MORAL AGENCY IN THE “IT’S UP TO YOU” COVID-19 CAMPAIGN

by

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Abstract

As individuals increasingly turn to social media for health information, mass media campaigns have become a major tool of public health practitioners in their efforts to promote healthy behaviors and discourage unhealthy behaviors of the public (Hornik, 2002; Hornik et al., 2002). During the COVID-19 pandemic, multiple public health communication campaigns have been trying to encourage vaccine uptake. This paper ethically examines the “It’s Up to You” campaign, one of the largest public education efforts in U.S. history, which was organized by The Ad Council in partnership with CDC and companies including Google and Facebook.

The campaign’s main message is that once everyone is given the most accurate information on coronavirus vaccines, it is “up to you” on whether to get vaccinated and help the country defeat the virus. While the message aims to make individuals more confident in their choice to get vaccinated, there are moral concerns surrounding this message. This paper argues that the slogan masks the government’s responsibilities, is manipulative, overlooks the massive inequalities in access, and puts a moral burden on the people, which might ultimately disempower rather than empower individuals.

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1. Introduction

One of the largest and the most expensive public health campaigns in U.S. history, the on-going “It’s Up to You” campaign, was created in February 2021 by the U.S. Centers for Disease Control and Prevention and the Ad Council with a budget of $52 million. It consists of videos on the campaign’s website (GetVaccineAnswers.org), YouTube ads, radio ads, and social media efforts (Castronuovo, 2021), and strives to increase vaccine uptake by addressing vaccine hesitancy through providing relevant information and making people more confident (The Ad Council, 2021). During the COVID-19 pandemic, a major threat to preventing disease and death is the low uptake of vaccines (King et al., 2021). Vaccine hesitancy is defined by the World Health Organization (WHO) as a “delay in acceptance or refusal of safe vaccines despite availability of vaccine services” (MacDonald, 2015). A longitudinal study of adults in United States that collected data throughout the approval and launch of three COVID-19 vaccines reported a decrease in COVID-19 vaccine hesitancy from 46.0% in October 2020 to 35.2% in March 2021 (Daly et al., 2021). Nonetheless, a greater reduction in vaccine hesitancy was required to meet uptake goals of 70% to 90% (Razai et al., 2021). To reduce vaccine hesitancy, the “It’s Up to You” campaign addresses two main types of hesitancy (Castronuovo, 2021). First, people are hesitant due to a lack of understanding, or a misunderstanding, of the vaccines’ safety, effectiveness, and long-term side effects. Secondly, people are hesitant because they distrust medical and governmental institutions. To solve the first type of hesitancy, the campaign presents around 40 commonly-asked questions with short answers on its website. To approach the latter type of hesitancy, the Ad Council managed to invite the descendants of the survivors of the Tuskegee Syphilis Study to tell their stories and help foster confidence in
COVID-19 vaccines among African American communities. The campaign is also translated into 7 languages, including “De ti Depende” in Spanish and “由你决定 (You Decide)” in Chinese.

On its surface, the campaign’s slogan, “It’s Up to You”, appeals to promoting autonomy and individual agency. The campaign is giving individuals information about the vaccine, and the decision power of getting vaccinated is held by the individuals. As Meyer (1986) argued, “much of the effort of modern society goes into constructing appropriate individuals.” Mass media, or communication campaigns, which are part of these efforts, are widely used to expose large populations to health-inducing messages and to encourage them to adopt behaviors that would make them healthier (Faden, 1987; Wakefield et al., 2014). The messages are often generated through behavioral psychological theories and experiments that aim to invoke a sense of urgency, discomfort, or self-efficacy in people that potentially would lead to healthier behaviors. Sometimes, public health campaigns also appeal to people’s moral commitments and beliefs to advocate for change. As the narrator in the promotional video of the campaign says, “The fact is the vaccines are safe and effective. They’re going to save lives” (The Ad Council, 2021). Audiences of this campaign are made to feel a sense of moral urgency to get vaccinated and save the lives of fellow citizens during the pandemic. The sense of urgency could lead to desirable behavior, as long as individuals have the agency to act accordingly. Agency is one’s ability to rationally choose; as a result of having agency, one is therefore responsible for one’s actions. Moral agency is generally defined as the capacity to choose and act in accordance with judgments about what is right and wrong (Applebaum, 2013). The presumption behind campaigns that appeal to moral commitments, then, is that we are more likely to choose to do something morally right than wrong. Applying these ideas to the “It’s Up to You” campaign, it
appears that the campaign frames vaccination as individuals’ moral choice. However, we can ask: is it ethical for the public health campaigns to construct this narrative around the individual in the context of COVID-19?

