

Helping Leaders and Clients Make Decisions about COVID-19 Vaccination in a Polarized Environment



February 16, 2022



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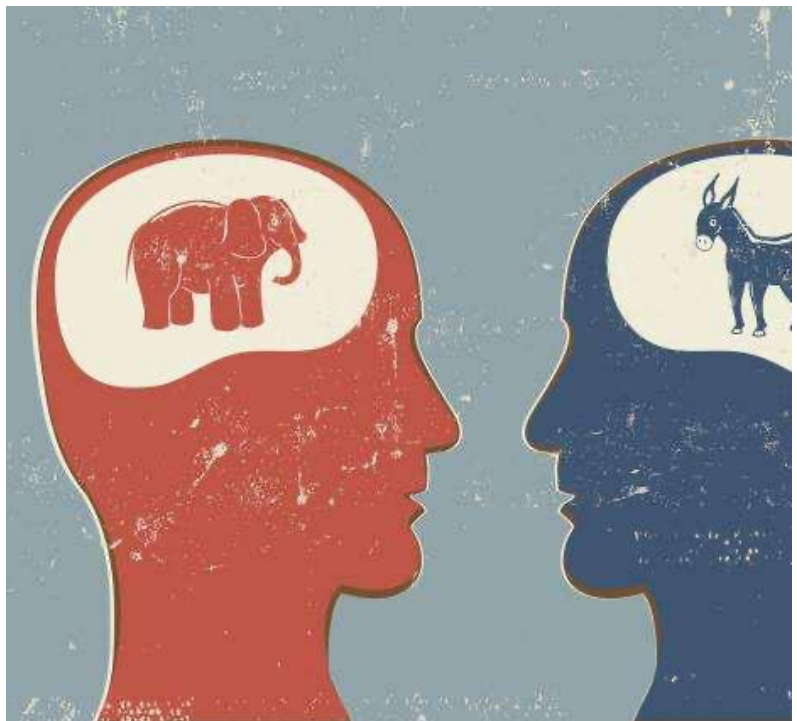
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The importance of social identity defense in polarized beliefs

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Americans are polarized...right?

Research on ideology and beliefs suggests:

- ~85% of Americans cannot define or explain what “liberal” or “conservative” mean
- Very low coherence between ideologically related views ($r \sim .20$)
- Very low temporal stability for same issue positions (test-retest $r \sim .2-.3$)

Converse, 1964; Kalmoe & Kinder, 2017

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Americans are polarized...right?

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- Very low coherence between ideologically related views ($r \sim .20$)
- Very low temporal stability for same issue positions (test-retest $r \sim .2-.3$)
- Exception 1: social group identities (retest $r \sim .50-.80$)
- Exception 2: the 10-15% most politically engaged, highly educated, academics, journalists
 - We are talking largely to ourselves

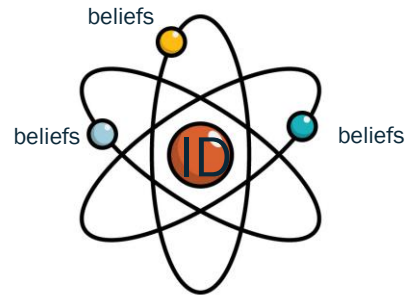
Converse, 1964; Kalmoe & Kinder, 2017

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We pick up and put down beliefs about issues and policies as needed, on the fly, to justify social identities

Two non-negotiable premises:

- 1. I am good and reasonable**
- 2. my groups are good and reasonable**



Ditto et al., 2019

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The Partisan Trade-off Bias

A type of attributional bias whereby people evaluate the intentionality of political trade-offs based on partisan groups rather than policy content.



