

Language in Vaccine Hesitancy and Anti-Vaccination Ideology

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There has been amounting discourse regarding the inoculation hesitant and those who downright refuse to get the COVID-19 vaccine. With the great amount of attention that this issue has recently garnered, there has been a noticeable change in the language that people use to discuss it. There are a myriad of contributing factors that contribute to this growing divide including a lack of or misinformation, Coronavirus fatigue, anomie, as well as vaccination status being increasingly tied to political party, thus intensifying polarity. To help investigate this affair further, I interviewed Dr. Emily Vala-Haynes, a Health & Exercise Science professor at Western Oregon University as well as the Co-Director of the COVID-19 outreach project in Polk County. Dr. Vala-Haynes answered and elaborated on questions ranging from the line between vaccine hesitancy and anti-vaccination to her thoughts and hopes on the future of public health.

Supplementally, The Department of Health and Human Services released a report titled *COVID-19 Vaccination Uptake Behavioral Science Task Force: Final Report – February 23, 2021* by Jonathan Barsade, Sivahn Barli, Marissa Thie, Lindsay Dhanini, and Berkeley Franz, which provided significant insight into the driving force behind vaccination

hesitancy and refusal. Specifically, the report makes detailed recommendations and provides extensive details on the “movable middle,” a subsection of the population that is neither vaccine hesitant nor anti-vaccination, but they also are unwilling to go out of their way to get inoculated. Additionally, Bill Nye provides the facts on his podcast *Science Rules!* during the episode “Coronavirus: Using Science to Fight Vaccine Hesitancy”. During this episode Nye interviews Dr. Katy Milkman who is a behavioral scientist at the University of Pennsylvania. Through the entirety of the podcast, Dr. Milkman provides evidence and scientific reasoning behind vaccine hesitancy. Dr. Milkman specifically provides first hand accounts of the use of language and how it has curbed vaccination turn out, through her own experiences throughout this pandemic. Vaccination and inoculation refusal is a community that I am very invested in for numerous reasons both personal and logical. A member of my family has Guillain-Barre syndrome which prevents them from getting the COVID-19 vaccination and also makes contracting the virus more lethal to them, as they are immunocompromised. Furthermore, I am a volunteer in the ICU at Salem Health and have seen first hand the ramifications of COVID-19 on patients and their loved ones. As the discussion about vaccine hesitancy has become more and more hostile on both sides of the argument, it is important to consider vaccine hesitancy and language we use when discussing this topic. Through my accumulation of knowledge and reading I was led to the following research question: To what extent does the language that public health officials use impact the anti-vaccination ideology?

Fighting Vaccine Hesitancy and Misinformation Interpersonally

There are a number of ways to combat vaccine hesitancy and misinformation regarding the inoculation; language plays an integral role in fighting both. While discussing the topic with Dr. Vala-Haynes she asserted that the root of hesitancy is fear of the unknown and uncertainty in the long term effects. As most of Dr. Vala-Haynes' work has been hands-on at WOU and in Polk County she has had the opportunity to discuss specific concerns with a variety of people most of whom were younger or around college age. She noted to me that, largely, this age demographic is unvaccinated and in an attempt to remedy this she asked what they were most wary of concerning the vaccine. Unsurprisingly, the most pressing cause for concern among the younger generations is fertility. Dr Vala-Haynes said that while conversing with concerned people she “validates and empathizes with what they are saying” and then corrects their misconceptions in simple and easily understood terms. The Health and Exercise Science professor also mentioned that she implements different techniques when attempting to ease the minds of the vaccine reticent, but noted that the most universal method she uses is “use [of] notable figures those populations look up to and relate to then explain[ing] how well vaccination worked out for them.” Similarly, the *COVID-19 Vaccination Uptake Behavioral Science Task Force: Final Report – February 23, 2021* stated that an influential tactic in addressing the vaccine hesitant is in utilizing:

Convert communicators—individuals who (1) are members of the reluctant group and (2) formerly acted counter to the requested action but have since changed—can be highly effective messengers. (3) The effect appears to derive

from the reduced ability of group members to characterize the messenger as an “other” who doesn’t understand “our circumstances.” (Barsade et al., 8)

Reformed members of a once reticent community who upon addressing their misinformations can relate to and empathize with those who once shared their misconceptions would make for model communicators. Moreover, informative but understandable language and an empathetic tone are substantial in correcting COVID misconceptions.

