

Research White Paper

# Words Matter: Driving Vaccine Adoption Through Effective Communications

February 2021



**EmblemHealth**<sup>®</sup>



## Finding the Words for a Global Pandemic

The record-breaking development of several promising new vaccinations by researchers comes at a time when communities throughout the United States are experiencing a second wave of COVID-19 infections. Now more than ever, it is critical for the public to receive clear and timely information on vaccination safety and effectiveness.

As one of the nation's largest non-profit health insurers, EmblemHealth conducted a national survey on how language and health literacy affect consumers' openness to receiving vaccinations and immunizations. More than 800 people were surveyed nationally, with a concentration in the tristate area, where EmblemHealth's family of companies operate.

Our findings confirmed an important principle: Words matter, especially when it comes to a topic as deeply personal as health care. As health care organizations, government agencies, and other stakeholders work to drive vaccine adoption, these findings contain best practices we can all put into effect immediately, starting with the words we use to bring about solutions.

— Beth Leonard, Chief Corporate Affairs Officer

## Key Findings

- “Vaccination” and “immunization” are preferred over the term “shot.” “Vaccine” is the terminology most closely associated with the COVID-19 vaccination, while “immunization” helps connect the vaccine with the mechanism of prevention.
- There is a strong link between self-reported health literacy and the likelihood of receiving a vaccine in the past and future. Certain demographics, such as older, suburban, higher-income, and white groups, trend higher on these measures, while younger, lower-income, urban, and Black, Hispanic/Latinx, and Asian groups trend lower.
- While “vaccination” and “immunization” have similar positive associations and are often used interchangeably, consumers prefer “immunization.”

## Recommendations

- “Vaccine/vaccination” and “immunization” should be used together wherever possible to reinforce safety, prevention, and effectiveness. For example, *“The COVID-19 vaccine can help immunize individuals against the coronavirus disease.”*
- Identify populations based on health literacy and previous vaccine history to drive deeper communication and engagement.
- For all types of immunizations (e.g., MMR, Flu, DTaP), move to universal language that consistently reinforces the need for consumers to get their immunizations through a vaccine. The use of “shot” should be eliminated altogether.

# Vaccination & Immunization

# Language Matters When Speaking to Consumers About Vaccinations

Clinically, “vaccine” and “immunization” have different meanings yet are often used interchangeably in communications. The study found that, generally, consumers understand the distinction. Vaccine is viewed as “the process of administering the medicine” and, due to its association the COVID-19 vaccine, was described by respondents as providing security and hope. It is associated with terms such as “prevention,” “protection,” “cure,” “fights/attacks,” and “prevents a disease/virus.”

Conversely, immunization is seen as “being protected from a disease or virus.” Consumers associate it with the terms “prevents,” “protects,” and “makes you immune from a disease.” When asked to choose between the terms “vaccine” and “immunization,” “immunization” is slightly preferred.

How would you describe what an **immunization/vaccine** is to a friend or family member?

	<b>Immunization</b>	<b>Vaccine</b>
Consumer Definition	Protection from a disease or virus	The process of administering medicine
Consumer Association	“Prevents,” “Protects,” “Makes you immune from a disease”	“Prevention,” “Protection,” “Cure,” “Fights/Attacks,” “Medicine”
Consumer Language	“[Immunization] is possible prevention of a disease due to the vaccine.” – Male, 74	“A vaccine is the way that people become immune. It is usually a needle that gives you a dose of a disease to help you get antibodies.” – Female, 22

**“Immunization”** and **“vaccine”** have the same top aided associations across all segments tested, suggesting both words can be used in communications to represent intended messaging around prevention, effectiveness, and safety of the COVID-19 vaccine and other vaccines and immunizations.