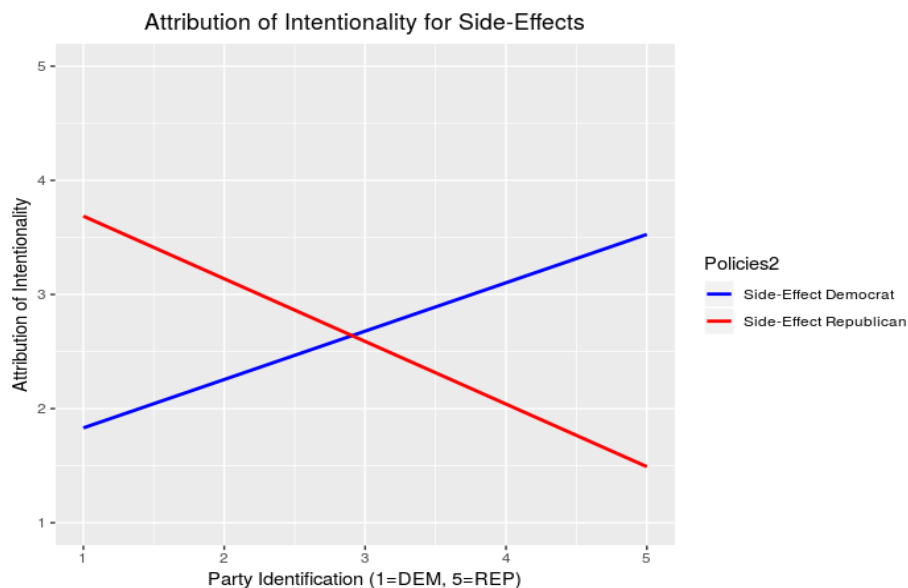
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**subjects indicated partisan affiliation
read about Eight policy trade-offs and rated Intent
proposed by either Democrats or republicans
(total n = 1508)**

Republicans say they want to reform the tax code. They support a tax break claiming it will help the rich have more money to create jobs, but knowing it also has the potential of cutting benefits for the poor.

DEMOCRATS SAY THEY WANT TO REFORM THE TAX CODE. THEY SUPPORT A TAX RAISE CLAIMING IT WILL INCREASE BENEFITS FOR THE POOR, BUT KNOWING IT ALSO HAS THE POTENTIAL OF TAKING MONEY THAT THE RICH COULD USE TO CREATE JOBS.

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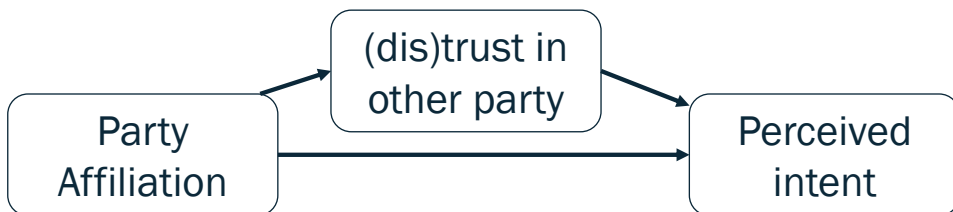
Side-effect Republican: $b = -0.549$, $p < .001$

Side-effect Democrat: $b = 0.424$, $p < .001$

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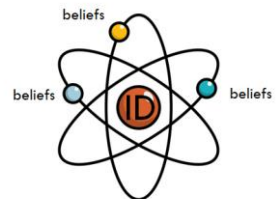
Partisan tradeoff bias is...

- Mediated by trust
- Associated with less willingness to compromise
- Reduced when participants are told that policy makers listened to all sides first



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Take away



- Arguing using facts rarely persuades because **ide** are not the conclusion of argumentation from evidence
- They are the outcome of sense-making based on non-negotiable premises
- Addressing questions of trust and other social motivations and emotions is a more productive route to helping people accept evidence-based health advice

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FROM CONCERN TO CONFIDENCE

UNDERSTANDING AND OVERCOMING DOUBTS ABOUT COVID VACCINES

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We have challenges

- **Public health is being politicized.** Too often, politics and perceptions are being driven by partisan politics, rather than science and facts.
- **Misinformation and disinformation are on the rise** (and some of it is being spread by medical professionals).
- **Social media is reinforcing our information isolation.** People who consider social media a primary source of information about COVID are much more likely to believe false statements about the virus and less likely to be vaccinated.
- **Public trust in institutions is eroding.**

Do you agree or disagree with the following statements? (percentage who said "agree" by primary source of information)

	The COVID-19 vaccine could make people infertile and unable to have kids.	These new mRNA vaccines could alter your DNA. Nobody really knows.	COVID-19 is only as serious as the common flu.	COVID-19 was released with the aim of destroying some of the world's economies.	The true number of people infected with coronavirus is deliberately hidden from the public.
ALL RESPONDENTS	24	30	31	43	54
SOCIAL MEDIA	41	44	52	58	65
NEWSPAPERS/TV	21	26	28	39	51
DOCTORS	15	26	24	37	50
STATE, LOCAL, OR NATIONAL LEADERS	19	24	23	35	46

52%

Average percentage of the social media group who agreed with the five false statements about COVID-19.

