

Why We Need a Different Approach to Vaccination

And What it Can Look Like

By Ann Somers Hogg
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Trust is a single word with massive implications. It's also one of the most critical levers we have to improve healthcare in America.

Many aspects of healthcare and public health currently call for enhanced consumer trust, but one that's top of mind for many is vaccine hesitancy. There are many reasons why vaccine hesitancy is on the rise, such as the rise of medical [misinformation](#), the [forgotten burden](#) of many illnesses that are now vaccine-preventable, the cultural belief that you can control all of your health outcomes if you [just try hard enough](#) and do the right things — you can't — and many more.

Lack of trust is at the root of all these factors. We've lost trust in [one another](#), in [societal institutions](#), and, increasingly, in [healthcare and medical expertise](#).

We can say "we need to rebuild trust in healthcare and public health" all we want, but actions speak louder than words. What we need to build trust is for leaders to do things differently.



WHAT DOESN'T WORK: THE STATUS QUO APPROACH TO COMMUNICATION

A few months ago, I shared [a piece on public health communication](#) and the room it has to improve. I won't rehash that here, but in summary, I outlined that 1) public health and medical leaders need to improve their communication effectiveness, and 2) it's understandable why most aren't good communicators — it's not part of their training. This is a broad statement, and there are some clear exceptions, including those actively shifting the landscape: [Katelyn Jetelina](#), [Jess Steier](#), [Kristen Panthagani](#) and more.

As someone trained in public health, I know childhood vaccines have drastically reduced rates of diseases that previously wiped out entire families or impeded one's ability to live a healthy life.

I also know that in public health and medicine, we almost always lead with science. Facts and the evidence-base are appealing to those of us in the field.

The problem is facts don't change feelings. To increase vaccine uptake we must understand, speak to and ultimately change people's beliefs and feelings.

Additionally, the historical approach to medical and public health communication no longer works to increase vaccine uptake because we no longer live in an environment where information and knowledge are assets held only by the few at the top of their field. In today's technological landscape, information is increasingly available to all capable of formulating a query for AI. A communication strategy that impacted behavior in a wildly different information environment can't be expected to work when very few of the environmental conditions remain.

WHAT CAN WORK INSTEAD

Psychology research highlights 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 that is psychologically hard to resolve. It's also one that's hard to solve in an environment with 24/7 access to AI, news, influencer perspectives and misinformation. It's sometimes impossible to parse truth from the slop.

To get to the bottom of vaccine mistrust, we need to understand where and why parents struggle, employ risk communication best practices, and speak in a way that combines the two.

THE PERFECT STORM OF MISTRUST

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.

In addition to parents' struggles, public health and healthcare don't always employ the best risk communication practices. Again, communicating in this way isn't what they're taught, and it's also an evolving field of study. But recent research [highlights that specific ways of communicating risk](#) can shift perception,



sway health behaviors, and help people better understand the risk of various health actions, or inaction.

The old ways of communicating aren't effective in today's information environment, but that doesn't make public health and healthcare leaders powerless. Combining human psychology and the [Theory of Jobs to Be Done](#) provides a powerful tool to 1) speak to parents empathetically, 2) build trust in medical and public health systems, and 3) increase vaccine rates in order to reduce disease and death.

This won't be a quick fix, but building trust never is.

NEXT STEPS

Reframing the value of vaccines starts with focusing on the long-term benefits that appeal to parents, not the near-term pain of a needle. If practitioners and leaders pause to listen effectively, and if they seek to understand why and where parents struggle, they will move the needle on vaccine uptake.

The hard work of creating trust starts with the hard work of listening.

For a detailed pathway toward greater vaccine uptake, read more in [*Selling the Shield, Not the Shot*](#) from the Christensen Institute.

AUTHOR



Ann Somers Hogg is a healthcare leader with a strong background in strategy, innovation, and leadership, known for her impactful work in driving organizational growth and transformation. Her research looks into the role of business model innovation and disruption in health care, including how to transform a sick care system into one that values and creates total health. Currently, she focuses on drivers of health, maternal health, and the pathways to improve both.