2. Ethical Critiques of Framing Vaccination as Individual Choice

While the “It’s Up to You” campaign seeks to increase the vaccination rate by making the public more informed and confident, it also locates moral agency within the individual by suggesting that it is up to the people to get vaccinated. The campaign first frames COVID-19 vaccination as an individual risk management strategy by suggesting that it is up to the people to protect themselves against COVID-19, and secondly invokes feelings around one’s social and moral responsibility to family members and others. It is within an individualist framework that moral agency is conceived: It is in one’s ability to rationally choose and act, and hence, one is responsible for one’s actions (Applebaum, 2013). The campaign can also be seen as deploying a moral regulation strategy. Moral regulation involves “moral discourses that link a moralized subject with some moralized object or practice in such a way as to impute some wider socially harmful consequences unless both the subject and practices are subjected to appropriate regulation” (Connell and Hunt, 2010). In the “It’s Up to You” campaign, the moralized subject is the individual, and vaccination is the moralized practice. According to the voiceover of the campaign’s promotional video, “vaccinations are safe and effective. They are going to save lives. Because getting back to the moments we love starts with getting informed. It’s up to you” (The Ad Council, 2021). As the campaign suggests, the harmful consequences of non-vaccination could include loss of lives and inability to return to normal life quality.
To fully answer the question of whether it is ethical for the public health campaigns to construct this narrative around the individual, we first need to interrogate the kind of agency that the campaign and its slogan appeals to. The campaign appeals to individual agency in three distinct ways. Firstly, “It’s Up to You” means that the individual is the one that is responsible for her own health. The concept of individual responsibility for one’s own health is similar to healthism, which is defined as the preoccupation with personal health as the primary focus for the definition and achievement of well-being (Crawford, 1980). Secondly, the campaign appeals to individual agency in implying that the individual is responsible for “protecting others” through vaccination, as COVID-19 is a highly communicable disease that transmitted by exposure to infectious respiratory fluids (Centers for Disease Control and Prevention, 2021). Thirdly, the campaign appeals to individual agency in stating that the individual has the choice to get vaccinated or not; agency in this third sense denotes the freedom of choice.

The narrative of the campaign presents two choices with different moral consequences. One choice is vaccination, which would save lives and enable people to “return to normal life,” and the other choice is opting out of vaccination, which would result in people not being able to save lives and return to the normal state of living. One might wonder if the consequences, which are human lives and a high quality of life, really warrant granting the intended audience freedom of choice. Should it really be up to the people not to save lives? What does framing saving lives as an individual choice really mean? In addition, does the mere existence of choices equal freedom and empowerment – that is, does choice empower people necessarily? I consider these questions in subsequent sections.
2.1 Is the individual responsible for stopping COVID-19?

While individuals are responsible for reducing the impact of COVID-19 through personal behaviors such as mask-wearing and social distancing, ending the COVID-19 pandemic requires both governmental and individual action. The campaign’s emphasis on individual agency, its ethical ambiguity, and its silence on governmental responsibilities put the moral burden on citizens unjustifiably. In its promotional video, the campaign first advocates for the value of vaccination, which includes saving lives and improving the quality of life, and meanwhile states that it is up to the people to get vaccinated. However, it is not only individuals who have responsibility to protect health. Governments have a responsibility to protect public health; in the case of a pandemic, governments have a responsibility to promote the vaccination of as many people as possible, to ease pressure on health-care systems and save lives. The campaign frames COVID-19 vaccination as an individual risk management strategy by suggesting that it is up to the people themselves to vaccinate against COVID-19. It does not acknowledge the government’s moral responsibility. The campaign’s deliberate phrasing of personal responsibility for vaccination and its silence on governmental responsibility puts the moral burden on the people.

