Selling the shield, not the shot: How to rebuild trust to reverse vaccine hesitancy

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MARCH 2026

Table of Contents

Introduction

In January, the CDC, under RFK Jr.'s leadership, overhauled the childhood vaccination schedule, reducing the number of life-saving vaccines recommended for all children. The American Academy of Pediatrics (AAP) changed nothing. As many experts have suggested, parents should continue to follow the AAP's recommendations, despite the CDC's recommendations now differing from the AAP's. That's all well and good as long as...

- Vaccines remain available
- Vaccines remain accessible and affordable (i.e., carried by pediatricians' offices, and covered by insurance and/or the VFC program)
- Parents trust their pediatrician and the vaccines

The first two items on this list are economic and business model issues that have clear, potentially detrimental public health and population health impacts, not to mention effects on childhood mortality. But the focus of this piece is on the third bullet point. If we want more parents to vaccinate their children, we must address the issue of trust.

Even before RFK Jr. was named Secretary of the Department of Health and Human Services (HHS) and before the COVID-19 pandemic, vaccine hesitancy was on the rise. The problem isn't new, but it *is* getting worse.

So, how can we address the trust problem to reverse course? There are various suggestions circulating from effective public health communicators. However, there are also some critical factors missing from those arguments, and herein, I'm going to address them.

Bias is clouding vision

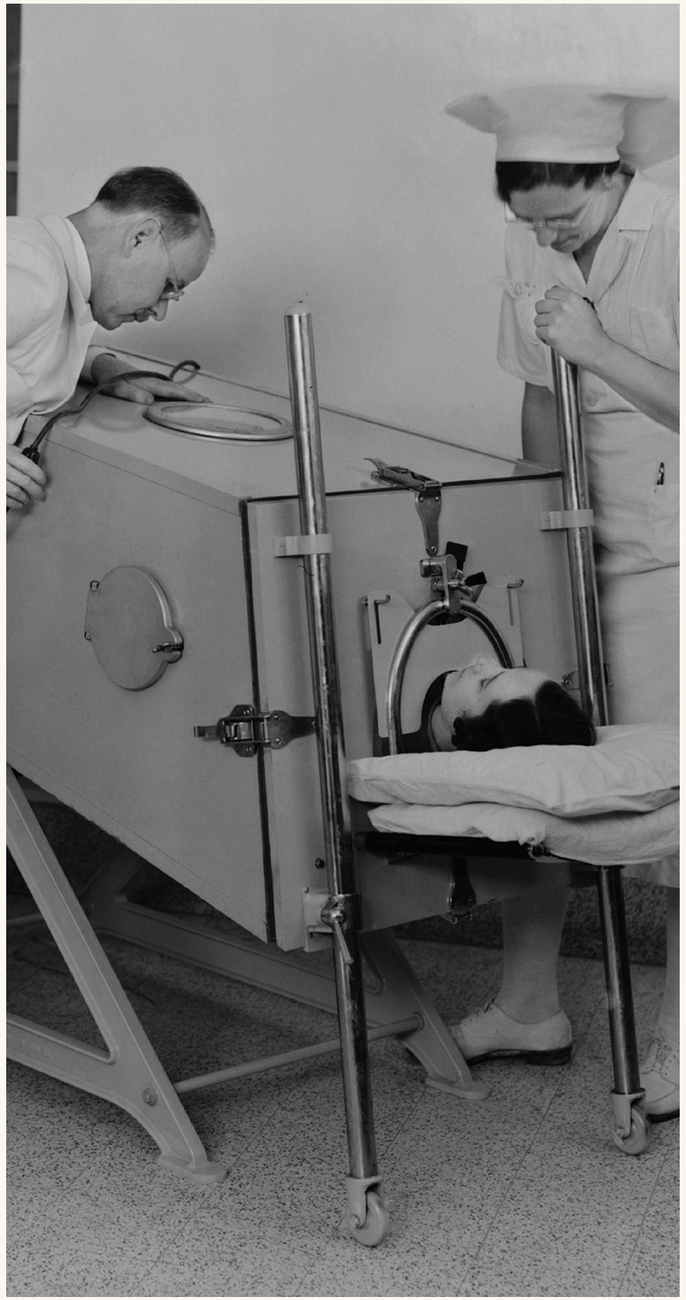
The public health and medical community's bias toward "anti-vaxxers" isn't helping anyone. It's not helping those of us trying to change behavior, it's not building trust, and it's not saving lives. Instead of labeling people, as the medical and public health communities have done for years (self-included), we need to leverage our understanding of psychology and culture to reveal the pathway to improvement. Vaccine-hesitant parents aren't bad parents; they're scared parents. There are also a couple of contexts they're navigating that are worth noting and remembering.

