Communication Skills Training for Caregivers Discussing COVID-19 Vaccination

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Disclosure

• Neither presenter has any conflicts of interest to disclose
CME Requirements for this Presentation

• Attendance is recorded, must stay full duration of training
• Complete evaluation of training (this will be emailed to you)
Perinatal COVID-19 Vaccine Initiative Goals

1. Improve provider capacity for equitable delivery of SARS-CoV-2 vaccination to pregnant and postpartum people and their families;

2. Increase the number of birth facilities with protocols for SARS-CoV-2 screening and vaccination provision for pregnant and postpartum people and their families; and

3. Increase the number of pregnant and postpartum people with clinical-community linkages in response to SARS-CoV-2.
Learning Objectives

Participants will be able to...

1) … describe the core principles of Motivational Interviewing and the application of these principles to conversations regarding COVID-19 vaccination.

2) … use the Elicit-Provide-Elicit framework for discussing COVID-19 vaccination with those who are pregnant and postpartum.

3) … adapt conversations regarding COVID-19 vaccination to meet the needs of individuals from diverse backgrounds, including diversity based on gender, culture, race, language, national origin, and socioeconomic status.

4) … tailor conversations regarding COVID-19 vaccination to each individual’s medical history, values, and preferences.
COVID Impact in Pregnancy

• Pregnant or recently pregnant people are more likely to get severely ill than those who are not pregnant.
• Severe illness includes illness that requires:
  • Hospitalization
  • Intensive care
  • Need for ventilator
  • Or illness that results in death
• COVID-19 infection during pregnancy increases risk of preterm birth, stillbirth, and other pregnancy complications
• Nearly all hospitalizations and deaths have been in unvaccinated people
Cases of COVID-19 among Pregnant Women by Week of Diagnosis*

Data were collected from 166,935 women and date of diagnosis** was available for 166,935 (100%) women.
Covid-19 is the leading cause of maternal mortality in the US in the past two years.
<table>
<thead>
<tr>
<th>TOTAL CASES(^1)</th>
<th>166,935</th>
</tr>
</thead>
<tbody>
<tr>
<td>TOTAL DEATHS</td>
<td>267</td>
</tr>
</tbody>
</table>
Deaths* among Pregnant Women with COVID-19 by Month**

Number of Deaths

Month

Pregnant people with COVID-19 infection compared to pregnant people without COVID-19

1.5X Preterm birth

6X Intensive Care

14X Mechanical ventilation

15X Death

PREGNANT PEOPLE with symptomatic COVID-19 have a 70% INCREASED RISK OF DEATH.

COVID-19 during pregnancy increases the risk for adverse pregnancy and neonatal outcomes, including preterm birth and admission of the baby to an intensive care unit.

ONLY 31% of pregnant people have been vaccinated against COVID-19.

GET VACCINATED. FIND A COVID-19 VACCINE NEAR YOU. VACCINES.GOV
Evidence about Vaccine Safety

- COVID-19 vaccines do not cause COVID-19 infection
- No evidence that vaccines cause fertility problems
- Early data on the safety during pregnancy are reassuring
  - No increased risk of miscarriage
- Vaccination during pregnancy builds antibodies that might protect the baby (Antibodies found in cord blood)
- Monitoring in pregnancy is ongoing
  - Patients receiving vaccine can participate in registry through CDC’s v-safe
COVID-19 Vaccination Recommendations

- Vaccination is recommended for people who are:
  - Pregnant
  - Breastfeeding
  - Trying to get pregnant now
  - Might become pregnant in the future
- This includes any of the approved vaccinations and boosters as recommended
Figure 2: Percent of Pregnant People Ages 18-49 Years Fully Vaccinated with COVID-19 Vaccine Before or During Pregnancy Overall, by Race/Ethnicity, and Week Ending Date — Vaccine Safety Datalink, * United States

<table>
<thead>
<tr>
<th>Race and Ethnicity</th>
<th>Vaccination Coverage (%)</th>
<th>Week Ending Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>All Races/Ethnicity</td>
<td>66.6</td>
<td>1/22/2022</td>
</tr>
<tr>
<td>Asian, NH</td>
<td>87.1</td>
<td>1/22/2022</td>
</tr>
<tr>
<td>Black, NH</td>
<td>51.8</td>
<td>1/22/2022</td>
</tr>
<tr>
<td>Hispanic/Latino</td>
<td>63.7</td>
<td>1/22/2022</td>
</tr>
<tr>
<td>Other, NH</td>
<td>66.0</td>
<td>1/22/2022</td>
</tr>
<tr>
<td>White, NH</td>
<td>64.3</td>
<td>1/22/2022</td>
</tr>
</tbody>
</table>

https://covid.cdc.gov/covid-data-tracker/#/vaccinations-pregnant-women
<table>
<thead>
<tr>
<th>Term used in the resource</th>
<th>Definition</th>
<th>Similar terms used in research and by organizations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vaccine Opponent</td>
<td>Individual that opposes all vaccines—no probability of changing their mind</td>
<td>Vaccine Denier, Anti-Vaccine</td>
</tr>
<tr>
<td>Vaccine Hesitant</td>
<td>Individual that delays vaccination due to concerns about the safety and/or spacing of more vaccines—possible to change their mind with intervention</td>
<td>Vaccine Refuser, Vaccine Skeptic</td>
</tr>
<tr>
<td>Ambivalent</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vaccine Confident</td>
<td>Individual that is confident in vaccines</td>
<td>Pro-vaccine</td>
</tr>
</tbody>
</table>
Conversations
A Definition of Motivational Interviewing

