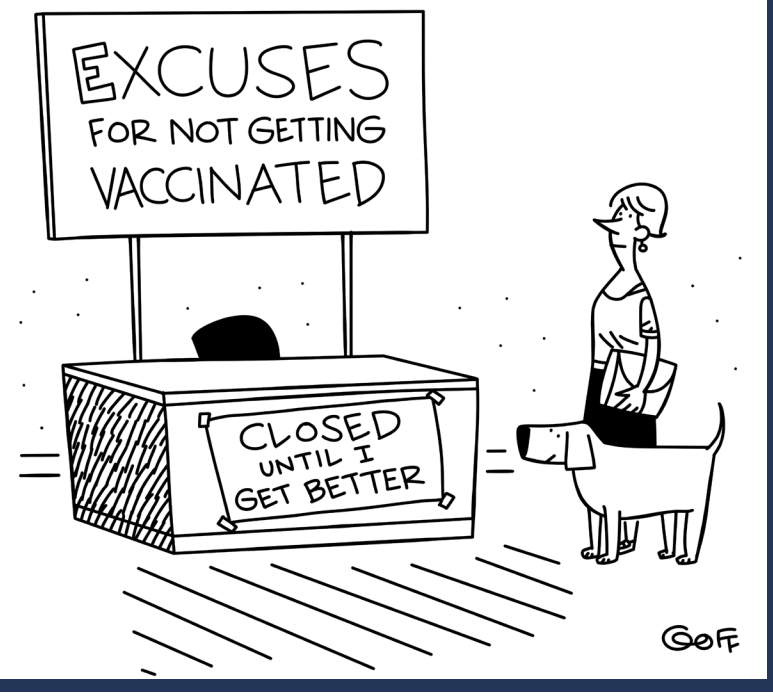

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Lessons from a Master of Persuasion On Dealing with Vax Hesitancy

By Dale Dauten, Syndicated Columnist

"To be trusted is a greater compliment than being loved."
George MacDonald

There's good news in the war against vaccine ignorance and fear: A new ally has joined the fight. Welcome, Chris Schueler.

Chris is a veteran filmmaker and master of persuasion who will have a new documentary on vaccine hesitancy ready this summer. That could be perfect timing as it will come when the nation's vaccinators turn their attention from keeping up with all the people who want the new Covid vaccine to dealing with all those who don't want it. That latter group will be "The Other Rollout" -- and that's where Chris and his production will come in.

We visited with him by phone to ask how he can persuade the same vaccine-hesitant folks who have been unpersuaded by the best efforts of healthcare professionals. (That's Chris in the photo, with a few of the 26 Emmys he's accumulated in his 20+ year career.)

Here, in two charts, is what we're up against, as reported by the Kaiser Family Foundation's new Covid Monitor (12/20):

