

EFFECTIVE COVID-19 VACCINE COMMUNICATION SERIES

PART 1 - INTERPERSONAL COMMUNICATION STRATEGIES TO ADDRESS VACCINE HESITANCY

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Dany Zimmel (DZ): Welcome to Ideas for Practice, a podcast of the Region V Public Health Training Center. As one of 10 public health training centers across the country, we seek to strengthen the skills of the current and future public health workforce in order to improve population health outcomes. We hope this podcast will share insights and spark ideas among those working in public health practice. Thank you for tuning in to our very first episode on effective COVID-19 vaccine communication. I'm your host, Dany Zimmel.

DZ: In this two part series on effective COVID-19 vaccine communication, we'll be hearing from two experts on vaccine hesitancy and interpersonal communication strategies, and also on the importance of engaging with communities to ensure messaging is done appropriately and equitably. We encourage you to tune back into part two, as we talk with Ashlee Weaver about the work she's doing on the ground in Central Indiana to assess and address community needs surrounding vaccine hesitancy. But first part one will set the foundation for our topic, and we'll really dive in to what effective vaccine communication really looks like.

DZ: Our first guest is Dr. Katharine Head. She's an associate professor in the Department of Communication Studies at Indiana University Purdue University Indianapolis or IUPUI. She's also an affiliate faculty member with the Fairbanks Center for Medical Ethics, and an adjunct faculty in the medical humanities and Health Studies program. Dr. Head also currently serves as the chair of the Advisory Committee for the Indiana Immunization Coalition and is a member of the Steering Committee for the Health Communication Working Group at the American Public Health Association. Her research focuses on health communication, and much of her scholarship has focused on how individuals communicate about vaccines in cancer screenings in the public and clinical contexts. Today, Dr. Head is here to talk to us about effective vaccine communication, specifically around the COVID-19 vaccine. Welcome to the podcast, Dr. Head. I'm excited to speak with you today.

Dr. Katharine Head (KH): Yes, thank you for having me.

DZ: So just to get started, can you please tell us a little bit about yourself and about your work?

KH: Absolutely. So my background and my degrees are in communication with a focus on health communication. And I try to bring that communication lens to all of the health work that I do. It allows me to really focus on what the message is and how people are talking about and communicating about a health issue, which we know will affect health behaviors. Much of my work over the past decade has focused on examining vaccination attitudes,

beliefs, perceptions and intentions among different patient groups, talking with healthcare providers about the struggles they face around vaccination communication, and then using evidence-based strategies to develop interventions and strategies to promote vaccination in our communities. This includes not only health campaigns in the public domain, so educational or promotional campaigns we might see in the media, but it also includes clinical level interventions to help healthcare providers talk with and encourage vaccination among their patients. And specifically, my team and I have been doing some COVID-19 vaccination work since last April.

DZ: So it sounds like you've been really engaged in vaccine communication efforts both pre and post the start of the COVID-19 pandemic. I think it would be helpful if you could tell us a little bit about why people are hesitant about vaccination in general, and also specifically with the COVID-19 vaccine. Where are these concerns coming from? Where are their questions coming from?

KH: Yeah, absolutely. So, vaccine hesitancy is a word that we use to describe people's delay in acceptance of available vaccines, or outright refusal of a vaccine that is available to them. Vaccine hesitancy is on a continuum, you can have people that are very vaccine hesitant or you can have people that are just a little bit hesitant. Importantly, the World Health Organization, for the past few years, has actually designated vaccine hesitancy as one of the top 10 global health threats that we face. So I think that's really important to sit back and think about. It's not vaccine-preventable diseases, it's vaccine hesitancy which the World Health Organization has recognized as a really important barrier for us achieving high vaccination.