Motivational Interviewing is a collaborative conversation style for strengthening a person’s own motivation and commitment to change.
Who Benefits from Motivational Interviewing

Many people are ambivalent about making changes.

Continuum of Patient’s Attitude Regarding Vaccination

- Eager
- Curious
- Ambivalent
- Resistant
- Hostile
Who Benefits from Motivational Interviewing

Motivational Interviewing is intended to help ambivalent patients.

These patients can benefit from MI
What makes it Motivational Interviewing?

1. Patient-centered spirit and engaging skills (empathy)
2. A clearly defined change target (focus)
3. Eliciting the person’s own motivation (evoking change talk)
4. Absence of MI-inconsistent elements (such as confronting, shaming, and giving advice without permission)
Active Ingredients in Motivational Interviewing

Clinician Expression of Empathy

+ 

Patient Expression of Change Talk

(Change Talk = Patient’s own reasons for change)
Empathy in 3 Steps

1) **understand** the patient’s situation, perspective, thoughts, and feelings

2) **communicate** understanding and check its accuracy with the patient

3) **act** on that understanding with the patient in a helpful or therapeutic way
Examples of Empathic Statements

“It makes perfect sense that you want to know how to keep your baby safe. Many people have reasonable questions about this vaccine.”

“On the one hand the vaccine concerns you, on the other hand you also seem concerned about what could happen if you get COVID while you are pregnant.”
Change Talk vs. Sustain Talk

**Change talk** is any self-expressed language that is an argument for change.

**Sustain talk** is the patient’s own motivations and verbalizations favoring the status quo.
Examples of Change Talk

“When I think about my baby getting COVID, it really frightens me.”

“I am not anti-vax, I believe in vaccines. I am just not sure about this one.”

“I know I should get the vaccine, I just don’t want to regret my decision.”
Evoke and Reinforce Change Talk

Patients are more likely to change health behaviors when the clinician elicits the patient’s own reasons for changing.

Clinicians are successful when patients talk themselves into change.

When practicing MI the clinician should evoke and reinforce change talk.
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<thead>
<tr>
<th>Elicit</th>
<th>Provide</th>
<th>Elicit</th>
</tr>
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</table>

- A patient-centered structure for discussing recommended care
- Improves efficiency
- More effective than “advice giving” alone
- Supports patient’s autonomy
- Evokes patient’s perspective
- Emphasizes collaborative relationship
Begin by eliciting the patient’s thoughts and feelings about the topic in question

“I’d like to spend a few minutes talking about vaccines during pregnancy. Perhaps we could start by having you share your thoughts about the COVID vaccine.”

“Before we jump into deciding whether or not you should be vaccinated against COVID, please take a minute to tell me what you know or have heard about pregnancy and this COVID vaccine.”
When assessing the patient's thoughts, feelings, and knowledge, you may begin to shift towards offering information. However, before providing information, first assess the patient's interest in hearing what you have to say.
Asking permission to educate:
- promotes collaboration
- communicates respect for the patient’s preferences
- encourages patient to voice their own perspective
- focuses the patient’s attention on what you say

Example:
“There are a few things I want to my patients to know about the vaccine. Would you be interested in hearing my thoughts?”
<table>
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<th>Provide</th>
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</table>

If after asking the patient’s interest in hearing your advice, the patient declines, **do not** proceed with education.

If some patients decline to hear your advice you know you are building strong relationships with your patients. They are comfortable being honest with you.

Telling someone what to do when they don’t want to hear your thoughts will damage your relationship with them.

Telling someone what to do when they don’t want to hear your thoughts has **NO** chance of changing their behavior.
Provide brief, clear advice such as:

“If you get COVID while you are pregnant, you and your baby are much safer if you have had the vaccine. You are less likely to end up in the ICU if you have had the vaccine. You chances of delivering a healthy baby are much better with the vaccine.”
After sharing your advice and thoughts follow up with the patient to confirm you were understood and elicit reactions.

Examples:

“Now that I have shared some of my thoughts I wonder what you are thinking.”