An analysis of neoliberalism and the concept of neoliberal agency could help us understand the health communication campaign’s focus on individual responsibility. Neoliberal agency refers to the notion that people make conscious choices that balance alliances, responsibility, and risk using a means-ends calculus (Gershon, 2011). The “It’s Up to You” campaign can be situated in the context of contemporary neoliberalism, or neoliberalization, in which market forces and late-capitalist logics manifest in virtually all aspects of society,
including population health. According to Jeff Sugarman (2015), neoliberalism is reformulating individuals’ personhood, psychological life, and moral and ethical responsibility. Based on neoliberal ideology, it is a social imperative for subjects to cultivate responsible identities and practices, whereby responsibility is defined in terms of independence from social welfare systems. A reduction in welfare state services and security systems is linked to the increasing call for “personal responsibility” and “self-care” (Lemke, 2001). Governing thereby takes place through granting individuals choices and holding them accountable for the choices they make (Sugarman, 2015). The idea of choice is intimately associated with our conceptualization of ourselves as free and autonomous agents capable of rational decision-making that will lead to our desired ends. Michel Foucault argued that neoliberal governmentality harnesses individual choice and freedom as a form of power (Sugarman, 2015). Pyysiäinen et al. (2017) discuss how neoliberal “responsibilization” can work through threats to personal control, insecurity and governance by fear in addition to the “appeal to freedom” mechanism.

The “It’s Up to You” campaign, which gives individuals choice and holds them accountable, works through neoliberal responsibilization in its appeal to freedom and choice. Under neoliberalism, citizens are addressed as autonomous individuals and makers of free choices based on subjectively calculated preferences. The “It’s Up to You” campaign’s emphasis on choice and autonomy can be seen as reflecting neoliberal ideology in that it locates responsibility for health with the individual: It is the individual’s choice whether to get vaccinated, and the individual has responsibility and has the choice to get vaccinated and protect their own and others’ health.

2.2 Should individuals have the choice not to get vaccinated?
“It’s up to you? That does not give me confidence that we will reach the number needed for herd immunity. It should be do what’s right… something more positive and active.”

From Washington Post comments (2021)

Respect for autonomy has been a key concept in contemporary bioethics. The Belmont Report (1978) originally conceptualized respect for autonomy under the notion of respect for persons. Beauchamp and Childress further developed the concept of autonomy in Principles of Biomedical Ethics. The principle of respect for autonomy, which denotes that autonomous agents have the right to make choices and take actions based on their values and beliefs (Beauchamp and Childress, 1994), has been widely used to argue against paternalistic public health policies and campaigns, including vaccine mandates. Nonetheless, the question of whether individuals should have the choice not to get vaccinated still generates much debate.

People who argue that it is the individual’s right to decide their vaccination status may be libertarians or those who believe in therapeutic libertarianism, which is the notion that individuals have a constitutional right to medical liberty (Grossman, 2013). The campaign could be seen as protecting the right of citizens to decide their own health. On one hand, scholars have raised ethical concerns with vaccine mandates, including the concern that vaccine mandates are an unwarranted limitation on individual freedom (Darwall, 2006). On the other hand, some scholars have argued against the freedom to refuse vaccination. They often point to the U.S. Supreme Court case of Jacobson v Massachusetts in 1905, which upheld the authority of states to pass compulsory vaccination laws, and articulated the view that the freedom of the individual must sometimes be subordinated to the common welfare (Colgrove and Bayer, 2005). The potential conflict between one individual’s autonomy and another
individual’s right not to be harmed by the first individual was described by Mill, who argued that we should be allowed to do anything we want as long as it does not infringe on anyone else’s right not to be harmed (Mill, 1871). Also, according to the principle of non-maleficence, individuals should aim at not imposing harm onto others (Beauchamp and Childress, 1994). Applying these principles to vaccination, most people are not entitled to refuse to be immunized against contagious diseases because doing so violates the rights of others not to be infected with these diseases (Flanigan, 2014). Not getting vaccinated during the coronavirus pandemic can cause harm to others as a consequence, especially the immune-compromised and the elderly who are more vulnerable to the virus.

Should we have the choice not to get vaccinated? The tension between individual autonomy and the common welfare pushes us to wonder if the threat of contagion provides a clear justification for eliminating choice, and if the importance of autonomy provides a strong enough motivation to allow freedom in vaccination. How should we resolve the tension? From March 2020 to January 2021 in the United States, the cumulative cases of COVID-19 were over 26,000,000; the number of cumulative deaths due to COVID-19 was over 450,000, according to the COVID Data Tracker of CDC (Centers for Disease Control and Prevention, 2021). In January 2021, the U.S. Food and Drug Administration (FDA) approved a second COVID-19 vaccine, the Moderna COVID-19 Vaccine for individuals 18 years of age and older. It was demonstrated to be 93% effective in preventing COVID-19, and 98% effective in preventing severe disease after a double-blind study that was also conducted to test the vaccine’s safety (U.S. Food and Drug Administration, 2021). If the vaccine could save lives and contain the pandemic, and if mandating vaccination is the best way to increase vaccination rates, compulsory vaccination
against COVID-19 is justified because non-vaccination can rightly be prohibited, as other kinds of harmful and risky conduct are rightly prohibited. Individual autonomy does not grant individuals the right to harm others.