DZ: Wow, I did not know that. [chuckle]

KH: Yeah, absolutely. Another part of vaccine hesitancy that we think about in the vaccine promotion world is something called vaccine confidence. And this helps us dive down a little bit further into thinking about why people might be okay with getting vaccinated or where their concerns might come from. Vaccine confidence really touches on three different areas. First, people might have vaccine confidence in the effectiveness and the safety of the vaccine itself. So the actual vaccine that they're getting, they might have confidence in. They also may have confidence in the system that delivers the vaccine to them, including their clinic or their healthcare professional or their doctor. And then the third area of vaccine confidence that we study is sort of the policymakers and the systems and the approval processes that are in place to get vaccines and out into our communities.

KH: So if we think about vaccine confidence, we think about these three areas, the vaccines, the clinics and the providers, and the policymakers and systems. It helps us really think about vaccine confidence and vaccine hesitancy in this larger way, it helps us think about

where might these concerns be coming from? One of the most important things that I want your listeners to realize, and probably most of them do realize this is that vaccine hesitancy and vaccine confidence varies for each vaccine. And so we have to treat each person and each vaccine as its own thing. So people may have different concerns about the flu vaccine or the HPV vaccine. And the same is gonna be true for the COVID vaccine.

KH: But we have a lot of research that tells us maybe what typically might be some of the reasons for vaccine hesitancy. This includes things like fear of shots, or wondering whether the vaccine is safe, or whether it's effective. We also have some maybe larger issues at play, particularly with different communities or different groups across our country, as we think about different social and cultural issues around why people might be hesitant around vaccines. So for example, if we look at the African American community, we know that there is a certain mistrust of the medical establishment, and particularly around newer medical innovations, and that may lead them to have higher vaccine hesitancy than other groups because of that particular issue.

KH: And finally, we have to think about the idea that we may not wanna get a vaccine if we don't think a disease is serious, if we don't think that it is severe, or that we are susceptible to it. So for some of you public health workers out there, you may be hearing some words from the health belief model that you might remember. And so we have to think about some different theoretical approaches that might help us think about how we address vaccine hesitancy. We'll get into that I think a little bit later.

DZ: Thank you for sharing that. These reasons are understandably valid, and that helps get a better understanding of where vaccine hesitancy in general comes from. But I'm wondering how is hesitancy around the COVID-19 vaccine different than from before the pandemic began?

KH: I think there are two ways that the COVID-19 pandemic and the COVID-19 vaccine are a little bit different than past vaccines. The first is that we've had incredible media coverage of this vaccine, more so than any vaccine we've ever seen developed and taken out into the community. I don't think the everyday person sits and watches news stories about how the flu vaccine is developed every year, but we have been sitting and watching all of this information about the COVID vaccine. And so there's just a lot of information coming at us that could contribute to us having questions about this vaccine. The other thing that makes the COVID vaccine rollout a lot different than our other vaccinations is that up until this point, at least, we've kind of removed primary care from the equation. Most of us go take our kids to the pediatrician, we go see our primary care provider. And that's where we get our vaccinations, that's where we talk with our trusted healthcare provider about these vaccinations. And that's been missing from this rollout because of just the way that it's happened.

KH: Why is that important? Well, we know from research that for vaccine hesitant people, the most important the most impactful way we can address vaccine hesitancy and help people make a positive vaccination decision is with a trusted healthcare provider giving a strong recommendation. So when you take that out of the equation, we've removed a really important tool that we have for reaching vaccine hesitant people.

DZ: I can definitely see how that has an impact. It makes sense that people may refrain from going to the doctor, especially if it's not a pressing medical issue as they're staying home to minimize potential risk of exposure, and it does sound like missing out on that interaction with one's physician can truly have an impact on accessing information from a credible source.

KH: Exactly, and as we think about the rollout, which I think is going relatively well from state to state, we've done a good job of setting up systems to get people signed up for the vaccine and tell them where to go and what they need to bring with them. But it's people who are already vaccine-ready, who are signing up for that vaccine and going to get it. As you know, many of us have not been going to see our primary care provider in person or the pediatrician in person, and so those are those opportunities that we're missing out on to catch vaccine-hesitant people, people who aren't signing up to get the vaccine and who aren't having those opportunities to have those conversations about the vaccine.