“I am happy to be your doctor no matter what you decide. What are your thoughts about getting the COVID vaccine.”
An Example
Communities of Color
Figure 2: Percent of Pregnant People Ages 18–49 Years Fully Vaccinated with COVID-19 Vaccine Before or During Pregnancy Overall, by Race/Ethnicity, and Week Ending Date — Vaccine Safety Datalink,* United States December 14, 2020 – January 15, 2022^
Provider Behaviors

- Asking questions
- Exploring patient's
  - Perspective
  - Values
  - Needs
- Clear information *with* emotional support

Goals

- Help patient make the best decision for *them*!
- Agreement on problem and plan

Outcomes

- Improved
- Adherence
- Outcomes
- Satisfaction
Special Considerations for Communities of Color

• Context of historic and continued injustices and systemic racism with eroded trust
• Actively listen and validate expressed fears and concerns
• Support decision for particular type of vaccine
• Care for patients who decide not to be vaccinated
  • Share resources
  • Encourage use of prevention measures
Support Informed and Equitable Decision Making

• Provide information about COVID-19 vaccinations (with permission)
• Acknowledge values and lived experiences
• Support the process of decision making
  • Encourage communication and support dialogue focused on deliberation
• Make it EASY to get vaccinated – ensure equitable access
Use of MI and Interpreters

- Credentialed, professional interpreters are best

- Politely remind the interpreter that you need your words and their meaning interpreted as closely as possible, without additions or deletions

- Speak in clear, short, concise statements

- Allow for extra time

- Emphasize to the patient that their own opinion and thoughts are important
COVID-19 Vaccination During Pregnancy

Key Messages:

COVID-19 vaccination is recommended for people who are pregnant, breast-feeding, or plan to become pregnant in the future. If you are pregnant or were recently pregnant with COVID-19 compared with people who are not pregnant, getting a COVID-19 vaccine will protect you and your baby from COVID-19.

COVID-19 Risks During Pregnancy

- COVID-19 can cause serious illness in pregnant people. It is important to talk with your healthcare provider about the risks and benefits of getting vaccinated.
- If you are pregnant, talk to your healthcare provider about the risks and benefits of getting vaccinated.
- Pregnancy complicates the management of COVID-19 and can increase the risk of serious illness and death.
- Pregnant people are at higher risk of developing severe illness from COVID-19 than non-pregnant people.

COVID-19 Vaccines and Pregnancy

- COVID-19 vaccines are recommended for pregnant people. The benefits of getting vaccinated outweigh the risks.
- Pregnancy does not increase the risk of severe illness from COVID-19.
- Pregnant people are at higher risk of severe illness from COVID-19 than non-pregnant people.
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CHAPTER 2
Managing Vaccine Hesitancy During an Outbreak: A Focus on Cultural Competency

Equity in Vaccination: A Plan to Work with Communities of Color Toward COVID-19 Recovery and Beyond
Working Group on Equity in COVID-19 Vaccination
February 2021

CommuniVax
A Coalition to Strengthen the Community Role in an Equitable COVID-19 Vaccination Campaign

UMass Chan Medical School
T.H. Chan School of Medicine
Questions?

T.H. Chan
School of Medicine
HOW TO SUPPORT A FULLY-CONSIDERED DECISION ABOUT COVID-19 VACCINATION IN AFRICAN AMERICAN, LATINX, AND NATIVE AMERICAN COMMUNITIES

Findings from Understanding Diverse Communities and Supporting Equitable and Informed COVID-19 Vaccination Decision-Making. Read more here.

**SUPPORT THE PROCESS OF DECISION-MAKING**

Encourage communication and support dialogue focused on deliberation:
- Provide safe platforms for individuals to talk to trusted community experts and with each other (i.e., community conversations)
- Provide more time for individuals to think about what is best for themselves and talk with friends and family

**PROVIDE INFORMATION ABOUT COVID-19 VACCINES**

Provide information on:
- Safety monitoring and long-term impacts
- Allergic reactions
- Variants, as more information becomes available
- Speed of vaccine development
- Number of people who have been vaccinated

**MAKE IT EASY TO GET VACCINATED**

Wherever possible, public health and its community partners (i.e., faith-based organizations, community-based organizations) should work to remove barriers and make access to vaccination as easy as possible:
- Ensure there is equitable access and options for those who lack internet access or the ability to monitor the computer for openings
- Let people know they are eligible for vaccination and how to make an appointment
- Ensure that there are enough dispersed locations so that people do not need to rely on public transportation
- Customize delivery to reflect community needs, such as conducting vaccinations via drive-thru, door-to-door, and mobile units
- Provide culturally appropriate materials

**ACKNOWLEDGE VALUES AND LIVED EXPERIENCE**

- Share national, state, and local COVID-19 data by race, ethnicity, and those with underlying conditions. People expressed wanting information about people like them, including number of COVID-19 cases, participation in clinical trials, and vaccination rates
- Consider that some people may want to hear from local doctors, others from local vaccine recipients, and others may primarily need time and space (without pressure) to consider trade-offs or hear how others are weighing risks and benefits