

Building Vaccine Confidence and Addressing Vaccine Hesitancy



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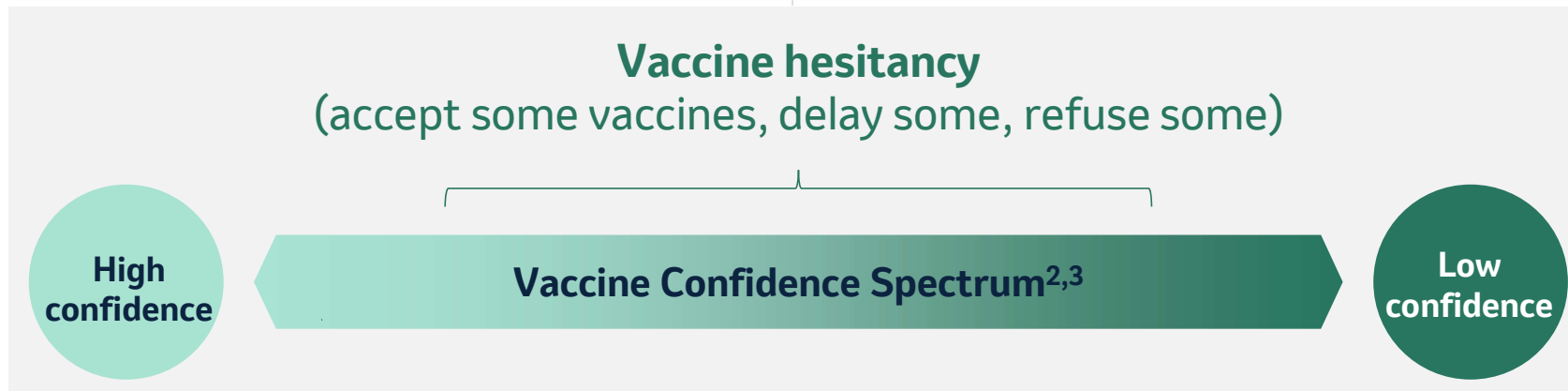


Actor Portrayal

What Is Vaccine Confidence?

Vaccine Confidence Spectrum

| Vaccine Confidence ¹ | Vaccine Hesitancy ² |
|--|---|
| <p>Can be defined as the trust that parents, patients, or providers have in:</p> <ul style="list-style-type: none">✓ Recommended vaccines✓ Providers who administer vaccines✓ Processes and policies that lead to vaccine development, licensure, manufacturing, and recommendations for use | <p>Can be defined as a motivational state of being conflicted about, or opposed to, getting vaccinated</p> <ul style="list-style-type: none">✓ Includes intentions and willingness to vaccinate✓ Can lead to vaccine refusal or delay |



