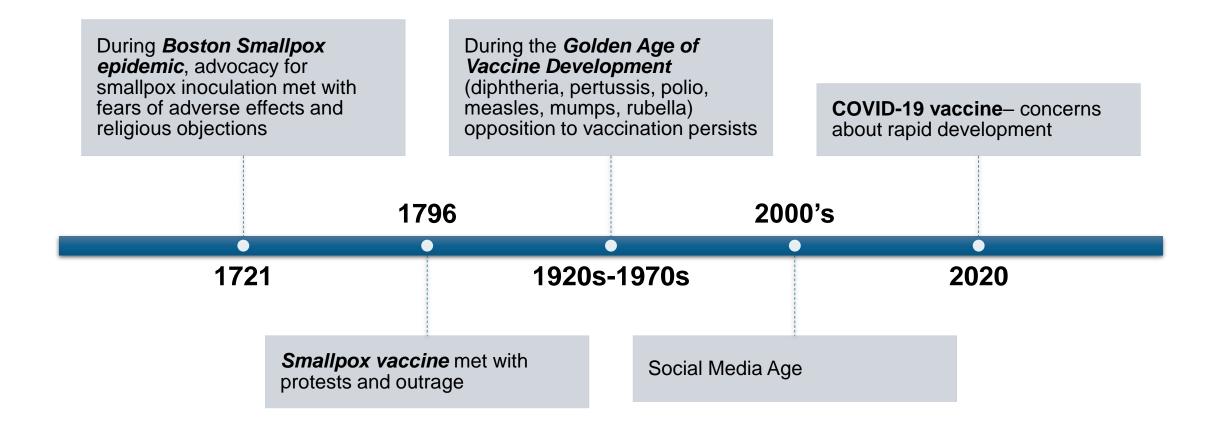
ADDRESSING VACCINE HESITANCY

Michele Peake Andrasik, PhD, EdM



A BRIEF HISTORY OF VACCINE HESITANCY





We need social connection.

Do we misunderstand human vulnerabilities?



We need hope for future.



The lack of either affords opportunity for science communication challenges.



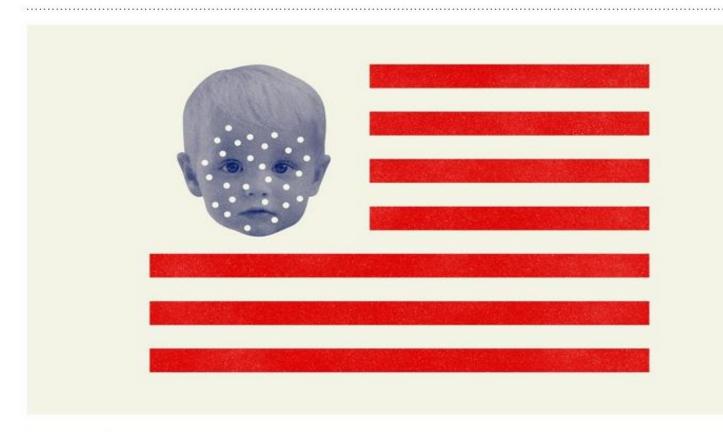
™ Atlantic	Popular	Latest	Sections ~	Magazine ~	More ~	Subscribe