Psychologically, humans are bad at assessing risk

Let's start with a psychological fact, which is that humans are not good at calculating and assessing risks.

This is especially true for very large and very small probability events. But parents must be able to assess risk to keep children alive and well: this creates a conflict.

It's easier to discount risks we haven't seen happen and overweight risks we've seen occur or heard of occurring. This happens because of something called the availability heuristic: a shortcut our brains take to assess the likelihood of an event happening. In other words, if we can easily remember something happening (a plane crash, for example), we believe it must happen frequently. Unfortunately, our beliefs aren't always aligned with reality. You've probably heard that you're more likely to die in a car accident on the way to the airport than you are in the plane, and it's true. Yet, the fear of flying outweighs the fear of driving or riding in a car.



Culturally, it’s a hard time to be a parent

Another way psychology isn’t working in our favor is that most of today’s parents don’t remember the days when polio and regular measles outbreaks were normal occurrences. Why? Because they weren’t alive.

Additionally, most of the population lives with 24/7 access to AI, news, influencer perspectives, and misinformation. And it’s hard (sometimes impossible) to parse the truth from the slop. Among repeated narratives in the continuous news and social media cycles is the belief that individuals can have total control of their health (and their children's health) outcomes if they just eat the right things, take the right supplements, exercise the right way, avoid specific medical interventions, etc.

The problem with this narrative, of course, is that it’s factually incorrect. Humans are interdependent; individuals don’t live in isolated bubbles, and infectious diseases don’t behave according to our personal will.

Combining these factors with a culture that has long idolized wellness and an administration that spouts misinformation and changes recommendations without new scientific evidence, it’s no wonder vaccine hesitancy is increasing.

The challenge of comprehending and assessing risks with low probabilities, coupled with the current culture of parenting, constitutes a perfect storm for increased vaccine skepticism. Parents aren’t bad. They’re scared and constantly bombarded with conflicting messages. They just want to do what’s best for their children.

While communication approaches are slowly shifting in some medical and public health arenas, these cultural factors aren't being acknowledged or effectively addressed at scale today. But if they are, the public health and medical communities can finally make progress toward greater trust, and thus toward greater vaccination and less disease and death.

Jobs to Be Done:

Understanding parents' current struggles to move beyond them

Jobs to Be Done (Jobs or JTBD) is a framework for understanding consumer behavior. It focuses on *why* people behave the way they do, not just on *who* they are. Jobs research extends beyond general demographic categories and characteristics of participants to uncover and analyze the functional, social, and emotional dimensions that drive an individual's motivations and how they impact their decision-making and actions.

