



COVID-19 vaccination: intentions are not enough

Perspectives paper
Behavioural Insights
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In this Perspectives paper, we recognise that medical science has stunningly developed the COVID-19 vaccine in record-breaking time. We now need to leverage the science of human behaviour to deliver the vaccine to at least [65% of the Australian population](#).

Inside this challenge, three distinct groups have been identified from independent [research](#):



Intend



Hesitant



Opposed

While this research reveals 80% of Australians expressed positive intentions to get the jab, there should

be no assumption that this figure translates to rolling-up the sleeves to receive it. Even for those whose intentions are secure, there remains the fact that people's intentions are only translated into action about half the time ([Sheeran & Webb, 2016](#)).

Important to government health authorities, is that there will be many reasons why some people won't act on their intentions – behavioural scientists call this the **intention-action gap**.

Intention-action gap

We have every intention of doing something with the knowledge and understanding of why to back it up, yet somehow it never happens.



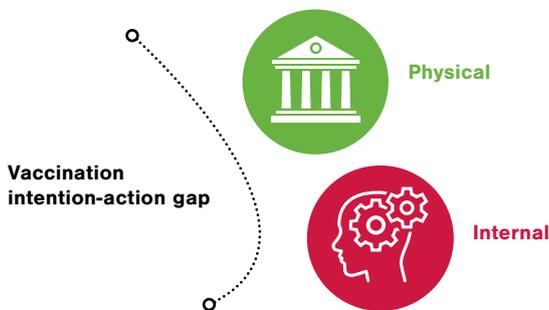
Failing to close this gap for Australia's COVID-19 vaccination program will be socially and economically damaging at the very least, and fatal at worst.

The key message here is that we cannot take those who hold pro-vaccination intentions for granted. A separate strategy must be developed to tackle this group, which we discuss below.

How can governments address the intention-action gap?

There are many successful [case studies](#) around the world where a behaviourally-informed approach has helped to close the intention-action gap on critical one-off behaviours, such as voting, organ donation, and the flu vaccination. A key insight from these cases is that solutions to these challenges is not so much about creating greater awareness, but it's about facilitating action.

A proven solution is to identify barriers to action, and develop targeted behavioural strategies to address them. Drawing on practice, there are two common types of behavioural barriers:



By identifying, monitoring and mapping these different barriers, health authorities and vaccination service providers can develop behavioural interventions specifically targeting those mitigating factors.

The below table lists several examples:

PHYSICAL

Example groups	Action groups
People who live in remote and regional towns	<ul style="list-style-type: none"> Don't live or work nearby a vaccination centre.
Elderly, homeless, indigenous communities, ethnic groups	<ul style="list-style-type: none"> Limited or no access to digital communication to know when and where they need to go, or to schedule a vaccination appointment. No transport means to vaccination centres.
Shift workers	<ul style="list-style-type: none"> Vaccination centres not open when people are available.



INTERNAL

Example groups	Reasoning
Anyone	<ul style="list-style-type: none"> While waiting to be vaccinated, some people are exposed to anti-vaccination influencers and messages, moving from the 'intension' group to the vaccine 'hesitant'.
Anyone	<ul style="list-style-type: none"> Failing to show-up to their vaccination appointment because they either forgot, or life 'got in the way'.
Anyone	<ul style="list-style-type: none"> Influenced by someone within their social network who had an adverse reaction to the vaccine.

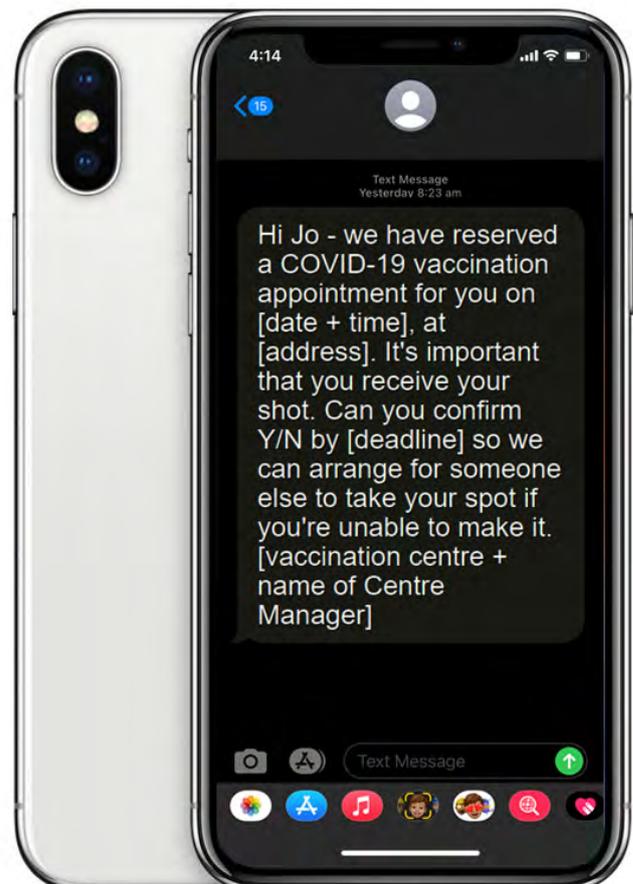
“Spending as little as ten minutes on an anti-vaccination website can influence vaccine hesitancy, demonstrating the powerful impact exposure to misinformation can have on some people.”

Strategies

When designing actionable strategies to address each barrier, it's critical that they are grounded in behavioural insights and informed by local evidence. The following table is a simple snapshot of mapping and bridging the intention-action gap with targeted strategies:

	<ul style="list-style-type: none"> Make vaccination appointments active, personal and time-bound – local medical vaccination centres send personal text message appointments to their active patient database, asking people to accept or reject an appointment by a deadline.
	<ul style="list-style-type: none"> Provide transportation – local health authorities to arrange safe transportation for some people in the community to their local vaccination centre (e.g. elderly and disabled who live alone).
	<ul style="list-style-type: none"> Opening hours – extend hours for some central vaccination centres to accommodate those people who need flexible access (e.g. shift workers).

	<ul style="list-style-type: none"> Time-off – organisations offer time-off for their employees during a dedicated 'vaccine week' to organise their vaccination.
	<ul style="list-style-type: none"> Reminder text messages – local vaccination centres to send a reminder text message 24 hours prior to patient appointments. Message to include: “a COVID-19 vaccine has been reserved just for you”.
	<ul style="list-style-type: none"> Allow for unscheduled appointments – local vaccination centres to allow for a certain number of unscheduled vaccinations every day, to accommodate those people who just 'turn-up'.





Testing

It is paramount that health authorities conduct rapid experiments on what interventions work to close the intention-action gap – especially for the second dose. The staged roll-out of the vaccine over several months should provide opportunities to test efforts and importantly, share evidence with neighbouring jurisdictions on which approaches worked and which do not. Like the vaccine itself, any solutions used to tackle the gap must be tested to create the confidence in scaling-up. We cannot afford to waste time and resources on strategies that won't be effective at driving the necessary vaccinations to reach herd immunity.

In summary, it is vital that the gap between vaccination intention and people actually rolling-up their sleeves is addressed as part of the overall uptake strategy. We need to go beyond the traditional approach of providing more vaccination information and education campaigns.

Applying a behavioural insights lens to address the physical and internal barriers, will allow health authorities, employers, and vaccination service providers to design actionable and effective interventions that will boost vaccine uptake.

If you would like to discuss any part of this article, or are interested in engaging with us, please contact us.

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