Poll conducted by Morning Consult for the de Beaumont Foundation, September 2021

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Key findings

- People don't want to hear from politicians.
- They're most likely to trust doctors and medical professionals, especially if they already have a relationship with them.
- People trust people closest to them – friends and family members and people more than institutions. They generally trust local officials more than state officials and state officials more than federal officials.
- On health issues, they trust health officials more than elected officials.

If you come across as having a political agenda, people will tune you out. In fact, their opposition will likely deepen.

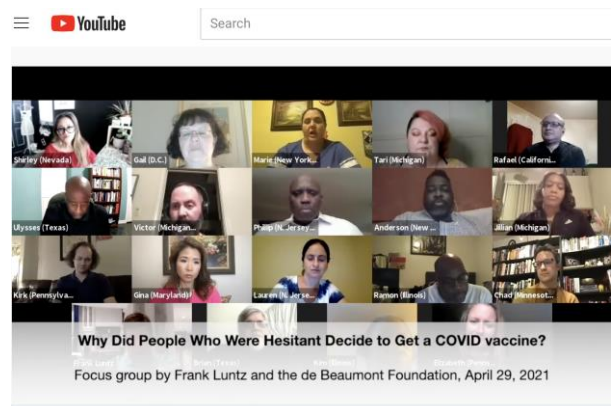
Avoid terms that could potentially be heard as political or partisan.

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why do people change their minds?

“I lost friends and family and saw that people were getting the vaccine and surviving it.”

“As time went on, I learned that people weren't having any major effects from the vaccines. The balance of things I wanted for my family – travelling and getting back to normalcy – started to tip the scale. In my decision-making, the pros and cons shifted.”



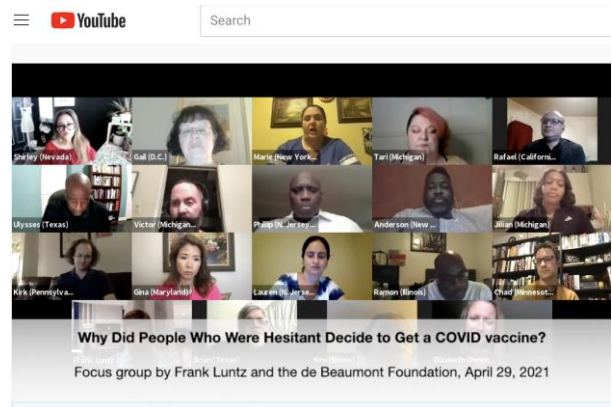
They got a little more concerned about the risks of COVID and a little less concerned about risks of vaccines.

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why do people change their minds?

Focus group members were influenced by:

- People they knew and trusted
- Their personal experience
- What they personally saw among friends and family members



Not one of the 18 people said the tipping point was an advertising campaign, a TV news story, or a White House press conference. Personal conversations are much more likely to make a difference.

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SIX Ways to Bridge the divide

1. Start from a place of empathy and understanding. Having questions and concerns is perfectly reasonable.

2. Acknowledge that getting vaccinated is a personal decision. You're not there to make them do something they don't want to do – it's to help them make the best decision for them and their loved ones.

3. Admit there's a lot we don't know. The virus is new, and so are the vaccines.

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SIX Ways to Bridge the divide

4. Focus on benefits of getting a vaccine, not just the risks of not getting a vaccine.

5. Ask questions and show that you want to be helpful. “Where did you hear that?” “What makes you think that?” “Would you like me to give you some information on that topic?”

6. Make it personal. Be willing to share your own beliefs and perceptions. What decisions have you made for you and your family? Did you initially have reservations? What changed your mind?

