

Conversations to build trust in vaccination

A training module for health workers

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Tackling Vaccine Hesitancy: Partnerships with Delays and Refusals

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Introduction

In almost every community, there may be individuals who have lower levels of trust in vaccines, or may doubt or be indecisive about vaccination.

These individuals may be considered to be 'hesitant'.

How do we identify them?

How do we listen to and understand their concerns?

How do we respond to their concerns in a helpful way?

How do we help move them towards vaccination?

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Learning objectives

- At the end of this training module, the participant will:
 - Understand the key principles on communicating with vaccine hesitant individuals
 - Learn skills to listen and engage in conversations aimed at building trust in vaccines
 - Be able to respond to parental concerns regarding vaccine safety and effectiveness using motivational interviewing strategies

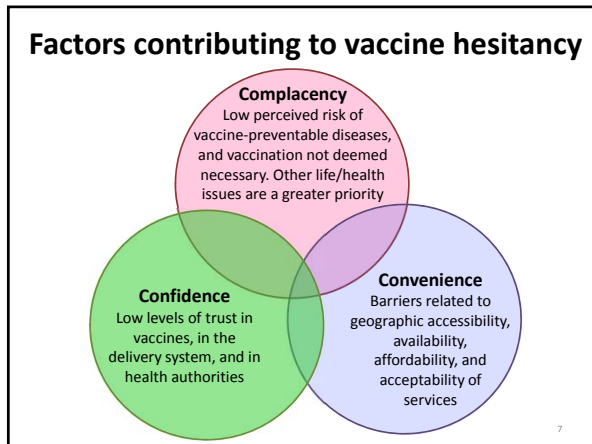
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What is vaccine hesitancy?



- A delay in acceptance or refusal of vaccines, despite availability of vaccination services
- Complex and context specific, varying across time, place and vaccine

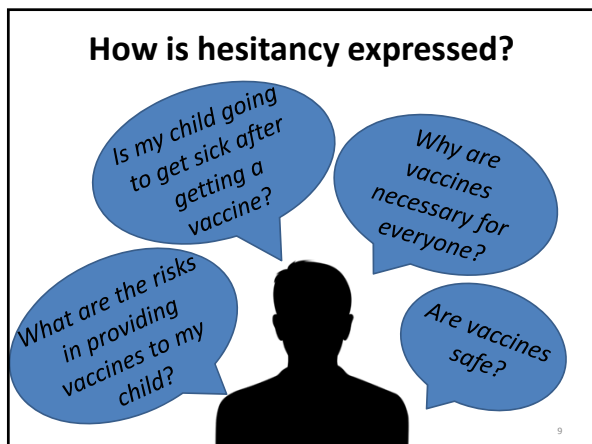
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What factors influence decisions about vaccination?

Contextual	Individual and group influences	Vaccine/vaccination -specific issues
<ul style="list-style-type: none">• Media and public communication• Local politics• Religion, culture• Accessibility of services• Trust in authorities	<ul style="list-style-type: none">• Beliefs and attitudes about health and disease prevention• Knowledge and awareness• Poor quality health service experience	<ul style="list-style-type: none">• Mode of administration• Source of the vaccine• Vaccination schedule• Any costs associated with vaccination• Knowledge/attitudes of healthcare professionals

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Addressing vaccine hesitancy

- **No single strategy** can address all of the different dimensions of hesitancy
- **What health workers (HW) say and how they interact** with the patient/caregiver can strongly influence vaccine acceptance

*This module focuses on **evidence-informed best practices** for HWs to increase vaccine acceptance through **skilled conversation** about vaccination.*

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Who might express vaccine hesitancy?

It can be anyone, including but not limited to...



And others, e.g. religious leaders, media, health workers, etc.

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How can a health worker identify hesitant individuals?

Open the conversation with a **presumptive statement or announcement, presenting vaccination as a default:**

“Now it’s time for Sarah’s vaccines.”
“Today we’ll give Sarah her vaccines”



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Is the caregiver/patient hesitant?

Examples of some responses...

