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.¹ This might be because many initiatives are grounded in intuition rather than psychological insights.² Evidence supports that vaccine communication materials are most effective when they integrate current best practices and insights from the psychological sciences.²

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.³ This population experiences barriers to medical access, as well as language barriers, and experiences a lower MMR vaccination rate compared to the national average.^{4,5} 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.⁶

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 at 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.⁷



Figure adapted from Violette, 2019.7

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.² 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.^{2,8}

ESTABLISH TRUST WITH TARGET AUDIENCE

Vaccine hesitancy is associated with various forms of distrust, including distrust of doctors, government, and of pharmaceutical companies.8 Immunization experts recognize that building and maintaining trust with vaccine-hesitant populations is an important step toward increasing immunization rates.9

Recommendations include conducting research to gain a deeper understanding of target population groups and monitoring public opinion about vaccination.¹⁰

How the SHIFA project promoted trust

- Conducted community interviews, focus groups, and consultations with trusted community leaders.
- Gathered community insights, values, and beliefs about vaccination.
- Used community insights to guide development of project.
- Provided fair and balanced vaccine information about safety and risks.
- Presented by Somali Family Service, a Somali-focused organization.

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A frame of the SHIFA VR animation





STRATEGY 2: APPROACH "MYTH BUSTING" CAREFULLY

Research has demonstrated that attempting to debunk myths can actually have the paradoxical effect of strengthening belief in those same myths.¹¹ Researchers believe this phenomenon, known as the "backfire effect," happens due to a cognitive bias that affects memory.^{2,12}

Dubé and colleagues suggest avoiding the common technique of headlining or visually emphasizing myths.¹² Instead, a more effective approach is to emphasize the core fact and follow this with information about the myth.^{11,12}

How the SHIFA project addressed myths

- Avoided emphasizing the myth that vaccines cause autism.
- Presented doctor character sympathizing with main character's autism concerns.
- Visually focused on vaccination safety facts.

ACKNOWLEDGEMENTS

Thank you to Alliance Healthcare Foundation for project funding. Thank you also to Alia Mohamed, Fadumo Jama, and Sahra Nor for facilitating community outreach and focus groups.



STRATEGY 3: USE VISUAL AIDS

Supplementary visual aids can help audiences understand health information.¹³ This is especially true of audiences who might experience language barriers or lower levels of literacy or numeracy.¹³ Studies have demonstrated that using visual aids can help audiences better understand health risks.¹⁴

How the SHIFA project used visuals

- Designed a fully immersive 360° animation experience.
- Used culturally relevant visuals, including characters, settings, clothing, and objects.
- Included eye-catching visuals to help viewers digest scientific information, such as how the immune system works.



STRATEGY 4: TEST MATERIAL BEFORE RELEASE

Studies have shown that though patients may claim to understand terminology used by doctors, when tested, their understanding is revealed to be incorrect or incomplete.¹⁵

Immunization experts recommend testing communication products and messages before releasing them to ensure they are working effectively for the target audience.¹⁰ Information should be kept as simple and easy to understand as possible, with health literacy levels in mind. 12,16

How the SHIFA project tested material

- Conducted multiple rounds of review by stakeholders.
- Conducted three rounds of user testing.
- Used feedback from testing to guide animation. Feedback included items such as⁶:
- Survey result: 100% of reviewers said the information was easy to understand
- Survey result: 66% of reviewers said they learned something new from the material
- Story suggestion: Somali mother should visit a Somali
- Story suggestion: Simplify scientific and medical language
- Survey to be included with animation to track audience metrics and guide future initiatives.

CONCLUSION AND RECOMMENDATIONS

Immunization experts recommend using psychological insights and best practices when designing corrective communication material about vaccination.^{2,12} Emphasizing trust-building, carefully educating about myths, designing compelling visuals, and conducting user testing are recommended as effective strategies.¹²