

# “DON'T CALL ME ANTI-VAXXER!”

## RESEARCH ON FACTORS THAT INFLUENCE VACCINE HESITANCY

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RESEARCH TO CLARIFY ATTITUDES AND PERCEPTIONS REGARDING VACCINES TO EXPLORE POSSIBLE SOLUTIONS TO MITIGATE VACCINE HESITANCY AND IMPROVE HEALTH OUTCOMES.

### INTRODUCTION

“Officials in anti-vaccination ‘hotspot’ near Portland declare an emergency over measles outbreak”

“Recent outbreaks supply evidence of dangerous backsliding in containment of the virus”

“...blaming the anti-vaccination movement”

“This is a self-inflicted wound...”

The Washington Post  
 (January 23, 2019)

In late 2018 and early 2019, media helped polarize the nation into two camps — pro-vaccine and anti-vaccine. On social media, the vitriol was pronounced. Posts like the nbcnews.com (September 2019) piece, “How anti-vaxxers target grieving moms and turn them into crusaders against vaccines” grew the division.

The results? Strained and severed communication between families and friends and between providers and patients. Trust was lost where trust was needed most.

Hence the motivation and significance of this study. The 2019 measles outbreak, as we know, is not the only outbreak we will ever face. It is imperative now, more than ever, to restore full, healthy communication.

### CONCLUSION

Insights gathered from this study has provided the critical understanding needed to develop a Communication Strategy to encourage sustainable change.

Dissonance theory is all about blind spots, explaining how and why we fail to notice events and information that would challenge our worldviews/beliefs. Stereotypes and prejudice are difficult to identify and overcome, as well.

However, by doing so, and by understanding the blind spots in the current communication methods regarding vaccination and healthcare, we will help health professionals better engage with diverse audiences, leading to better health outcomes.

### RESEARCH QUESTIONS

RQ1: ARE INDIVIDUALS WHO ARE VACCINE HESITANT ALSO ANTI-VACCINE?

RQ2: WHAT ARE THE FACTORS THAT INFLUENCE VACCINE HESITANCY?

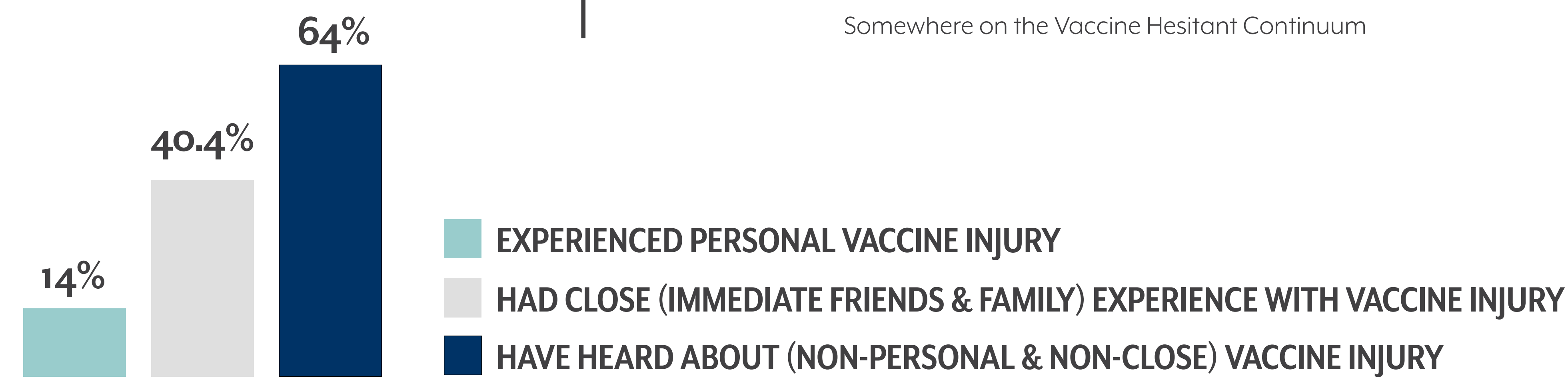
RQ3: DOES A LACK OF COMMUNICATION GIVE RISE TO VACCINE HESITANCY?

RQ4: DOES LACK OF CONFIDENCE AND TRUST IN PROVIDERS CONTRIBUTE TO HESITANCY?