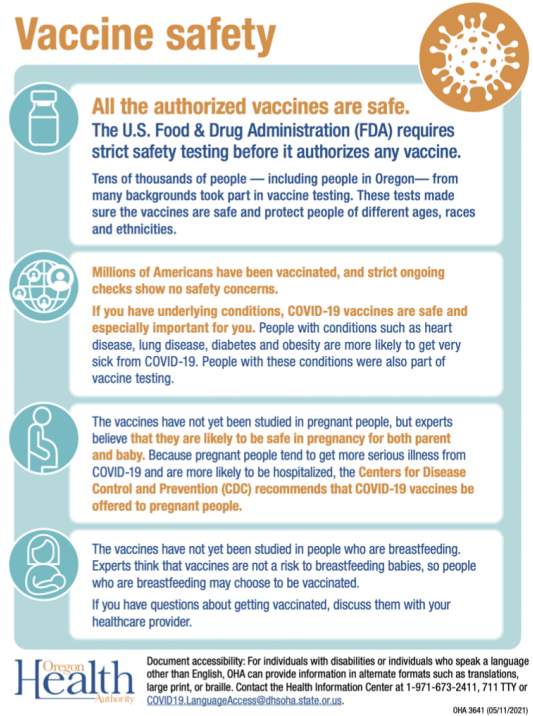
Fighting COVID Misinformation on a Public Scale

Growing mistrust in our society and wariness of public health has exacerbated this pandemic, and it is incumbent on public health officials to make COVID information as accessible and digestible as possible. Thus, language and communication are paramount. Barsade et al. emphasize the holistic communication that dismantling misinformation will require, stating that reaching certain communities may require different approaches. With regards to minority communities, the report iterates, “evidence suggests that vaccine messaging is more effective in underrepresented communities when it comes from trusted community leaders as opposed to government officials or other outside individuals... Community based organizations can be liaisons between expert health sources and underrepresented communities” (Barsade et al., 21). Seeing oneself in leaders can bolster confidence and credibility in what the leader is saying and makes the information they are relying on more accepted by that community.

Additionally, that community leader has a better understanding of what language and phrasing will get through to the members of that community. With regards to Polk

County, one common way that Coronavirus information has been spread has been through the use of infographics. Such infographics are easily accessible on the Polk County website. The commonality in all of these images is that they are easy to understand, use bright, eye-catching colors, and have graphics that easily relate to the content of the infographic. Figure 1 (on the right) addresses common concerns with the COVID-19 vaccine and corrects them with lucid language and highlights the most prominent information in a given subsection. As aforementioned, fertility is a contested issue among the vaccine hesitant, but the infographic articulates that there is no evidence that a parent nor the fetus they are carrying would in any way be harmed by being inoculated. The language is simple and straightforward; it effectively eliminates all of the unnecessary scientific jargon that would be in a scientific report. Additionally, one can see that this infographic was produced by the Oregon Health Authority, a credible source and a guiding figure throughout this pandemic. However, by having this infographic be accessible on the Polk County's website, it grants more credibility to those who are distrusting of larger scientific organizations.

Throughout the pandemic, many elected officials took to easing the minds of constituents via Public Services Announcements. Through this medium, officials were



able to reach the masses and allowed for others to speak on public health issues. Although Barsade et al. note that “greater mistrust related to COVID-19, such as believing the government was withholding information, was associated with greater vaccine hesitancy” (Barsade et al., 50) interviewing a person with high credibility that has the trust of a community can bolster one's own credibility. This is a notion exemplified in Governor Kate Brown’s press Conference on December 17, 2021. Throughout which, she allocates time for different professionals in the medical field to speak on their respective specialties. Most notably, there are OHSU staff members providing COVID information; OHSU is a highly respected educational institution nationally and in the state of Oregon. The professionals speak candidly about the Coronavirus, and as they work in the medical field, they are able to use language that non-medical professionals would be able to understand. Furthermore, Governor Brown provides vital information regarding COVID cases, and she makes space for professionals in the medical field whose words might be more readily accepted. All in all language must be tailored to specific communities to reach them to help break the cycle of misinformation.

