# Ways to Strengthen Trust in Vaccinations

ImmunizeAR Immunization Summit Little Rock, Arkansas August 4, 2023

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# Topics

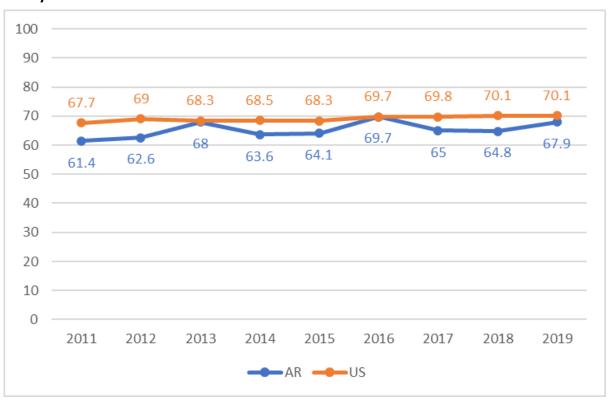


- Review vaccination rates for young children in Arkansas
- Review results of a survey regarding vaccine confidence among parents of young children
- Provide an overview of strategies to help parents increase their confidence in childhood vaccinations

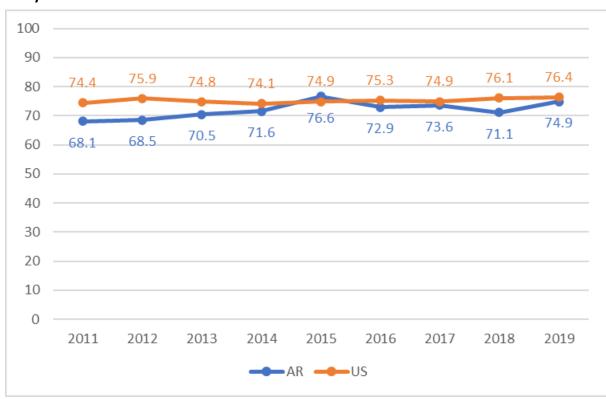
# Combined 7-Vaccine Series Coverage for 24, 35 Months Old by Birth Year, NIS-Child



By 24 Months



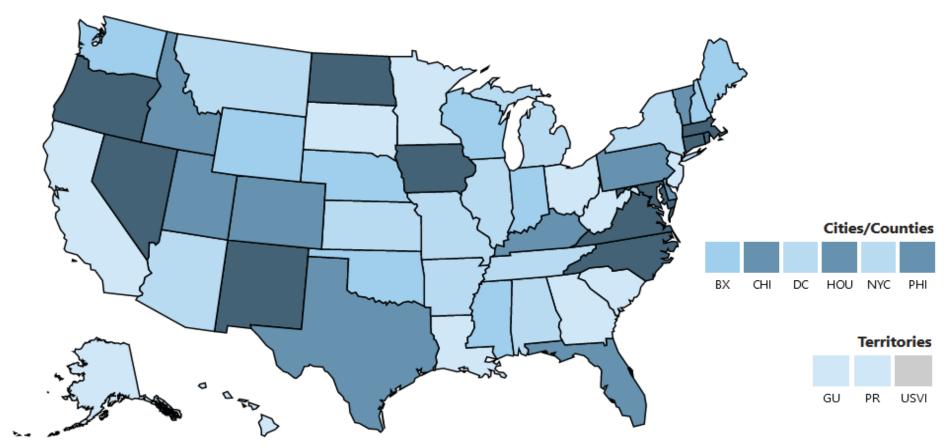
By 35 Months



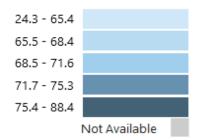
National Immunization Survey-Child: https://www.cdc.gov/vaccines/imz-managers/coverage/childvaxview/pubs-presentations.html

# Combined 7 Series Vaccination Coverage by Age 24 Months among Children Born in 2019, National Immunization Survey-Child



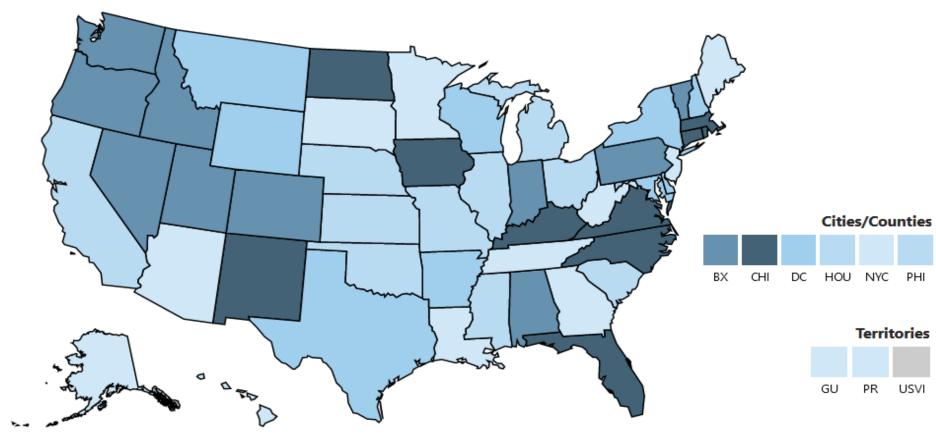


#### Legend - Coverage (%)



## Combined 7 Series Vaccination Coverage by Age 35 Months among Children Born in 2019, National Immunization Survey-Child





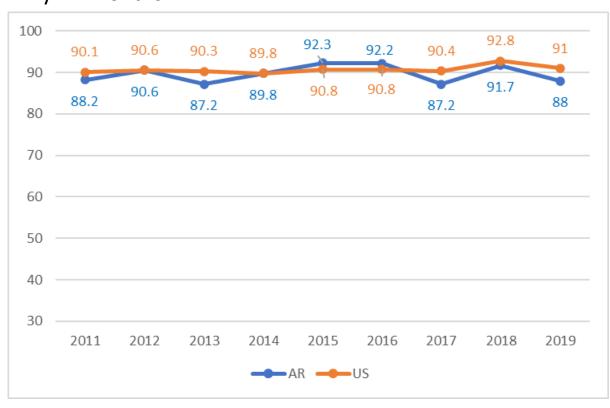
#### Legend - Coverage (%)