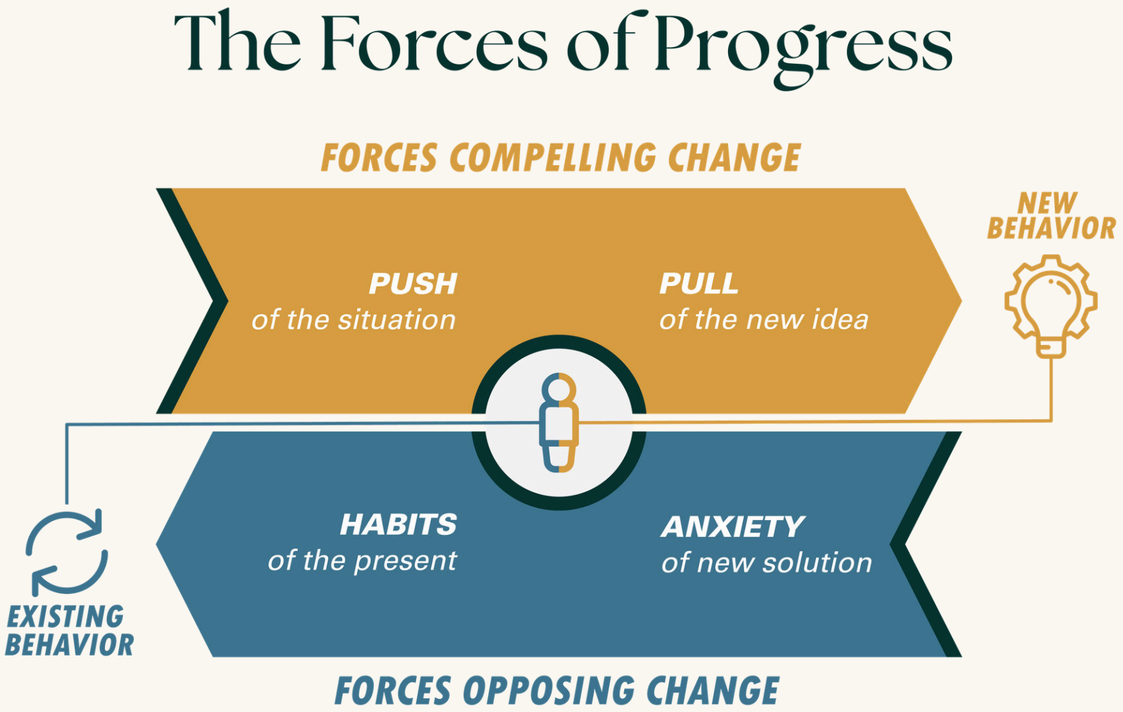
In brief, a "Job" is the progress someone seeks in a given situation. It has two parts: the individuals' circumstances or struggling moments, and the progress or outcome they're hoping to achieve. People are always trying to achieve something, but this doesn't happen in a vacuum. Our circumstances shape our decisions.

When Jobs arise in our lives, we "hire" products and services to get those Jobs done. When we find a better way to achieve a Job, we "fire" the old solution and "hire" a new one.

More and more parents are "firing" vaccines, and "hiring" non-vaccination, or delayed vaccine schedules, or picking and choosing which vaccines to give their children. Understanding *why*—their motivations, anxieties, habits, and struggling moments—can give medical and public health leaders a common language to effectively address parents' concerns and desires.

Establishing this common language begins with understanding parents' forces of progress (see the figure below). There are two forces that compel change: the push of the situation and the pull of the new idea; and there are two forces that oppose change: anxiety of the new solution and habits of the present. For someone to "hire" a new behavior (i.e., vaccination), the pushes and pulls must outweigh the habits and anxieties.

Figure 1. The Forces of Progress



While a Jobs to Be Done study on vaccine hesitancy hasn't been done (to our knowledge), an estimate of parents' struggles based on dominant cultural narratives seen across news publications, social media, and lived experience could be portrayed as follows:

- When I don't know what's true, help me make the best decision for my family…
- When I don't know who to believe, help me make sense of confusing and changing recommendations…
- When what the doctor says doesn't align with what I hear from other non-medical sources, I need to understand why I should believe the doctor…

In addition to these struggles, parents are seeking outcomes along the lines of the following:

- So I can ensure my child is healthy and safe.
- So I can help my child live the best life possible.
- So I don't feel like I made a decision that could harm my child.

