THE PARADOX OF CORRECTIVE COMMUNICATIONS: Findings From an MMR Vaccine Awareness Strategy

INTRODUCTION

Many vaccination education campaigns intended to curb the growing trend of vaccine hesitancy in the United States have resulted in minimal or even counter-productive outcomes. This might be because many initiatives are grounded in intuition rather than psychological insights. Evidence supports that vaccine communication materials are most effective when they integrate current best practices and insights from the psychological sciences. Using 2020 best practices outlined by Dubé and colleagues, this poster will describe effective strategies for addressing vaccine hesitancy. It will also highlight these strategies in action through a case study—the SHIFA VR animation project developed by Somali Family Service, a community resettlement and support organization.

THE SHIFA ANIMATION PROJECT: BACKGROUND AND OBJECTIVES

San Diego is the largest resettlement area for Somali refugees in California, with many having fled civil war. This population experiences barriers to medical access, as well as language barriers, and experiences a lower MMR vaccination rate compared to the national average. Focus groups and interviews conducted by Somali Family Service have suggested that some community members have a mistrust of the health care system and of vaccines. Somali Family Service launched the Somali Health Initiative for Access to Care (SHIFA), a program intended to increase MMR vaccination rates through a narrative-based virtual reality (VR) animation. The animation was developed through strategic insights from the community and focuses on empathetic storytelling. This animation can be viewed using VR headsets in-person events as well as online as a streaming video. This initiative was developed prior to the COVID-19 pandemic. To ensure safety during the pandemic, deployment will take place using a touchless QR code and disposable cardboard VR goggles.

VACCINE HESITANCY IS ON A SPECTRUM

Vaccination behaviors are not binary. Instead, vaccine hesitancy is best understood as a spectrum, encompassing complex beliefs, attitudes, and opinions about vaccination. Historically, interventions aimed at addressing vaccine hesitancy have been rooted in the idea that decisions to delay or avoid vaccination are due to insufficient information. However, studies suggest that vaccine hesitancy is not strongly associated with a lack of vaccine information, but rather is related to vaccine confidence, which encompasses uncertainty about vaccine effectiveness and safety, as well as a lack of trust in the systems that deliver vaccines.

REFERENCES

1. Lindsay Ulrich, INVIVO Communications, Sanjeev Bhavnani, MD, SHIFA Project, Najla Ibrahim, MPH, SHIFA Project, Samantha Streuli, MA, SHIFA Project.
2. This paper is an extension of the poster presented at the 2020 Society of Behavioral Medicine Annual Meeting in San Diego, California. The poster was entitled “Estimating the Paradox of Corrective Communications: A Case Study of a Somali MMR Vaccine Awareness Strategy.”

CONCLUSION AND RECOMMENDATIONS

Immunization experts recommend using psychological insights and best practices when designing corrective communication material about vaccination. Emphasizing trust-building, carefully educating about myths, designing compelling visuals, and conducting user testing are recommended as effective strategies.