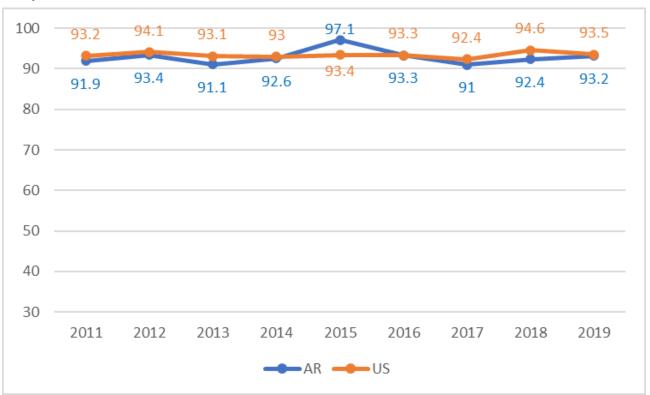
# ≥ 1 Dose MMR Vaccination Coverage for 24, 35 Months Old by Birth Year, NIS



#### By 24 Months



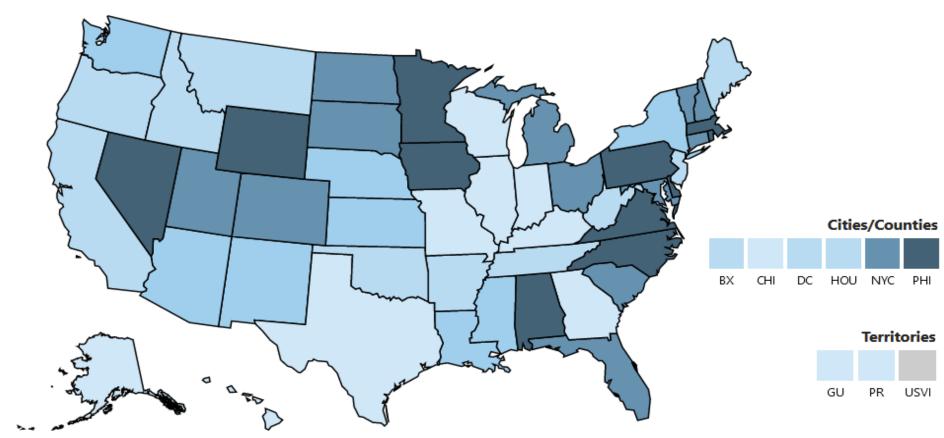
By 35 Months



NIS: National Immunization Survey- Child, https://www.cdc.gov/vaccines/imz-managers/coverage/childvaxview/pubs-presentations.html

### ≥1 Dose MMR Vaccination Coverage by Age 24 Months among Children Born in 2019, National Immunization Survey-Child



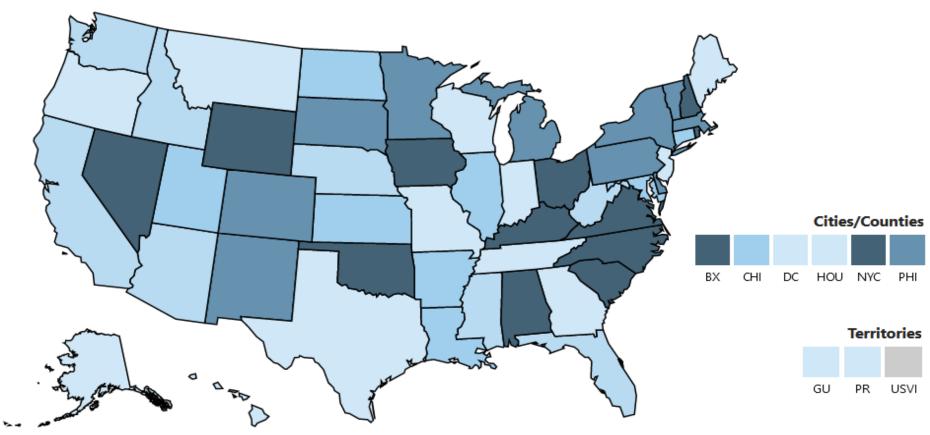


#### Legend - Coverage (%)



### ≥1 Dose MMR Vaccination Coverage by Age 35 Months among Children Born in 2019, National Immunization Survey-Child





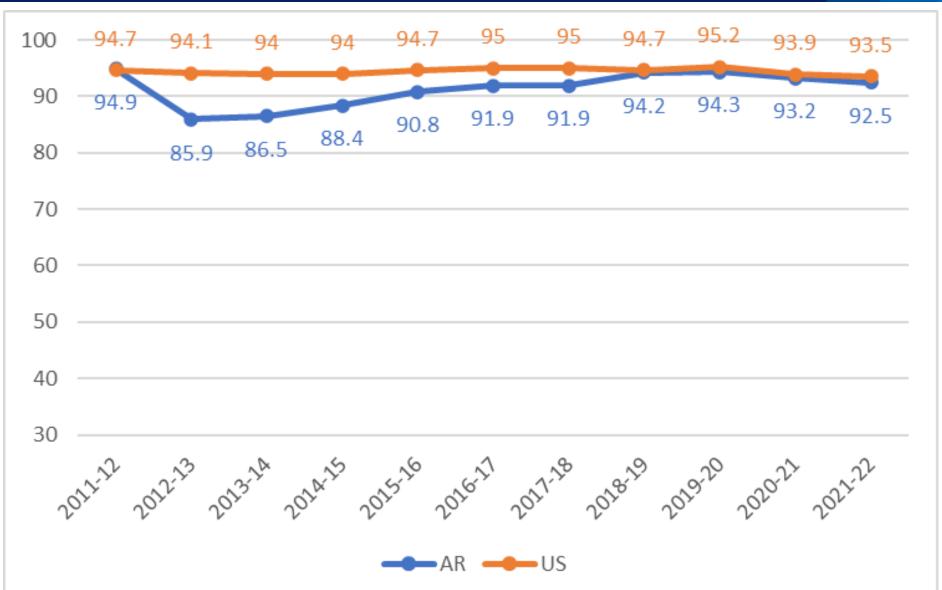
#### Legend - Coverage (%)