ACCEPT ALL **ACCEPT BUT UNSURE** **ACCEPT SOME, DELAY AND REFUSE SOME** **REFUSE BUT UNSURE** **REFUSE ALL**

"I'm ready" *"OK, I guess I'll vaccinate"* *"I don't know" "I have doubts"* *"No, I'm not sure this is right for my child/for me"* *"I don't trust vaccines"*

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If hesitant, how to proceed?

ACCEPT ALL **ACCEPT BUT UNSURE** **ACCEPT SOME, DELAY AND REFUSE SOME** **REFUSE BUT UNSURE** **REFUSE ALL**

Accept all **Vaccine hesitant** **Refuse all**

Offer positive encouragement:
"That is great!"

Administer the vaccines

A conversation guided by the MOTIVATIONAL INTERVIEWING method

- Do not dismiss from the clinic
- Not a debate - focus on their concerns
- Leave space for any discussion
- Offer to refer to other health professionals who can discuss further (if available)
- Explain their responsibilities if not accepting vaccination, e.g. not protected against diseases, may get ill, may need specialised health care..., and to watch for signs and symptoms of diseases in the community.

More points discussed later in the training.

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It is frequently observed that, incorrectly...

Hesitant caregivers/patients may be offered a response such as:

- *"Vaccines are good for you. You must get them."* (Directive)
- *"You are wrong. Research supports vaccines."* (Argumentative)

Further, little or no time is spent on **exploring the reasons and motivations** behind the hesitancy about vaccination.

This style of communication can contribute to DECREASING TRUST between the health workers and the caregivers/patients.

→ *Vaccine uptake does not improve*

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For conversations with hesitant individuals:

Motivational interviewing

- A method of interacting with patients
- Aimed at exploring reasons for hesitancy and changing attitudes and behaviour



Collaborative



Patient-centred




With a specific objective

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What is the objective for the health worker?

To move the caregiver to accept vaccination



The diagram shows a spectrum of vaccine uptake from left to right: ACCEPT ALL (green), ACCEPT BUT UNSURE (light green), ACCEPT SOME, DELAY AND REFUSE SOME (dotted red), REFUSE BUT UNSURE (grey), and REFUSE ALL (red). A red box labeled 'HESITANCY' encompasses the 'ACCEPT BUT UNSURE', 'ACCEPT SOME, DELAY AND REFUSE SOME', and 'REFUSE BUT UNSURE' categories. A grey arrow points left from the 'HESITANCY' box towards 'ACCEPT ALL'. A blue arrow points right from the 'HESITANCY' box towards 'REFUSE ALL'.

To move the caregiver/patient who is hesitant to accept vaccination, and increase vaccine uptake

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- 1
- 2
- 3
- 4
- 5

If the individual is hesitant, proceed with the following 5 steps for a more effective conversation

USING MOTIVATIONAL INTERVIEWING:


- Motivational interviewing has been used widely and proven to be an effective tool in producing behaviour change in other areas of health, e.g. physical illness.
- This training presents motivational interviewing methods adapted for the context of vaccination.

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Ask open-ended questions

Open questions using *“what”, “why”, “how”, “tell me...”* to explore reasons behind hesitancy



Close ended questions
Answer is only a yes or no

Do you agree?
Did you understand?



Open ended questions
Answer goes beyond a simple yes or no

What do you think?
What did you understand?

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Reflect and respond

Simple reflection: directly repeating what the person says.
Complex reflection: repeating what you think the person means.

Caregiver: “I know vaccinating will help my child but I am afraid.”

- *Simple reflection: “I understand that you are afraid.”*
- *Complex reflection: “You want to make the best choice for your child but you are nervous.”*

→ Use both types of statements to acknowledge concerns.

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Responding to hesitancy: examples

Complex reflection followed by open questions

Patient: “I know vaccinating will help me but I am afraid of side effects.”

“I understand that you want to make the best choice for yourself. What side effects are you concerned about?”

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Responding to hesitancy: examples

Complex reflection followed by open questions

Mother: "I am not sure what to do because my community leader objects to vaccines."