DZ: So for those of us working in public health, whether or not we're working on the front lines, whether we're engaging with community members or family members or friends and peers, what can we do when we're talking with people, and they have these questions, when they come to us with these questions? What are some recommendations that you have?

KH: Yeah, so I think in people's roles as a public health official, particularly if you're on the front line, if you're interacting with the public, and you have an opportunity to talk about and promote the vaccine. The first thing is always start with a strong recommendation. Healthcare providers are the most trusted source of health information, including around vaccinations. And so when they hear from you that you believe in the vaccine, that you think it's safe and effective, start with that strong recommendation. But if you get questions, if you sense hesitancy, then the most important thing you can do is listen. I think many of us want to jump in and tell people why they should get the vaccine and try to start educating them on what they believe and those sorts of things, but the most important thing you can do is listen; listen to what those concerns are, ask them where they found that information, ask them what they think about the vaccine. And then from there, you can develop a strategy to maybe address their vaccine hesitancy. You can supply them with more information, you can ask them if it's okay if you send them more information.

KH: The other thing that is important to remember, and this comes from the communication and health promotion background, is we have to remember that everyone is different. And so you really do need to listen and understand where this person is coming from, and be able to tailor the information and the response that you're using based on that person. You may need to consider their education or their racial or ethnic background, or their culture or their socioeconomic status. And those things are not easy things to find out, but that's where that conversation and really learning about that person and what their concerns are, are really gonna help you target that response that you have to address their vaccine hesitancy.

DZ: Those are all really good points. And later on, we'll be hearing more from Ashlee Weaver about the targeted and tailored messaging piece. Can you share with us a little bit about some specific do's and don'ts for our listeners when they're communicating about the COVID-19 vaccine?

KH: Absolutely. So some do's would be share your personal experiences. Talk about the fact that you've gotten the vaccine and what it was like and how many other people in your life have gotten the vaccine. Create this positive social norm around vaccination by sharing your own personal experiences. Do make sure that you present facts very clearly and very simply. You don't need to dumb it down, but you do need to understand that most people don't have a working knowledge of vaccinations and virology and how vaccinations are developed and how they're distributed. So avoid jargon that we might be comfortable using and make sure you're speaking in layman's terms. Do normalize the side effects of vaccination. Particularly for the COVID vaccine, we are seeing some significant immune responses to the vaccine. We want those, that's a good thing. So we need to normalize that those side effects are something that might happen. They could be pretty severe, and just to make sure that people know what to expect, help to normalize that experience.

KH: Another thing I would say is do use graphics, pictures. People respond really well to visual displays of information. Some of us learn a little bit better visually, and so it's good to be able to have those materials ready, whether that's in your clinic, or your office, or a health fair that you're helping staff, those visual cues can be really impactful in communicating complex information to patients. Here are some don'ts. Don't try to present everything you know about the vaccine and every opinion that you have about the vaccine. One of the things that I always advise public health workers and healthcare providers around vaccination communication, is don't bring up concerns that people don't have. I keep seeing, "The mRNA vaccine doesn't change your DNA, so don't worry about that." And I'm like, "Okay, so maybe that's a concern a few people had, but should that be part of our national messaging around this." That's something that most people wouldn't even have thought of, and now you've introduced a concern to them. So just be careful to

really address what their concerns are, and don't introduce new sources of doubt and uncertainty.

KH: And the last thing I'd say is be really careful not to use judgmental language. Remember that these people's concerns about vaccines are valid, they come from a place of uncertainty, and maybe being scared about the vaccine and what it will do to them. And so listen with empathy, and don't use judgmental language or judgmental approaches in how you talk with them.

DZ: Thank you. I think that these are all really good points for us to remember as we're having these conversations with clients, community members, peers, friends and family. Now I'd like to shift to talk a little bit about what evidence there is to support these communication best practices. I know earlier, we talked a little bit about the health belief model and I think it'd be helpful for our listeners, if we could hear a little bit more about that, or any other models or frameworks or evidence to support the information that we've been hearing about so far today.

