



Vaccine Confidence

Building the Case on Campuses With and Without COVID-19 Vaccine Requirements

As of July 24, 2021, [604 institutions of higher education](#) have instituted policies that require students and/or staff and faculty to receive the COVID-19 vaccine. While these policies are important strategies for campuses being able to provide safe and robust on-campus living and learning environments, these policies must be paired with education and outreach to build vaccine confidence for the long term.

WHAT IS VACCINE CONFIDENCE ON A COLLEGE CAMPUS?

According to the [Centers for Disease Control and Prevention](#), vaccine confidence is the trust that patients, their families, and providers have in:

- Recommended vaccines
- Providers who administer vaccines
- Processes and policies that lead to vaccine development, licensure or authorization, manufacturing, and recommendations for use

Many factors influence vaccine decision-making, including cultural, social, and political factors; individual and group factors; and vaccine-specific factors. However, confidence in the vaccines, the vaccinator, and the system all support the decision to get vaccinated.¹

On a college campus, vaccine confidence refers to the trust our students, faculty, staff, and community members have in vaccines being safe and effective in preventing illness; in the college health professionals who recommend or administer the vaccines; and in the administrators who are setting vaccination policy.

WHY DOES VACCINE CONFIDENCE MATTER ON CAMPUS?

Vaccine confidence is critical to the mission of higher education. A robust learning environment requires the development and maintenance of a healthy and safe community. A healthy and safe community, in turn, requires that individuals within the community have developed the skill of health literacy, and specifically, understand the impact of vaccine uptake on themselves and others. While

¹ <https://www.cdc.gov/vaccines/covid-19/vaccinate-with-confidence.html>

this is undoubtedly critical in terms of the COVID-19 pandemic, the importance of creating a health-literate community with strong vaccine confidence transcends the current pandemic. Institutions of higher education experience this spectrum of confidence within our communities every year with influenza and other vaccine-preventable diseases. In light of recent reports of [routine childhood and adolescent vaccination rates plummeting](#) during the COVID-19 pandemic, building vaccine confidence has never been more important.

WHO IS WELL-EQUIPPED TO BUILD VACCINE CONFIDENCE ON CAMPUS?

Building and maintaining vaccine confidence on campus is everyone's work. Any member of the community has the capacity to erode vaccine confidence—and many others possess the competencies and skills well-suited to the task of building vaccine confidence. Religious and Spiritual Life professionals and campus chaplains are deeply connected to the communities they serve and often serve as the “trusted adult” for students on campus. Faculty command the respect and attention of their students beyond the academic sphere. Athletic staff may be a student athlete's primary point of contact for health information. Residential Life staff may be most familiar with students' lived experiences on campus. Senior leadership enjoys a wide platform to reach all community members. Campus faculty and staff who interact with parents and other family members can support vaccine confidence in this key constituency, positively impacting both our students and the larger community.

That said, college health professionals have deep expertise in communicating at the community level, as well as with individuals with different levels of comfort with vaccination. College health core competencies include meeting people where they are, building trust, listening to and addressing concerns, and motivating people to engage in health behavior change.

HOW DO I KNOW HOW MY CAMPUS COMMUNITY MEMBERS FEEL ABOUT VACCINES?

To the extent possible, campuses should continuously assess the campus community's level of vaccine confidence. Like most aspects of managing the COVID-19 pandemic, the landscape changes quickly and oftentimes in unexpected ways. Multiple pathways exist for this continuous listening and using different strategies will yield more robust understanding. Surveying and focus groups are tried and true strategies. Because these strategies require community members to “opt in,” institutions should pay attention to which groups of community members do not present through these strategies and affirmatively reach out to those groups. Small group meetings or social listening may yield better results in those subcommunities. For more information on varied methods of evidence gathering, see these [archived webinars](#):

- Equity Series Session 1: Connect Before You Correct: How to Host Listening Sessions and Develop Trust to Mitigate COVID-19 and Decrease Vaccine Hesitancy in Marginalized Communities
- Equity Series Session 2: Building Trust and Confidence for the Long Term: How to Design COVID-19 Mitigation and Vaccination Strategies on Campus Responsive to the Needs of Marginalized Communities
- Managing COVID-19 Vaccine Misinformation on Campus

DO I NEED TO WORRY ABOUT BUILDING VACCINE CONFIDENCE IF MY CAMPUS REQUIRES COVID-19 VACCINATION?

Policy alone cannot get higher education or the world through this pandemic. Vaccination is an individual health behavior that has profound implications for the community at large. Vaccine confidence is a lifelong health literacy skill, and campuses will continue to reckon with confidence levels towards other vaccine-preventable diseases. Therefore, it is incumbent upon educational

institutions to put in the effort to ensure that community members understand *why* they are required to receive the COVID-19 or any other vaccine. The confidence students build now will serve as the foundation for their feelings, attitudes, and behaviors regarding vaccination as they become consumers of health care beyond college and decision-makers for the next generation.