By combining the broad societal context discussed above —the inability to accurately assess risk and the information and misinformation deluge of our current culture—with these specific, individual-level struggles and desired outcomes (i.e., Jobs to Be Done), the public health and medical communities can help reduce parental stress, enhance vaccine uptake, and save children's lives.

The pivot:

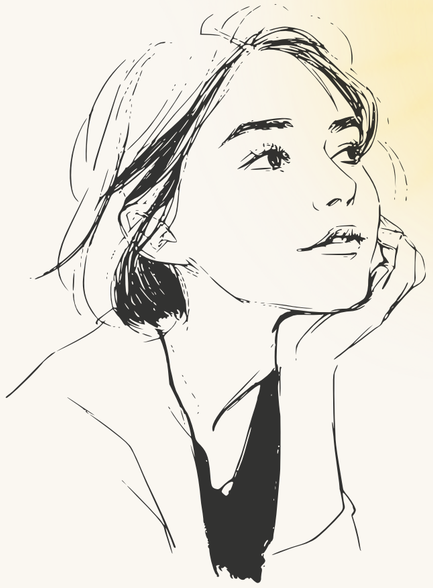
Visualize complex risks to increase understanding, address struggling moments, and help parents achieve their desired progress

I, and many public health experts, have recently discussed the failings of public health communication. But instead of just *suggesting* that we do better, I'm going to provide examples of what *doing* better could look like.

Studies highlight that visualizations improve comprehension of complex concepts. Additionally, analyses reveal that influencing health behaviors through data presentation is more effective when using certain techniques. I've incorporated these techniques into the examples below, so they aren't just hypothetical suggestions; I've framed the data in an evidence-based way that is more likely to sway health behavior.

In the following examples, I share how we might consider speaking to parents' Jobs to Be Done to counter misinformation, help them achieve their goals, and improve public health in the process.

