They Listen before Talking about Vaccination

The sun over Ghana's capital Accra broiled Neetu Abad as she sat in the back of a taxi with no air conditioning for an hour. Then something happened that made her realize how much she could rely on her CDC colleague Lis Wilhelm.

"I didn't have enough money with me to pay the fare, and the driver didn't want to let me out to go get more," Neetu says. "I was half a mile from our hotel, and I messaged Lis that I was melting in the cab. Five minutes later, she was running down the road to give me money."

Bonding moments like this have turned the two into a tight-knit team. Together, Lis and Neetu travel around the world and throughout the United States to encourage vaccination, and they face similar hurdles wherever they go.

Lis is a health communicator and Neetu is a behavioral scientist. They've worked together since 2016 for CDC's Global Immunization Division on vaccination campaigns for polio, measles-rubella, cholera, and more. When COVID-19 struck, the two led the <u>vaccine confidence and demand</u> team for CDC's COVID-19 response in the US.

As they travel, Lis and Neetu collaborate with public health partners, healthcare providers, and people who need vaccines to research why some people are not getting vaccinated, despite ample vaccine supplies. The two use the findings to help partners develop strategies to get more people vaccinated.

Neetu and Lis have many stories to tell from places as diverse as Nigeria, Indonesia, and Alabama. But they've found everywhere that listening to what other people say makes the difference in helping people get vaccinated.

"We listen to people we serve to keep from making assumptions. We may assume, for example, that if we give people clear messages, they'll make the choice to get vaccinated," Lis says, "but have they even gotten your information about vaccines?"

Lis and Neetu often discover that many people haven't received answers to their questions. Everywhere, the two hear similar reasons for not getting vaccinated. Often, it's not vaccine hesitancy—an unwillingness to get vaccinated.

"We can use the word 'hesitant' too quickly. Sometimes the reason is not being able to get time off from work or to find someone to watch your children. You may not have access to a healthcare provider you trust to answer your questions about vaccines," Lis says.

In 2017, when Lis and Neetu promoted measles vaccine confidence in Ghana, healthcare providers there spoke of being unaware that children needed more than one vaccine dose. The healthcare providers didn't know what to do when parents brought older children in for a second dose.

Mothers spoke of hour-long trips down treacherous roads to take their children to a clinic. Some had thought about staying home and skipping the second dose.

Other times, vaccine hesitancy does play a role, especially when it's boosted by misinformation and fear on social media. Rumors on chat apps damaged Lis and Neetu's efforts in measles-rubella campaigns in India and Indonesia. In the US, floods of information have collided with misinformation, leaving some people confused and hesitant to get vaccinated against COVID-19.

In Sumter County, Alabama, Lis saw a long line of people outside a funeral home, where many were making funeral arrangements for loved ones who died from COVID-19. There, a woman selling catfish from a food truck said she would get her mother vaccinated, but from what she heard about vaccines, she decided not to get one herself.

"We explain the science to help people get to know vaccines, so they're less afraid of them. With mRNA vaccines, we help people see that this is a technology upgrade in health care."

Some people are hesitant to get a COVID-19 vaccine because they feel that public health and health care have failed them before and could again. Sometimes this has to do with barriers to health care that are rooted in racial discrimination.

"People asked why we were there for COVID-19 vaccines but not for other healthcare issues they faced. And every single person we talked to in communities suffering heavily in the pandemic had lost a family member to COVID-19 or became sick themselves," Lis says.

Community and religious leaders have helped Lis and Neetu build the trust people need to feel more confident about vaccines.

"I sat with imams in northwest Nigeria who used Koran verses to help worshippers understand the importance of protecting yourself, your children, and your neighbors," Neetu says.

In April 2021, she sat with pastors in Albany, Georgia, who held funerals for people who died from COVID-19. The pastors wanted to know how to get their congregations to trust the science.

"One pastor had a radio station and put us on air. He asked simple questions about mRNA vaccines. He told us that our answers made things very understandable. The show may have reached more people who needed our information than if we talked to a major TV network," Neetu says.

Neetu and Lis are taking what they've learned in the US back to the Global Immunization Division to get more people vaccinated against COVID-19 around the world.

"People are experts in their own lives and want to be heard. If you start there, you may find a solution, like informing healthcare providers or getting vaccines closer to where people live," Neetu says.

https://www.cdc.gov/coronavirus/2019-ncov/communication/responder-stories/vaccine-confidence-Abad-Wilhelm.html