KH: Yeah, absolutely. Well, first, I would start out by saying even though the COVID vaccine is new, and it's a little bit unusual in terms of how we've rolled out other vaccines, we have decades of work on vaccine promotion, vaccine uptake, how we address vaccine hesitancy. And I know we're gonna share a couple of resources with people at the end of this podcast, but I think it's important to know that as we think about, for example, the evidence that a strong healthcare provider recommendation is one of the most important ways we can encourage vaccination. That's based on a lot of studies that we've done that shows how important that is. We also know from surveys of patients that providers are the most trusted source of health information. That helps us understand the role they can play in promoting vaccines. And so there is a lot of evidence out there around particular strategies we have for addressing vaccines.

KH: The Health Belief Model, which was developed back in the '50s and '60s as a way to understand why people may or may not take preventive behaviors, why they may or may not enact preventive behaviors. So it's a perfectly positioned model for us to really think about and understand why people may or may not get a vaccination. It helps us identify important variables or concepts or targets that we can develop communication interventions around.

KH: So for example, if people don't understand how susceptible they are to COVID, or if they don't understand how severe this disease could be, if they perceive that there are barriers to getting the vaccine, whether those are logistical barriers like driving or getting to a clinic or more perceptual barriers around whether this is appropriate for them, those are things we can address with communication interventions and working with healthcare

providers and with public health workers to make sure that we are addressing those concerns, so that we can develop consistent messaging around these issues and that will help increase our intentions to get vaccinated and eventually increase uptake of vaccination.

DZ: And that's the ultimate goal, and that's part of what we hope that the information that we're sharing with all of our listeners today will contribute to. We want to be able to provide tools and strategies to public health and healthcare practitioners, so that they can feel equipped and empowered to have these important conversations with anyone in their life. Moving on, how do people's perception of the COVID vaccine development and rollout affect their behavior, and how does equity play a role in this?

KH: So we mentioned earlier that this is really an unprecedented situation in terms of a vaccine, in no other time in history have we developed a vaccine, tested it, gotten it approved for use in such a short time, while so much of the world has been paying attention. And so, for individuals who maybe have little understanding of virology or vaccine development or public health, this can breed some hesitancy, this can breed some uncertainty and lead to some questions. And so, we need to consider equity when we are thinking about the vaccine rollout and also our perceptions of the vaccine. I think it's important to point out that we are seeing an incredible disparity based on race and ethnicity, when it comes to this pandemic. We know that individuals from communities of color are more likely to be diagnosed with COVID, they're more likely to be hospitalized and they're more likely to die from COVID. And so as we think about, for example, Asian Americans, African Americans, Hispanic Americans, and the incredible toll of this pandemic on these individuals, we have to make sure that our vaccine strategies are also addressing vaccination uptake in these communities that have been most affected.

KH: In my own state of Indiana, for example, African Americans make up about 10% of our population, but thus far, they only represent about 4% of our vaccinations. So we have to be thinking about equity and about addressing vaccination concerns in these communities. If we think about the ethical and equitable vaccine distribution that we've... Different states have really tried hard to do, we have to make sure this includes... That promotion is addressed in each of these communities.

DZ: So when thinking about equity and knowing that this is something that should be central to any kind of communication approach or strategy, why doesn't a one-size-fits-all approach work?