# MMR Vaccination Coverage among Kindergarten by School Year

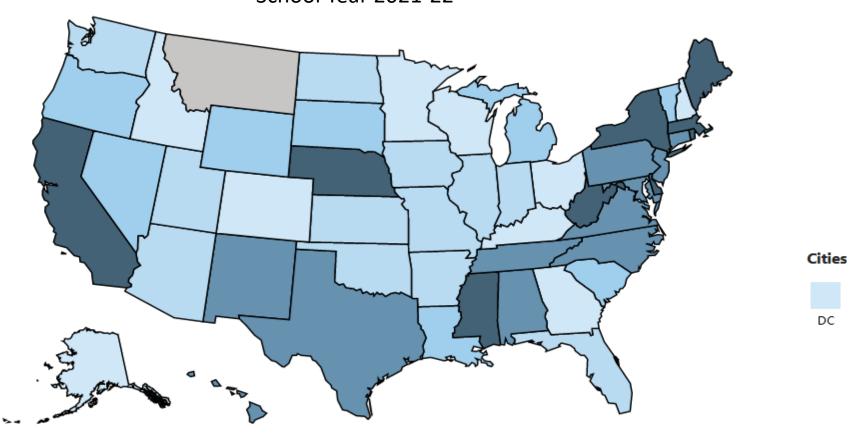




Seither R, et al. Vaccination Coverage with Selected Vaccines and Exemption Rates Among Children in Kindergarten—United States, 2021-22 School Year. MMWR 72:26-32. 2023.

#### MMR Vaccination Coverage among Kindergartners by School Year School Year 2021-22







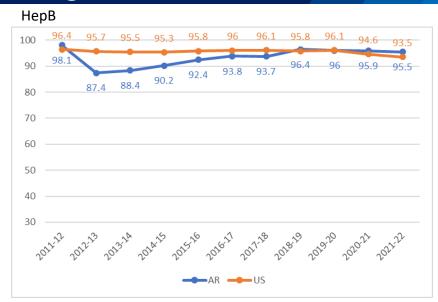


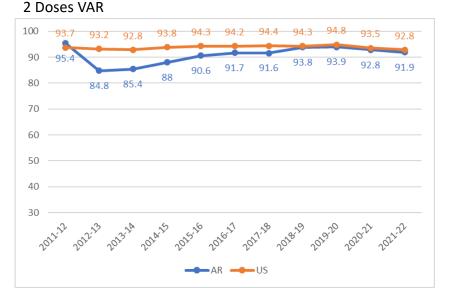
# DTaP, Hep B, Polio, and 2 Doses Varicella, Vaccination Coverage in Kindergarten









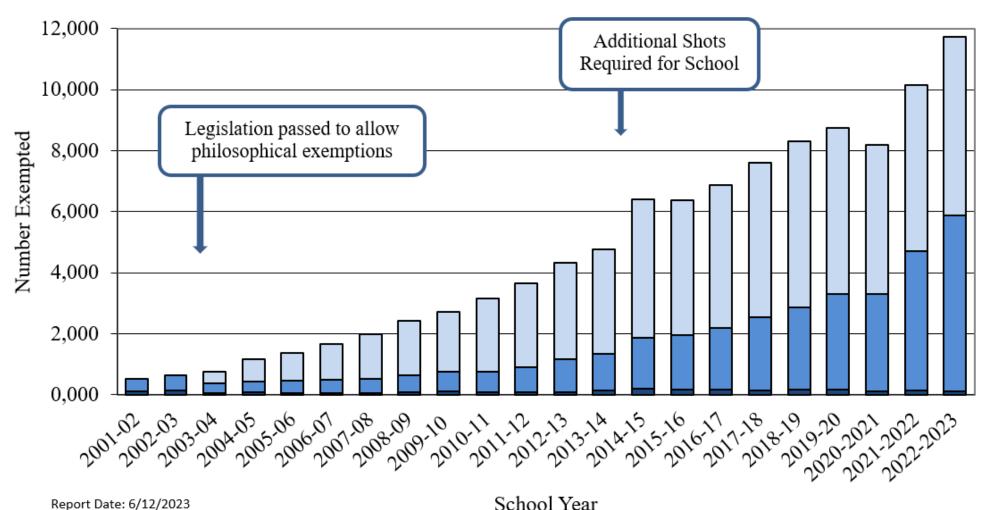


Seither R, et al. Vaccination Coverage with Selected Vaccines and Exemption Rates Among Children in Kindergarten—United States, 2021-22 School Year. MMWR 72:26-32. 2023.

### Immunization Exemption for Schools



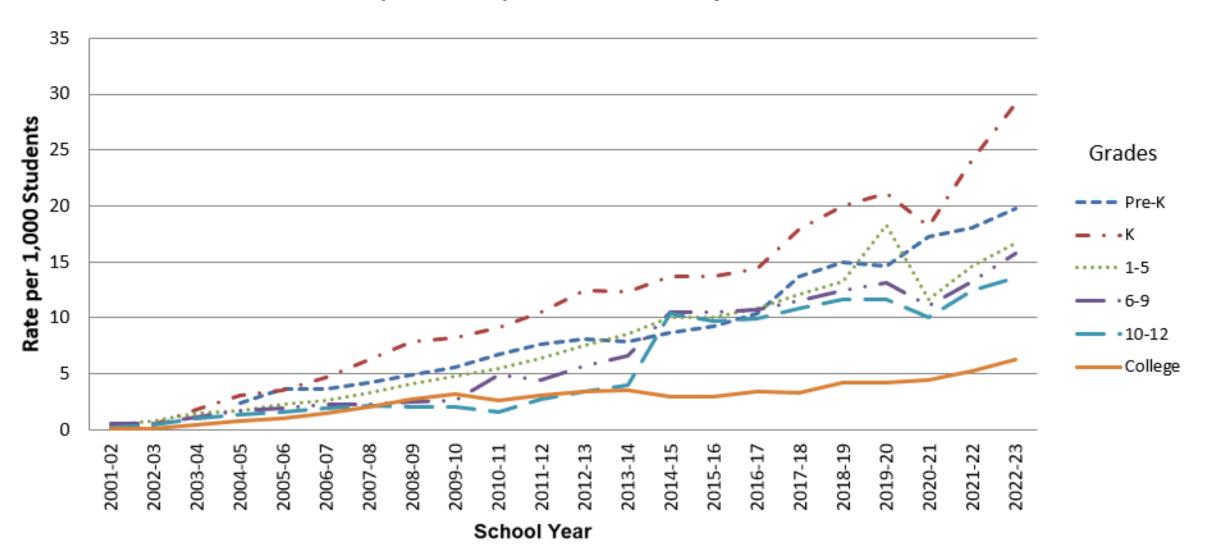
### Immunization Exemption by Type, Arkansas 2001-2023



