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Calling the Shots: How Others' Mistakes May Influence Vaccine Take-up

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Abstract : Scholars posit that there is an overlap between the fields of Behavioral Economics (BE) and Behavior Science (BSci)—and that consideration of concepts from both may facilitate a greater understanding of health decision-making processes. For example, the 'intention-action gap' is one BE concept to explain sup-optimal decision-making. It is described as having knowledge that does not translate into behavior. Complementary best BSci practices may provide insights into behavioral determinants and relevant behavior change techniques (BCT). Within the context of BSci, this exploratory study aimed to apply a BE concept with demonstrated effectiveness in financial decision-making to a health behavior: influenza (flu) vaccine uptake. Adults aged >18 years were recruited on Amazon's Mechanical Turk, a digital labor market where anonymous users perform simple tasks at low cost. Eligible participants were randomized into 2 groups, reviewed a scenario, and then completed a survey on the likelihood of receiving a flu shot. The 'usual care' group's scenario included standard CDC guidance that supported the behavior. The 'intervention' group's scenario included messaging about people who did not receive the flu shot. The framing was such that participants could learn from others' (strangers) mistakes and the subsequent health consequences: 'Last year, other people who didn't get the vaccine were about twice as likely to get the flu, and a number of them were hospitalized or even died. Don't risk it.' Descriptive statistics and chi-square analyses were performed on the sample. There were 648 participants (usual care, n=326; int., n=322). Among racial/ethnic minorities (n=169; 57% aged < 40), the intervention group was 22% more likely to report that they were 'extremely' or 'moderately' likely to get the flu vaccine (p = 0.11). While not statistically significant, findings suggest that framing messages from the perspective of learning from the mistakes of unknown others coupled with the BCT 'knowledge about the health consequences' may help influence flu vaccine uptake among the study population. With the widely documented disparities in vaccine uptake, exploration of the complementary application of these concepts and strategies may be critical.

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