2.2.1 Critiques of the campaign’s focus on individual autonomy

Moreover, the campaign’s emphasis on individualistic autonomy in the debate around autonomy and public welfare has been criticized from different theoretical standpoints (Gómez-Vírseda et al., 2019). Feminist scholars in particular have argued that individualistic and atomistic autonomy ignores values such as mutual responsibility, cooperation and care towards others. The interpretation of autonomy should not only include individual choice, but also relational autonomy, which rejects the belief that the individual can stand apart from her community, social circumstances, and political environment (Jennings, 2016; Zimmerman, 2017). Relational autonomy is the notion that, as feminist philosopher Jennifer Nedelsky (1989) observes, “If we ask ourselves what actually enables people to be autonomous, the answer is relationships with parents, teachers, friends, and loved ones.” COVID-19 is an external environmental threat to people’s relational autonomy, as it poses risks of infection to people during their social interactions, which makes social events undesirable. Compulsory vaccination, which in high enough numbers would provide herd immunity against COVID-19, could help restore relational autonomy.

2.3 What does virtue theory say about those who choose not to be vaccinated?

The “It’s Up to You” campaign is an exemplar of organizational persuasion that functions to establish vaccination as morally virtuous to influence behaviors. Organizational persuasion is defined as the organization’s conscious attempt to change the attitudes, beliefs, or behavior of
people through the transmission of some message (Bettinghaus & Cody, 1987). According to Aristotle (1939), the ends one pursues are indicative of one’s purpose and character, for “as is the moral purpose, so is the character, and as is the end, so is the moral purpose”. The “It’s Up to You” campaign frames the reader as a moral judge by framing the health behavior of getting vaccinated as a morally good behavior. As individuals supposedly have freedom of choice, the decision to get vaccinated thus has a moral bearing. As the narrator in the promotional video of the campaign says, “The fact is the vaccines are safe and effective. They’re going to save lives” (The Ad Council, 2021). It seems obvious that a virtuous person would choose vaccination, as saving lives has very high moral value and is a way to exercise virtue. According to some conceptions of virtue ethics, an action is obligatory if and only if it is an action that a virtuous person must perform in the circumstances (Timmons, 2013). Failing to get vaccinated while also having social gatherings thus indicates a lack of moral virtue, as virtuous individuals would get vaccinated in order to save lives. Even though vaccination status is framed as a choice, this choice involves moral considerations that call for judgment. Moreover, because it is framed as an individual choice, failure to vaccinate is framed as a personal failure instead of a systematic failure of the healthcare system.

2.4 Manipulative aspects of the campaign

The campaign’s slogan is manipulative in two distinct ways. Ruth Faden (1987) identifies three kinds of social influence: manipulation of information, persuasion, and psychological manipulation. Informational manipulation is defined as a deliberate act that “successfully influences a person(s) by non-persuasively altering the person’s understanding of the situation, thereby modifying perceptions of the available options” (ibid.). Manipulation of information
compromises autonomy to the extent that it renders someone ignorant or constrains a person’s ability to process information effectively. It does so by presenting information in a way that leads people to draw certain predictable and misleading conclusions, or by intentionally overwhelming a person with excessive information to induce confusion (Faden, 1987). The “It’s Up to You” campaign’s potential informational manipulation lies in the presentation of relevant information in its promotional video. The voiceover describes solely the advantages of vaccination, with the risks presented on a separate website. This seems to be designed not to provide individuals with complete information, but instead to focus individuals’ attention only on the information that will induce compliance with vaccination. In other words, the campaign is intentionally deemphasizing certain kinds of information about vaccination, which is an instance of non-persuasively altering their understanding of the situation and therefore is an instance of informational manipulation.