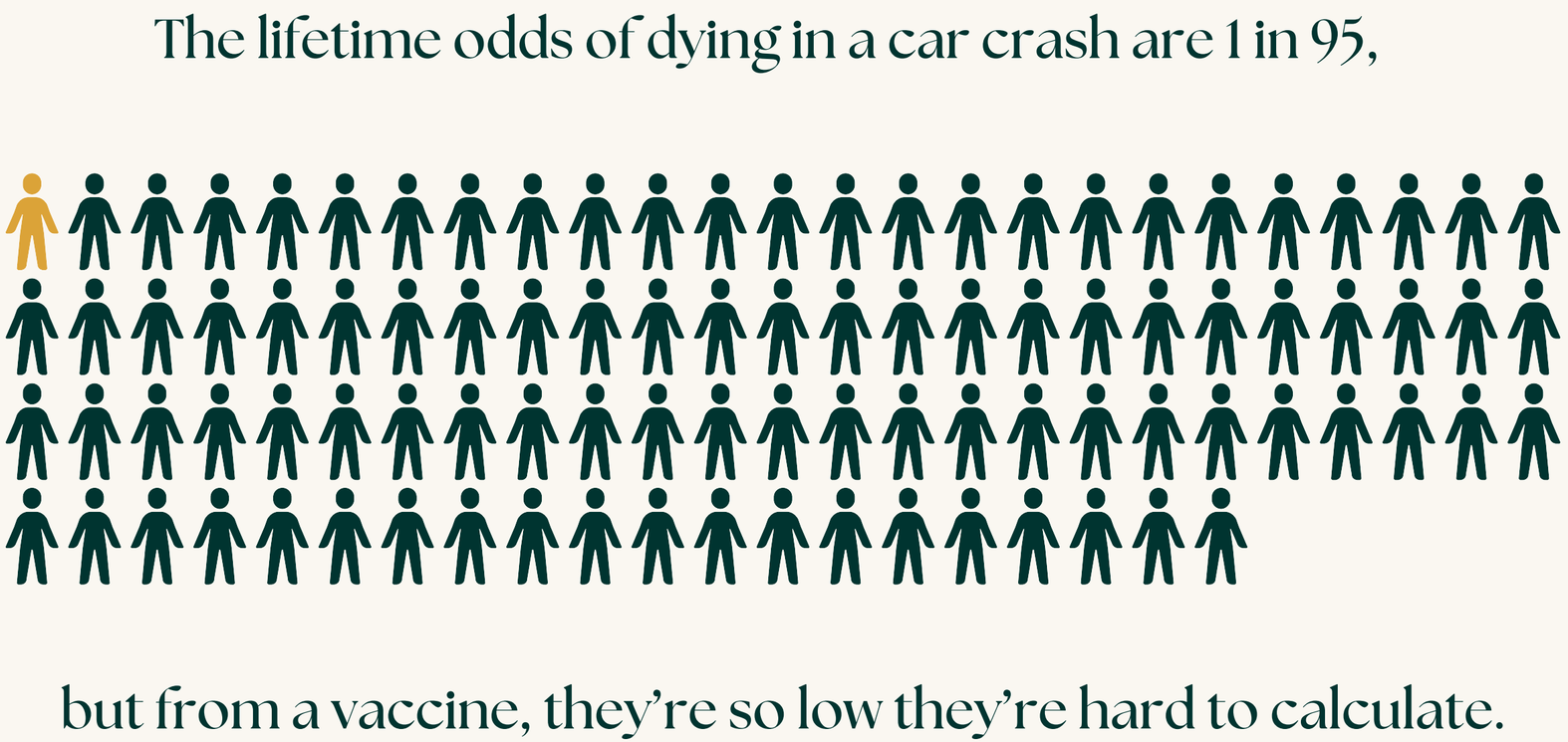
First, we need to help parents understand risks and benefits. Per the description above, risk is confusing, especially when risks are small. In fact, a recent article in *The Lancet* stated, "The more successful biomedical interventions are at preventing catastrophes, the more invisible their benefits become. It is intrinsically hard to counterfactually appreciate something that fails to occur."



So, here are a few ways we could help parents understand by *visualizing* 1) the risks of different activities in which they participate daily or weekly, and 2) the upside benefit of vaccines. Helping parents see that the risk of vaccination is magnitudes *lower* than driving in the car or going to the playground can help them conceptualize the risk.