"I can see you may be questioning vaccines. How are other mothers you know dealing with vaccines?"

Other questions you can ask:

- What are your concerns?
- Do you know what your community leader is concerned about?

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Responding to hesitancy: examples

Complex reflection followed by open questions

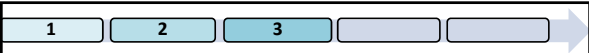
Father: "I am not convinced about vaccines, so it seems like too much effort to come all the way to get them."

"Vaccination may be difficult to consider. What do you know about vaccines?"

Other questions you can ask:

- Could I offer you some information on why we vaccinate?
- What would it take in order for you to accept vaccination for your child?

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Affirm the strengths

"It is great that you are starting to think about vaccines."

Validate concerns

"The health of your children is important to you."
"Protecting yourself from illness is important for you and the health of your community."

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1 2 3 4

Ask-Provide-Verify

As the conversation evolves, explore the concerns further:

Ask Ask information on what the client knows about vaccines <i>"So what do you already know about vaccination?"</i>	Provide Share information on vaccines <i>"Could I provide you with some information, based on what you just shared?"</i>	Verify Verify what they have understood and what they will do with this information <i>"Given our discussion, how do you view the decision now? Remember I am here to help talk through any concerns you may have."</i>
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Please note: Be careful not to add potential concerns by mentioning issues not raised by the parent/caregiver.

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1 2 3 4 5

Summarize the interaction

"The reason that's important is..."
"What that means to you is..."
"The main point to remember is...."

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1 2 3 4 5

Determine the action

IF YES: Vaccinate and offer praise to affirm the positive decision.

IF FOR FOLLOW-UP (if possible): Refer caregiver/patient to a specialist/community advocate or schedule a new discussion:
"Let's revisit this once you have had a chance to think more about vaccination. When could you come back?"

IF REFUSAL: Do not debate. Leave the door open:
"I understand. Please know that if you change your mind and want to talk about vaccinating, we are always available."

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If the caregiver/patient's wishes are **NOT to vaccinate**, **ensure they understand their decision, and explain their responsibilities** for protecting the health of their child/themselves.

"I understand that you have decided not to vaccinate today. Please know you are taking an important responsibility. What this means is...

- 1) *If your **child/you are ill**, you **must seek medical assistance***
- 2) *When talking to medical/clinic staff, you **must tell them** that you/your child has not received all the vaccines recommended.*
- 3) *You **must learn about the signs and symptoms** of vaccine preventable diseases."*

Reference reading on caregiver roles and responsibilities for not accepting vaccines:
http://www.euro.who.int/_data/assets/pdf_file/0004/160753/If-you-choose_EN_WHO_WEB.pdf?ua=1 (in English)

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Reminders

DO	DON'T
Do take a guiding style.	Do not take a traditional directive and argumentative style.
Do work with the parent/patient to establish trust.	Do not identify and solve the problem for the parent/patient.
Do explore doubts and interest in vaccination. Think from their perspective.	Do not argue or debate with the client. Make it known that you are there to listen to their concerns.
Do take time to reflect on what the caregiver/patient is saying.	Rush through without listening

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As you apply these skills, examples of questions to ask:



1. *What do you think about vaccines?*
2. *What is your major concern?*
3. *What would it take to move you to a "yes" to vaccinate?*
4. *What could make it easier for you to get vaccines (on time) for yourself and/or your children?*

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When applying these approaches...

Always ADAPT the communication to YOUR setting

Be sensitive to culture, social norms, religion, level of education, etc.

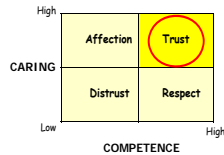
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Other opportunities for building trust in vaccines

Health workers can build trust in vaccines by being transparent and competent:

- Sharing data on diseases that can be prevented by vaccination
- Sharing information on safety and risk
- Explaining why vaccines are recommended and when (including schedules and doses)
- Vaccine manufacturing safety standards and national licensing
- Building trust in national decision-making processes

Trust = Competence + Caring



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Emotions matter when building trust

Remember to take into account the feelings and concerns of caregivers:

- Offer the time, space, and the environment for caregivers to digest information and ask questions
- Acknowledge and validate the perceptions of caregivers before advising them
- Demonstrate listening, be authentic and show you care
- Always tell the truth, even if admitting you do not know

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Frequently asked questions
BY HEALTH WORKERS

How long should my conversation take with a vaccine hesitant individual?