Psychological manipulation often overlaps with informational manipulation. It includes “any intentional act that successfully influences a person(s) to belief or behavior by causing changes in mental processes other than those involved in understanding” (ibid.). Strategies of psychological manipulation encompass subliminal suggestion, flattery, appeals to emotional weaknesses, and the prompting of guilt or feelings of obligation (ibid.). The “It’s Up to You” campaign induces feelings of obligation and guilt via one of its interpretations. The “It” in the slogan could be interpreted in two ways. On the first level, “it” could mean getting vaccinated. The moral agency thus lies in the individual’s capacity to get vaccinated. On the second level, “it” could mean ending the pandemic or saving lives. The moral agency in this context points to a greater social and moral responsibility. The ambiguity could lead people to draw different
conclusions about the consequences of their behaviors, creating different levels of anxiety or distress. While some might think they can avoid vaccination because it is their decision, other people might conclude that not getting vaccinated would impose an undue burden on the State, which could lead to anxiety and guilt. The second interpretation of the slogan could be intended to arouse moral urgency and link vaccination to social responsibility in order to induce guilt, which could lead to more vaccination uptake.

While it appeals to autonomy in its slogan, the “It’s Up to You” campaign might at the same time violate the principle of respect for individual autonomy in its elements of psychological and informational manipulation. While the campaign may still be morally justifiable, it depends on the seriousness of the violation and the moral importance of the strategies of the campaign.

2.5 Lack of access to vaccine-related resources could lead to disempowerment

“All I want to know is: How can you advertise for the vaccine when a person like me, who is immunocompromised and walking around with screwy lungs from cancer (not a smoker), can’t get an appointment for the vaccine in New Jersey - anywhere?”

From Washington Post comments (2021)

In public health communication, empowerment is usually defined as a process enabling individuals, through public health campaigns or education, to improve their health (World Health Organization, 2009). While some people might argue that more information or knowledge, or simply suggesting that people have choice, indisputably leads to greater empowerment, I suspect that disingenuous empowerment talk often arouses
disempowerment, masks inequalities and disregards the real causes of societal issues. It is unethical to focus on intrapersonal empowerment, or the individual, in public health campaigns without offering structural or societal empowerment, in which the larger political decision-making system allows some measure of meaningful local control. In the “It’s Up to You” campaign, empowerment means making a more informed choice. People are supposedly “empowered” to get vaccinated after seeing the encouraging answers and videos. However, are vaccines readily available to individuals?

For groups of people who have inadequate access to vaccines, the “It’s Up to You” campaign can be disempowering. Multiple studies have shown that access was a contributor to racial inequalities in vaccination rate early in the vaccination effort in the U.S. (Lu et al., 2021). One such contributing factor to racial inequalities was physical access to vaccination sites; for example, research in early 2021 on the Latino population in Boston found that many people could not easily travel to mass vaccinations sites due to disability, work schedules, or transportation issues (Lu et al., 2021). Another factor is that obtaining appointments for mass vaccination sites requires internet access, health literacy, and comfort with online registration system, which not all people have. Social media campaigns are also less likely to reach disadvantaged populations; those who are not tech savvy are easily left behind. Another study conducted in New York suggests that there are substantial vaccination access deserts, which are areas without sufficient vaccination resources relative to surrounding areas. Furthermore, early COVID-19 vaccination efforts in New York City were focused primarily in White, middle-to-upper class neighborhoods, with the greatest access occurring in these areas (Smith et al., 2021; Wadhera et al., 2020; Williams et al., 2021). One study has found that minority
participants who overcame their hesitancy still faced barriers in receiving vaccines in the U.S. (Nguyen et al., 2022). Thus, while the “It’s Up to You” campaign intended for individuals to become more confident after learning about the safety and importance of vaccines, when people do not have adequate access or resources to get vaccinated, knowing that vaccination is important for their and their family’s health will not be empowering, but instead could be disempowering.

On one hand, dispelling misinformation is critical to public health. Bursztyn et al. (2020) has documented the correlation between misinformation about the COVID-19 pandemic and high rates of COVID-19 infections and deaths. On the other hand, information can induce anxiety. Studies indicate an increase in the percentage of adults who reported clinically relevant symptoms of anxiety and depression due to coronavirus-related information (Browning et al., 2021; Daly and Robinson, 2021; Vahratian et al., 2021). Prospective and longitudinal studies have demonstrated that heightened stress responses during and in the immediate aftermath of a threatening event are associated with adverse physical and mental health outcomes over time (Garfin, Thompson, & Holman, 2018). In addition to exposure to information, ambiguity and ineffective communication can also lead to heightened appraisals of threat (Garfin, Silver, & Holman, 2020). Given existing health disparities, this mental distress could disproportionately affect disadvantaged groups, who are also vulnerable to adverse effects of the pandemic such as human rights abuses and violations (Rahman et al., 2021).