# Immunization Exemption for Schools

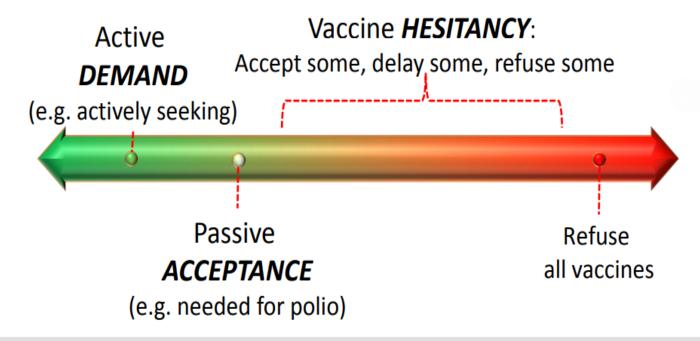


#### Immunization Exemption Rates per 1,000 Students by Grade , Arkansas 2001-2023



# Core concepts: A continuum of attitudes and behaviours





Vaccine hesitancy: a delay in acceptance or refusal of vaccines, despite available services.

Is complex and context specific, varying across time, place, and vaccine

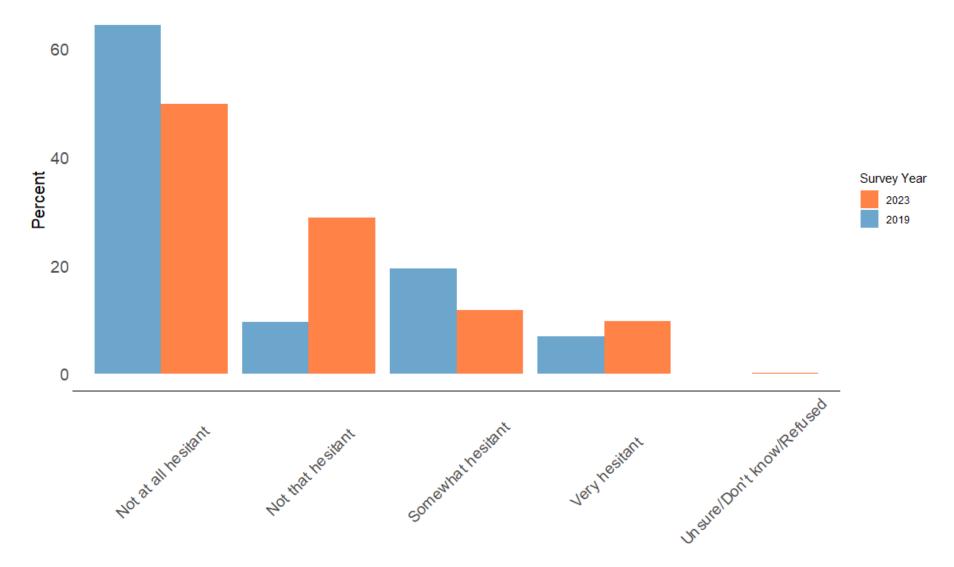


# Arkansas Survey on Vaccine Confidence



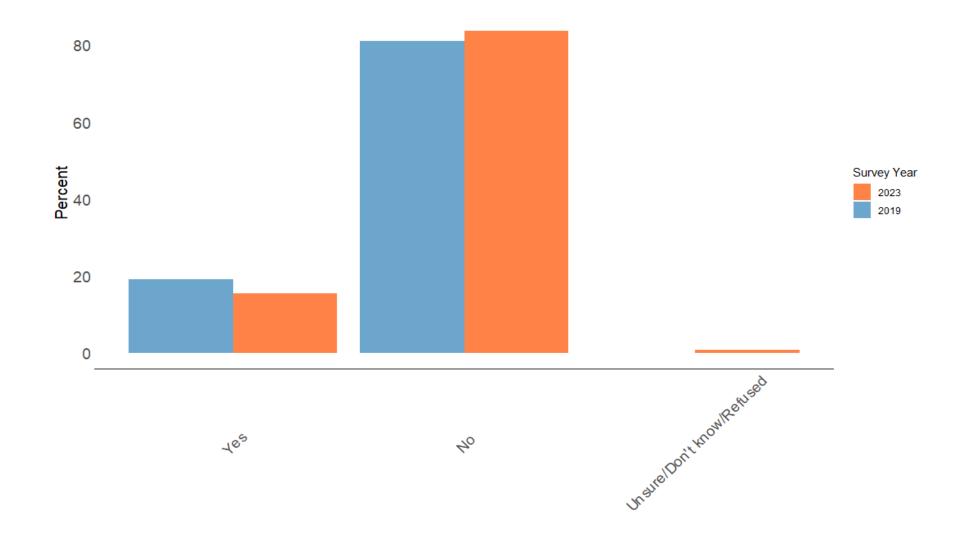
- Random digit daily of phone numbers dedicated to cellular devices
- Survey by University of Arkansas at Little Rock Survey Research Center
- Parents or guardians of children zero through six years old, who were 18 years of age and resided in Arkansas
- Conducted in 2019 (sample size = 407) and 2023 (sample size = 402)
- Questions from NIS-Child Survey
- Data were weighted using population distributions from the American Community Survey
- Thank you to Arkansas Children's for funding provided for 2019 survey