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resources



Research and messaging:

[ChangingTheCovidConversation.org](https://www.changingthecovidconversation.org)



Public Health Communications Collaborative (regularly updated messages, graphics, and other resources):

publichealthcollaborative.org



COVID-19 Vaccines Guide for Physicians, American Medical Association

<http://ama-assn.org/delivering-care/public-health/covid-19-vaccines-guide-physicians>



CDC communication toolkits

<https://www.cdc.gov/coronavirus/2019-ncov/communication/toolkits/index.html>

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HELPING LEADERS AND CLIENTS MAKE DECISIONS ABOUT COVID-19 VACCINATION: MOTIVATIONAL INTERVIEWING



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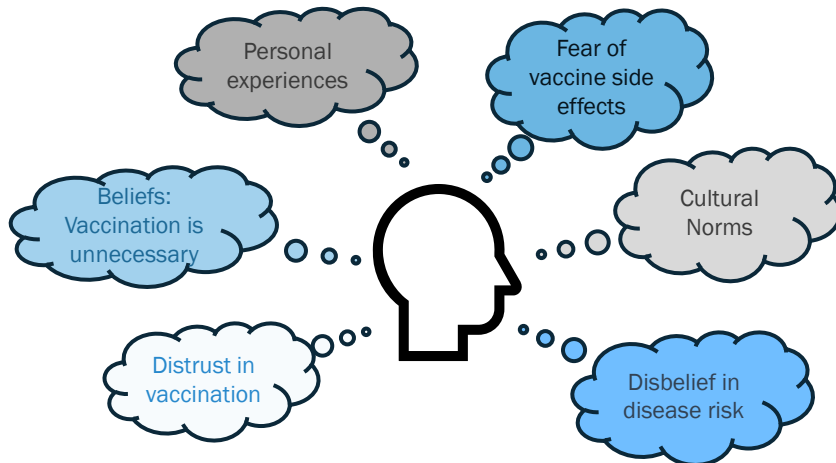
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Overview

- Conceptual basis of Motivational Interviewing (MI)
- Patient-centered communication with MI
- MI strategies to facilitate patient decision-making

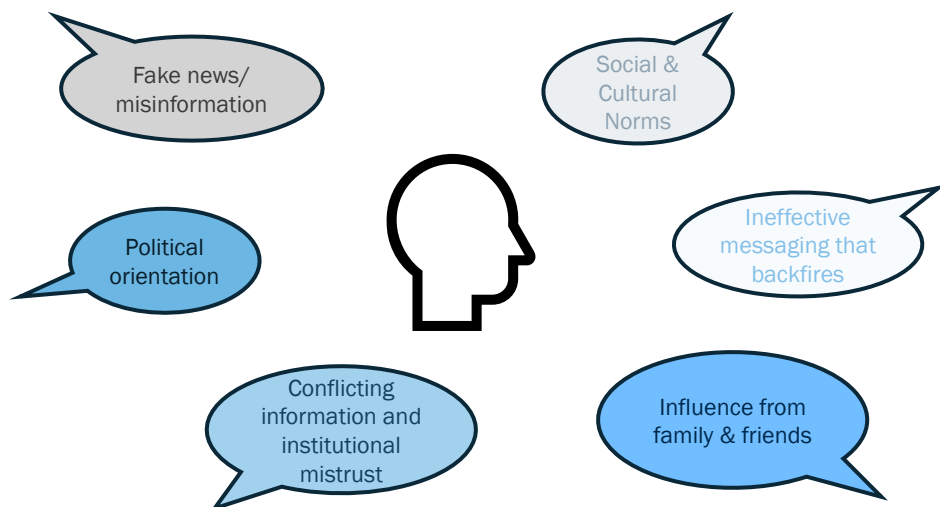
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Internal Forces Against Vaccination



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External Forces Against Vaccination



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Problems with Standard Practice

- Giving advice makes people argue back
- Knowledge weakly correlated with behavior change
- Controlling and directive approaches are appropriate for acute care, not behavior change.
- Mismatch between our treatment approach and the patient's level of motivation

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World Health Organization

Vaccine hesitancy is best addressed by building trust and relationships, listening to and understanding people, and communicating risk and shaping messages to the appropriate audience.

WHO (2017) <https://www.who.int/publications/l/item/vaccination-and-trust>

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Motivational Interviewing (MI)

- **Patient Centered**
 - Learn about the patient's perspectives and concerns– first.
 - Explore reasons for and against change.
 - Raise change issues without resistance.
 - Collaborative, not prescriptive.
- **Designed to enhance intrinsic motivation**
 - Person feels responsible for the decision to change

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What is NOT Motivational Interviewing?

