



Government

University Doctor Says Government Messaging on COVID-19 Needs Improvement



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SUSSEX COUNTY, NJ- When COVID-19 arrived in the United States in early 2020, health agencies had to rapidly develop a plan to inform the public of the SARS-COV-2 virus.

Given the pandemic's rapid spread, communication mistakes were made, potentially contributing to a hesitancy by some to get vaccinated. Indeed the number of vaccine doses administered daily in the country has [dropped over 80% from its high in April, and over 40% of Americans remain unvaccinated.](#)

[Gregory Zimet](#), a clinical psychologist at the Indiana University School of Medicine, has spent three decades studying social attitudes toward vaccination. Dr. Zimet sat down with reporter Daniel Devine to discuss how messaging has faltered and how it can be improved. An individual's right to choose to vaccinate, or not to vaccinate, was beyond the scope of this discussion.

The interview has been edited for clarity.

Q.) How important is it to have an effective communication strategy around vaccination?

A.) Today's New York Times said that vaccine hesitancy has been prominent for a long time, but it's worse now, due to the politicization of vaccination. Given that, the messaging from health officials becomes critical.

Q.) What do you think about the communication strategy used by federal agencies so far?

A.) There has been poor communication from the beginning, highlighted by a failure to address uncertainty.

Masks are a good example. Early on, instead of being honest about a [possible shortage of masks for healthcare workers](#), officials said that masks don't prevent infection when that was, at best, uncertain. Because of that very bad decision, many messages, not just about masks, have been met with some skepticism, including around vaccination.

Q.) What could they have done better?

A.) They should have said there was a concern about supply, stressed that the advice was based on common sense in the face of uncertainty and that as more information is collected better recommendations would improve. Then follow that model.

Q.) What more could officials do to encourage vaccination?

A.) Many who avoid vaccination don't see it as an active decision. Officials need to address this phenomenon, called omission bias. They should point out that a decision not to take advantage of free and available vaccines is an active decision to accept the health risks of contracting COVID-19, which are significantly greater than those from vaccination.

That message can be reinforced with data - over 600,000 people have died from COVID-19 and you can count the number of [deaths caused by vaccination](#) on one hand. In addition, no vaccine in history has shown significant side effects beyond two months from administration.

Q.) How else can communication around vaccine safety be improved?

A.) The CDC states on their [website](#) that side effects are "rare," which means different things to different people. Instead, vaccine safety should be compared to the things that people can relate to. For example, officials could point out that [taking aspirin causes more harm than any COVID-19 vaccine](#).

The CDC's [website](#) also uses medical jargon to explain safety. That scares people off. I would utilize a user-friendly approach, including graphics. A picture is

worth a thousand words. And there are people at these agencies who are experts with infographics. They need to do a better job.

Q.) Most of the communication from agencies is coming from a single representative. Is that advisable?

A.) The communication is coming from biomedical scientists who lead their respective agencies. They are not experts in how to best encourage targeted behaviors.

I would like to see experts in health communications, health psychology and health marketing involved.

Another issue is that the agencies' leaders put themselves out front with little visibility of the teams behind them. Others should play a role in communicating with the public. It is harder to demonize a team of experts than an individual.

Q.) What communication issue most threatens the rate of childhood vaccination?

A.) Parents typically care more about whether vaccines protect their children and much less about herd immunity. That creates a high hurdle.

To date, the biggest obstacle to getting over that hurdle is that the FDA says you should vaccinate your kids under the emergency use authorization because the vaccine is effective and safe, but at the same time, the agency says it doesn't have enough information to provide full and unqualified approval. There is something wrong with how the FDA is making decisions. That needs to change. Reports are that the Pfizer vaccine may get approval as early as August 23, so that is a step in the right direction.

Q.) Do public health agencies need help in getting people vaccinated?

A.) In today's charged environment, there are too many factors that limit the influence of public officials. We need to get into the communities, whether through local churches or other groups, to get the message out. As they say, it takes a village.

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