- Guided conversations should take no more time than usual routine interactions, or perhaps 2-3 minutes longer
- We suggest focusing on one concern during your interaction, discussed in a competent and caring manner.
- If more time is needed, ask if the caregiver/patient can wait until after others are vaccinated, or book another visit (if feasible).

More FAQs in Appendix A.

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Frequently asked questions
BY PATIENTS/CAREGIVERS

SAFETY OF VACCINES

Can vaccinations lead to infertility?
No, vaccinations cannot lead to infertility. In fact, medical experts suggest that some vaccines actually protect fertility indirectly by preventing the need for treatment.

Can vaccines cause harmful side effects, illness and even death?
No, vaccines are very safe. Most side effects from vaccines are minor and temporary, such as a sore arm or mild fever. Serious adverse events or death are VERY rare (e.g. 1 per millions of doses) for most vaccines.

Can needles used for immunization cause infection?
For every vaccine, we always use one-time or auto-disable syringes that cannot be reused, which eliminates the risk of transmitting infections from needles.

TIMING OF VACCINES

Isn't giving three needles too many in one visit?
No, receiving multiple vaccines in one visit is completely safe as you/your child's immune system is strong enough to handle them.

More FAQs in Appendix A.

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Summary

- Conversations that **guide the caregiver/patient to explore** their reasons for hesitancy can help increase confidence and trust in vaccines and the vaccination programme.
- The goal of these conversations is to **move someone towards a "yes" for acceptance**. It may take more than one visit.
- **Adequate training and practice** can help lead to positive outcomes.

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STEP-BY-STEP SUMMARY OVERVIEW

Start with a presumptive statement: **"It's time for [name]'s vaccines today"**. If hesitant, follow-up with a guided conversation:

<p>1. Ask open ended questions <i>"What are your concerns about vaccinating?"</i></p>
<p>2. Reflect and respond <i>Caregiver: "I know vaccinating will help by child but I am afraid."</i> <i>HW: "I understand that you want to make the best choice for your child but are nervous..."</i></p>
<p>3. Affirm strengths and validate concerns <i>"Its great that you are starting to think about vaccines."</i> <i>"The health of your children is important to you."</i></p>
<p>4. Ask-provide-verify <i>"So what do you already know about vaccines?"</i> <i>"Could I provide you with some information based on what you just shared?"</i> <i>"Given our discussion, how do you view things now?"</i></p>
<p>5. Summarize and describe action <i>"What that means to you is..."</i> <i>"Could I schedule a follow up appointment soon with our [doctor/pediatrician/expert]?"</i></p>

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Thank you for your attention!

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Appendix A

**COMMONLY ASKED QUESTIONS BY
VACCINE HESITANT INDIVIDUALS**

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“Won’t breast feeding protect babies from infection?”

Yes, breast milk will give some protection against some infection, but it does not have the direct ability to prevent infection like vaccines. Vaccines are very specific to the given infection and their prevention capacity is very high.

“Can vaccines cause the infection they are supposed to prevent?”

Inactivated vaccines do not have live germs and cannot cause infections. Live vaccines have weakened germs that are unable to cause disease in healthy people. Rarely a mild form of infection may occur.

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“Is protection from natural infection more effective protection?”

Natural infection comes with the risks of serious complications related to that infection. With vaccines, the immune system is stimulated to develop protection without infection, hence it is more effective.

“Shouldn’t vaccines be delayed until children are older and there is less risk of side effects?”

There is no evidence that side effects are more common in infants/babies than older children. Delaying vaccines leaves young children at risk of the disease and its complications.

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