Vaccine Confidence Spectrum

Determinants of Vaccine Confidence

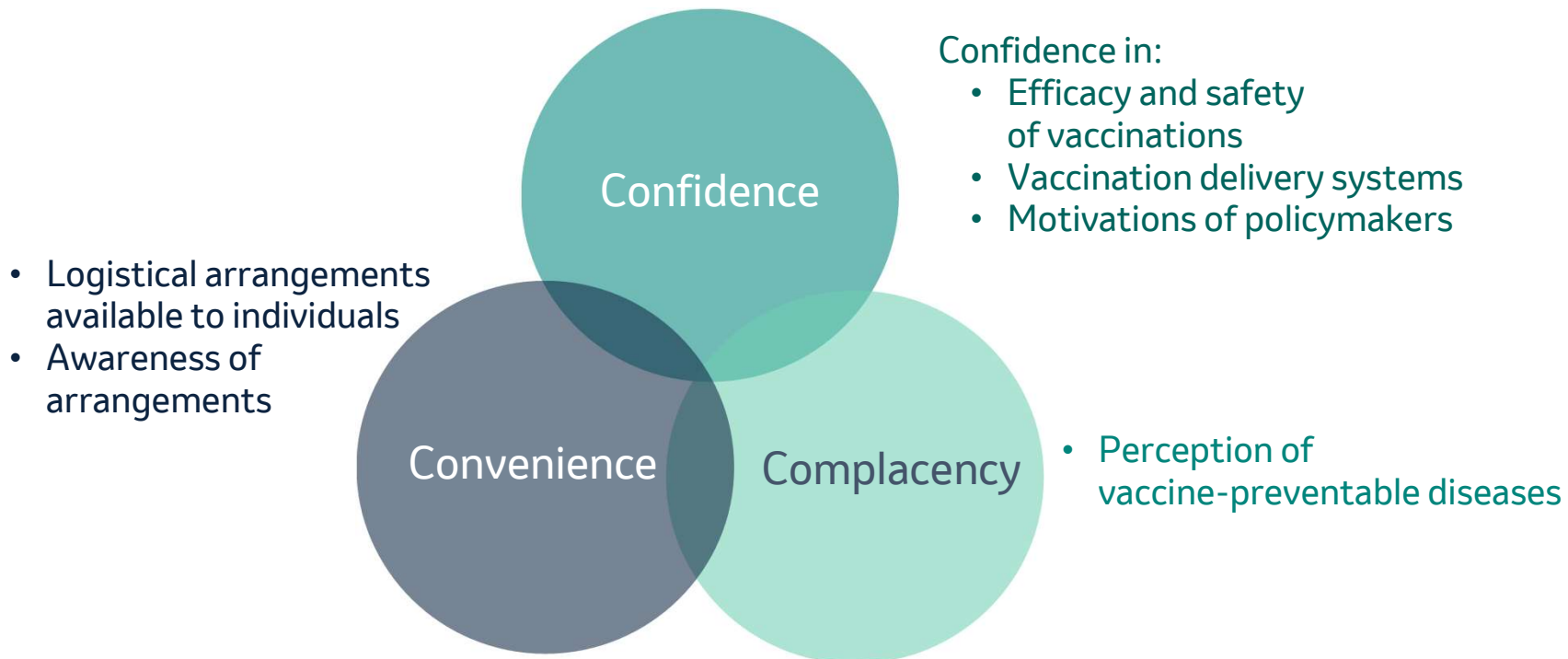
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Factors That Influence Vaccine Hesitancy

The “3Cs” model shows the interaction between 3 main factors that may influence vaccine hesitancy³



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Determinants of Vaccine Confidence



Trust²

Includes trust in health care providers, public health authorities, and the government



Attitudes & Beliefs²

Thoughts that individuals have regarding vaccine-preventable diseases, vaccine safety, vaccine effectiveness and potential benefits



HCP Confidence²

A provider's confidence both in vaccines and in their own ability to communicate effectively to patients or parents about vaccines



Information Environment²

The availability and visibility of both accurate information and misinformation



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Determinants of Vaccine Uptake

Access

The ability of individuals to reach, or to be reached by, recommended vaccines



Affordability

The ability of individuals to afford vaccination, both in terms of financial and non-financial costs (eg, time)



Acceptance

The degree to which individuals accept, question, or refuse vaccination, due to personal beliefs about vaccines and the diseases they help prevent and/or social context



The 5As represent 5 commonly identified dimensions which could influence vaccine uptake⁴

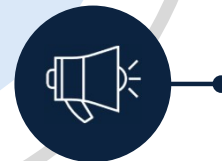
Awareness

The degree to which individuals are knowledgeable about the availability of and need for vaccinations, their benefits and risks, and the recommended vaccination schedule



Activation

The degree to which individuals are recommended and reminded of their vaccination needs



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Beliefs and Attitudes About Vaccine-Preventable Diseases and Vaccination



