"We are all in this together." This appeal to solidarity and the common good from the World Health Organization's One World: #TogetherAtHome campaign at the start of the COVID-19 pandemic exemplified the promise of a silver lining: for all its pain and suffering, our sense of obligation to one another could get us through. Appeals like this have purpose during times of fear and uncertainty. Elimination of an infectious disease, given its transmissibility, demands it.

Today, this message feels distant and idealistic, and the spirit of solidarity it conveys has remained maddeningly elusive. Even the availability of a vaccine, typically a means in which to appeal to the common good, has been mired in a debate about individual risk and benefit. For instance, rather than creating an ethos of kinship, vaccine requirements in workplaces, restaurants, concert venues, and universities have instead fueled disagreements about the nature and magnitude of disease risk and whether this risk justifies infringement on individual liberties.

In this Viewpoint, we highlight how appeals to self-interest as a means to encourage vaccination have come to prevail in the pandemic. We argue for the need to transition from this approach to appeals that reclaim a spirit of solidarity. We suggest 3 strategies to promote COVID-19 vaccination anchored in our obligations to one another.

**Appeals to Self-interest**

Vaccination represents a social contract. This is most evident when vaccination reduces transmission of infectious disease, extending the benefits of vaccination beyond the individual to society. Once enough individuals are vaccinated, we are all protected. Vaccination thereby facilitates participation in civil society and can be a condition of full engagement.

COVID-19 vaccination has so far challenged appeals to this social contract given its muted effect on transmission. Consequently, a common messaging strategy to promote COVID-19 vaccine uptake has been to emphasize its benefit to the individual in reducing the likelihood of serious COVID-19 disease. This messaging strategy has precedent in the US and has been used even when the community benefits of vaccination have been clearer. For instance, outreach to promote diphtheria toxin-antitoxin in the 1920s appealed to self-interest. President Carter’s 1970s Childhood Immunization Initiative aimed to persuade parents by appealing to the threat vaccine-preventable diseases posed to one’s own child. More recently, the Centers for Disease Control and Prevention’s (CDC) 2021 National Infant Immunization week campaign depicted a mother and her newborn with the message “Better protection begins with hugs and vaccination.”

This focus on self-interest in public health messages promoting vaccination, rather than community benefits, reflects societal shifts. The medical consumerism movement that has emphasized the importance of taking charge of one’s health has been particularly influential. There is some merit to this focus, and it has had success in promoting vaccine uptake. Yet it is not without risk. Barbara Loe Fisher leveraged this emphasis on self-interest to create the largest US organization opposing vaccine mandates. In her 1991 manifesto, *A Shot in the Dark*, she encouraged her readers to “question a diagnosis, ask for more information, and [not] be easily controlled.” “My body, my choice” is now an antivaccine slogan.
Calling Out the Collective

In a polarized society, there may be a tendency to favor appeals to self-interest to promote a public good. However, we need to resist these tendencies to ballast against further polarization and erosion of a shared purpose. Some COVID-19 vaccine messages already make this appeal. For example, a sample Twitter message from the CDC Social Media COVID-19 vaccine toolkit offers the following: “#COVID19 spreads from person to person. The joy we get from ending the pandemic will spread from person to person, too. Getting a COVID-19 vaccine will bring us one step closer to returning to our way of life.” Appeals to individuals’ prosocial sentiments and inclinations toward generosity, in fact, can be effective in the vaccination context, with emerging evidence also supporting their effectiveness with COVID-19 vaccines.

To further facilitate a transition from self-interest to solidarity in COVID-19 vaccine messaging, potential strategies stand out. First, it needs to be clearer that COVID-19 vaccines resulted from collective investment. It is a lost opportunity if we do not enhance messaging that conveys that COVID-19 vaccines were a result of public contributions and altruism: they were developed with taxpayer supported research and the tens of thousands of people who participated in clinical trials. For instance, more messaging should feature the desire of those participants to support others. As one trial participant explained, “Because of severe asthma, I’ve been fighting to exist my whole life. I’d been in and out of hospitals, ICUs, and on life support 13 times. I wouldn’t want anyone else to go through what I’ve gone through—if I can help people avoid that, I want to do my part.” Another noted, “I saw how the kids’ education was getting disrupted, and I felt like I needed to do what I could to get the students back into school. Participating in the trial felt like a good way to do that.”

Second, even though SARS-CoV-2 variants have limited the ability to promote COVID-19 vaccination’s effect on disease transmission, emphasizing other tangible community benefits to vaccination can be persuasive. For example, COVID-19 vaccination reduces the odds an individual will require hospitalization, which can minimize the strain on hospitals and ensure resources are available to care for others with health care needs. Vaccination also limits effects on workers. In the first week of 2022, as the Omicron variant surged, almost 9 million workers were out because they were sick or were caring for someone who was, disproportionately affecting low-wage workers who more often lack sick leave, have fewer savings, and are less likely to be fully vaccinated and boosted. This has tremendous effects on individuals, families, and communities that vaccines can prevent.

Third, appeals to the common good may particularly resonate with populations that have developed “helping traditions” of community interdependence for economic, emotional, and physical well-being and survival. Such communities have typically been socially marginalized and have historically had restricted access to goods, services, and opportunities. In a study exploring why African American adults with diabetes continued participation in a diabetes intervention, a desire to help friends, family, and community members featured prominently. One participant noted, “I have to do this because it is not just for me.” Another highlighted their ability to help others: “I think we should share with our kids. They share with their friend, and they share with their friend, and guess what? We can reverse diabetes.” Socially marginalized populations have higher COVID-19 morbidity and mortality burdens and are disproportionately less vaccinated than their peers in many areas of the US. Messages tailored to the unique strength of these populations regarding their commitment to the collective may help reverse these trends.

At its core, vaccination against infectious disease reveals how individual action affects others. We are in this together. Amplifying this message ought not be the sole responsibility of public health agencies. Community leaders can embed this appeal into COVID-19 outreach initiatives. Clinicians can integrate it into conversations with patients and family members during clinical encounters. These appeals to the common good may increase COVID-19 vaccination uptake. They can also foster the resilient community bonds that can help us endure this, and future, pandemics.
Amplifying Appeals to the Common Good in COVID-19 Vaccine Messaging

REFERENCES


