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## Overcoming Vaccine Hesitancy: The Role of the First 5 Minutes Approach

### Announcer:

You're listening to *Deep Breaths: Updates from CHEST* on ReachMD. This series is produced in partnership with the American College of Chest Physicians, and this episode is supported by an educational grant from Moderna. And now, here's your host, Dr. Ryan Maves.

### Dr. Maves:

This is *Deep Breaths: Updates from CHEST* on ReachMD. I'm Dr. Ryan Maves. I'm a Professor of Medicine and Anesthesiology in the Sections of Infectious Diseases and Critical Care Medicine at the Wake Forest University School of Medicine. And today, I'll be talking about vaccine hesitancy with Dr. Susan Corbridge. Dr. Corbridge is a Professor Emerita at the University of Illinois at Chicago College of Nursing. Dr. Corbridge, Susan, it's great to have you with us today.

### Dr. Corbridge:

Thanks, Ryan. It's great to be here.

### Dr. Maves:

Now before we dive in, I'd like to discuss briefly why this topic is so important. Obviously, we've seen a lot of great advances in vaccine technology and vaccine safety in the last several years: the successes of COVID-19 vaccines, improvements in influenza vaccines, and very recently, new vaccines to prevent respiratory syncytial virus, which is really a work that's been 50-60 years in the making. But at the same time, we're also seeing increases in vaccine hesitancy in our societies and among our patients. And hopefully, one of the things we can work out today for our colleagues and our fellow clinicians are strategies to work with our patients to get them vaccinated—to protect themselves, their families, and their communities.

So given that importance, Dr. Corbridge, let's begin our conversation. Can you explain why patients might be reluctant to get vaccinated, and how often does this occur?

### Dr. Corbridge:

Well, those are great questions, Ryan. And vaccine hesitancy is really complex, and it's influenced by a variety of different factors, things like cultural norms, historical context, socioeconomic limitations, access—we know in rural and underserved areas, there is limited access to vaccines—safety concerns, misinformation, as well as personal experience, among others. So there's just a variety of factors. And really recognizing this underscores the importance of getting to the patient's perspective or their specific concerns because that allows us to work with them in a targeted approach to vaccine hesitancy.

And we know that vaccination is one of the most impactful interventions we have. It protects millions of lives worldwide every year. And in addition to those direct health advantages, vaccination can also significantly contribute to economic growth by lowering healthcare expenses. It also boosts workforce productivity because we see less sick days, easing the societal burden of overall disease. So with that, providing equitable access to recommended vaccines is essential for maximizing the benefits.

And we as healthcare providers really have a role and responsibility in fostering trust and promoting evidence-based vaccine recommendations. And I think intentionally focusing on developing a trusted relationship with our patients can really help with this. Because, again, we need to get to the patients' individual perspective on their concerns so we're able to have a targeted approach. And I think it's really important that we address this always as part of routine care.

Now you also asked about how common it is, and I did want to mention that in 2019, the World Health Organization did name vaccine

hesitancy as one of the 10 leading threats to global health. And then we know what happened in 2020 with the pandemic and the issues that arose with vaccine hesitancy then. So again, as healthcare providers, really taking an intentional approach to developing a trusted relationship with our patients so that we can work with them on the reasons and their perspective on vaccine hesitancy.

**Dr. Maves:**

And looking specifically at RSV, COVID-19, and influenza, how does vaccine hesitancy impact the prevalence and burden of these respiratory viruses?

**Dr. Corbridge:**

Well, it's really important in all of our patients that we take care of, particularly with pulmonary diseases; it can reduce their risk of severe illness and complications. And people with conditions that we see, like asthma, COPD, or other respiratory diseases, they're more prone to infection, such as influenza, pneumonia, and COVID. And they actually can have much worse outcomes if they get those diseases. So vaccination really helps to prevent infection, and it helps to reduce burden of disease and disease severity. It can also really lower the risk of exacerbation. So for instance, in our patients with COPD, preventing flares is one of the greatest things that we can do for them. And we do know that vaccination can help with that and prevent flares.

Also, if we work on vaccine hesitancy and reduce the spread of infections in the community, vaccination indirectly protects individuals that have pulmonary diseases who, again, may experience more severe outcomes if exposed. So it's very, very important. It's a big part of our approach to taking care of patients with respiratory disease, and that's really approaching vaccinations.

**Dr. Maves:**

Yeah, when you say that, I'm reminded of the impact of pneumococcal vaccination that we do see, for example, in much of the same populations you're describing; when we vaccinate older adults or those with chronic lung or cardiac disease against pneumococcal disease, there is benefit to the patient, but the biggest impact has really been vaccinating children. Vaccinating kids protects those children and protects their grandparents and their family members with chronic conditions; it puts them at increased risk. And that sounds a lot like what you're describing right now.