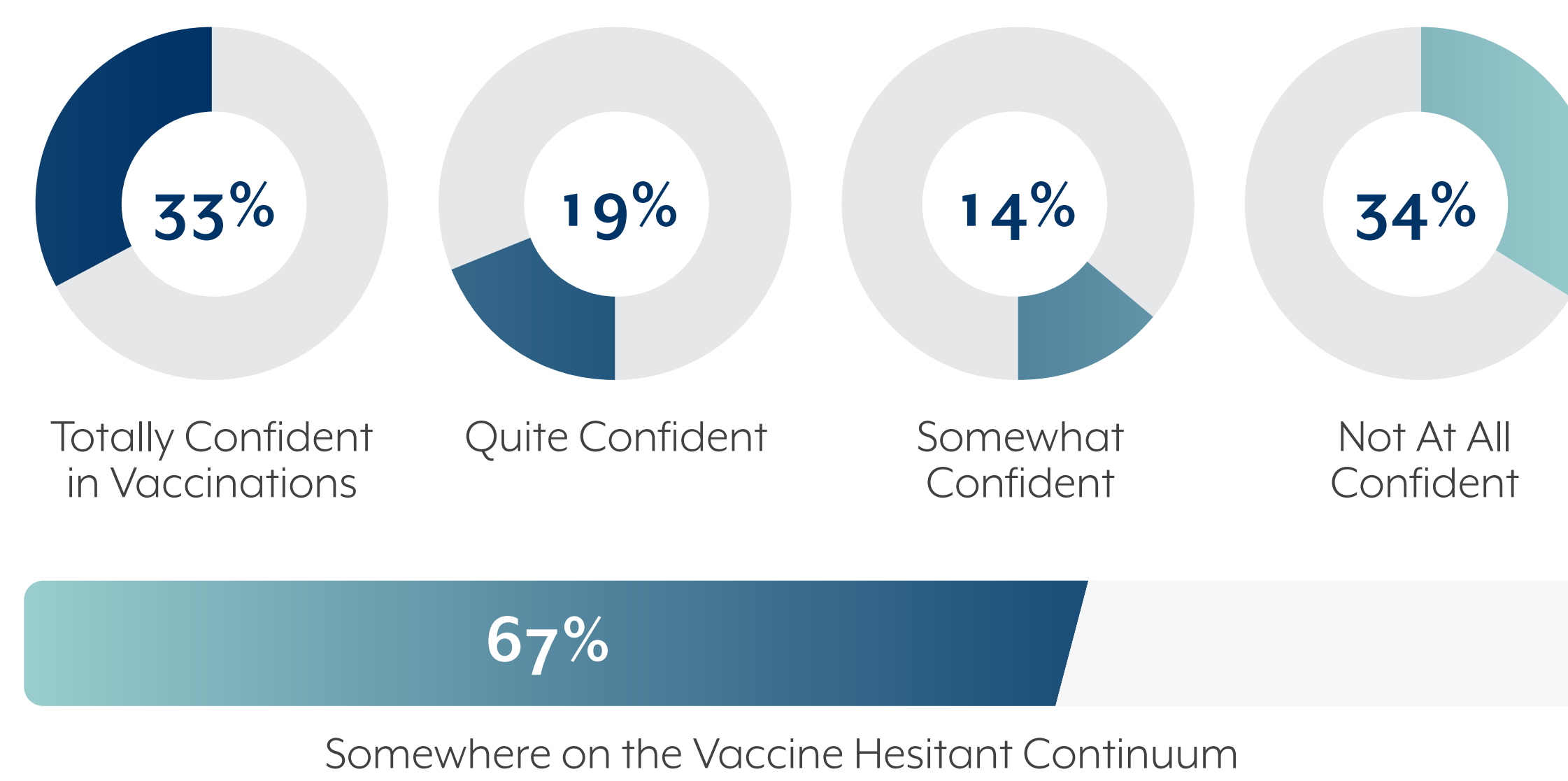
RQ5: WHAT ARE POSSIBLE INTERVENTIONS THAT COULD MITIGATE VACCINE HESITANCY?