3. Future directions
How can health communication campaigns empower people to voluntarily undertake healthy behavior? Social media has fundamentally revolutionized how individuals communicate about their health, which makes it an essential channel for health campaign propagation. The popularity of social media allows public health organizations to increase their visibility and reach a wider audience. Social networking and video- and image-sharing platforms such as YouTube can also enhance the effectiveness of health promotion interventions by providing access to at-risk or “hidden” audiences (Lenhart, 2015). For health communication campaigns, there are generally three directions for improvement. Firstly, instead of focusing on the individual, health campaigns could center the collective and the concept of collective efficacy. (Bandura, 1995; Sood, 2002; Dutta-Bergman, 2005). Collective efficacy is defined as “people’s beliefs in their joint capabilities to forge divergent self-interests into a shared agenda, to enlist supporters and resources for collective action, to devise effective strategies and to execute them successfully, and to withstand forcible opposition and discouraging setbacks” (Bandura, 1995). An example is a campaign in the Peruvian Amazon that moved beyond the individual level in its attempt to foster reproductive health. Along with a mass media component, the campaign trained a network of peer promoters to foster interpersonal communication among community members (Davenport Syper et al., 2002). It is vital to move beyond the individual to the interpersonal context.

Secondly, health communication campaigns need to consider the socioeconomic context. Traditional mass media interventions, including the “It’s Up to You” campaign, emphasize the information gap, which suggests health problems are caused by a lack of information in individuals at risk (Wallack, 1994), reinforcing the idea that health matters are
personal instead of social and political. Under this framework, it is presumed that as long as people know the facts, they will act accordingly and the problem will then be solved. It also assumes that people have adequate available resources that precondition their action. An exemplar campaign is the Partnership for a Drug Free America, which is based on the idea that people would stop using drugs if they know how bad they were (Wallack, 1994). Its ads insist that the drug problem is your problem, not the government’s, and do not question the government’s emphasis on law enforcement over treatment. Similar to the Partnership for a Drug Free America, the “It’s Up To You” campaign is grounded in the belief that if people know vaccines are safe, they will get vaccinated. However, information is not always the cure to public health problems. Socioeconomic conditions such as access to resources form the context of public health problems. As the context of the problem is the core, any solution that does not take it into account will inevitably be inadequate.

In addition to access to resources, there is also need to investigate which health information sources are used and trusted by people with limited health and media literacy to help identify strategies for addressing knowledge gaps that can contribute to health disparities. The Institute of Medicine (2004) defines health literacy as the ability to “obtain, process, and understand basic health information and services needed to make appropriate health decisions.” (p.32) In the United States, approximately 36% of adults have basic or below basic health literacy (Magnani et al., 2018). Lower health literacy is associated with lower chance of using medical websites for health information and more difficulty in applying health information (Xuewei et al., 2018; Geana et al., 2012), with negative consequences for their health (Berkman et al., 2011). Presenting important vaccine-related information through
websites could potentially create knowledge gaps for people with lower health literacy. According to the principle of justice in the Belmont Report (1978), burdens and benefits of efforts should be distributed fairly. A review by Viswanath and Finnegan (2002) showed that low socioeconomic groups fail to benefit equally from health communication campaigns compared to higher socioeconomic groups. Health communication campaigns need to be complimented with media advocacy targeting marginalized and vulnerable communities and community-based mobilizations. Evaluation of social media public health campaigns during the pandemic across the states need to be conducted to see which factors contribute to effectiveness and which do not.

4. Conclusion

Social media public health campaigns are faced with multiple challenges. Nonetheless, public health campaigns should identify ethical approaches of promoting COVID-19 vaccinations. In addition, public health campaigns are not a sufficient response to public health problems; they can be token efforts by the government to avoid having to confront the true but politically problematic causes of ill health (Faden, 1987). There is a danger when we think the “job is done” after information is given. It is merely a surface-level gesture to use an empowering slogan in an ad campaign.

Regarding every health communication campaign, we need to ask the question: What factors or contexts can make it disempowering rather than empowering? Successful and empowering public health campaigns that generate long-term impact utilize and encourage community involvement in their health advocacy. Public health has often been critiqued
through very elementary interpretations of autonomy (Zimmerman, 2017), which I believe goes
the same for public health campaigns. As discussed above, the “It’s Up to You” campaign
centers individual autonomy and freedom to choose, but in a way that may manipulate and
disempower people rather than empowering them. Furthermore, the campaign relies on an
individualist conception of autonomy, where a more ethical and possible effective campaign
would instead promote collective efficacy to increase social influence. More research is
required to establish the ethics of social media public health campaigns in the future.
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