HEALTH

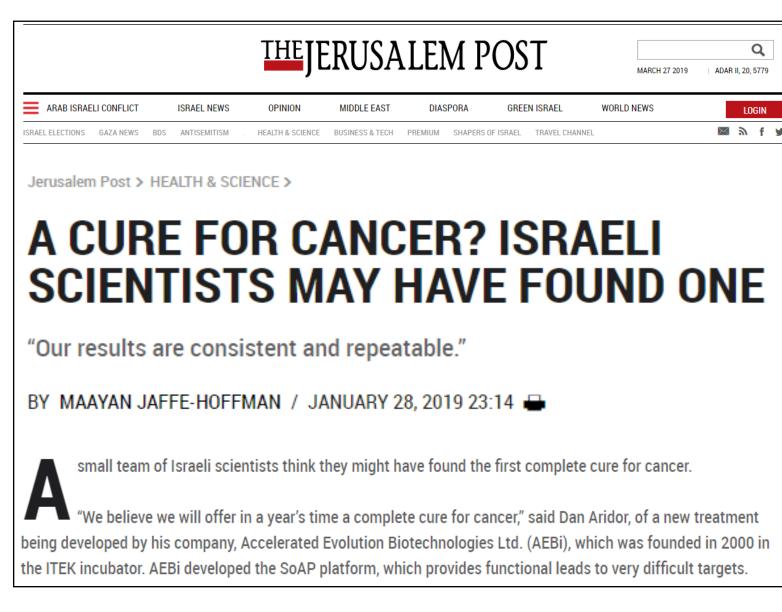
What the Measles Epidemic Really Says About America

The return of a vanquished disease reflects historical amnesia, declining faith in institutions, and a troubling lack of concern for the public good.