HOW DOES VACCINE CONFIDENCE AFFECT UNVACCINATED CAMPUS COMMUNITY MEMBERS?

Institutions of higher education are diverse spaces in which community members study, work, live, and socialize. Some community members may be medically unable to receive some vaccines, and others who are not required to receive a COVID-19 vaccine will delay or refuse them for a variety of reasons. Vaccine confidence means students, staff, and faculty who are vaccinated understand that their individual choice protects those who cannot or will not be vaccinated. Vaccine confidence also means that community members who educate or motivate those who choose not to be vaccinated understand that shame and pressure are not evidence-based strategies for behavior change. Vaccine confidence leaves the door open for people to become better informed as they make their vaccination decisions.

WHAT IS THE LONG-TERM BENEFIT OF BUILDING VACCINE CONFIDENCE ON CAMPUS?

A vaccine confident community has invested in building health literacy skills in community members. A health literate community is well-equipped to prevent outbreaks of vaccine-preventable diseases and respond to public health concerns with appropriate mitigation strategies. The COVID-19 pandemic has wrought tremendous damage on the resources of many institutions of higher education—finances are strained, and personnel are over-extended at best and traumatized at worst. Building vaccine confidence is one of several approaches to protect the institution and community members from further damage. High vaccine confidence will mitigate risk, increase predictability and quality in operations, and protect the most vulnerable members of the community.

TO WHAT MISINFORMATION ARE STUDENTS EXPOSED AND IN WHAT VENUES?

In a CoVAC Initiative poll of NASPA-certified peer educators² across the U.S., the 420 respondents reported seeing or hearing the following misinformation on campus during the spring 2021 academic term:

- Myth: Vaccines were produced by a rushed process (87%)
- Myth: COVID-19 vaccines are not safe (79%)
- Myth: COVID-19 vaccines contain microchips to track people (66%)
- Myth: COVID-19 vaccines cause infertility (66%)
- Myth: Vaccine causes people to contract COVID-19 (58%)
- Myth: COVID-19 vaccines mess with your health (55%)
- Myth: The vaccine can alter someone's DNA (51%)
- Myth: Contents of COVID-19 vaccine are unknown (50%)
- Myth: Risks of getting the vaccine are greater than getting COVID-19 (37%)

In the poll, 89% of respondents indicated they consumed this misinformation over social media platforms—most cited were Instagram (63%) and Facebook (66%). 75% of respondents also mentioned the misinformation came up in conversation with their peers, and 10% of respondents indicated the misinformation came up in a classroom discussion.

² CoVAC Initiative (2021), CoVAC Student Reported Misinformation about Vaccine.

WHY IS IT IMPORTANT TO COMBAT VACCINE MISINFORMATION?

We know that misinformation and disinformation are plentiful and that they negatively impact individuals' vaccine confidence and uptake behavior. Campus communities are not immune to the impacts of COVID-19 vaccine misinformation; however, they are uniquely positioned to respond through education and skill building. Educating students to be critical consumers of information is what colleges and universities do.

Vaccine misinformation is not new or unique to COVID-19 vaccines. There are evidence-based and promising practices to combat misinformation and disinformation; these practices include “prebunking” with abundant credible information, empowering community members to engage in peer-to-peer social marketing and social norming and elevating the voice of trusted community members and college health professionals.

HOW CAN I USE DATA TO BUILD VACCINE CONFIDENCE?

Data and modeling can be an incredibly powerful motivator when contextualized and tailored to the campus population. Use data to show community members

- How many people have already been vaccinated and how many cases of COVID-19 and associated hospitalizations and deaths have been prevented as a result;³
- What barriers are in place that are preventing community members from getting vaccinated, and what it would take to move them to action;
- What opportunity costs are incurred or trade-offs will be made if community or herd immunity isn't achieved.

IS VACCINE CONFIDENCE ENOUGH TO DRIVE VACCINE UPTAKE?

Vaccine confidence is key to achieving comprehensive vaccine uptake on campus; however, if barriers to access are not ascertained and mitigated, confidence will not be enough. Confidence paired with comprehensive access will set institutions of higher education and their community members up for success in fall 2021 and in the years to come.

The [Campus COVID-19 Vaccine \(CoVAC\) Initiative](#) is a project of the [American College Health Association](#), funded by a cooperative agreement with the U.S. [U.S Centers for Disease Control and Prevention](#).



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³ [Modeling of Future COVID-19 Cases, Hospitalizations, and Deaths, by Vaccination Rates and Nonpharmaceutical Intervention Scenarios — United States, April–September 2021 | MMWR \(cdc.gov\)](#)