Examining the availability of dialogue-based resources to support healthcare providers engagement with vaccine hesitant individuals

Dr Holly Seale
Senior Lecturer, School of Public Health and Community Medicine
University of New South Wales, Sydney, Australia
h.seale@unsw.edu.au

@hollyseale

Co-authors: Josh Karras, Eve Dube, Margie Danchin, Jess Kaufman
COI statement

Funding from vaccine companies: bio-CSL/Sequiris, GSK and Sanofi Pasteur
- Investigator driven research
- Education grants
- Travel costs
- Attendance at scientific meetings
Methods

- Multiple studies address effectiveness
- No understanding of what is publicly and freely available to providers
- Scoping review: to explore the current landscape regarding the availability of online dialogue-based interventions which aim to support vaccination conversations.
- Focus: interventions/tools that for training and/or supporting different communication approaches
- Developed: 2003 onwards
- Search strategy: Technical report plus google search plus targeted review of health department websites
- Examined: components, language, funding, evidence of effectiveness, ease of access, guidance provision, other issues impacting on use.
Results

- 32 dialogue-based interventions- 3 excluded as they could not be traced to source
- 13/29 developed in last 5 years
- 10/29 available only as a journal paper
- 4/29 focused on certain population groups or vaccines. Examples: newborn immunisation, communicating with teenagers who are hesitant about the HPV vaccination

- Participatory techniques covered by these interventions included active listening, positive reinforcement, education, acts of sympathy, reasoning and motivational interviewing.
- Failure to provide action cues/signposts to guide providers on how to maximise the usefulness of the resources.
Results: Ease of accessibility/Mode of delivery

- Common to find valuable resources located on the fifth to tenth page of database or internet search entries.
- Disguised under seemingly non-descript and nonspecific titles.
- Websites required further clicks to find resource.
- In some instances, had to scroll through the page to identify the correct information and in some instances, without the use of search boxes to assist with narrowing the material.

- PDFs, journal papers, websites, CD Roms.
- Journal papers- information as part of methodology.
- 8/29 did not work on a mobile device.
- 4/29 required the user to pay.
- Only 6/29 were found to have been evaluated.
- Language- English only.*
Could we be doing better?

• The communication skills of doctors decline over time - ongoing training opportunities needed
• Easily accessible resources - that can be used prior to and during a consultation
• Well document that people don’t go past pg. 5 of search
• Multiple clicks and additional trawling = time of provider
• Modes of delivery = pay per access/CD Rom/journal paper
• No signposts/break down of the different approaches = technical jargon

• Proposed solution - Portal
  ➢ Link to resources
  ➢ Background materials about hesitancy
  ➢ Guidance about selecting appropriate strategy/bundle of strategies
  ➢ Opportunity for knowledge exchange/community of practice
  ➢ Available in other languages
The Collaboration on Social Science and Immunisation (COSSI) Network is open to researchers, health care providers and postgraduate students.

Further information: http://www.ncirs.org.au/COSSI

**Improving Vaccine Confidence, Demand and Uptake**
Collaboration on Social Science and Immunisation (COSSI) workshop

**PART 1 - Responding to vaccine critics**
Monday 28th October (Day 1)
- **Morning** Introduction to dealing with Vocal Vaccine Critics
- **Afternoon** Strategies for interacting with the media
- **Evening** Welcome cocktail party (optional)

Tuesday 29th October (Day 2)
- **Morning** Vaccine communication techniques to address concerns with parents, pregnant women, adults and at-risk groups

**End of Part 1**

**Book now:**
www.trybooking.com/BDSPZ

**PART 2 - Developing & using practical strategies to target under-vaccination**
Tuesday 29th October (Day 2 continued)
- **Afternoon** Engaging with communities and applying the WHO Tailoring Immunisation Programs (TIP) approach

Wednesday 30th October (Day 3)
- **Morning** Applying the COM-B framework to understand vaccination barriers and behaviours
- **Afternoon** Using qualitative and quantitative methods to understand and measure vaccine hesitancy or barriers

Thursday 31st October (Day 4)
- **Morning** Behaviour change interventions that work: examples and strategies for development
- **Afternoon** Measuring impacts: strategies for sustainable and equitable monitoring and evaluation

**End of Part 2**