

12 Tips for Addressing COVID-19 Vaccine Hesitancy Among Patients

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Mid-December 2020 marked the arrival of the first shipments of COVID-19 vaccines in the United States, starting the long and complex journey toward ending a pandemic that has taken an astronomical toll on society. Although initial vaccine doses were very limited, the supply continues to increase as production escalates and more vaccines receive Emergency Use Authorization from the U.S. Food and Drug Administration. Widespread availability is anticipated for late spring/early summer of 2021, allowing the general population to begin receiving doses.

Large-scale distribution and administration of COVID-19 vaccines have posed many challenges for state and local governments, health agencies, public health officials, and healthcare providers. They have had to address issues such as maintaining cold chain, storing, training, prioritizing, tracking, and more. Yet, as the vaccines become more widely available, another significant hurdle for inoculating the population at large and achieving herd immunity looms that isn't logistical: vaccine hesitancy.

Numerous polls conducted throughout 2020 and early 2021 show that the number of Americans willing to get a COVID-19 vaccine has

fluctuated. A Pew Research survey conducted in February 2021 shows that willingness has increased, but more than 1 in 4 individuals still said they would not or probably would not get vaccinated.² Further, those who are willing to get the vaccine might not plan to do so when it first becomes available to them. Rather, they may choose a “watch and wait” approach as a

“Though there has been strong demand for the relatively small amount of vaccine available initially, maintaining interest in vaccination is a longer-term challenge.”¹

precaution. These numbers could potentially signal a barrier for herd immunity, which may require 70-80 percent of the public to achieve COVID-19 immunity through infection or vaccination.³

The reasons for vaccine hesitancy are multifactorial and might include concerns about pain and/or adverse reactions; worries about the thoroughness of vaccine research and development; lack of awareness or false beliefs about COVID-19; concerns about freedom of choice; distrust of the government, pharmaceutical companies, or healthcare officials; and concerns about vaccine effectiveness.

Healthcare providers will likely encounter patients with vaccine hesitancy and – because of the complexity involved in these issues – might have to spend time educating, raising awareness, providing guidance, and having potentially difficult conversations. Fortunately, most people trust their healthcare providers as the most credible source for vaccine information,⁴ and the time spent addressing vaccine concerns can prove valuable for patients and society. Further, because healthcare workers were among the groups prioritized to receive the vaccines, they can “speak to their patients with authority and confidence.”⁵

To proactively prepare for encountering vaccine hesitancy, providers should consider how to engage patients in vaccine discussions and effectively address concerns and misinformation. The following 12 tips can help providers frame their conversations and improve communication with patients:

1. Make sure providers within your organization have sufficient knowledge about COVID-19 vaccines and stay alert to changes related to vaccine recommendations and best practices. Develop a strategy among providers to provide consistent messaging and information to build vaccine confidence.
2. Consider outreach opportunities to engage patients early and often in discussions about COVID-19 vaccines using credible, fact-based information. Examples of outreach might include posting facts or frequently asked questions about the vaccines on your website or social media accounts; recording a video to address patient concerns; or sending email, text, or portal messages with updates about vaccine information and timelines.

3. Partner with other trusted messengers within your community to boost confidence in the COVID-19 vaccines. Examples include trusted leaders, community groups and associations, faith groups, educational institutions and faculty, etc.
4. Acknowledge that conflicting information about COVID-19 vaccines from various sources has created confusion and contradictions. Let patients know what you have done to build your knowledge base about vaccines, and reassure them that you are following national recommendations and best practices – and that you will continue to monitor for new information and guidance.
5. Listen to patients without interrupting, and acknowledge their fears and concerns. Showing patients that you care about their points of view will help foster trust and may help alleviate anxiety about COVID-19 vaccines. Consider using a technique such as [motivational interviewing](#) to gain insight into patients' beliefs and values.
6. Be aware of how nonverbal communication can affect the provider-patient encounter. Certain facial expressions might be interpreted as judgmental (e.g., raising eyebrows, smirking, or head shaking), which may cause patients to be less willing to share concerns or listen to advice or guidance.
7. Keep in mind that patients' confusion or misperceptions about vaccine information might be related to health literacy and comprehension issues. Provide patients with verbal and written information in plain language that highlights the most important points they need to know. Gauge their understanding of information using a method such as the [teach-back technique](#).
8. Use a presumptive approach rather than a participatory approach when communicating with patients about vaccines. A presumptive approach assumes that patients are planning to accept your vaccine recommendation. This approach has proven effective in addressing other types of vaccine hesitancy, such as with parents of pediatric patients.⁶ Note, however, that this approach is not meant to coerce patients into getting a vaccine. Each patient is different, and providers should determine which communication approach is appropriate.

9. Have honest conversations with patients regarding the benefits and risks of vaccination, including potential side effects and adverse outcomes. Let patients know that all vaccines carry risks, but the decision not to get vaccinated also has risks. Give patients rational guidance for weighing risks versus benefits.
10. Appeal to patients' desire to do the right thing and protect their loved ones. Explain how individuals who are candidates for the vaccine can help protect their family members, friends, communities, and vulnerable populations through vaccination.
11. Consider having providers, staff, patients, and others in the community share testimonials and personal stories about COVID-19 vaccination. These individuals can help build vaccine confidence by providing information about the vaccine experience as well as why they chose to get vaccinated.
12. Encourage patients to ask questions, and be prepared to answer them. Patients will undoubtedly have numerous questions about vaccine development, safety, efficacy, side effects, immunity, and more. Understanding their concerns and providing information in a way that they can understand will help patients make informed decisions about their care.

For more information about having effective vaccine conversations with patients, visit the Centers for Disease Control and Prevention's [Preparing for COVID-19 Vaccination](#) webpage, which includes guidance for talking with patients about vaccines, making recommendations for vaccination, and answering common patient questions.

Endnotes

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- ¹ SteelFisher, G. K., Blendon, R. J., & Caporello, H. (2021, March 3). An uncertain public – encouraging acceptance of Covid-19 vaccines. *New England Journal of Medicine*. Retrieved from www.nejm.org/doi/full/10.1056/NEJMp2100351
- ² Funk, C., & Tyson, A. (2021, March 5). *Growing share of Americans say they plan to get a COVID-19 vaccine – or already have*. Pew Research Center. Retrieved from www.pewresearch.org/science/2021/03/05/growing-share-of-americans-say-they-plan-to-get-a-covid-19-vaccine-or-already-have/
- ³ Soucheray, S. (2021, March 9). *Poll: 1 of 4 Americans will refuse COVID-19 vaccine*. Center for Infectious Disease Research and Policy, University of Minnesota. Retrieved from www.cidrap.umn.edu/news-perspective/2021/03/poll-1-4-americans-will-refuse-covid-19-vaccine
- ⁴ Hamel, L., Kirzinger, A., Muñana, C., & Brodie, M. (2020, December 15). *KFF COVID-19 vaccine monitor: December 2020*. Kaiser Family Foundation. Retrieved from www.kff.org/coronavirus-covid-19/report/kff-covid-19-vaccine-monitor-december-2020/
- ⁵ Rosenbaum, L. (2021, February 12). Escaping catch-22 – overcoming Covid vaccine hesitancy. *The New England Journal of Medicine*. Retrieved from www.nejm.org/doi/full/10.1056/NEJMms2101220
- ⁶ Centers for Disease Control and Prevention. (2018, April). Talking with parents about vaccines for infants. Retrieved from <https://www.cdc.gov/vaccines/hcp/conversations/talking-with-parents.html>

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