### RESULTS

77% thought providers customizing vaccine schedules would be helpful



### SURVEY HESITATION CONTINUUM

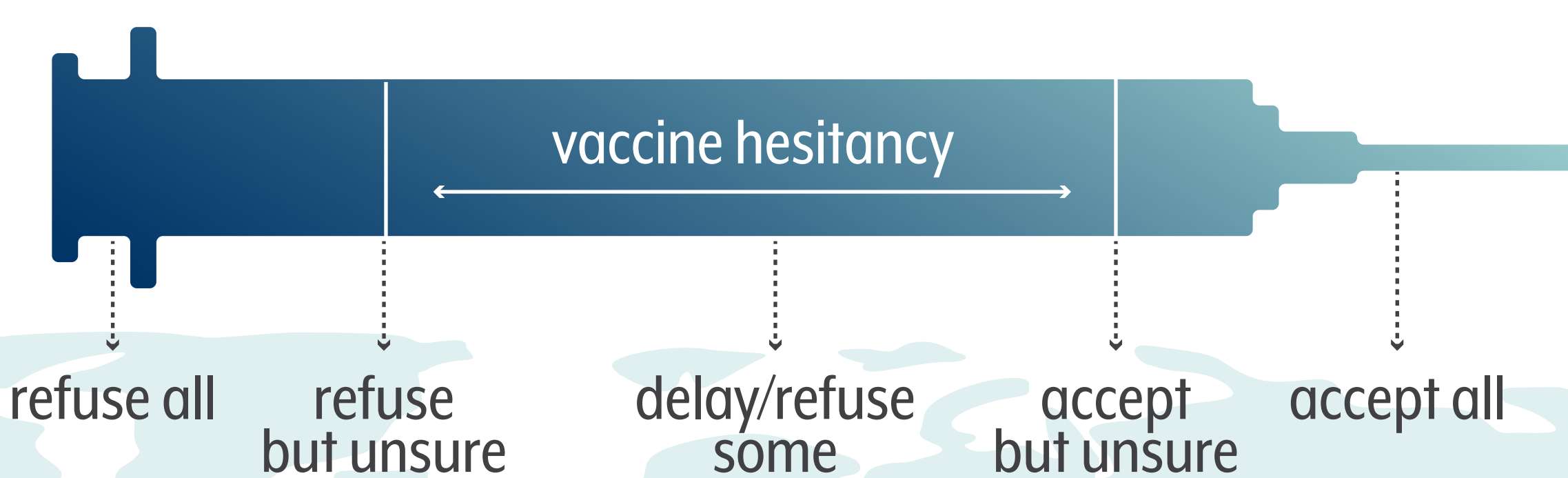


### LIT REVIEW

“It is not enough to identify correlates of vaccine acceptance or refusal, we need to understand how and why these factors link to a [sic] different positions on the vaccine acceptance continuum.”

Dube et al (2018), Expert Review of Vaccines, Vol. 17, NO. 11.

### CONTINUUM OF VACCINE ACCEPTANCE



Source: <https://bioscope.ucdavis.edu/2020/01/16/science-communication-for-the-middle-ground/>

### TOP 3 REASONS FOR VACCINE HESITANCY BY REGION

**AMERICAS**  
 Religion/culture/gender/socio-economic  
 Scientific risk/benefit  
 Communication/media environment

**AFRICAN**  
 Knowledge/awareness  
 Scientific risk/benefit  
 Religion/culture/gender/socio-economic

**EUROPEAN**  
 Scientific risk/benefit  
 Perceived risk/benefit  
 Knowledge/awareness

**EASTERN MEDITERRANEAN**  
 Knowledge/awareness  
 Perceived risk/benefit  
 Scientific risk/benefit

**SOUTH EAST ASIAN**  
 Vaccine risk/benefit  
 Knowledge/awareness  
 Perceived risk/benefit

**WESTERN PACIFIC**  
 Scientific risk/benefit  
 Geographic barriers  
 Vaccination schedule

Source: <https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0172310>

### METHODOLOGY

Online survey using Google Docs was administered to Clark County residents

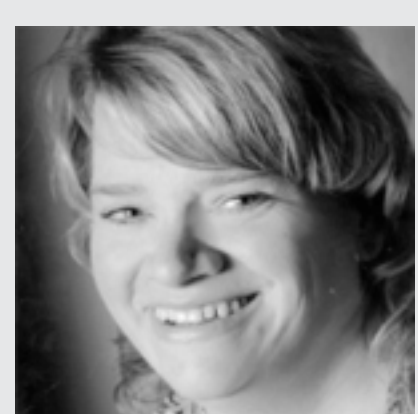
Sampling method: Convenience, Purposive & Snowball

10-day social media survey, Winter 2019

124 respondents out of which 114 were retained

### DEMOGRAPHICS: AGE & GENDER

AGE	FEMALE	MALE	PREFER NOT TO SAY	GRAND TOTAL
18-27	15%	10%	0%	25%
28-37	19%	2%	1%	22%
38-47	22%	3%	0%	25%
48-57	13%	2%	0%	15%
58-67	8%	1%	0%	9%
68+	4%	2%	0%	5%



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### SPECIAL THANKS TO:

Spring 2019 COM 309 class team members Davina Cepeda, Grant Royer and Mykell Sloan.  
 Project advisor: Narayanan Iyer, Ph.D. Program Director, Integrated Strategic Communication, Clinical Associate Professor, Edward R. Murrow College of Communication  
 Elizabeth Candello, Ph.D. Clinical Assistant Professor, Integrated Strategic Communication, Clinical Associate Professor, Edward R. Murrow College of Communication  
 Michael LeVan, Ph.D. Professor, Integrated Strategic Communication  
 Whitney Jackson for design contributions, friends and family for help and support