KH: I think that's a really important question, a really important idea. Vaccine hesitancy, concerns that people have about vaccination vary from setting to setting, from audience to audience, from vaccine to vaccine, and so shifting vaccine hesitant minds really takes an

in-depth knowledge of that target population and using targeted strategies to address their concerns. As we noted before, it can't be a one-way communication situation. Perhaps the most important thing all of us can do in addressing vaccine hesitancy is to listen, is to listen to what the concerns are, to listen to what the uncertainty is, and then think about ways to address that and respond. Sometimes, people's concerns may surprise you, they may be reasons you hadn't thought of, or things that come with an easy fix, and so sitting and listening can be the most important tool, I think that we can employ to address vaccine hesitancy. The other thing to remember though, is that we're not going in blind. We know from public health research, from social science research, that we have these theoretical frameworks to rely on, we know how to conduct formative research to understand where the disparities are, what the concerns are, what do we need to do in our interventions, and then we also have strategies to develop those interventions, and so a communication one-size-fits-all doesn't work, but it doesn't mean that we're going in blind, we have ways to address this.

DZ: I know for myself, I come from a multi-cultural family, and I have family members that have different racial and ethnic backgrounds, and so whenever I'm speaking with one member of one side of the family, the way that I speak and engage with them is going to be very different than speaking with somebody from the other side of the family, so definitely a one-size-fits-all approach is not going to be appropriate or effective.

KH: Absolutely, absolutely. And some of our own COVID vaccination research that we've been doing, one of the things we did was a nationwide survey, and we found some significant predictors of high intention to get vaccinated versus low intention. Some of the low-intention predictors were race, lower education, political affiliation with those identifying as being more conservative, were less likely to get the vaccine. So when we think about why people might not get vaccinated or what are those sort of demographic predictors, we have to think broadly, we have to think about all these different sort of sub-sections of our society.

DZ: Definitely. And Katharine, what you said earlier, it's really important to just listen to what those concerns are and take in as much information about that individual before you start providing information.

KH: Absolutely.

DZ: And, in terms of the information that's out there, there is a lot of misinformation out there, and what are some ways that we can address all of the misinformation that people may come across?

KH: Those conversations are the places where it can start listening, hearing where their concerns are coming from, where they learned that information, but it's also important that the public health workforce is engaging with public media, with social media, with other public-facing outlets. Public health needs to be on the forefront of spreading accurate positive vaccine information, just as heavily as those out there spreading misinformation.

DZ: Those are some really great points, thank you. Let's think of a hypothetical here. So, let's say you're having a conversation with somebody who has some valid concerns about the vaccine, but they are open to the information that you're providing them. How do you provide a compelling but appropriate recommendation?

KH: So, the first thing I would do, is listen. I'll come with that empathetic approach that we've been talking about. Some of you may be familiar with something called motivational interviewing or motivational interviewing tactics, and this is a much more complicated process that I'm gonna spend talking about, but some of the core components of motivational interviewing include resisting telling people what to do, and instead sitting and listening and seeking to understand why people might be motivated to get a vaccine or not get a vaccine, and then helping to empower them to make a decision.

KH: People are being exposed to a lot of information about this vaccine, we talked about this earlier. The World Health Organization has been really great about making sure people understand that in addition to a pandemic, we are in the middle of something called an infodemic, which is an over-abundance of information, some accurate and some not that occurs during an epidemic. This can lead to confusion, mistrust in vaccines, you're getting information from the news media and from social media and from family members and all of these different places, and so listening to the information that people have or what they believe, and acknowledging to yourself and to that person that those ideas are scary...

KH: Yeah, if I thought that about the vaccine, I definitely wouldn't wanna get it either. But then ask them if they might be open to hearing your side of things, ask them if they might be open to you sharing information with them, sources that you trust, sources that you follow, keep the conversation light, realize that you might not be able to move people to vaccine acceptance after one conversation. We hope you will, but be ready to have an ongoing conversation with this person, and invest that time in them. And finally, I just wanna remind people that public health and healthcare providers are the most trusted source of information, of health information and particularly vaccine information. So while you may get questions, you may get pushed back, it may take a little time, just remember, patients are listening to you.

DZ: I think those are all really important points, and one thing that would be good to highlight as well is to encourage those that you're speaking with, to be critical about the information that they're coming across, to question the sources and who those messengers are. I know some of my family members say that they were reading about the COVID-19 vaccine in, like an arts and culture magazine, not that that's necessarily an inaccurate source of information, but I just push that family member to be critical of that source and to seek out additional sources as well, to seek out trusted sources like the CDC or the World Health Organization to confirm the information that they were reading was indeed accurate.