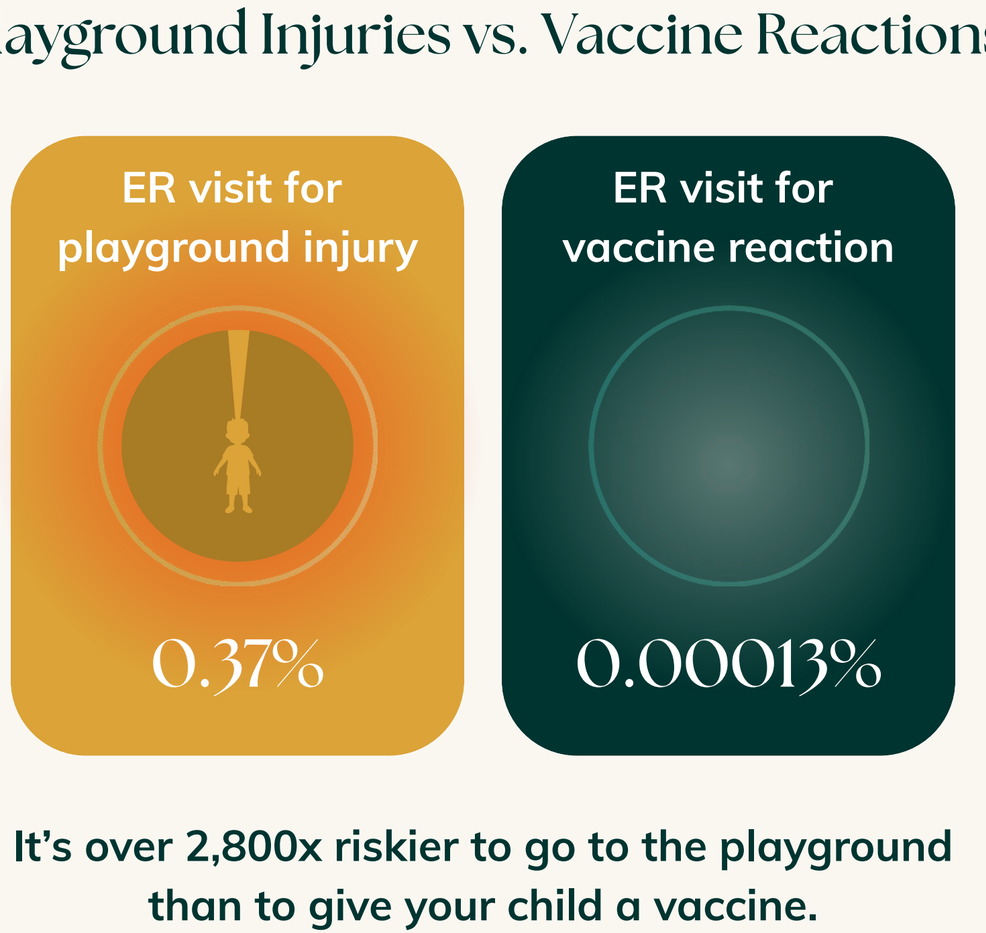
1. **Death:** The lifetime odds of dying in a car crash are 1 in 95, but from a vaccine, they're so low they're hard to calculate.

Figure 2. Cars vs. Vaccines



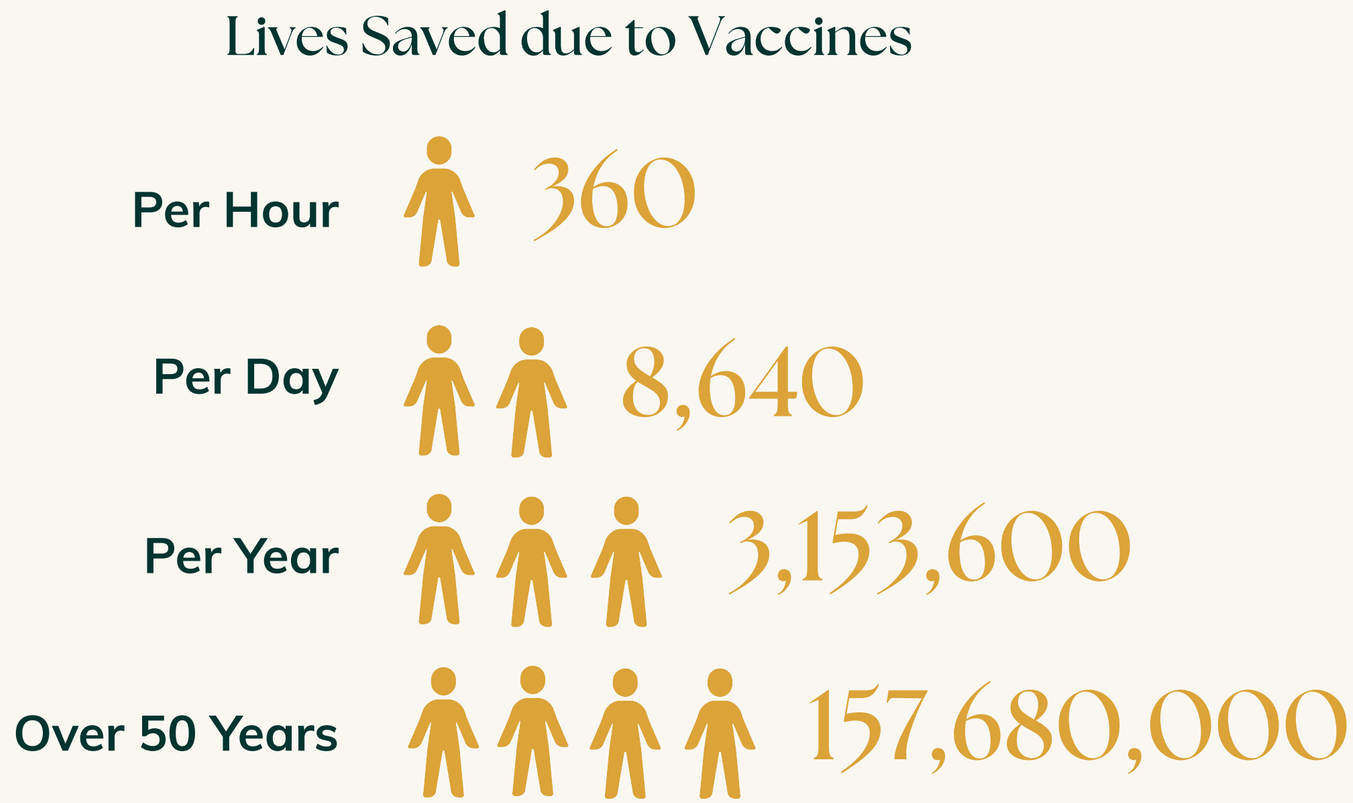
2. **Trips to the ER:** The chance of going to the ER for a playground injury is 1 in 270; For vaccines, there are only 1.3 cases of life-threatening allergic reactions per 1M kids.