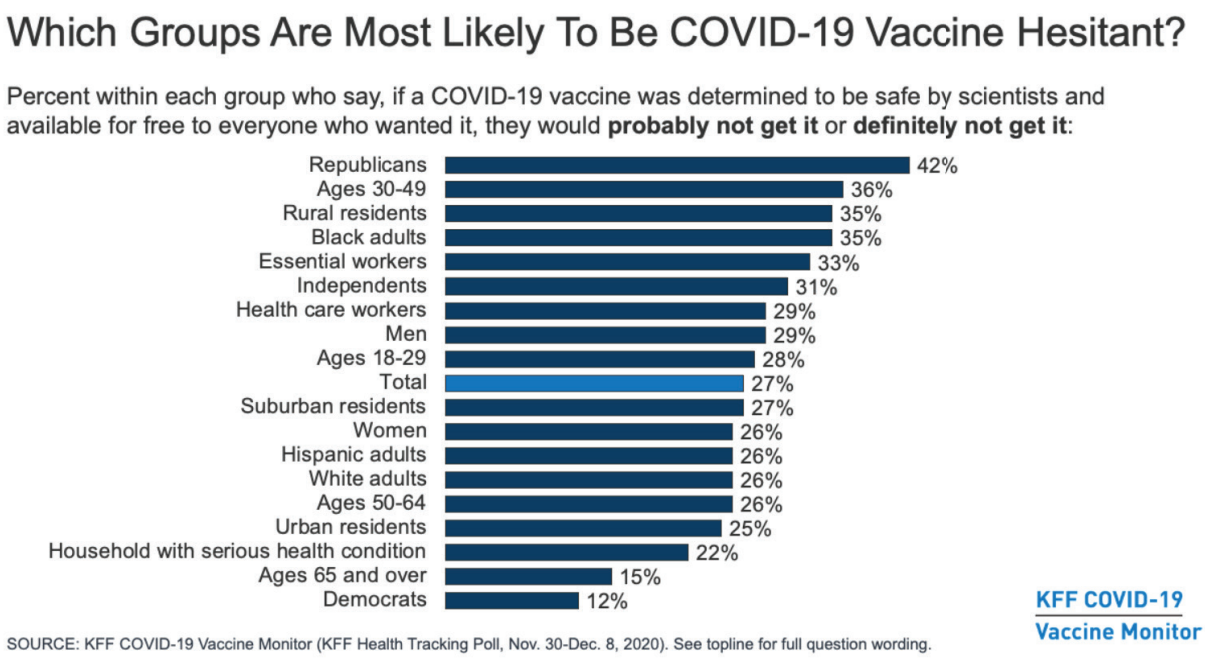

Table 1: Reasons For Vaccine Hesitancy By Party Identification, Age, and Race/Ethnicity

AMONG THOSE WHO WOULD DEFINITELY NOT OR PROBABLY NOT GET VACCINATED: Percent who say each of the following is a **major reason** why:	Total	Party ID		Age		Race/Ethnicity	
		Independent	Republican	18-49	50+	Black	White
Worried about possible side effects	59%	59%	54%	58%	63%	71%	56%
Do not trust the government to make sure the vaccine is safe and effective	55	52	56	55	53	58	54
Vaccine is too new and want to wait and see how it works for other people	53	54	41	57	46	71	48
Politics has played too much of a role in the vaccine development process	51	46	53	47	59	54	49
The risks of COVID-19 are being exaggerated	43	40	57	40	51	33	49
Don't trust vaccines in general	37	43	31	37	38	47	36
Do not trust the health care system	35	34	36	32	42	28	36
Worried that they may get COVID-19 from the vaccine	27	30	18	26	26	50	21
Don't think they are at risk of getting sick from COVID-19	20	18	23	18	26	20	19

NOTE: Sample size too small to report separately among Democrats and Hispanics who say they definitely or probably won't get vaccinated. See Appendix A for tables based on total.

Chris is producing an hour-long documentary to premiere on PBS, first in New Mexico where his production company is based, and then on PBS stations around the country. But here's the issue we put to Chris: Let's face it, how many vaccine-hesitant folks are PBS viewers? And, how many of those are going to watch an hour-long documentary?

"Most people will not want to watch an hour-long documentary," Chris agreed. "BUT, the production will allow the information to be gathered, and then we can make shorter pieces, 'lift-outs' that are 30 to 90 seconds long." Then Chris explained the art of persuasion via video that he has learned on three continents over two decades:

"Who is in the video is crucial. But also, who gives you the video is crucial.

We will be producing short videos that are meant to be sent by, say, pharmacists to their customers, or from one friend to another. We want to equip people to tell someone, 'I hear your concerns—let me give you this 30-second video about that.'" He added, "The target audience can never be broad: it has to be incredibly specific. It's like they say in politics, that all politics are grass roots. That's the good side of social media, allowing us to provide messages to come from someone you know. If a friend says, 'Look at this video,' you'll do it."