- Labeling their behavior/attitude as a problem.
- Confronting the person about the need for vaccination.
 - preaching
 - persuading
- Righting Reflex results in “See-Saw” dialogue
 - **Provider:** “You should really get vaccinated/boosted.”
 - **Patient:** “Yeah, I know but... (I don’t have the time ...)

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Advice giving:

- Clinically inefficient use of time
- Every piece of advice you give has already been thought about by the patient and rejected.

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Advice giving:

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Ambivalence

- Natural part of the change process
- MI: empathy and non-judgmental attitude. (e.g. “tough position to be in).
- Pressure to change: opposite effect from change

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What happens when you confront patients about change or give advice?

- **Resistance:** Non-cooperation
- **Reversal:** Elicits the opposite of ambivalence
- **Reactance:** Assertion of autonomy and independence

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Overview

- Conceptual basis of Motivational Interviewing
- **Patient-centered communication with MI**
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Communication Styles

Traditional Medical Style

- Focused on problem & solution
- Parental relationship
- I am the expert
- Assumes pt. motivated
- Advise, warn, persuade
- Goals are prescribed
- Argumentation and correction of pt's perspective

Motivational Style

- Focused on pt's concerns and perspectives
- Equal partnership
- Match intervention to pt level of motivation
- Emphasize personal choice
- Ambivalence: normal part of the change process
- Resistance: influenced by counselor behavior

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Foundations of MI: **OARS**

Open ended questions

Affirmations

Reflective listening

Self-motivational statements



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Open Q's to Elicit Change Talk

1. Recognizing disadvantages of status quo

"What worries you about your current situation?"

"What do you think will happen if you do vaccinate?"

"What do you think will happen if you don't vaccinate?"

2. Recognizing the advantages of change

"What are the main reasons you see for getting vaccinated?"

3. Expressing optimism about change.

"What do you think would work for you, if you decided to vaccinate?"

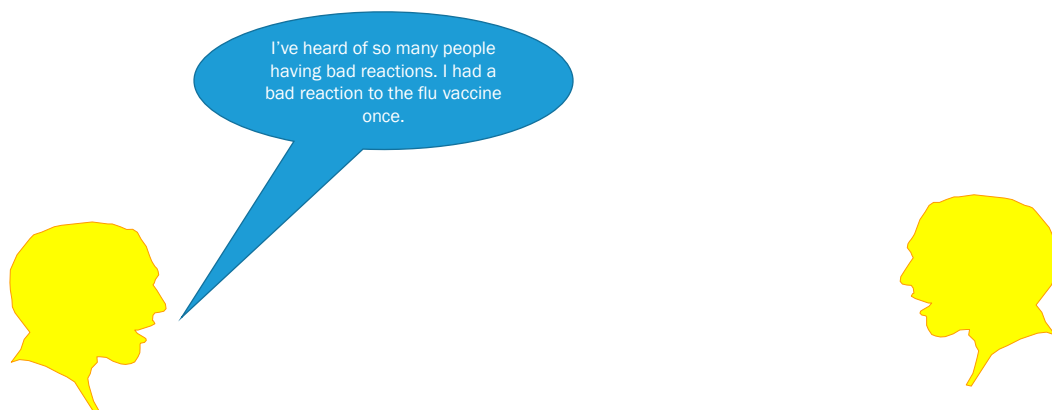
"When else in your life have you made a big decision like this?"

4. Expressing intention to change.

"I can see you are feeling stuck at the moment. What would help you resolve this?"

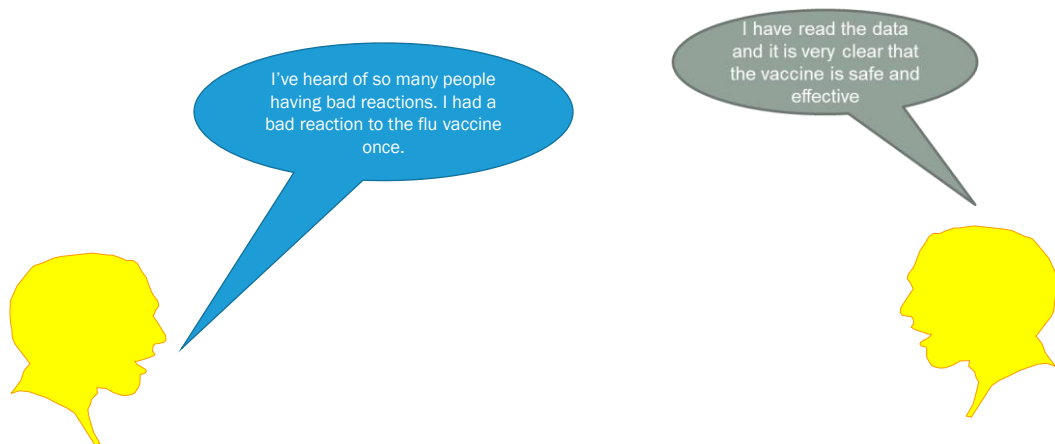
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Avoid Argumentation Using Reflections