Low perceived risk of vaccine-preventable diseases^{5,6}

- Where vaccines have successfully prevented disease, people (including HCPs) who have **no personal experience with severe illness caused by a vaccine-preventable disease**, may underestimate risk associated with them.⁵
- In a survey conducted in 2023 (N=10,701), ~40% of US adults felt that the statement **“I worry that not all of the childhood vaccines are necessary.”** described their own views very or somewhat well.^{6,a}



Beliefs related to individual freedom⁷

- In one study of 1,007 parents in US aged 18–50 years with ≥1 child aged <13 years, parents who rated high in vaccine hesitancy^b were also found to place greater value on liberty^c compared with those who rated low in vaccine hesitancy, with adjusted OR of 2.19 (95% CI: 1.50–3.21).⁷

^aBased on a Pew Research Center survey between March 13–19, 2023 conducted among 10,701 adults in the US to understand Americans' view of vaccines. ^bBased on a survey using five-item Parent Attitudes about Children Vaccines short scale, with each item answered on a three-point scale within 3 categories: vaccine behaviors, attitudes about safety and efficacy, and general health attitudes. ^cBased on a survey using nine-item Liberty Foundation Questionnaire answered on a 6-point Likert scale.

CI, confidence interval; HCP, health care provider; OR, odds ratio; US, United States.



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Many Individuals May Be Misinformed About Vaccines

In a survey conducted in 2019, 2,500 US adults were asked about specific misconceptions about vaccination.^{8,a}

18%

stated that it is very or somewhat accurate to say that **“vaccines cause autism”**

15%

agreed that it is very or somewhat accurate to say that **“vaccines are full of toxins”**

20%

reported that it is very or somewhat accurate to say **“it makes no difference whether parents choose to delay or spread out vaccines”** instead of relying on the official CDC vaccine schedule

19%

hold that it is very or somewhat accurate to say that **“it is better to develop immunity by getting the disease”** than by vaccination

Those who reported low trust in medical authorities were the same persons who believed vaccine misinformation. This was true across political beliefs.⁸

^aSurvey of Americans conducted from February 28–March 25, 2019 and September 13–October 2, 2019 designed to study how anti-vaccination claims are widely held, persist, and relate to an individual’s media consumption and levels of trust in medical experts.

CDC, Centers for Disease Control and Prevention; US, United States.



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Vaccine Hesitancy Among HCPs



Actor Portrayal

A recommendation by a HCP is an important determinant of vaccine confidence,^{2,9} however there is vaccine hesitancy among some HCPs¹⁰

In web-based survey of 625 PCPs in the US from May of 2021 that assessed physician's general disposition towards vaccination as one of the measures to evaluate vaccine confidence, PCPs were significantly more likely to agree that vaccines are safe and effective than the general public, but¹⁰:

- **10.1%** did not agree (strongly or somewhat) that vaccines are **safe**
- **9.3%** do not agree that they are **effective**
- **8.3%** do not agree that they are **important**



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- **Vaccine confidence** can be defined as trust in recommended vaccines, in providers who administer vaccines, and in systems used to develop and evaluate vaccines¹
- **Vaccine hesitancy** can be defined as a motivational state of being conflicted about, or opposed to, getting vaccinated²
- **Determinants of vaccine confidence** include trust, attitudes and beliefs, HCP confidence, and the information environment²
- **Beliefs and attitudes towards vaccination** can be influenced by low perceived risk for vaccine preventable diseases, and beliefs related to individual freedom.⁵⁻⁷



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Strategies to Help Build Vaccine Confidence

Deliver a Strong Provider Recommendation

A recommendation from a health care provider is the **number-one reason parents decide to vaccinate**¹

In a systematic review and meta-analysis of 613 studies (1990–2020) on effects of behavioral interventions, including provider recommendation,^a on vaccine uptake²:

Provider recommendation improved vaccine uptake with the highest effect size^b

- Overall OR: 3.4 (95% CI: 2.5–4.6)
- OR for only RCTs: 2.1 (95% CI: 1.5–2.8)

For some patients, a strong recommendation may not be enough. The SHARE method can be used to help parents/caretakers/patients to assist in decision-making³:

Share the reasons why a vaccine is right for the patient

Highlight positive experiences with vaccines to reinforce potential benefits and build vaccine confidence

Address patient questions and any concerns they may have about vaccines, including side effects, safety, and vaccine-effectiveness

Remind patients that vaccines help protect them and their loved ones from serious illness

Explain the potential costs of getting the disease, including serious health effects, time lost (such as missing work or family obligations), and financial costs.