KH: I think that's really good advice. I think we have to remember that in a situation like an infodemic, it might be easy to blame people, "Why did you read that source?" or "Why did you trust that source?" But when we're bombarded with so much information, it can be hard for people who don't have high information literacy, or high health literacy to really sort through and make sense of that information. And that's why healthcare providers are such an important person in this equation, is that they can help individuals sort through that information and get them to understand what the truth is.

DZ: Definitely. So in terms of next steps for our public health practitioners and healthcare practitioners, if they want to work on expanding their communication approaches and strategies, how can partnerships between organizations help promote vaccine uptake and help address the vaccine hesitancy?

KH: One thing I would say from a larger perspective, and this is the communication professor in me talking, is that it's really important for us to have clear and consistent messaging. And I think in a pandemic that has been crazy for all of us, I think federal, state and local vaccination efforts have not always been on the same page in terms of messaging, I think we're getting there though. And so, really thinking about our leaders having this clear and consistent messaging. The vaccine is good, the vaccine is available, it's going to be available to everybody. And then diving down at that community level and thinking about, "Okay, well, what are the particular concerns of this group?" Or of this community, that we can really work with them to address those concerns. The other thing I wanna encourage public health officials to do, and I know public health already does an amazing job of this, is to partner with academics, healthcare associations, but particularly other community organizations and leaders, pool those resources together, minimize the redundancy that might need to be happening around vaccination communication, come together around a clear, consistent message.

KH: Community organizations in particular, those that have been embedded in our communities for decades, those that are made up of members of the community that we might be trying to reach. These people can be really, really valuable and helpful in

partnering with, to understand what vaccine concerns there are and how we might address those vaccine concerns and increase vaccine uptake in these communities. These are already trusted individuals, trusted groups in these communities, and if they're willing to partner with local or state public health officials and offices, this can be a really valuable way of reaching those communities in a very trusted and safe environment for those individuals.

DZ: That's definitely an important point to make, and I'm glad that you mentioned that, and we'll be hearing more from Ashlee about that a little later on as well. As we're wrapping up our conversation today, would you mind sharing with us something that is helping you get through the pandemic? Something that provides comfort or inspiration, what's been helping you get through the now, as we're marking the year anniversary of when the pandemic really started?

KH: Yeah, absolutely. Well, as somebody who studies infectious disease and vaccination communication, it's definitely been a busy year work-wise, and I've been glad to be able to contribute to things like this, so thank you for having me, and in other initiatives happening. But in terms of more personal side of things in getting through the pandemic, I have been learning to cook and to bake a little bit more, I think...

DZ: That's great! [chuckle]

KH: [chuckle] Like most people, I went through my banana bread and bread-making phase early in the pandemic, and then just spending so much time at home and not doing pick-up food or anything like that. I've really been trying to learn to cook more. So that's been a really great new hobby to develop.

DZ: That sounds great, and I'm getting hungry now. [laughter] Well, I just wanted to thank you again, Dr. Head for joining us today and from sharing all this great information from your experiences and providing all this valuable insight on this topic, we really appreciate all of this information that you shared with us today.

KH: Yeah, thank you so much for having me, and I do hope this information is helpful, it helps encourage your listeners to think about the positive role they can play in increasing vaccination uptake among our communities.

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DZ: And to our listeners, we hope that you've learned some tips for effective communication on the COVID-19 vaccine. We encourage you to check out some of the resources that we will post in the podcast notes, as well as an evaluation and a transcript from the episode today. Please be sure to also check out part two, where I'll speak with

Ashlee Weaver, on how to approach community-level and resident-led communication to address vaccine hesitancy. Funding for this podcast is provided by the Health Resources and Services Administration, and with that we'll end here for today. Stay safe and stay curious, everyone!