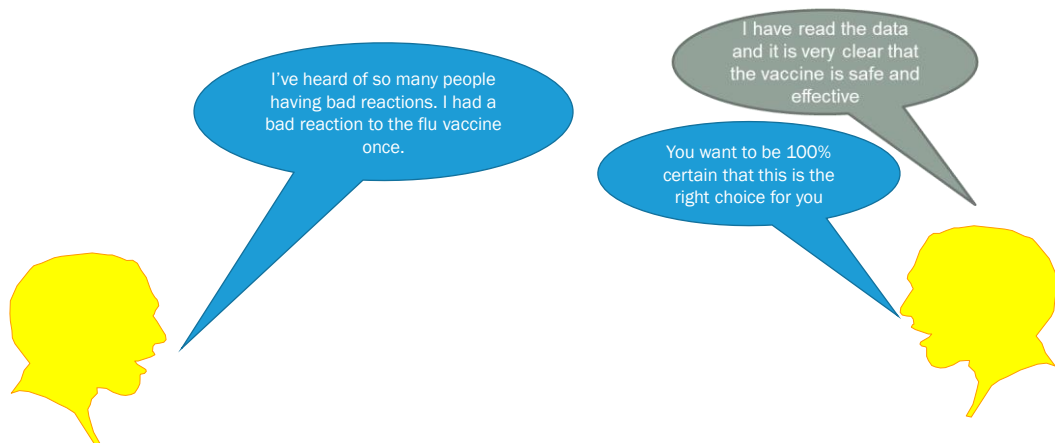
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Avoid Argumentation Using Reflections



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Avoid Argumentation Using Reflections



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Motivation Exercise

“On a scale of 1-10, how much do you want to get vaccinated right now?”

“What makes you not a 1 or a 2?”

“What will it take for you to get up to an 8 or 9?”

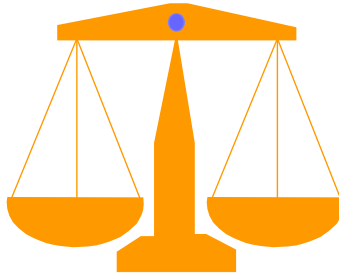


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Decisional Balance

Pros of Vaccination

- Less fear of getting sick
- Won't feel like outcast
- Lower risk of severe disease
- Protect family
- More freedom
- Feel safer



Cons of Vaccination

- Fear of side effects
- Giving in to politics
- Lack of freedom
- Interferes with my rights

Summarize, empathize, & highlight ambivalence

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Providing Health Feedback

❖ **ELICIT** permission: *"What connection, if any, do you see between the vaccine and preventing infection?"*

❖ *"Would you like to hear more information about this?"*

❖ **PROVIDE** feedback in a non-threatening, neutral manner: *"Many people are initially hesitant but eventually get the vaccine because they've seen millions of people get it without adverse consequences. The vaccine went through all of the same hoops for approval as the other medications you take. However, the decision is completely up to you."*

❖ **ELICIT** the person's interpretation. *"I wonder if we can talk briefly about your thoughts on getting the vaccine?"*

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How do you know you are doing MI?

- Pt does most of the talking, and feels listened to
- Pt is thinking about change
- Pt wants more information about change
- Increase in positive language and thoughts about change during visit or between visits
- Pt decides to change
- Dancing not wrestling

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Conclusions

- Build trust and rapport
- Create a comfortable, non-judgemental atmosphere so patients can feel comfortable talking about changing and not changing.
- Patient is not pathological, they are just struggling with a decision that is important to them. Have empathy
- Use motivational strategies and the “Elicit-Provide-Elicit” process to help them consider change.
 - THANK YOU! Belindab@bu.edu
 - Time for Questions

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Question & Answer