



**The Public’s Role in COVID-19 Vaccination:  
Recommendations to Enhance Trust, Acceptance, and Uptake**

The Johns Hopkins Center for Health Security’s newly released report, [The Public’s Role in COVID-19 Vaccination](#), recommends ways to advance public understanding of, access to, and acceptance of vaccines that protect against COVID-19. The guidance is the product of a multidisciplinary working group which includes national figures in public health and social science with expertise in vaccinology, vaccine hesitancy, health disparities, infectious disease, bioethics, epidemiology, public health law, public health emergencies, mass vaccination, community engagement, and crisis and emergency risk communication.

**PROBLEM**

The protracted COVID-19 pandemic has stressed the US public in multiple ways: the threat of illness and death, the isolating effects of physical distancing, and the uncertainties and hardships associated with disrupted economic activities. People’s resilience is being sorely tested. Operation Warp Speed (OWS) is taking extraordinary steps to develop SARS-CoV-2 vaccines as swiftly as possible and, along the way, to inspire hope that relief is coming. Despite vaccination’s promise of release, some people—including those most at risk of COVID-19 impacts—may miss out or opt out on this life-preserving public health measure. Some may worry about whether SARS-CoV-2 vaccines are safe, or they may mistrust vaccine manufacturers, industry regulators, and/or the health authorities recommending the products. Others may wonder if a COVID-19 vaccine will be affordable, easy to get to without losing wages or taking public transportation and risking infection, and/or provided in a place that feels safe. Under these circumstances, what can be done to ensure that target populations benefit from SARS-CoV-2 vaccines?

With Congressional support, US vaccination planners and implementers can exercise foresight and take proactive steps now to overcome potential hurdles to vaccine uptake:

REPORT RECOMMENDATIONS	ACTION ITEMS FOR CONGRESS
<ol style="list-style-type: none"> <li><b>Put people at the center of a revolutionary SARS-CoV-2 vaccine research enterprise</b> – In addition to being clinically successful, a vaccine must also be socially acceptable. Rapid social and behavioral science research should be undertaken now to inform SARS-CoV-2 vaccine development. This type of vaccine research with a human factor focus should be but is not now a federal funding priority.</li> <li><b>Understand and inform public expectations about vaccine benefits, risks, and supply</b> – Much is still unknown about what the diverse US public knows, believes, feels, cares, hopes, and fears about</li> </ol>	<p>Congress should require some of the emergency supplemental funds appropriated to the National Institutes of Health (NIH), the National Science Foundation (NSF), and the Centers for Disease Control and Prevention (CDC), be used to support rapid response research into the social, behavioral, and communication aspects of COVID-19 vaccination, enabling a more successful vaccine rollout. Additional federal research funding – including a portion of any future appropriations for Operation Warp Speed – should be set aside for the understudied</p>

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<p>SARS-CoV-2 vaccines, and how that may change over time. Urgent and ongoing study of attitudes and beliefs regarding vaccine safety, benefits, and supply can help improve communication efforts around COVID-19 vaccination.</p> <p>3. <b>Earn the public’s confidence that vaccine allocation and distribution are evenhanded</b> – The charged social climate necessitates, more than ever, a fair vaccination campaign and widespread public recognition of that fairness. Greater transparency can boost public confidence that allocation decision making is neither capricious nor unjustly weighted in favor of other people.</p>	<p>human factors of COVID-19 vaccination and administered on an expedited basis through programs at the NIH, NSF, and CDC. Nationwide research – including surveys, focus groups, key informant interviews, and community participation – on public perceptions, concerns, and values around COVID-19 vaccination and their implications for crisis and risk communication strategies should begin as soon as possible and involve follow-up as disease and response conditions change. Public-stakeholder engagement on allocation and targeting strategies similarly require financial support.</p>
<p>4. <b>Make vaccination available in safe, familiar, and convenient places</b> – Community- and faith-based groups are able partners with whom local/state health officials can work to develop more effective and equitable vaccine delivery approaches, including easy to access locations that also feel safe to vulnerable groups.</p> <p>5. <b>Communicate in meaningful, relevant, and personal terms, crowding out misinformation</b> – Science does not necessarily drive people to be vaccinated; their identity, worldview, and social values often do. Having frontline public health officials learning from people in their own words where vaccination fits into their own ideas of health and wellbeing, and involving trusted community spokespeople to convey salient messages, can enable a successful COVID 19 vaccination promotion campaign.</p> <p>6. <b>Establish independent representative bodies (i.e., public oversight committees) to instill public ownership of the vaccination program</b> – State-level accountability mechanisms for COVID-19 vaccination that include public oversight, community involvement, and rubrics for evaluating effectiveness and equity can inspire greater confidence in SARS-CoV-2 vaccines and help ensure that allocation is fair, target groups receive vaccine, and marginalized populations are justly served.</p>	<p>Congress should support local/state health departments in achieving equitable and effective vaccine delivery strategies – via additional funds directed to the CDC’s Public Health Emergency Preparedness (PHEP) cooperative grants and designated for efforts to form robust partnerships with health provider associations, grassroots-level organizations, social/behavioral researchers, human-centered design experts, and other stakeholders. These stakeholders must engage early and often with communities (especially underserved marginalized ones) regarding COVID-19 vaccine risks, benefits, allocation, and availability. These cooperative partnerships, too, can facilitate the development of public oversight committees at the state-level to review and report on vaccination systems. While the CARES Act provided additional funding via PHEP to public health agencies, this frontline workforce has been engaged in a protracted and all-consuming pandemic, and they will require more resources to conduct and to enlist local nonprofits (via minigrants) in intense community work around vaccinations.</p>

**Congress should include funding for rapid response research in the next emergency supplemental so it can be completed in time to advance the public’s access to and acceptance of COVID-19 vaccines.**