# Overall, how hesitant about childhood shots would you consider yourself to be?



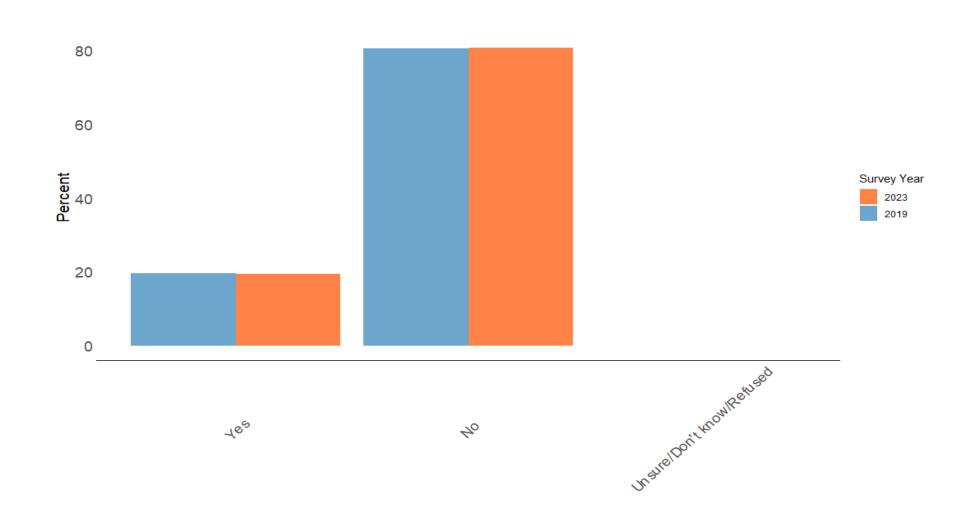


Did the concerns about the number of vaccines your child gets at one time impact your decision to have your child vaccinated?



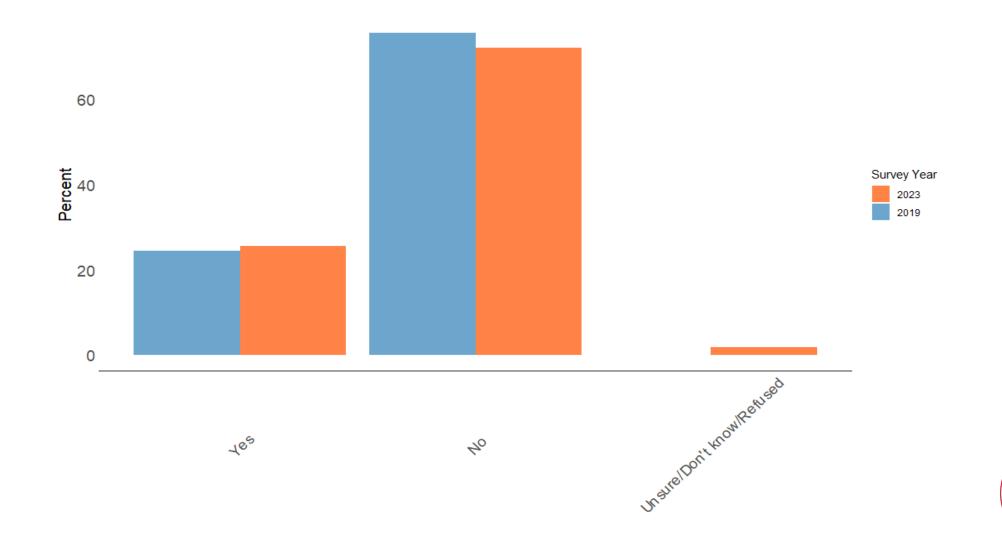


Did concerns about whether your child's IMMUNE SYSTEM would be OVERWHELMED . . . impact your decision to get your child vaccinated?



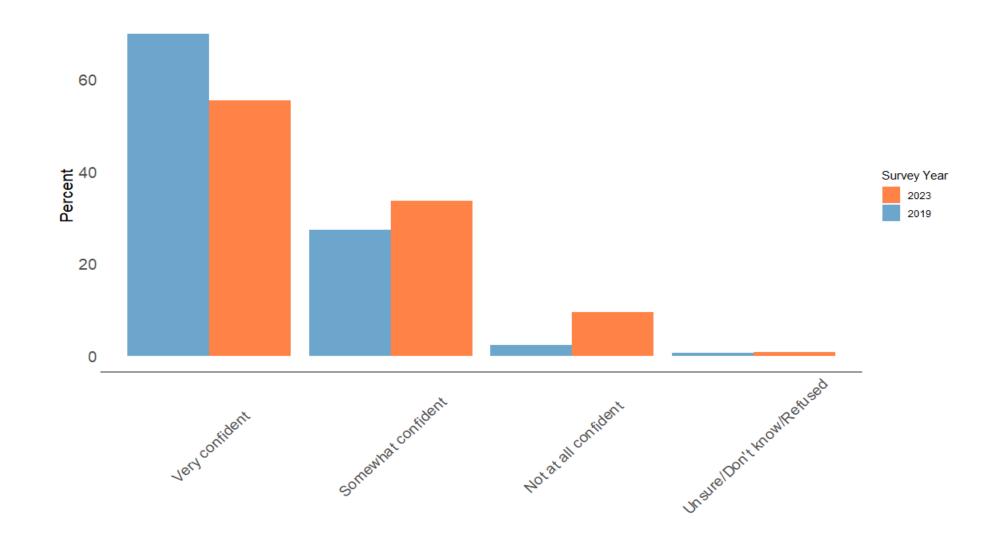


Did concerns about serious, long-term side effects impact your decision to get your child vaccinated?



