



Understanding Vaccination Behaviours within Workplaces in Sandwell

Summary Report / January 2022



Acknowledgements

The Behaviouralist project team would like to thank the project team at the LGA and Sandwell Council for their help, input, and advice throughout the study. We would also like to thank all the participants who took part in this research.

Disclaimer

The views in this report are the authors' own and do not necessarily reflect those of the Local Government Association.

Summary

This report presents the results from a study on how behavioural science can be used to increase the take up of COVID-19 vaccines across workplaces in Sandwell. The study includes two randomised trials: the first trial targeted non-vaccinated employees and tests an intervention aimed at increasing intentions to get the vaccine; the second trial targeted those who are already vaccinated and tests an intervention that encourages them to promote COVID-19 vaccines to their unvaccinated colleagues.

Methodology

In this study we first identified key barriers to vaccine uptake within workplaces in Sandwell. We did so by conducting interviews with relevant personnel, including private Sandwellbased organisations and local public-sector organisations (care homes and Sandwell council). After having studied and identified key barriers to vaccine uptake, we designed a series of interventions to tackle these barriers. The interventions were designed based on findings from a comprehensive literature review.

To evaluate those interventions, we conducted two Randomised Controlled Trials (RCTs) between July 2021 and November 2021. The RCTs were administered through the online survey platform Qualtrics. Participants were recruited by contacting local employers, who were invited to participate in the study. Those employers who accepted the invitation received a 'Survey Distribution Toolkit' so that they could distribute the survey among their employees. Employees could access the survey by one or more of the following means: by scanning a poster's QR code in their workplace' facilities or by receiving the survey link via email or text message. The survey began by asking a few demographic questions and a screening question ('have you received the COVID-19 vaccine?'), which was used to assign them to Trial 1 or Trial 2. If their answer was 'No', they were included in Trial 1. If their answer was 'Yes' or 'No, but I've scheduled an appointment', they were assigned to Trial 2.

What is an RCT?

An RCT is a prospective study that help us measure the effectiveness of an intervention. An intervention can be different things. It might be a new policy, a programme, or a communication. For example, we might want to compare a new council communication against current communications, or we might want to compare two new council communications against each other.

The interventions are randomised into different groups of people. By randomly assigning people to groups we can eliminate the possibility of external factors affecting the results and demonstrate that any differences between the two groups are solely a result of differences in the interventions they receive.

In summary, RCTs work by dividing a population into two or more groups by random lot, giving one intervention to one group, the other to another, and measuring a pre-specified outcome for each group. This provides a very powerful response to questions of causality, helping evaluators, programme implementers or public servants to know that what is being achieved is a result of the intervention and not anything else.

Trial 1

In this trial (n = 75), we hypothesised that we could encourage vaccinations by directly addressing the reasons why people say they do not want to get vaccinated. Participants were first asked to list and rank their main reasons for not getting the COVID-19 vaccine through an interactive online interface. If participants were randomised to the treatment group, they were shown a behaviourally-framed message that addressed their highest-ranked concern (e.g., if participant's highest ranked concern is "I think the vaccine is likely to have serious side effects", they are shown a message that includes: "More than 39 million people have already been vaccinated in the UK. For all vaccines, the majority of the side effects are mild and typically last 1 or 2 days").

Trial 2

The second trial (n = 694) was designed under the assumption that vaccine advocacy supports the acceptance and uptake of COVID-19 vaccines. Participants that declared themselves vaccinated were asked if they would encourage others to get the vaccine (this allowed us to understand their willingness to become vaccine advocates) and to specify their own reasons for getting the vaccine. If randomised to the treatment group, they were shown a behaviourally-framed message aimed at encouraging them to become vaccine advocates (e.g., "Thank you for playing your part in protecting everyone in our Sandwell community. (...) You can make a difference in Sandwell by talking to your friends, family, and co-workers about the benefits of the vaccine. Your support matters.").

Key findings and conclusions

- Most adults in our study sample (90.25%) had taken a COVID-19 vaccine or had already scheduled a vaccine appointment. A small proportion of survey participants (9.75%) had not received a COVID-19 vaccine.
- We did not reach our desired sample sizes for the trials which presented a handicap to find any significant effects of the trialled solutions. This might be due to several factors such as the rapidly changing circumstances of the COVID-19 pandemic and the sensitive nature of the topic of research as some employers were reluctant to address this topic in their workplaces. We have also found that some employers were experiencing some sort of 'pandemic fatigue'. Most workplaces had already invested considerable amounts of company resources in the pandemic by the time the experiment was launched and were reluctant to buy into another COVID-19-related project. This calls attention to the fact that the pandemic has posed a huge burden to local businesses across the UK.
- On a positive note, we have also established very fruitful relationships with some companies. We have found that making businesses part of the decision-making process and engaging them in the experiment and intervention design is a good practice to ensure the success of the project.
- In the first trial, we do not find that the behavioural intervention has a significant effect on vaccine behaviour (possibly due to the low sample size in this trial). However, the estimated coefficient is large and positive (a 9.6 percentage point increase in the share that intend to get vaccinated), which is encouraging. It may thus be a good idea to find ways of testing this intervention with larger numbers of participants in the future.
- The survey questions asked in the first trial provide us with important insights into the main concerns that participants have for not getting the COVID-19 vaccine. In particular, participants reported concerns related to the vaccine being rushed, its potential side effects, and concerns regarding the vaccines being ineffective. These findings can help inform the development of targeted communications and public health campaigns that encourage vaccine uptake.





- Our analysis shows that some concerns are more strongly associated with an unwillingness to get vaccinated. More specifically, those who think that the vaccine was rushed and not tested properly, those worried about side effects, those who hold perceptions that the vaccine is not effective, and those who think that COVID-19 does not pose a serious risk to them are especially unlikely to say that they will get vaccinated.
- In the second trial, we do not find a significant effect of the behavioural intervention on intentions to become vaccine advocates. To explain why this might happen, we need to look at the baseline outcome. The baseline outcome, which is the measurement of the outcome of interest (vaccine advocacy intentions) before the intervention, is considerably high. This means that when participants were asked at the beginning of the survey if they would be willing to become vaccine advocates, a very high share of survey participants (80%) stated "Yes, definitely", and 10% answered "Probably". It may thus be useful to explore ways of translating people's stated intentions into actual advocacy behaviour.