



Health Care Strategy Insights: Distribution of the COVID-19 Vaccine

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As we continue to battle the COVID-19 pandemic, efforts have shifted focus to administering the COVID-19 vaccine to the first phases of recipients since the vaccine approval in December 2020. Currently, there are three vaccines authorized in the U.S. market, and a growing number of vaccines are entering Phase 3 efficacy clinical trials. Despite mixed reactions from the public regarding vaccine sentiments, 78.6 million Americans have received the long-awaited COVID-19 vaccine as of March 3, 2021¹. **As we head further into 2021, health care organizations are expected to accelerate efforts to inoculate staff, patients, and their communities to drive towards herd immunity and potentially bringing the country back to a state of normalcy – to be successful, we should take historical learnings into account.**

An American health care non-profit organization's COVID-19 Vaccine Monitor, which tracks dynamic public opinion of the vaccine, found that in December 3 out of 10 health care workers stated they will not or probably not get the vaccine². During the first weeks of the vaccine deployment, some hospitals have experienced this vaccine hesitancy among their own health care workers. As health care workers are part of Phase 1a of the COVID-19 vaccine allocation strategy created by the government, they have been the first to be offered the vaccine. However, some health systems

have reported that their staff have declined to take the vaccine. Although there is scientific evidence and backing of the safety and efficacy of the vaccine, scepticism among some health care workers persists. An early study conducted by a large public research university in October 2020 found that health care workers who are planning to delay or refuse the vaccine cited concerns around the speed in which the vaccine was developed and a lack of publicly available information on the vaccine³. As health care workers are often viewed by the community as pillars of public health information, it will likely be critical to track their changing sentiments towards the vaccine. Health care organizations should work to build trust through educational materials and open discussions with staff on concerns to help increase acceptance of the vaccine.

Health care organizations can leverage lessons learned from vaccine dissemination among staff to help increase vaccine acceptance among the general public; especially those in the “vaccine hesitant” camp. As we move into the next phases of vaccine distribution, health care organizations can partner with local entities who have established trust with communities to understand the rationale behind vaccine hesitancy. In public health information dissemination, the messenger is often just as important as the message and can help mitigate hesitancy pertaining to the vaccine.

Specifically, vaccine hesitancy is high among minority groups who have been disproportionately affected by the COVID-19 pandemic. A national research center’s recent study found that only 42% of Black Americans would likely get the vaccine; compared to 63% Hispanic, 61% White, and 83% Asian Americans⁴. Health care organizations should determine a way to earn the trust of these communities in partnership with trusted local figures, transparent messaging, and compassion.

Since consumer uncertainty largely stems from mistrust of large organizations and hesitations around vaccine safety, some [key strategies](#) CSOs can utilize to support their organization increase vaccine acceptance include:

- Collaborate with local government entities to launch customized public health campaigns
- Provide communication of vaccine information through sources with established consumer trust (religious leaders, teachers, community leaders, etc.)
- Tailor messages from primary care physicians that are empathic instead of authoritative

Conclusion

As the COVID-19 pandemic continues into 2021, the need for trustworthy health care organizations is now more pressing than ever before. Health care organizations will play a critical role driving towards the herd immunity

threshold (i.e., minimum inoculation rate) needed to return to normalcy. With the rapidly changing vaccine landscape foreseen in 2021, CSOs should ensure that each player in the health care ecosystem is serving its most effective purpose to react with flexibility as new vaccine updates, regulations, and public sentiments change.

Please reach out to Bill or Joe with any additional questions.



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Sources

¹[CDC COVID Data Tracker](#) – Mar 03, 2021

²[KFF COVID-19 Vaccine Monitor: December 2020](#) – Dec 15, 2020

³[Assessment of COVID-19 vaccine acceptance among healthcare workers in LA](#) – Nov 19, 2020

⁴[Pew Research Center](#) – Dec 3, 2020

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