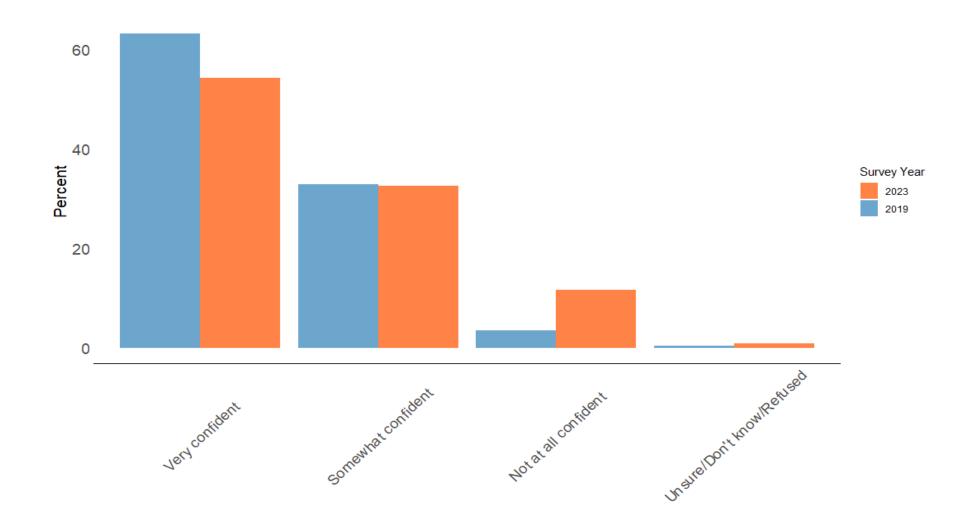


# How confident are you that all recommended childhood vaccines benefit your child?



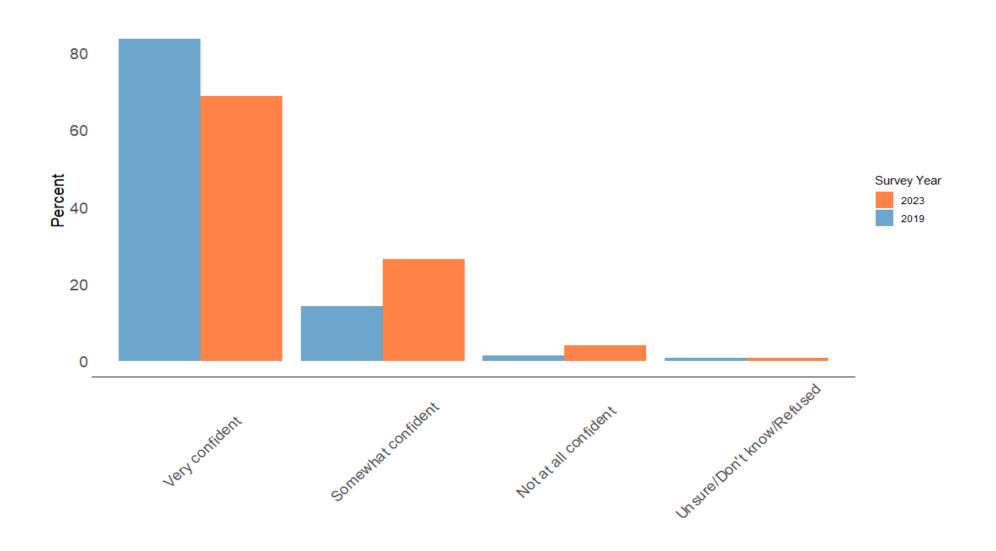


# How confident are you that all recommended childhood vaccines are safe for your child?



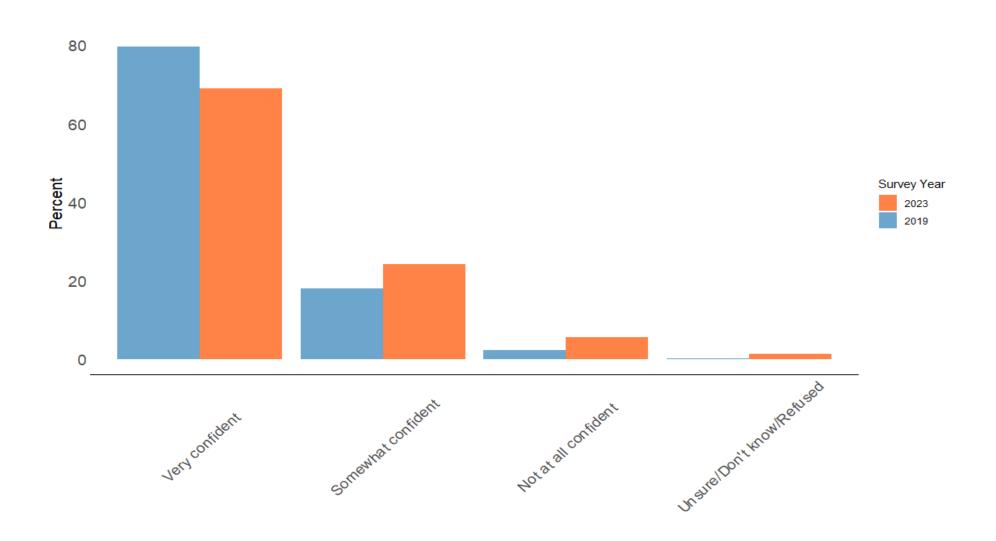


# Overall, how confident are you that vaccines lower your child's risk of getting diseases?



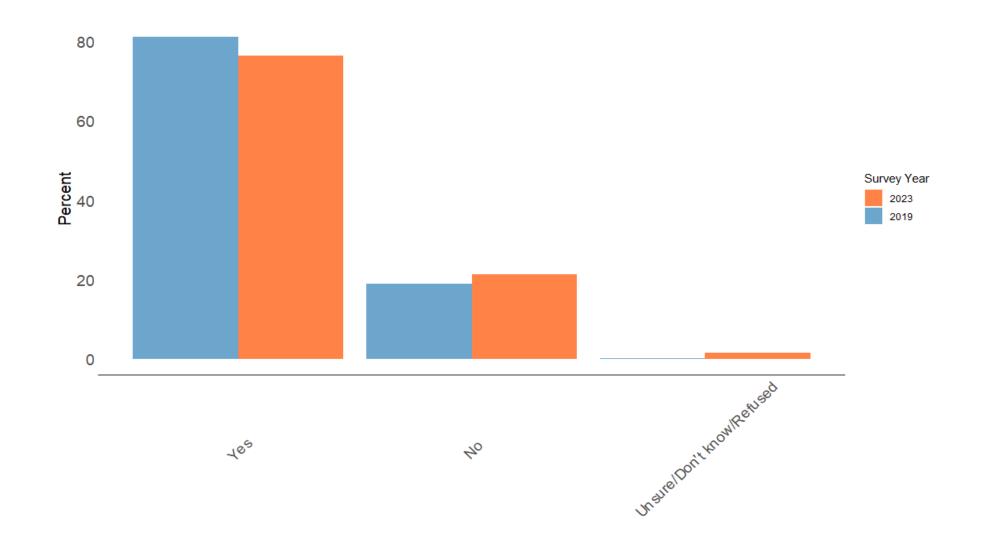


# How confident are you that the benefits of vaccines outweigh their risks?





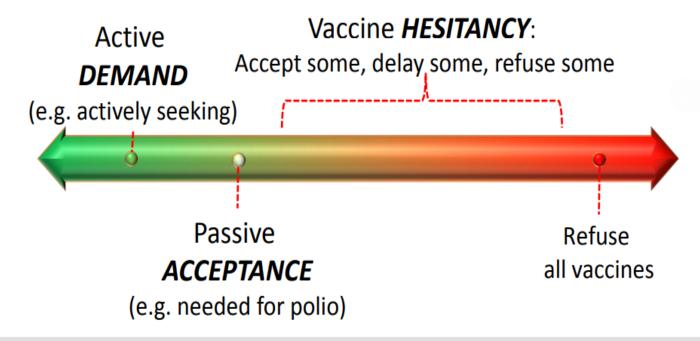
Is your child's doctor or health care provider your most trusted source of information about childhood vaccines?





# Core concepts: A continuum of attitudes and behaviours





Vaccine hesitancy: a delay in acceptance or refusal of vaccines, despite available services.

Is complex and context specific, varying across time, place, and vaccine



Helping parents address their concerns and make informed decisions about vaccinating their children is a key role for vaccination providers.





People relate the new idea to something they already know.

Three possible outcomes:



People relate the new idea to something they already know.

Three possible outcomes:

People understand the idea correctly



People relate the new idea to something they already know.

Three possible outcomes:

- People understand the idea correctly
- People misunderstand the idea



People relate the new idea to something they already know.

### Three possible outcomes:

- People understand the idea correctly
- People misunderstand the idea
- The idea is perceived as nonsense

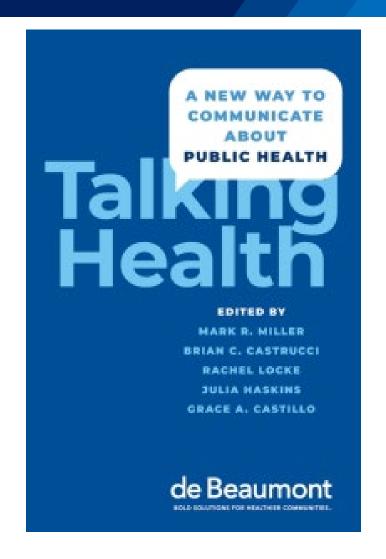
What can we do to make it more likely that people will correctly understand vaccine information?



## Public Health Reaching Across Sectors (PHRASES)



- Launched in 2017 by the de Beaumont Foundation and the Aspen Institute's Health, Medicine & Society Program
- FrameWorks Institute and Hattaway Communications
- Intended to help public health professionals communicate more effectively about public health and form stronger partnerships
- Tools and trainings at www.phrases.org



# Framing



- Refers to the choices we make in how we present information to others
