancy to action</p> <p>Provide information about access to vaccines when relevant.</p>	<p>Provide information on the trusted people who will deliver vaccines, how and what they will do to support people.</p> <p><i>“Most of us intend to get vaccinated for COVID-19 so that we and those we care about can stay well. Because vaccination is such a powerful tool to help keep us well, more and more people are deciding to get vaccinated.”</i></p> <p>Tell stories of local or relatable people who were hesitant or ambivalent and wanted to wait and see but moved to act.</p>
<p>Vaccination as a key decision for people to protect health and wellbeing</p>	<p>Emphasising individual health benefits and the individual ‘choice’ involved</p> <p>E.g. Vaccination is an individual “choice”, or “decision”.</p>	<p>Frame the <i>collective</i> benefits and gains instead.</p> <p>Suggest that GPs are the best source of information about getting vaccinated. People with questions should go to their GP, who knows them and their health best.</p>	<p><i>“When all of us who can get vaccinated do get vaccinated, we all get the benefits that immunity brings. We can travel more easily, see family and friends from overseas and focus on the other things that need our attention.”</i></p> <p><i>“With good information from your GP or local healthcare provider, you can find out about the best ways we can help each other and move on from COVID-19.”</i></p>
<p>The immunity vaccinations give us, group level immunity</p>	<p>Saying ‘vaccines protect the whole community’ without explaining how vaccines work and how collective immunity works.</p> <p>Using the term ‘herd immunity’ – it’s been used incorrectly too often.</p>	<p>Deepen understanding in simple ways.</p> <p>Use machine, learning, factory, building and tool metaphors to explain how vaccination works.</p> <p>Use the term ‘collective immunity’ and explain in</p>	<p><i>“Vaccines produce natural immunity because they power up the immune system to produce its own natural protection.”</i></p> <p><i>“When as many people as possible get vaccinated, we make it very hard for the virus to move between people. We can massively slow down the virus moving through our communities, keeping it away</i></p>

	Using war, sport metaphors (fighting COVID-19). These suppress community-minded mindsets.	simple words how collective immunity works.	<i>from our families, our colleagues, and our neighbours.”</i>
The importance of vaccination/ need to get vaccinated	Vaccination as urgent/extreme urgency, requiring speed: “Vaccination is our one shot”, “We will deliver a vaccination every minute”. “The best jab is the one in your arm”.	Frame vaccination as the next best step we take, leveraging people’s good intentions. Vaccination as a group solution: increasing people’s sense of agency to solve the problem of COVID-19 by getting vaccinated Vaccination as a way of working together.	<i>“The COVID-19 pandemic has led to some hard things for us all – lockdowns, closed borders and families being separated. Many people have lost loved ones, and people in our health system are tied up managing it and keeping it out. Vaccination is available and free, and it is something we can do to help all of us leave COVID-19 behind.”</i>
How vaccination works to stop COVID-19 and protect people	Provision of facts, graphs, and comparison about safety and risk eg “It’s safer than the pill/flying/texting while driving.” Absolute messages: “Vaccination stops the virus”, “Vaccination means you won’t get COVID-19”.	Explain immunity using simple metaphors. Explain side effects in the context of how vaccinations work, not simply by stating that they are rare.	<i>“The vaccine trains our immune system to recognise the virus before we encounter it in our community, then when we are exposed, we will be OK because our immune system has already been trained to see it off.”</i> <i>“Because of the way vaccines work – quickly training the body’s immune system to fight off a virus – any issues arise within a month and usually much sooner. Most side effects are typically mild (for example, a sore arm or headache) and last less than a week. These side effects are a sign the vaccine is working to train your immune system to fend off the worst of COVID-19.”</i>
False information and the people who spread it	Repeating, sharing or ‘myth busting’ false information in order to debunk it. Naming vaccine denial as part of someone's identity: “vaccine deniers, anti vaxxers”.	Use inoculation strategies instead of fact checks and mythbusting. Name vaccine denial as a behaviour: ‘people who deny vaccines’. Explain the tactics of those deliberately spreading false information.	<i>“When you see people spreading fear-inducing stories about getting vaccinated, cherry picking one or two studies to show vaccination is harmful or attacking vaccination advocates, be aware that people who deny vaccines could be spreading false information about vaccination and preventing you from accessing the good information you need.”</i>