^aThe provider recommendation domain included 55 studies from 14 countries, of which 3 were LMICs. ^b33 studies were used to calculate OR. The studies included had different populations in many different settings and a variety of study designs leading to heterogeneity.

CI, confidence interval; LMIC, low-and-middle income countries; OR, odds ratio; RCT, randomized controlled trial.



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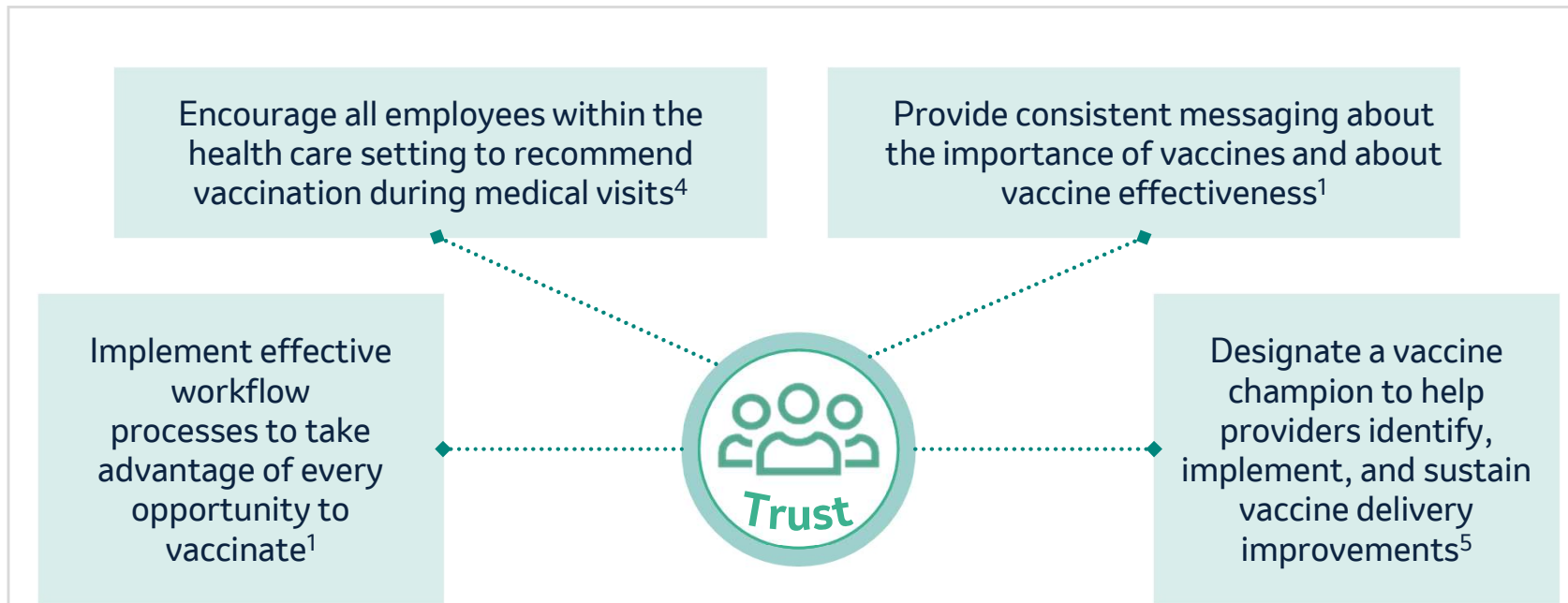
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Create a Culture of Vaccination Within Your Health Care Setting

