Let’s talk vaccination: The AIMS approach to vaccine conversation

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HEALTH
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Vaccine Skeptic Message Gets Bolder
How do we talk with (not at) people who speak from hesitancy or denial?

“I do not need a reminder to participate in an optional program. The scare tactics are getting really old.”

“Not going to happen. Your "mandatory log" of the "14 required vaccines" will be blank on my end. It's my choice and legal right as a parent...so keep threatening. The more threats the state and doctors give, the more I KNOW not vaxing is the right choice.”

Posted public comments in response to a call for children to be vaccinated: WTHR, Indianapolis, IN, USA
Debating evidence or debunking myths are not always pathways to vaccine acceptance

Providing our scientific evidence to counter their evidence will likely only fuel an argument, not vaccine acceptance
Communication: More than a Message
Communication is Bioactive:

• Plays a role in shaping brain structure
• Impacts at the epigenetic level
• It can play a role under some conditions in DNA repair
• Can impact immune function
• The expression of positive emotions has been linked to CVD
• When HCPs establish empathic connections it can shorten illness duration
• Is not an exclusively conscious activity
• Is systemic both within and outside of the body
How we communicate is more important than the content of our messages.

Do I want to be right, or do I want to be effective?

(A focus on process & feelings creates receptivity, a more sure pathway to trust)
Creating receptivity in primary care clinics for refugees in Jordan

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The Process of Communication (Conversation)
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Dentist story: I once had a patient who required a surgical extraction of a tooth, but he had an infection so I gave him an antibiotic and told him to come back in a week. After a week he came back, I told him he has to wait for another week until the infection cleared out. He was so upset to hear that, especially because he was in pain, and he started yelling at my face. From inside I felt aggravated, to say the least, and I wanted to defend myself because the patient was not respectful and rude, but then I remember the training about Trauma and how it affects patients’ brains and I made a decision to calm myself. So I took a deep breath and sat down and asked the patient to set down. After he started to calm down I explained to him slowly why it is bad to do the surgery if the infection is still there and how the side effects can be worse. He eventually agreed to come back after another week. He came back and I did the surgery and he left the clinic. Two weeks after, the patient came to the clinic and when he saw me he grabbed my hand and bowed down to kiss it. I was shocked and told him why? He said you understood my pain and you were patient with me, you contained me and helped me even though I was rude. Thank you! If I had not calmed down and breathed that poor guy would have left our clinic upset and in pain and would not have had the means to pay for a private dentist to do the surgery. I saw a smile on the patient’s face when he left and I had the same smile on my face; happy I helped and grateful for the training that taught me how to deal with such a situation.
The connection of communication (Feeling felt)

• “I am a Syrian refugee”

• This gentleman asks if the GHCC would like to interview him. His story is one of pain & loss...and grace & hope.

• “Thank you for listening to my story.”
The connection of communication (Feeling felt)
The connection of communication
(Feeling felt)
The Process of Communication (How do we get from here to there?)
Community Engagement in Sierra Leone

WHO Pilot program designed to train frontline staff to create receptive rather than reactive engagement during the EVD outbreak
Change From a 1 Day Training

Initial interactions
• High tension and mistrust b/w communities and frontline staff (“us versus them”)
• Communities Unfavorable and unwelcoming of frontline staff
• Communities viewed frontline staff as benefiting financially from the Ebola outbreak

Interactions before training
• Frontline staff frustrated with community resentment and mistrust
• Frontline staff not well prepared to help resolve conflicts and arguments
• Communities not always feeling that frontline staff had their best interest in mind

Interactions after training
• Frontline staff better able to turn frustration into opportunities for dialogue
• Frontline staff improved conflict resolutions skills and able to de-escalate tense situations
• Frontline staff went beyond their “normal job functions” to address the living conditions of quarantined families – and nurtured greater trust
The AIMS method for healthy conversations

**Announce**
Announce vaccination will happen, assume people are ready to vaccinate

**Inquire**
Seek to understand the person by asking them about their concerns

**Mirror**
Make sure they know you understand them by repeating (but not parroting) what they said and asking if that is what they mean

**Secure**
Consolidate every conversation by securing trust
ANNOUNCE: Assume that vaccination will occur

- Begin by announcing that the person is due for a vaccine and that you will vaccinate today
- A presumptive ‘announcement’, which assumes that someone is ready to vaccinate may increase acceptance
- Avoid being paternalistic, but maintain a firm approach
- Start with a statement, not a question
- Repeat your recommendation with hesitant people
- This may cover most people and the conversation is quick and simple. *If they hesitate or refuse then...INQUIRE*

“*It’s time for Jo’s shots.*”

“*I see Jo has just turned 2. She is due for her MMR vaccine. We will give her that at the end of the visit today.*”

“*The influenza season is just beginning. We will give you your flu shot at the end of today’s visit*”

In one study, starting the conversation with an announcement led to 74% of patients accepting the recommendation vs. 26% with a participatory discussion approach

INQUIRE: Understanding a concern, gauging the level of hesitancy

- Your goals are to understand:
  - What drives their concern
  - The strength of their concern (level of hesitancy)

- Active listening:
  - Take the time to listen to their concern
  - Don’t interrupt – let the person finish

- Use open-ended questions, which:
  - Facilitate dialogue
  - Elicit information in a neutral way
  - Cannot be answered with a single word
  - Help you understand their point of view & feelings

- Use questions of how or what (better than questions of why)

- Watch your body language – make them feel heard

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In one study, doctors interrupted patients within 23 seconds!¹

MIRROR: Make the person feel heard

- Reflect back to the person what you have understood
- But first ask their permission to do so
  - This increases their receptivity
- The aim is to show them that you understand their concerns and how they feel about them
- Repeat this process until the person is convinced that they were heard and understood
- Then you may respond to their concern

“Let me see if I have this right, you’re saying that your friend read an article that said that children get too many vaccines too soon. Is this it?”

“If I understand correctly you have some friends who tell you that you should know more and make sure you know the dangers when you vaccinate. Have I caught your concern?”

“Are you saying that the show you watched had people who believed their children had developed multiple sclerosis because they were vaccinated?”

You do not have to acknowledge the validity of the concern, but you should acknowledge the person’s right to have a question

SECURE: Consolidate each conversation by securing trust

- If there is hesitancy the conversation may go in one of three directions:
  1. You have ameliorated their concerns and gained more trust so you move back to ANNOUNCE. This may result in vaccination at that point.
  2. If the person continues to be hesitant, demonstrate respect and understanding, provide access to information and suggest revisiting the topic in the future (securing trust and opportunity to succeed at a later date).
  3. If the person declines vaccination, move to secure a trusting relationship even though you disagree by demonstrating respect for their opinion and emphasizing your mutual concern for their own or their child’s health.

- If possible, repeat that you think they should vaccinate

“I understand this may seem like a lot of shots for such a little person. This schedule is recommended based on the best science and clinical experience. I always have both yours and their best interests at heart, and in my professional judgement, I say we go ahead and get these shots out of the way in this visit.”

“I see you still have some concerns, here is some more information that you might find of interest, let’s talk more about this on your next visit.”

“Well, in my professional judgment, vaccination is the best option, but I respect your right to decline. Let’s move forward and work together to do what we can to keep you and/or your child healthy.”

Repeating an ANNOUNCEMENT with hesitant parents led to acceptance of 47% in one study\(^1\)

Communication for Whole Health
(Let’s get people vaccinated!)

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Thank You!!

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