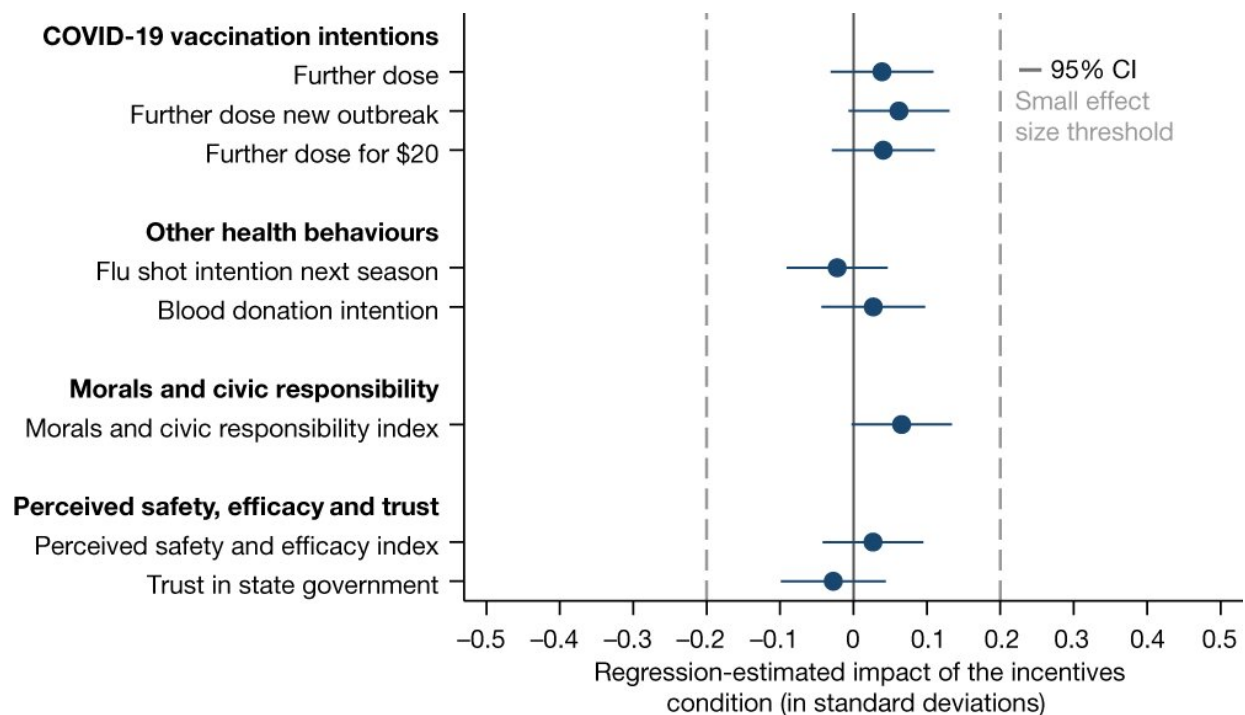


Paying people to take COVID vaccine worked well, study finds

January 13 2023, by Mary Van Beusekom



Regression-estimated effects of informing US residents about state vaccination incentive programs on further COVID-19 vaccination, other health behaviors, morals and civic responsibility, and perceived safety, efficacy and trust. The figure is based on experimental data from a general population sample of US residents in 12 states that introduced incentive programs for COVID-19 vaccination. The figure shows regression-estimated effects of the incentives condition (informing participants about the existence of incentive programs in their state) relative to the control condition, as pre-registered. All regressions use controls consisting of gender, age, education, employment status, income and state of residence in 2021 (see Extended Data Fig. 3 for results without controls).

The blue dots indicate the estimated impact in standard deviations on the respective variables; all outcomes are defined as pre-registered. Error bars represent 95% confidence intervals (two-sided CI: mean \pm 1.96 s.e.) from OLS regressions with heteroscedasticity-robust standard errors. The dashed gray lines indicate the threshold for small effect sizes of 0.2 standard deviations (Cohen's d). The sample sizes for the control and incentives conditions are $n_{\text{incentives}} = 1,521$ and $n_{\text{control}} = 1,541$. Credit: *Nature* (2023). DOI: 10.1038/s41586-022-05512-4

A study finds that paying people to take a first dose of a COVID-19 vaccine didn't lower the likelihood of seeking the second or third dose or of other positive health behaviors and didn't erode morals, sense of civic duty, or feelings of self-determination.

The study, led by Swiss and Swedish researchers, was published yesterday in *Nature*. The researchers note that, while [financial incentives](#) to encourage healthy and [prosocial behaviors](#) often generate initial behavioral change, critics say that they can corrode prosocial motivations, lead to moral decay, and increase feelings of coercion, reducing the likelihood of practicing healthy behaviors without a payment.

The team offered 1,131 Swedish participants in a previous randomized, controlled trial (RCT) 200 Swedish krona (SEK), or roughly \$24 US, to receive a first COVID-19 vaccine dose within 30 days. That group was compared with 3,888 matched participants not offered the incentive.

Just as likely to seek subsequent doses

The researchers combined the RCT data with vaccination records on second-dose uptake and [survey results](#) from January (first dose uptake) and June 2022 (third dose). A total of 726 participants in the financial

incentive group and 2,512 controls responded to the first survey, and 606 and 2,100, respectively, completed the second.

The payment boosted uptake by four percentage points 30 days after the trial ended. Uptake remained elevated for at least three months.

The authors identified no negative effects of financial incentives on subsequent planned or actual COVID-19 vaccine uptake or timing, morals, sense of civic duty, trust in vaccination providers or in the safety and effectiveness of vaccines, attitudes toward financial incentives, or feelings of self-determination or coercion.

Nor was there evidence that incentives received in the previous five months for behaviors such as flu shot uptake or [blood donation](#) had any negative effects on the decision to receive the COVID-19 vaccine. "Our findings inform not only the [academic debate](#) on financial incentives for behavior change but also [policy-makers](#) who consider using financial incentives to change behavior," they wrote.

More information: Florian H. Schneider et al, Financial incentives for vaccination do not have negative unintended consequences, *Nature* (2023). [DOI: 10.1038/s41586-022-05512-4](https://doi.org/10.1038/s41586-022-05512-4)

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