Creating a culture of vaccination involves including every employee within the health care setting in your vaccination efforts^{1,4}



Creating a culture of vaccination within a health care setting plays a critical role in maintaining and increasing vaccination coverage and helps to ensure that vaccines are delivered safely, effectively, and on time.¹



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Employ Established Strategies to Increase Vaccine Uptake



Develop evidence-based materials and toolkits for providers to address patients' or parents' questions and concerns (eg, standing orders, reminder systems, patient and HCP education)^{1,6}



Use visuals and plain language in educational materials and communication tools, and tailor them to specific populations and vaccines⁶



Behavioral interventions to encourage vaccination such as provider recommendation or onsite vaccination have been shown to improve vaccine uptake considerably^{1,2,6}



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Use Motivational Interviewing to Foster Change



Motivational interviewing is an evidence-based and culturally sensitive way to speak with unvaccinated adult patients about getting vaccinated^{7,8}

- 1 Embrace an attitude of empathy and collaboration^{7,8} 
- 2 Ask permission to discuss vaccines^{7,8} 
- 3 Use the readiness ruler to evoke change talk^{7,8} 
- 4 Respond to questions about vaccines^{7,8} 

Click on each step to learn more.



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Use Motivational Interviewing to Foster Change

1 Embrace an attitude of empathy and collaboration^{7,8}

Be compassionate, show empathy, and be genuinely curious about the reasons why the patient feels the way they do



Be sensitive to culture, family dynamics, and circumstances that may influence how patients view vaccines



Remember: *Arguing and debating do not work. Taking a strong initial stand may also backfire, especially with people who have concerns about vaccines.*

 *Click for next step.*



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Use Motivational Interviewing to Foster Change

2 Ask permission to discuss vaccines^{7,8}

Start by asking permission to discuss vaccines: *“Would you be interested in hearing about recommended vaccines?”*

If the patient says yes to talking about vaccines, move to Step 3

If the patient says no, respect that

If the patient asks questions about vaccine safety, risks, or their health, see potential responses in Step 4

“I respect that, and because I care about your overall health, maybe we could talk about vaccinations at a future time.”

Engage in collaborative conversation that supports autonomy and when feasible, offer choices

 Click for next step.



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Use the Readiness Ruler to Evoke Change Talk

3 Use the readiness ruler to evoke change talk^{7,8}

Ask the patient a **scaled question** →

“On a scale of 1 to 10, how likely are you to get the vaccine?”

Explore why they are at that number and not a lower number. This will evoke **change talk** and the reasons why change is important →

“Why are you at 4 and not a lower number?”

Ask a follow-up question. This will help them become more open to moving toward higher numbers →

“What would help you move to a 5 or a 6?”

Encourage patients to talk about their decision-making out loud to help you understand how they process their choices⁷

 *Click for next step.*



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Use Motivational Interviewing to Foster Change

4 Respond to questions about vaccines⁷

If you feel competent and aware of how to answer the patient's question⁷:

Respond with empathy and provide scientific information as needed

If the patient's question is outside of your competence or awareness⁷:

Direct the patient to a knowledgeable expert who is able to help

Motivational interviewing skills that can be used to respond⁸:

1

Understand concerns through mirroring and reflections

2

Affirm to encourage the individual

3

Summarize reflections

Mirroring is seeking to accurately reflect what a person is saying and experiencing⁸

A reflection is an interviewer statement intended to mirror the meaning (explicit or implicit) of what a person has said⁸



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Use the Ask-Offer-Ask Framework to Exchange Information

A patient-centered structure that supports autonomy, respects and evokes the patient's perspective, and emphasizes collaboration⁸

Ask⁸

Ask for permission to offer information or advice

Assess what the patient already knows or wants to know

Offer⁸

Offer the patient some information on the topic

Ask⁸

After sharing your advice or information, follow up with the patient to confirm that they understood the information that was provided

“

Would it be OK if I mention a few possibilities?

