

# Learning About Vaccine Hesitancy from the Recently Vaccinated

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Despite the hope and proven protection offered by the COVID-19 vaccinations and boosters, about one in five U.S. residents have not received a vaccine. In some areas of the country, the rate of vaccination is even lower. In the state of Arkansas, about 56% of residents were up to date as of August 2022, which is up from 40% in July 2021.

What goes into the decision to get vaccinated? What tips the scales towards “yes” if you’re hesitant?

Who better to ask than those just vaccinated?

The Arkansas CEAL research team surveyed those just vaccinated during the 15-minute observation period required just after a dose has been given. “We wanted to better understand what people thought about vaccinations and other aspects of how COVID was affecting them,” says Pearl McElfish, principal investigator for the Arkansas CEAL team. Based at the College of Public Health at the University of Arkansas for Medical Sciences, the CEAL team includes medical anthropologists and sociologists exploring how culture, society, and other factors influence health and well-being. They especially wanted to hear from the communities hardest hit by COVID-19.

Working with a community advisory board, the Arkansas research team chose a mix of survey questions and open response text boxes to inquire about vaccine hesitancy, trusted sources of health information, and what and who influenced vaccination decisions. Bilingual community health workers and other staff spread out to administer the survey at COVID clinics and other community vaccination events.

With the informed consent and survey available in English, Spanish, or Marshallese, they received nearly 1,500 responses. The findings surprised them.

More than 60% of those surveyed said that they had some level of hesitancy about the COVID vaccine. That percentage was even higher among Black/African Americans (75%). Yet each of the respondents had just received a dose of the vaccination. “Clearly, vaccine hesitancy is not always the same thing as vaccine refusal,” says Don E. Willis, medical sociologist on the Arkansas CEAL team.

Most people cited more than one reason for overcoming their hesitancy. For some (39%), protecting themselves came first, but even more (45%) mentioned protecting their communities or family members. Others also said social pressures were their primary motivator.

Another clear message was the role of primary care physicians as trusted sources of information. Nearly two-thirds of respondents reported that they were “very likely” to turn to a health care provider for vaccine information.

Respondents also noted the influence of the personal stories of friends and family members. “Whether it’s their doctor, their family member, their friend, or broader social networks, family influence and a bit of friendly coercion helps hesitant adopters make the decision and go get the vaccine,” says Emily Hallgren, Ph.D., medical sociologist. For some, she adds, getting the vaccine was a family event or a family decision making process. “I think this should really make people feel empowered that you can make a difference by sharing your personal testimony and influence those around you.”

They also found that decision making isn’t an event, it’s a process. “When we share our experiences, it may not make an immediate difference, but over time, these conversations come together and serve as motivation,” explains Ramey Moore, Ph.D., medical anthropologist.

Rachel Purvis, Ph.D., another team member, adds: “Sharing a positive message of your vaccine experience or health information in plain language about what a vaccine is and why it’s important and how it helps the community can have a greater impact than maybe we thought in the past.”

Bottom line: Equating hesitancy and refusal is inaccurate and can be counterproductive in the quest to increase vaccine uptake. “I think in some ways we’ve stigmatized hesitancy,” says McElfish. “We can help by acknowledging this is a big decision and offering to help answer questions and provide the information people need to make their own decisions.”



*The Arkansas CEAL research team surveyed recently vaccinated people during the required 15-minute observation period. The results gave them insights into their communities and how individuals make health decisions.*

**Topic(s):** [Community-Specific Health Disparities](#)

**Program:** [Community Engagement Alliance Regional Teams](#)