Since late January, I have collected weekly COVID-19 vaccine rosters from my organization, listing, among other things, whether each of our 450+ service members volunteer to receive the COVID-19 vaccine. Our initial numbers were much lower than expected. I analyzed the data further and noticed a pattern: the lowest ranks had the lowest volunteer rates; only 27% of enlisted Soldiers volunteered, compared to 67% of Officers.

US Army ranks are separated into groups, in order: enlisted, Warrant Officers, and Officers. Many of the lower-ranking enlisted I spoke to attributed their reluctance to volunteer to information on Facebook, one of their few (if not sole) information sources. Educating this population on the vaccines, I believed, would result in an increase in volunteers. To test this theory, and hopefully increase our volunteer count, my team enacted a COVID-19 vaccine education plan.

First, we targeted the lowest ranks by ordering units to post COVID-19 and mRNA vaccine pamphlets in areas highly-trafficked by lower ranks. Second, we mandated this population attend informational/Q&A sessions with a vaccine expert from the military health clinic.

After two months, the number of volunteers increased in every group, but most dramatically among the enlisted. Thanks to the data, we were able to effectively focus our efforts, but we even saw our campaign’s benefits extend beyond our targeted demographic. And while we cannot attribute all success to this ongoing campaign, it was encouraging to see an increase since the education from an overall 31% volunteer rate to now 62%.