Feelings associated with:

<b>Immunization</b>		<b>Vaccine</b>	
Preventive	<b>62%</b>	Preventive	<b>65%</b>
Effective	<b>48%</b>	Effective	<b>51%</b>
Safe	<b>42%</b>	Safe	<b>35%</b>

COVID-19 is the top virus or disease associated with the term **“vaccine,”** whereas measles, mumps, rubella, and flu/influenza are associated with the term **“immunization.”** This finding indicates that respondents understand the difference between the terminology.

Viruses and diseases associated with:

<b>Immunization</b>		<b>Vaccine</b>	
Measles, mumps, rubella	<b>72%</b>	COVID-19	<b>80%</b>
Flu/influenza	<b>71%</b>	Flu/influenza	<b>78%</b>
Polio	<b>66%</b>	Measles, mumps, rubella	<b>71%</b>

# Avoid the Use of the Word “Shot”

Across all key demographic targets, the term “**shot**” has more negative, visceral associations compared to vaccine and immunization. The term is seen as threatening and risky compared to vaccine and immunization for all segments tested; however, these negative associations are more pronounced among younger, Black, Asian, and lower-income consumers.

How would you describe what a **shot** is to a friend or family member?

Consumer Definition      The administration of the vaccine

Consumer Association      “An injection,” “A poke,”  
“Use of a needle to inject medication”

Consumer Language      “A shot is a needle that’s inserted in your arm to dispense a medication.” – Female, 73

Although the term **“shot”** has the same top associations as “vaccine” and “immunization,” one in five respondents in the tristate area associate “shot” with the term “scary.” This is more pronounced among young, Asian, Black, and lower-income respondents.

*% of respondents that associate “scary” with terms tested:*

	<b>Immunization</b>	<b>Shot</b>	<b>Vaccine</b>
Tristate Total	5%	20%	8%
Ages 18-34	8%	32%	11%
Black	10%	34%	22%
Asian	0%	24%	3%
Lower Income	9%	25%	12%



# Health Literacy is Key to Vaccine Adoption

There is a direct link between health literacy, when a vaccine was last received, and openness to receiving a vaccine in the future. Respondents with higher self-reported health literacy are more likely to have recently received a vaccine and are more receptive to receiving one in the future. White, higher-income, older, and suburban consumers trend higher on these metrics. The survey found health and health literacy disparities based on ethnicity, socioeconomic status, age, and environment (e.g., urban, suburban, rural).

Hispanic/Latinx and Asian consumers reported the lowest health literacy, and Black and Hispanic/Latinx consumers are less open to receiving a vaccine in the future. Educating these groups on the significance of getting vaccinated is critical.

*Ease of understanding and using information for making health care decisions:*

	White (A)	Black (B)	Hispanic/ Latinx (C)	Asian (D)
Very easy	44% <sup>D</sup>	40% <sup>d</sup>	36%	25%
Somewhat easy	48%	52%	56%	59%
Not very easy	7%	6%	9%	15% <sup>Ab</sup>
Not easy at all	1%	1%	0%	0%

\*Significance testing was done at a 95% and 90% confidence level and is indicated in the white paper with capital and lower-case letters, respectively.

Openness to receiving a vaccine in the future:

	White (A)	Black (B)	Hispanic/ Latinx (C)	Asian (D)
I am very open to receiving a vaccine.	67% <sup>BC</sup>	39%	49%	59% <sup>B</sup>
I am open, but it depends on the vaccine.	30%	55% <sup>Ad</sup>	48% <sup>A</sup>	39%
I would never receive a vaccine under any circumstances.	3%	6% <sup>a</sup>	3%	2%



\*Significance testing was done at a 95% and 90% confidence level and is indicated in the white paper with capital and lower-case letters, respectively.