What questions do you have about...?

First, I would like to...

Does that make sense to you?

”



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Use Presumptive Language When Talking With Parents About Vaccinations



When providers use presumptive language to initiate vaccine discussions, significantly more parents choose to vaccinate their children, especially at first-time visits.⁹

State that the child will receive vaccines as though you presume the parents are ready to accept recommended vaccines for their child during that visit.¹⁰

Instead of saying⁹⁻¹¹:

“ *What do you want to do about shots today?*

What are you planning to do about vaccines?

Have you thought about the shots your child needs today?

Use presumptive language, such as⁹⁻¹¹:

“ ***Your child needs three vaccines today.***

We have to do some shots today.

The nurse will return with the vaccines due.



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Adapt Conversations to Diverse Backgrounds of Patients⁴

Understand what it means to be **culturally competent** when interacting with people who have a different culture, race, ethnicity, or religion. Key components⁴:



Awareness

Being aware of your own individual biases and reactions



Knowledge

Understanding if your values and beliefs about equity line up with your actual behaviors



Skills

Incorporating effective and respectful communication

Some populations may be more likely to be unvaccinated or undervaccinated due to religious teachings, historical trauma, systemic racism, and/or other circumstances.⁴

- Listen, acknowledge, and accept that mistrust is present and valid.
- Offer a strong vaccine recommendation that is based on vaccine safety and effectiveness.
- Look for opportunities (eg, surveys, focus groups, community meetings) to better understand your community's vaccine-hesitancy concerns.
- Engage community leaders to help reach populations at risk for vaccine-preventable diseases.
- Partner with community members to develop culturally relevant messages about vaccination.
- Translate materials to reflect local dialects and consider the literacy level of those you hope to reach.



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Communication Strategies to Increase Vaccine Acceptance

Develop a social media presence^{12,13}

- **Build a strong online presence** to promote reliable vaccine information
- **Use practice's social media accounts** to plan and implement vaccine positive posts

Use trusted messengers⁴

- **Work with established community leaders** who liaise between the community and immunization partners to build trust
- Help improve community vaccine uptake by **openly discussing vaccine-related concerns**

Use targeted messaging⁴

- **Adapt messages** to address the specific concerns of your community



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Addressing Incorrect Vaccine Information



It is important to understand the **types** of incorrect vaccine information in order to understand **how to address** them.⁴

Types of information include:

Misinformation^{4,14}

False information shared by people who do not intend to mislead others.

Unintentional mistakes include inaccurate photo captions, dates, statistics, translations, or instances in which satire is taken seriously.

Falseness

Disinformation^{4,14}

False information deliberately created and disseminated to harm a person, organization, or country.

Includes fabricated or deliberately manipulated audio/visual content, and intentionally created conspiracy theories or rumors.

**Falseness
Intent to harm**

Mal-information⁴

Information **based on truth** that is used to inflict harm on a person, organization, or country.

Includes deliberate dissemination of private information, and deliberate change of context, date, or time of factual content.

Intent to harm



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Addressing Common Parental Concerns on Vaccine Misinformation

How to effectively address misinformation¹⁴:



Fact

Lead with the fact.
Make it clear, relevant,
and memorable.



Warning

Alert patients to
misinformation and
when misleading
tactics are being used.