- Includes the effects of such choices on the perception and behaviors of the recipient
- Frames take a variety of forms:
  - Values
  - Examples
  - Metaphors
  - Messengers
  - Verbs
  - Data presentation

# Framing



"Being an expert communicator means becoming an expert in the culture that will be used to process our messages. The good news is that we can understand culture in mind. When we do, we can make more-informed decisions and position our messages for better effect. This practice of seeing culture is at the root of strategic framing."

# How can we frame more strategically?



1. Repeating what we want people to forget doesn't shift thinking.

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### How can we frame more strategically?



- 1. Repeating what we want people to forget doesn't shift thinking.
- 2. Focusing on problems doesn't lead people to solutions.
- 3. Explanation is powerful.

### Metaphors



- Work by taking something familiar—the "source domain"—and comparing it with something less familiar—the "target domain"
- Help people connect the new idea to something they already know

### Visual Language



- Language that creates visual images in people's minds makes new ideas easier to understand and easier to remember.
- "The job of public health professionals, educators, and communicators is to frame public health with language that helps non-experts visualize its impact on their lives."

#### Use Frames That Have Been Tested



- O'Shea P, L'Hote EL, Aassar M, Hestres L, and Rochman A. Communicating About Vaccination in the United States: A FrameWorks Strategic Brief.
   Washington, DC: FrameWorks Institute 2021.
- https://www.frameworksinstitute.org/wp-content/uploads/2021/09/aapvaccine-SBFINAL\_3.pdf

## Finding #1: The public holds helpful beliefs about how vaccines work, as well as problematic ones.



- Cue the idea that vaccines "train" or "teach" the immune system to respond to specific viruses as often as possible.
- Talk about vaccines as a "partner" for the immune system rather than an immune "booster".
- Avoid cuing the "war" and "medication" scenarios.
- Frame vaccines as a proactive measure that creates better health, to inoculate against implicit associations between vaccines and medications taken in reaction to a health issue.