The videos will, in effect, try to expand the best of personal vaccine advocacy. While the immediate subject is the corona virus vaccine, it will also continue to be relevant with other vaccines, especially childhood ones. Last year, we wrote about Ariel Loop, an RN who became a vaccine advocate after her baby caught measles at Disneyland. She said this about persuading those who are vaccine hesitant:

"Parents with concerns don't feel seen or heard by their doctors. They feel pushed out—a doctor hears a patient question vaccinations and thinks, 'Oh no, an anti-vaxxer' and just moves on to avoid a debate. So the parent doesn't feel heard. Most parents aren't anti-vaccine, they're just scared. When I meet someone like that, I ask, 'What are you afraid of?' And then I talk about the resources available, and I tell them, 'Let's get answers together.'"

We can envision those answers being in a series of short videos that can be selected to address a specific fear.

(Photo: Schueler interviewing former UNESCO Director-General, Frederico Mayor Zaragoza in Madrid)

BIG LESSONS IN PERSUASION: NO "OH, YOU BONEHEAD!"

I'm not upset that you lied to me
I'm upset that from now on I can't believe you.

Nietzsche

Chris said this of people who are suspicious of vaccines: "Concern and even fear are both justifiable. You have to listen to those. You can't look at people and say, 'Oh, you bonehead! Why won't you take this vaccine?' For one thing, there's a reasonable distrust of government, especially among minority communities and communities of color. That's why it matters so much who is in the video and who gives it to you. The information has to look and sound different in Louisiana than on the Navajo Nation."

And that brings us to something we heard from Chris when we first learned of his mission to do a documentary on vaccines: "We will know the stories to tell when we know why they are hesitant. We figure out where they live and how they think and how they came to their attitudes, how they get their information and what and who persuades them." He added to that in our recent conversation: "We build a message to address their fears and their belief system. We'll use targeted, accurate information to change what they believe."

WHERE YOU COME IN – GETTING YOUR OWN VIDS

Not only will these lift-outs be delivered from a trusted source, but the content will be designed to match the person receiving it. "We'll do the national version," Chris explained, "but we're also getting regional and local partners. We already plan to be shooting in Atlanta, D.C., Los Angeles, and on Indian reservations. And we're working to add many other parts of the country."

(If you want to explore having regional editions of the videos for you to use in your vaccine efforts, email shreya_angana@stchome.com or chris@christopherproductions.org. There's a big range in level of involvement, with the cost anywhere from $5-75K.)

VAX STATS OF THE MONTH:

A New View of Precision Immunization Analytics

By Bill Davenhall

Ralph Waldo Emerson wrote over 150 years ago that "People only see what they are prepared to see." Many times, the impetus for change comes from an unexpected direction, and in 2020 it was a global pandemic. The pandemic certainly created new public health imperatives, ones far more complex than many analysts were prepared to deliver. Yes, dashboards, graphs, and charts have thrived, but what about ad-hoc, on-demand, site selection analysis? Public health's analytical capabilities have been seriously stretched, time frames for response accelerated, and the desired outcomes and goals have become moving targets. Yet, there is knowledge that analytics could deliver quickly to their leadership.

One example: Below is a map of the Indianapolis area identifying one desirable immunization target, people over 65 years of age. This analysis took less than five minutes to undertake, yet allowed the analyst (me) to quickly assess the operational practicality of knowing where the greatest consumption of a limited vaccine might be efficiently deployed within a specific target group. The example I chose was to visualize the geographical locations where more than 50% of the population could be expected to be over 65 years of age and where at least 100 persons would be residing. I also could have chosen any geographical area to produce a similar map anywhere in the United States, in less than five minutes!

Using more precise small area geographies is one of the greatest underused analytical tools in public health today. It could better equip immunization programs for administering any vaccine quickly. Learning how to become an analytical immunization "sharpshooter" could be one of the smartest ways to achieve more desirable immunization rates anywhere in the United States.

If you would like to learn more, please let me know of your interest.

As always, I appreciate 2nd opinions.