**Dr. Corbridge:**

Absolutely. And with that, I think that's part of the conversation I'm having with patients that they sometimes feel that they don't want to get vaccinated themselves or are a bit hesitant. But if you're talking about, again, protecting others around them and the benefits of that, that's one thing that really seems to weigh with patients and that they really buy into because they do want to have a role in that as well.

**Dr. Maves:**

For those just tuning in, you're listening to *Deep Breaths: Updates from CHEST* on ReachMD. I'm Dr. Ryan Maves, and I'm speaking with Dr. Susan Corbridge about vaccine hesitancy.

Now that we have some background on vaccine hesitancy, let's discuss how we can overcome it. Dr. Corbridge, could you walk us through the First 5 Minutes approach and how we can apply it here?

**Dr. Corbridge:**

Sure. Ryan, thanks. I am so passionate about this approach. It's an evidence-based approach to really help healthcare providers with enhanced communication skills so that we can work to build rapport and increase trust with our patients, and improving the patient-provider relationship to, again, create rapport and build trust is key to improving patient outcomes. We know that when patients trust their providers, they're more likely to follow medical advice, which, again, can improve their outcomes. And they also feel it's really great when they have a provider that meets them where they are, and they feel that they can open up and really ask questions. And that actually can also help lead to more targeted therapy because patients are able to sometimes provide additional information about their symptoms or, in this case around vaccine hesitancy, their worries, concerns, and perspectives. And then that is able to allow us as healthcare providers to have more of a targeted approach to a conversation. So all those things are really important. And the First 5 Minutes really is a strategy, again, built on evidence to improve communication skills as we work with our patients.

**Dr. Maves:**

What are some other best practices for counseling patients who may be hesitant to get vaccinated?

**Dr. Corbridge:**

Well, using these evidence-based strategies from the First 5 Minutes to develop rapport and increase trust, I think, is a great place to start. And one of the things that the First 5 Minutes focuses on is reframing assumptions with curious questions—really being curious in talking with patients and leaving implicit biases at the door and talking about, again, curiosity and having these curious questions and asking patients the open-ended questions from motivational interviewing techniques, in particular. But really being curious and asking

these open-ended questions can help get the patient's perspective regarding their hesitation for vaccines. And that, again, can then allow the provider to tailor an approach that might be most helpful.

Other recommendations: sharing your own story might help about either why you choose to get your children vaccinated or why you are passionate about making sure that your aging parent or grandparent be vaccinated. I think that's pretty helpful, and that also can help build trust. And then addressing shared clinical goals—for instance, the COPD exacerbation and prevention of flares that I talked about earlier; that's likely a clinical goal for a patient that has COPD in particular. So really addressing those shared clinical goals and talking about how vaccination can help that can also be another technique as well with them.

**Dr. Maves:**

Yeah, I couldn't agree more. And I think one thing you've alluded to really remarkably here is knowing your audience, right? Recognizing that every patient comes at this—be it their interest in vaccination or their hesitancy about vaccination—from a slightly different place and a slightly different angle. And one of the privileges we have is getting to know our patients over time and building these relationships, and hopefully leveraging those relationships to build the trust where they can then accept vaccination as a tool for themselves and protect their families as well.

Are there any final takeaways you'd like to share with our audience, Dr. Corbridge?

**Dr. Corbridge:**

Well, I think in addition to our role as healthcare providers and intentionally integrating these discussions into our routine practice, we also have a role about thinking about this at a much larger level in advocating for research priorities and legislation and policy issues. With research, thinking about investing in research and especially targeting vulnerable groups, such as people who are immunosuppressed or historically marginalized groups is really important to counter vaccine hesitancy.

Around legislation and policy, having legislation and policy frameworks can really help influence vaccine uptick by ensuring equitable distribution of access. I know, in particular, at University of Illinois, I had run one of the community clinics on the west side of Chicago, and there was very little refrigeration there. So thinking about the ability to have vaccines in areas that might be underserved and serve an underserved population, what are the logistics of that? And how can we, again, provide access?

Social media sometimes can provide negative influences and contribute to vaccine hesitancy, but it also can have a positive influence as well. For instance, during COVID, there were stories and commercials that were with providers. It was physicians and other healthcare professionals and even pregnant ones that were getting vaccinated. So the ability to use technology and think about how we can help counter vaccine hesitancy in that regard might be helpful as well.

**Dr. Maves:**

That's fantastic. Those are some great insights, Dr. Corbridge. And I would just like to add that I do this for a living, right? I provide vaccines in my clinic. I recommend vaccines to my patients. But just in our conversation here, I feel like I've taken away a lot of new tools that I can use in my own practice, and I'm very grateful to you for that, and I hope that our colleagues find it as useful as I have. So with those key takeaways, that brings us to the end of today's program. I'd like to thank Dr. Susan Corbridge again for joining me to explore how we can address vaccine hesitancy. Dr. Corbridge, it was great speaking with you today. Thank you again.

**Dr. Corbridge:**

Thanks so much, Ryan. I've learned a lot from you as well.

**Announcer:**

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