

Going local: Tackling COVID-19 vaccine misinformation and encouraging uptake at the community level

Date: Jan 28th 2021

The last few weeks have seen the launch of one of the largest vaccination rollouts in the history of the UK. We've been encouraged by a number of positive milestones including the vaccination of over ½ million people in one day and almost [80% of those over 80](#) receiving their first jab. A key challenge in maintaining this momentum will be ensuring that a [high percentage of those offered the vaccine take up the offer](#).

Concerns have been raised about vaccine coverage with [recent research](#) showing that ethnic minority groups and those living in more socioeconomically deprived areas were less likely to have received a vaccine. Among those over 80, vaccination was also substantially lower among people with severe mental illnesses and learning disabilities. [Our research](#) to date echoes these concerns with results showing that 3 in 10 people in the UK are 'vaccine hesitant' and that willingness to get the vaccine varies between groups with, women, black respondents and those under the age of 55 being less eager to get the jab.

While national campaigns often focus on encouraging uptake across broad and easy to reach segments of the population, Local Authorities are often responsible for 'last mile' work ensuring that messages reach those who are digitally excluded, those who don't speak English or those who might be vaccine hesitant for a variety of reasons. We've set out four recommendations on how Local Authorities can apply behavioural insights to encourage COVID-19 vaccine uptake across local communities.

1. Lower the barriers and help people follow through

[Older people](#) are more likely to be willing to get vaccinated than other demographic groups and so don't necessarily need convincing. What they do need, however, is for Local Authorities to make it as easy as possible for them to follow through with their intentions. This is because even when people recognise the need to be vaccinated, many people do not actually go through with the process. To bridge this gap between intention and action, Local Authorities need to make getting the vaccination as effortless as possible.

Creating many local sites where people can get vaccinated is sure to make vaccination easier especially for early target groups (e.g. older people and the clinically vulnerable). But, as we move into whole population vaccination, and need to reach those less disposed to vaccination we may well need to flip the delivery model from 'come to us' to 'we'll come to

you'. Communications encouraging people to get vaccinated will become less important, relative to focusing on the 'how' to make it as easy as possible for these people to get the vaccine. Factors such as distance of vaccination site, transport links and timing of appointments will be important in increasing uptake across communities.

Things could also be made easier for local communities by sending text [reminders](#) to people to remind them to attend appointments or helping them create [implementation intentions](#) (i.e. specific plans around general intentions for a given behaviour) which we know make people more likely to follow through with that behaviour. Key workers and community groups could be trained to help people make a plan for getting their vaccination (similar to how US election volunteers were trained to [help people make a plan to vote](#)).

2. Keep messages short & simple

Giving people [too much information](#) can undermine the core messages you want to get across. Given the importance of vaccinations, it is natural to see numerous campaigns out there. However, when faced with mountains of information, people are at the risk of [ignoring](#) information completely or [focusing](#) only on things that confirm what they already believe. Our [research](#) has found that adding too many additional details to handwashing guidance posters obscured the main handwashing messages and people were less likely to recall the guidance. This is likely to be exacerbated among local communities with low levels of English comprehension and in elderly populations.

A real effort of coordination across local campaigns and across local messengers is needed to tackle disinformation and create **simple and coherent communications** for the COVID-19 vaccine. Local campaigns should use simple language and less text to ensure comprehension. They should also come in multiple formats i.e. not just digital, to reach groups there are likely to be digitally excluded such as the elderly or people with disabilities. Finally local authorities should make efforts to have their campaigns available in common local languages and ensure they include contact details where people can receive more information.

3. Consider the messenger

Our [research](#) has found that the people most reluctant to get the COVID-19 vaccination also tend to have low trust in government. Additionally, lower income households may be [concerned about opening envelopes from their Local Authority](#). With this in mind, we recommend that Local Authorities identify and use community leaders and community sector organisations as messengers to encourage vaccination uptake. For example [religious leaders and BAME community leaders have started a campaign to encourage BAME communities to get vaccinated](#). Local Authorities should work with leaders and community groups at the neighbourhood level to identify and share the messages about vaccinations

that will resonate in those communities. Key workers from social work, outreach and early help teams may be well placed to encourage uptake among people with disabilities and in reaching emerging communities.

4. Manage compliance post vaccination

Our [research](#) found that in a scenario where people had received the COVID-19 vaccine, people would be generally less compliant with the safety guidance. Therefore we recommend rollout-related communications to be contextualised in both relative terms (compared with other parts of the UK) as well as in absolute terms (% of the local population have not received the vaccine) to minimise the potential lapse in compliance post vaccination, especially in the weeks between the first and second does. This may take the form of handouts given to people as they leave a vaccination centre and campaigns that set expectations prior to vaccination.