Fallacy

Explain reasons why facts
may have been
misinterpreted
Flag the misleading tactics



Fact

Provide the correct
information that
replaces the
misinformation

Vaccine ingredients that are common parental concerns^{15,16}:

Thimerosal (safety concern)

The preservative thimerosal (which contains mercury) has been removed from all childhood vaccines since 2001, despite no evidence of harm at the level contained in vaccines^{15,16}

Aluminum (safety concern)

Although aluminum, a vaccine adjuvant, is still present in some vaccines, the amount is less than babies receive from breast or formula milk¹⁵

Formaldehyde (safety concern)

Formaldehyde, used during the manufacture of some vaccines, is also a byproduct of cellular processes and levels in blood are 10x greater than in any vaccine¹⁵



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How to effectively address misinformation¹⁴:



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Flag the misleading tactics



Fact

Provide the correct
information that
replaces the
misinformation

Vaccine ingredients that are common parental concerns¹⁵:

Antibiotics (allergy concern)

Antibiotics may be used to prevent bacterial contamination during vaccine production. The types of antibiotics used in vaccines are not those to which people are usually allergic¹⁵

Gelatin (allergy and religious concern)

Gelatin is used in some vaccines as a stabilizer. Allergies to gelatin are very rare, and religious groups that prohibit consumption of pig products have approved use of gelatin in vaccines¹⁵

Fetal cells (religious concern)

Fetal cell lines isolated in the 1960s and 1980s are used to make some vaccines. Several Catholic organizations have determined use of these pre-existing cell lines for vaccine production is morally acceptable based on the nature of vaccines¹⁵



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Reference Credible Organizations

Many organizations publicly support vaccinations and help to counter vaccine hesitancy

Centers for Disease Control and Prevention

Produces information sheets that explain the potential benefits and risks of a vaccine. Federal law requires that health care staff provide these to a patient, parent, or legal representative before each dose of certain vaccines¹⁷

American Academy of Pediatrics

Offers a robust set of tools and resources to help HCPs communicate effectively with families and ensure patients stay up-to-date on immunizations¹⁸

Children's Hospital of Philadelphia Vaccine Education Center

Provides complete, up-to-date and reliable information about vaccines¹⁹

Immunization Action Coalition

Creates and distributes educational materials for HCPs and the public²⁰

Infectious Diseases Society of America

Provides resources to emphasize the importance of and support vaccination to help protect against certain infectious diseases²¹



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- **A strong provider recommendation, creating a culture of vaccination and developing clear evidence-based materials** can increase vaccination uptake.^{1,4,6}
- **Implementation of communication strategies** that includes **motivational interviewing, presumptive language, trusted and targeted messaging** can help build trust and evoke change.^{4,8,9}
- **Understanding and addressing incorrect vaccine information** can help improve attitudes towards vaccination.^{4,14}



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UPCOMING CSHA WEBINARS

Wellness Coaches in Action: New Opportunities for SBHCs and Wellness Centers

- Thursday, November 21st, 2:00 - 3:30 PM Pacific
- [Registration Link](#)

CATCH My Breath Youth Vaping Prevention

- Tuesday, December 3rd 2024, 10:00 - 11:00 AM Pacific
- [Registration Link](#)

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FREE RESOURCES AVAILABLE



<https://www.schoolhealthcenters.org/about-us/our-work/>

The image displays three resource cards from the California School-Based Health Alliance. The top card is titled "FROM VISION TO REALITY: How to Build a School Health Center from the Ground Up" and features a red and gold background. The middle card is titled "Planning a School-Based Health Center: Key Steps" and includes a photograph of a group of people in hard hats participating in a ground-breaking ceremony. The bottom card is titled "BEST PRACTICES CHECKLIST" and features an icon of a checklist with a pencil and a heart with a cross.

VISION TO REALITY

From [Vision to Reality](#), our toolkit on starting a school-based health center (SBHC), is a comprehensive resource for anyone seeking to expand health services for students.

KEY STEPS TO PLANNING

The first steps of establishing a new school-based health and wellness center can feel daunting. Our [Key Steps to Planning](#) overview outlines the high-level activities to get started.

BEST PRACTICES CHECKLIST

The [Best Practices Checklist](#) is designed to help school-based health and wellness center staff identify areas where they can strengthen their practices and improve the quality and sustainability of services.

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Gracias

謝謝

Thank you

Cảm ơn

Salamat

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