# Finding #2: Risk takes center stage in people's thinking about vaccines.



- Avoid reducing the issue of vaccination to an issue of risk and safety, hesitance, and confidence. Communications that are intended for the broader public should not proactively put the spotlight on risk and safety at the expense of other, more helpful aspects of the issue.
- Lead with structural barriers to vaccine uptake in the U.S. Explain how they work, and how they can actively contribute to eroding the public's confidence in vaccination.
- Explain where disinformation about vaccines come from, identify who benefits from it, and clarify that its online prominence is due to media strategies rather than to the size of the population who subscribe to these ideas.

# Finding #3: People's relationship to science and medicine is more complex than we might think.



- Avoid relying only on assertions of scientific authority when communication to the public about vaccines.
- Explain what clinical trials are, how they work, and why they are the main reason why well-known vaccines have been and continue to be so successful. This will likely provide people with a starting point to better understand what the scientific method entails and why it is the most reliable way to develop vaccines.
- Cue the idea that vaccines are one of the most significant scientific achievements of the past century. This will likely help people focus more on the benefits of vaccines than on their potential risks.

## Finding #4: People assume that not everyone needs vaccines.



- Focus on how vaccines work with the body's natural immune system, rather than on what separates the natural immune system from vaccines.
- Make sure to mention that not only should children be protected from harm but that they also need to have the support they need to thrive.
- Always mention that vaccination is the most effective way for parents to protect children from harm and help them thrive. This should also prevent people from assuming that vaccine refusal is the best way to protect kids from harm.
- Expand people's sense of responsibility toward children from parents only to parents and society at large. This will likely build public support for systemic measure to increase rates of vaccine updated, instead f assuming that parents are solely responsible for their children's outcomes.

## Finding #5: The public primarily thinks of vaccination as an individual issue.



- Emphasize the collective benefits of vaccination at least as often as its individual benefits.
- Explain what herd immunity is and how it works, whenever possible when using the term in your communications, to clarify what the concept entails and familiarize the public with the term.
- Give examples of existing policies that have effectively increased vaccine uptake in the country and explain how they work. This can help cue the idea of a responsible government and make it less likely for people to assume that government policies and regulations are necessarily at odds with the ideal of individual freedom.

Finding #6: The public is aware that access to vaccines is an issue in the U.S., but they are unclear as to why that is and how that works.



- Lead with disparities in vaccine access rather than disparities in vaccine uptake.
- Give examples of structural solutions to improve vaccine access in the U.S.
   Explain how they work, especially among underserved communities. This
   will likely build a sense that disparities in vaccine access and vaccine
   uptake are solvable problems.

### Conversational Receptiveness



- The use of language to communicate one's willingness to thoughtfully engage with opposing views
- Defined by the use of specific words and phrases
- Strongly predicts conflict outcomes
- Yeomans M, Minson J, Collins H, Chen F, and Gino F. Conversational receptiveness: Improving engagement with opposing views.
   Organizational Behavior and Human Decision Processes 160 (2020) 131-148. <a href="https://doi.org/10.1016/j.obhdp/2020.03.011">https://doi.org/10.1016/j.obhdp/2020.03.011</a>

#### Acknowledge Understanding

"I see your point..." and "I understand..."

## Find Points of Agreement

"I agree" and "you're right"

#### Make Positive Statements

"Yes" and "right," not "no" and "wrong"

#### Hedge to Soften Claims

"Somewhat" and "might"

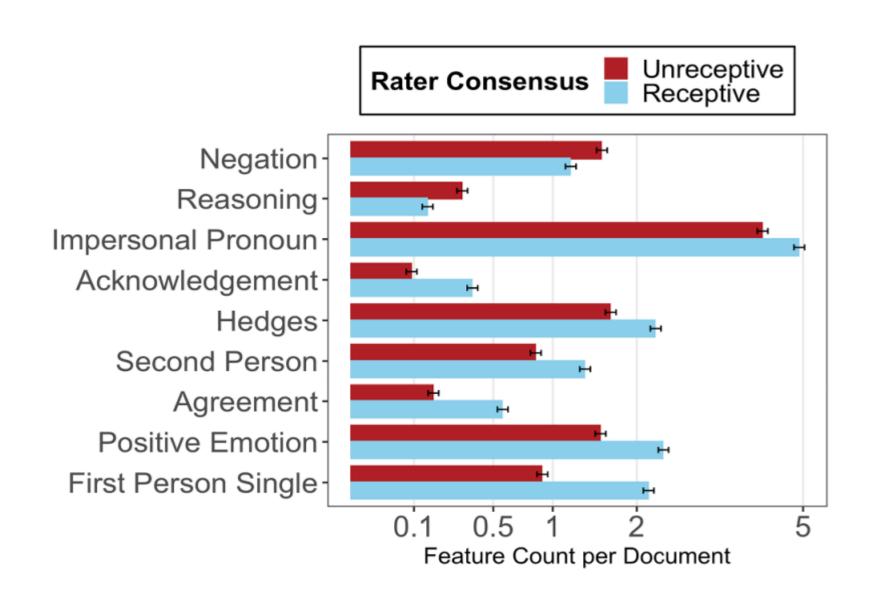
Adapted from: Yeomans, M., Minson, J., Collins, H., Chen, F., & Gino, F. (2020). Conversational receptiveness: Improving engagement with opposing views. *Organizational Behavior and Human Decision Processes*, 160, 131-148.

Conversational

Receptiveness

### Model of Receptiveness





### Using Conversational Receptiveness to Enhance Doctor-Patient Interactions



- The Yale Customer Insights Conference 2022
- Julia Minson, social psychologist at Harvard Kennedy School
- https://youtube.com/watch?v=U6ctzVwhyU

#### Goals in Doctor-Patient Interactions



- Changing beliefs/behavior
- Maintaining patient trust in provider/science
- Saving time
- Decreasing provider stress
- Maintaining ongoing clinical relationship

## Outcomes from the Use of Conversational Receptiveness



- Vaccine-hesitant person perceives the receptive writer as more reasonable and more trustworthy; would want additional opinion in the future
- The writer has more positive views of the vaccine-hesitant person: intelligent, reasonable, knowledgeable, trustworthy
- Improves conversants' evaluations of each other
- Increases willingness to interact in the future
- Increases consumption of accurate vaccine information
- It is easy to use

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