DEALING WITH UNHELPFUL MESSAGES OR FALSE INFORMATION

If you are speaking to community members, journalists or others in public settings, you can use these tips to pivot from unhelpful messages and frames to our own positive messages. You could try saying, ‘*I think it’s important to talk about...*’ or ‘*For me, what this is really about is...*’.

IF YOU HEAR:	YOU COULD SAY:
<p>“I’m not sure vaccinations are safe.” “I’m worried about blood clots.”</p>	<p>“If you have any questions about getting vaccinated, talk to your doctor, who cares about you and your health, and can give you the best advice.” “I wasn’t sure at first either, but after speaking to my doctor I decided to go ahead and get vaccinated.”</p>
<p>“If you’re vaccinated, why does it matter if I’m vaccinated or not?” <i>Or:</i> “Everyone should be able to choose whether or not they get vaccinated.”</p>	<p>“The more people who get vaccinated, the less COVID-19 can spread.” “When everyone who can get vaccinated does, we can hugely slow the virus spreading through our community.” “Some people can’t get vaccinated. They are relying on us getting vaccinated.”</p>
<p>“Why has the vaccine advice changed so much over time?”</p>	<p>“Health workers who care about our wellbeing are constantly monitoring vaccinations, and making sure we all have the most up to date advice for our situation.”</p>
<p>“I don’t want to put a new drug in my body.”</p>	<p>“The health professionals who developed the vaccine really care about our health - that’s why they are constantly monitoring vaccinations.” “The vaccine works by training our own immune system to fight COVID-19. Then it leaves the body completely, and we’re ‘powered up’ in case we are exposed to the virus.”</p>
<p>“What’s the point of getting vaccinated, when you can still get sick and pass on COVID?”</p>	<p>“With the vaccine, we massively cut down the chance of getting really sick or spreading COVID to others.”</p>

ADDRESSING THE ROOT CAUSES OF HESITANCY

IF WE BELIEVE:	People primarily make decisions by evaluating facts, risks and benefits.		
WHEN WE HEAR:	<i>I'm not sure COVID vaccines are safe</i> Or: <i>I'm not sure I want to get vaccinated</i>		
WE TEND TO ASSUME	They don't have all the facts about vaccines.	They don't understand the facts.	They believe misinformation is true.
SO WE RESPOND BY:	Telling them how the vaccines were developed and how they work.	Presenting facts in more or different ways (eg in infographics; comparing vaccine risk to everyday risks.)	'Myth busting' and correcting misinformation by repeating it.

ONCE WE KNOW	People primarily make decisions based on emotions, values and identity				
WHEN WE HEAR:	<i>I'm not sure COVID vaccines are safe</i> OR: <i>I'm not sure I want to get vaccinated</i>				
WE UNDERSTAND PEOPLE'S UNDERLYING CONCERNS MIGHT BE:	<i>I don't like or trust the government. Why should I believe them?</i>	<i>I don't want others putting strange substances into my body.</i>	<i>My closest friends & family don't want to get vaccinated.</i>	<i>The time and place don't work for me.</i>	<i>It doesn't seem important now - no one around me has COVID.</i>
SO WE RESPOND BY:	Building trust and reassurance: 'we care, we monitor, we adapt.'	Telling the personal stories of those who developed the vaccines, and those delivering vaccines.	Sharing stories of "people like me" + 'transformation' stories of hesitant people who got vaccinated.	Making vaccination easily accessible with clear 'how to' messaging. Meeting people's differing needs.	Spreading the message that getting vaccinated is the next action we can all take to move on from COVID.