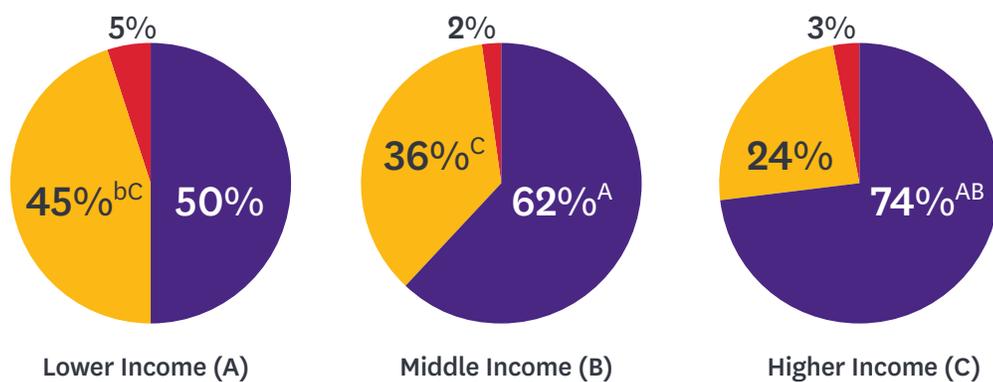
Self-reported health and health literacy levels closely correspond with income. Lower-income consumers are significantly more likely than mid- and higher-income consumers to suggest their overall health is not as good. Lower- and mid-income consumers also rate their understanding and use of information for making health care and treatment decisions lower.

*Overall health rating:*



In addition, higher-income consumers are significantly more likely to be receptive to receiving a vaccine in the future. Only half of lower-income consumers are “very open” to receiving a vaccine in the future.

*Openness to receiving a vaccine in the future:*

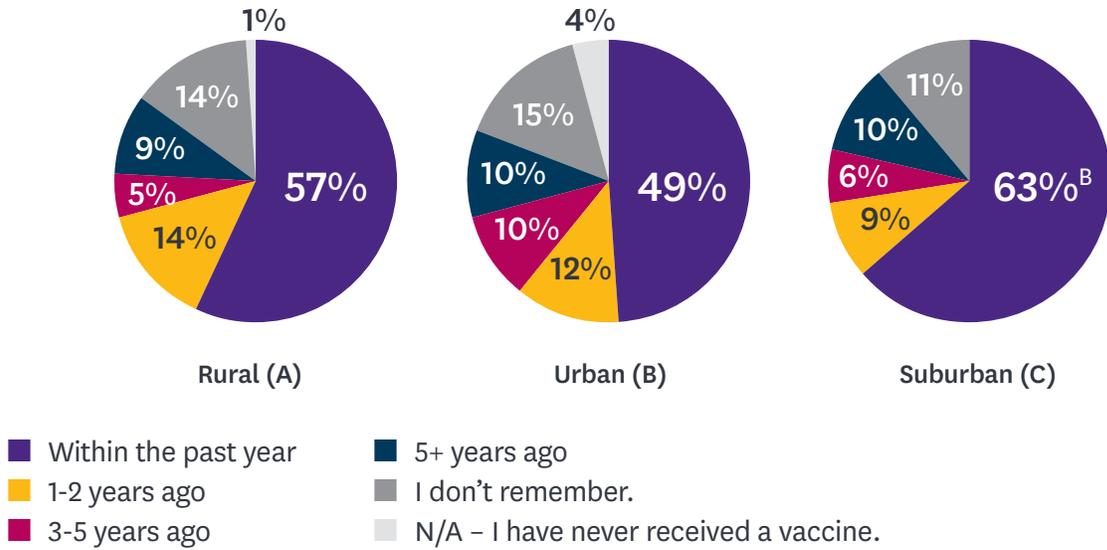


- I am very open to receiving a vaccine.
- I am open, but it depends on the vaccine.
- I would never receive a vaccine under any circumstances.