Figure 3. Playground vs. Vaccines



3. **Lives saved:** Since 1974, over 150 million lives have been saved by vaccines, with the majority being children under 5. This equates to saving 6 lives every minute of every year over the past 50 years. Said differently, every minute of the day, 6 people, overwhelmingly children, live who would have otherwise died without vaccines.

Figure 4. Lives Saved



The risk of downside loss with vaccines is very low, but the likelihood of upside gain far outweighs it. Yes, rare events occur, and those are tragic. But they are the *exception*, not the rule. And, as discussed above, our brains are very bad at estimating the true probability of that extremely rare event.

Second, we need to rebrand the value of vaccines. When discussing vaccines, leaders and clinicians shouldn't minimize the risks that do exist (all medical interventions carry some risk), and they don't do that today. However, they should focus more on the proven *upside gain*. This is because focusing solely on the risks upholds another psychological principle: loss aversion. This is the behavioral bias that leads people to act irrationally because the pain of losing something feels stronger than the pleasure of gaining something of equal value (i.e, there is a perceived risk that the vaccine could harm my child vs. the perceived benefit of protecting my child from illness).

In other words, there's a powerful human tendency to prefer the status quo (my child is fine today) or even a gamble (don't give my child the vaccine) to prevent a loss (any *potential* harm to the child from the vaccine). However, our brains are tricking us if we apply this rationale to vaccination.

The risk of potential downside loss from the vaccine is *far smaller* than the upside gain of getting the vaccine. So, the risk of loss vs. the potential for gain aren't equal, yet parents are treating them like they are.

When parents don't vaccinate, they're choosing to take a gamble that the infectious disease won't infect their child, or won't harm them if it does. They perceive (incorrectly) that the risk of harm from the vaccine is greater than the risk of harm from the disease. They're acting in line with the tendency for loss aversion. What needs to be clearer in explaining and marketing the value of vaccines is that the potential for unlikely losses from vaccination is far smaller than the protection the vaccine provides.

Lastly, changing something as simple as the imagery (visualization) we use around vaccination could be beneficial. Instead of using a shot on posters, in emails, and in campaigns that target parents (which automatically evokes the potential for pain, anxiety, and fear for their child), more messaging should use a shield.