Moving the Movable Middle

In the public health community there is a faction of the population that is not inherently against getting the vaccine, but will not go out of their way to receive it. This population has been dubbed the “movable middle” by professionals. However, public health professionals have found ways to move the insidious movable middle via language-based tactics. Dr. Katy Milkman notes, on Bill Nye’s podcast episode “Coronavirus: Using Science to Fight Vaccine Hesitancy,” that making the vaccination

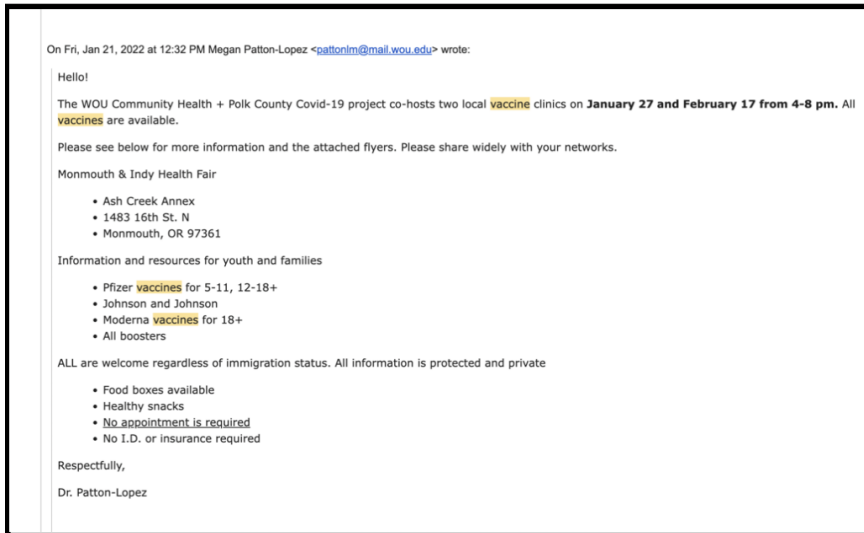
“radically convenient” for people is one way to motivate the movable middle. During her research she conducted a study which encouraged people to get the flu vaccine, testing the results of different messages. These messages implemented different vaccination encouragement techniques, Dr. Milkman describes them messages as follows:

We tested everything from text messages before you had a doctor's appointment, encouraging you to dedicate a vaccine to a loved one. Sending you a joke about the flu like “Hey have you heard the one about the flu? Don't spread it around!” To telling you about starting a regional competition, let's beat our neighboring community in terms of our vaccine rates. We tried that with health systems... The best performing message was the same in all of the sites where we tested messages. It was a simple message reminding you to get a vaccine and telling you that one had been reserved for you or was waiting for you. (Milkman)

When people feel as though something has been specially reserved for them they are more likely to get inoculated. This reservation-type language has since been implemented across different states with regards to COVID inoculation initiatives.

Additionally, Dr. Milkman noted that language that did not have an impact on encouraging vaccination was jokes and conversational language. This is significant because automated messages that are casual can be differently interpreted than conversational language where tone is able to be detected. Furthermore, she noted that “nagging” or repeated messages can boost vaccination rates. In my own life I have received messages from professionals with COVID information.

Notably, WOU Community Health has sent out COVID events where inoculations occur and they also encourage open communication between healthcare professionals and people with concerns about the vaccine. Through this email I received on January 21, 2022, one can see this email implementing radical convenience. The email



guarantees “Food boxes available, Healthy snacks, No appointment is required, No I.D. or insurance required.” They are making it convenient for the

community to encourage turnout. Additionally, a wide variety of vaccinations are available, and a map is also provided detailing where specifically the site is. Barsade et al. also make note of the importance of swaying the movable middle, and provide advice on how to do so. They assert the following about the movable middle:

Rather than target all staff with a uniform intervention, we recommend that LTCFs focus interventions on the movable middle -- individuals who express some vaccine hesitancy but are likely to change their minds. Our but they are adding incentives to recommendations focus on leveraging the early adopters to motivate and build trust within the movable middle, as well as attitudinal, motivational and

behavioral strategies to “Make it Easy” “Influence and Boost Motivation” and “Build Trust in Vaccine Safety.” (Barsade et al., 5)

Furthermore, this report encourages interpersonal conversations between a member of the movable middle and between a person

with knowledge on the vaccine, making vaccination effortless, and garnering trust in

the vaccine by highlighting the benefits of inoculation. Public health community

infographics are essential in helping to move

the movable middle. In Polk County such

infographics are implemented not only

highlighting the benefits but also addressing

concerns about the vaccine. In short,

language plays a crucial role in encouraging

the movable middle to get vaccinated, the

significance being that there is a noteworthy portion of the population. Messages that

sound obligatory in nature are also important in boosting the number of vaccinations

along with radical convenience. Equally important, messages containing informal

language and jokes are not significant in helping to increase the number of vaccinations.

What Separates the Vaccine Hesitant from the Anti-Vaxxers?

There is a greater portion of the population that falls into the vaccine hesitant category and only a small percentage of the population is well and truly anti-vaccination.

Vaccine effectiveness



All the authorized vaccines are highly effective. This means:

- They all work very well to protect you from getting very sick with or dying from COVID-19.
- They have all shown strong protection against COVID-19 variants.
- The more vaccines we have available, the faster we can all get vaccinated, the more lives we can save.
- The best vaccine for you is the one that is available when it is your turn.

Johnson & Johnson: One dose, authorized for people 18 and older

Moderna: Two doses, 28 days apart, authorized for people 18 and older

Pfizer - BioNTech: Two doses, 21 days apart, authorized for people 12 and older



COVID-19 vaccines and fetal tissue

Vaccine makers sometimes use fetal cell lines to test or make their vaccines.

A fetal cell line is not the same as fetal tissue. Fetal cell lines are grown in laboratories from cells taken from fetuses. The cells reproduce themselves indefinitely. Vaccine makers use two fetal cell lines: one grown from cells taken from a fetus in 1972, and one grown from cells taken from a terminated fetus in 1985.

Making vaccines that rely on these cell lines does not require new abortions, because the cells grow indefinitely in the laboratory.

No fetal cell line is used to **make** Pfizer-BioNTech or Moderna vaccines. However, early in their development, a fetal cell line was used to test that they worked as intended.

A fetal cell line is used to **make** the Johnson & Johnson vaccine, but the finished vaccine does not contain any cells from fetal cell lines.



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In my interview with Dr. Vala-Haynes, she used an analogy to answer the question “Where is the line between vaccine hesitant and anti-vax?”. The analogy used was the political insurrection last January where people within the same political party had diametrically opposed views on the incident. While one side agreed that the action was completely justified and was political discourse, the other believes it was extreme and unjustified. Dr. Vala-Haynes remarked that there are some people so steadfast in their beliefs that no amount of logical reasoning and scientific evidence can be used to reason with them. All in all, there are instances in which language can fail in swaying the opinions of people who are utterly against vaccinations.

Conclusion

Therefore, the language that public health professionals use has an impact on the anti-vaccination ideology. Being able to relate and empathize with people also contributes to correcting misconceptions while opening the door for a discussion on vaccinations, as mentioned by Dr. Vala Haynes. The movable middle comprises a majority of the unvaccinated population and are rather pliable in their vaccine stance. Through practices like radical availability, obligatory languages, repeated messages, and avoiding conversational language in vaccine messages, the movable middle can be moved. Texts in the public health field need to be easily accessible by the public and must be in language that the wider population can easily understand. Prominent texts in this community include: infographics, public announcements, and personalized messages. Additionally, the use of outside sources help to boost the credibility of both of these texts as well as make the content of texts more accepted by a particular audience.

When I asked Dr. Vala-Haynes her thoughts on the future of public health, she expressed concerns about our future. Elaborating, she noted that the growing mistrust in science does not bode well for the future of this field. Thus demonstrating the importance of addressing misinformation and nipping this issue in the bud before more people adopt anomie.

Works Cited

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