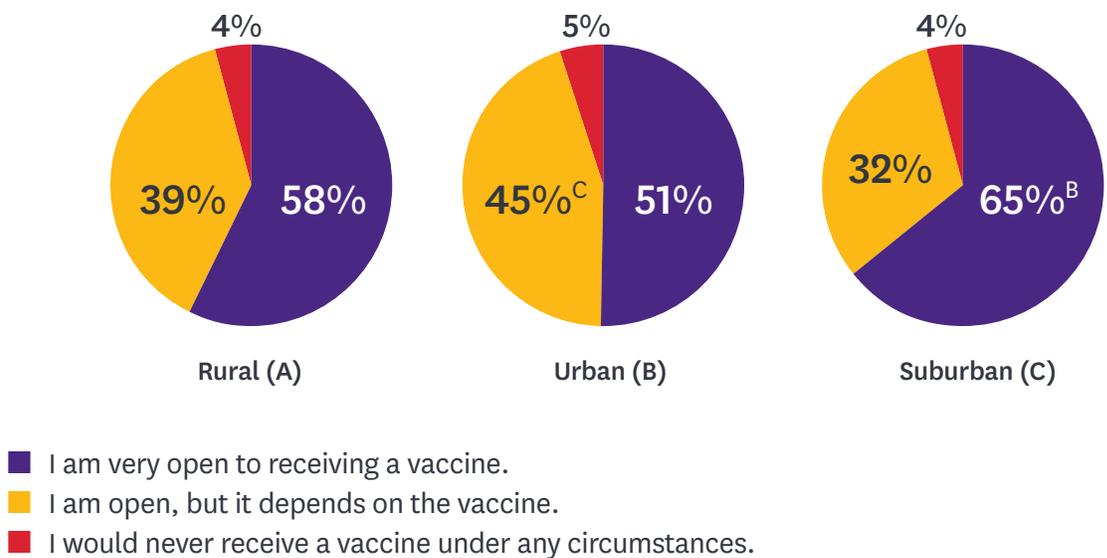
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The gap in self-reported health literacy and recent vaccination history is also seen in urban and suburban settings. Respondents in urban areas have a lower self-reported health literacy and are less likely to have received a vaccine in the past year. This also strongly correlates with openness to receiving a vaccine in the future.

*When last received a vaccine:*



*Openness to receiving a vaccine in the future:*



\*Significance testing was done at a 95% and 90% confidence level and is indicated in the white paper with capital and lower-case letters, respectively.

## Conclusion

When planning communications for the COVID-19 vaccine and other vaccinations, words matter. Consumers' perception of and openness to receiving vaccinations are influenced by terminology used, recent vaccination history, and self-reported health literacy, all of which intersect with income, environment, and other social determinants of health. To drive vaccine adoption, health care organizations, government agencies, and other stakeholders must implement tailored communications strategies that standardize the use of “vaccine/ vaccination” and “immunization” and remove the term “shot.”



## Survey Methodology

- This survey was conducted online by Dynata and fielded December 16 – 29, 2020.
- Length of Interview (LOI) = Average of 8 minutes

## Audience Demographics

- Total sample = 801
- Tristate sample: N = 608
- National sample: N = 215
- Income levels (Tristate Sample)
  - Lower Income <60K: N = 274
  - Mid Income 60K-100K: N = 136
  - Higher Income 100K+: N = 160
- Living Area (Tristate Sample)
  - Suburban: N = 321
  - Urban: N = 202
  - Rural: N = 85
- Ethnicity (National Sample)
  - White: N = 586
  - Black: N = 77
  - Hispanic/Latinx: N = 90
  - Asian: N = 59
- Significance testing was done at a 95% and 90% confidence level and is indicated in the white paper with capital and lower-case letters, respectively.



EmblemHealth is a health and wellness company that provides insurance plans, primary and specialty care, and wellness solutions. As one of the nation's largest non-profit health insurers, we serve more than three million people in the New York tristate area. EmblemHealth's family of companies includes ConnectiCare, one of Connecticut's leading health plans; AdvantageCare Physicians, a primary and specialty care practice; and WellSpark, a digital wellness company.