Vaccination provides a shield to children, over the course of a season (for flu), many years (for pertussis, diphtheria, etc.), or for life (for polio, measles, etc.). Even a simple shift to focus not on the near-term pain, which is a downside loss for the parent who must console the crying child, to the long-term gain could help to shift parental mindsets.

Figure 5. Example of Overrotating on the Shot/Side Effects

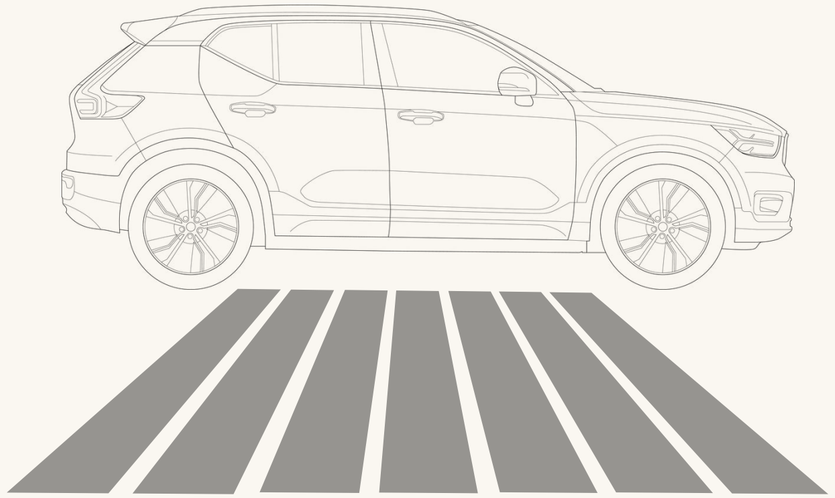
Figure 6. Vaccine Shield

Third, we can look outside of health care and public health for examples of effective safety communication. Public health is often a victim of its own success. You can't easily see the people who didn't get sick, and it's hard to see the people who don't die. But again, if we focus on the benefits, we can see the child who lived and celebrated each birthday, the peace of mind the mother has from vaccination, and more.

Volvo's commercials convey how a focus on safety allows one to avoid downside loss effectively. Their ads, like the one linked here, highlight how the safety features of their cars protect parents from car accidents, allowing them to return home to their families and continue to live their lives. The value of the safety features is the accident avoided, and the death that didn't occur.

In another ad, they show how Volvo's features save children at crosswalks, and how that split second of the car *not* hitting the child allows for a life well lived, where the child not only goes to school that day, but lives a life fulfilling her dreams. As the car stops itself, the statement, "Sometimes the moments that never happen matter most," flashes across the screen.

Public health communicators could benefit from taking a similar approach. By speaking to the struggling moment and the desire for progress, we can help both current and future generations of children avoid vaccine-preventable illnesses and all the downside losses that come from contracting them.



Conclusion

While these few visualizations and reframes won't single-handedly solve the problem of declining vaccination, reframing how medical practitioners and public health leaders talk to parents and frame the cost/benefits of vaccines are critical first steps.

When we're trained to focus on the data, the statistics, and doing the greatest good for the greatest number, it's hard to get close to the problem and lead with empathy. But there's so much power in doing just that. John Green says in his bestselling book, *Everything is Tuberculosis*, "When we are proximal to suffering…we can do and be so much for each other…but only when we see one another in our full humanity, not as statistics or problems, but as people who deserve to be alive in the world." As I've worked on this report, his quote has been reverberating in my head. It's not only applicable to TB, but to all public health struggles, including vaccine hesitancy.

Speaking to parents' Jobs to Be Done is key to effectively addressing vaccine hesitancy. In today's always-on, misinformation-everywhere environment, it's just not possible to communicate in the ways of old and hope for success. Declining vaccination rates show us the status quo approach isn't working.

Effective communication that leads to behavior change requires both understanding where people struggle and tailoring communication to help them overcome those struggles. The struggling moment is the seed of all innovation. And the time to innovate is now.

Christensen Institute

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About the Author

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