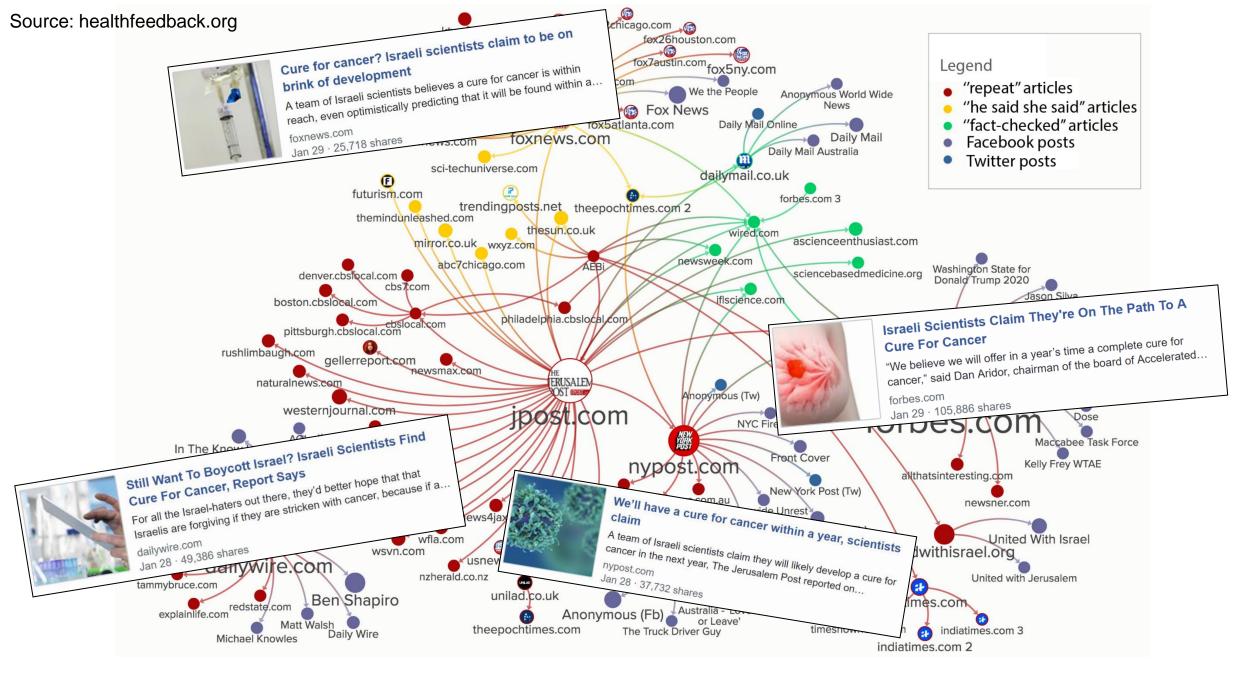
PETER BEINART AUGUST 2019 ISSUE



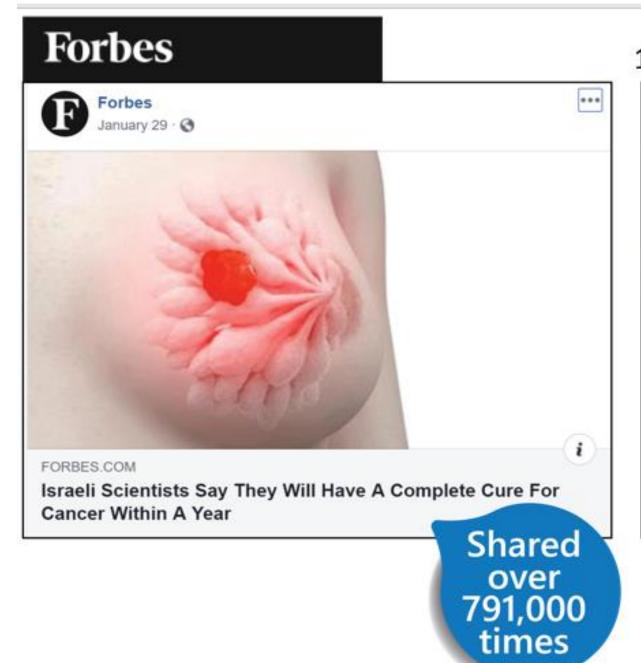
"Anti-vaccination activists have enjoyed particular success in communities whose cultural isolation makes them easy prey for misinformation."



Thank you to Dr. Vanessa Boudewyns for this example.







1 day later...



Might emotions make us vulnerable?



- Example: anger AND anxiety encourages inaccurate information acceptance.
- **Example:** Weeks, B. E. (2015). Emotions, partisanship, and misperceptions: how anger and anxiety moderate the effect of partisan bias on susceptibility to political misinformation. *Journal of Communication*, 65, 699-719.







5Cs FRAMEWORK OF VACCINE HESITANCY

- **1. Confidence**: Trust in vaccines and healthcare providers.
- 2. Complacency: Perceived low risk of vaccine-preventable diseases.
- **3. Constraints**: Access barriers (e.g., cost, location).
- 4. Risk Calculation: Balancing perceived risks and benefits.
- Collective Responsibility: Considering the impact on the community.

What do we need to do?

- <u>Be empathetic</u>
- View encounters as opportunities to learn values and preferences.
- *Know* what is out there:
 - Monitor and seek to understand rather than prejudge public information environments.
- *Build relationships* that encourage disclosure of misinformation
 - Build or reinforce trust

• Which of these is the most challenging for you? PRACTICE

How to talk about Vaccine Hesitancy

APPROACHES TO AVOID

- Discrediting of information sources
- Not asking what is important to the person
- Using medical jargon in place of plain language
- Shame people for being wrong
- Overstating certainty associated with any corrective information

APPROACHES TO USE

- Show care and openness with body language
- Ask what the person has learned about topic
- Ask about concerns, e.g., "What worries you?"
- Listen, acknowledge, and empathize
- Assess patient openness to new information
- Refer to accurate information resources

Applications and new initiatives?

What about telehealth applications?

What information resources can your organization develop?

• What workforce development initiatives do we need?

REFERENCES

- 1. Leask J, Kinnersley P, Jackson C, Cheater F, Bedford H, Rowles G. Communicating with parents about vaccination: a framework for health professionals. BMC Pediatr. 2012;12:154.
- 2. Rollnick S, Butler CC, Kinnersley P, Gregory J, Mash B. Motivational interviewing. BMJ. 2010; 340:c1900.
- 3. Southwell BG, Wood JL, Navar AM. Roles for health care professionals in addressing patient-held misinformation beyond fact correction. Am J Public Health. 2020;110(S3):S288-S289.



THANK YOU



Thank you for joining us!



To request this document in another format, call 1-800-525-0127. Deaf or hard of hearing customers, please call 711 (Washington Relay) or email doh.information@doh.wa.gov

DOH 348-1035