

Building community capacity for vaccine conversations: A training model in London

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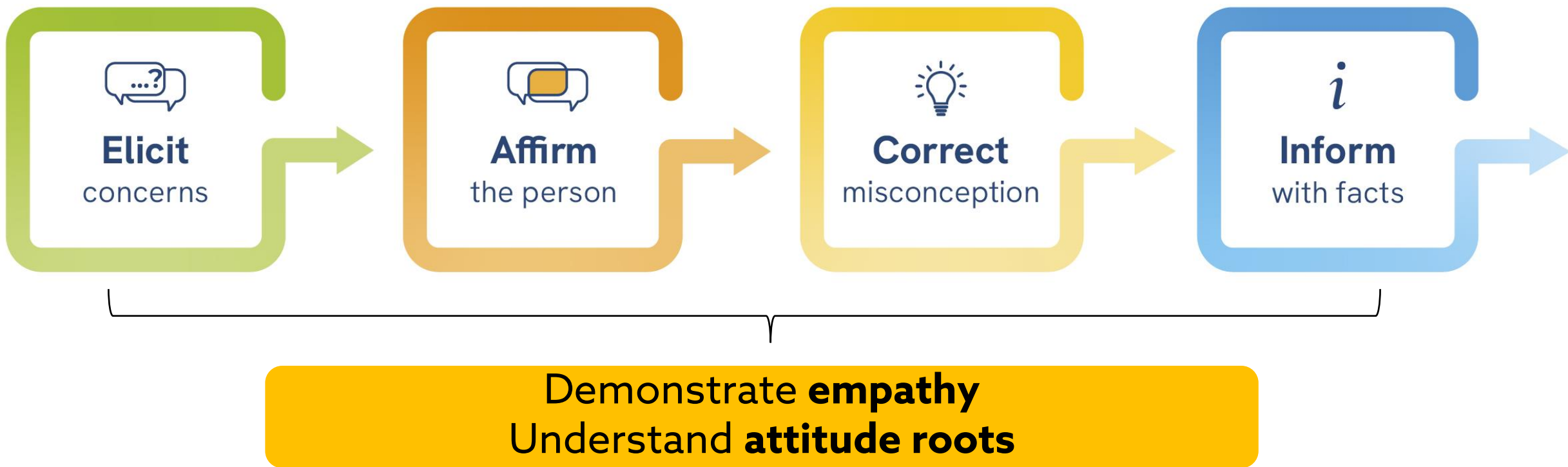
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INTRODUCTION

- Low and unequal vaccine uptake in London puts communities at risk of vaccine preventable diseases and at risk of widening health inequalities.
- Trusted health and care professionals and community champions are powerful messengers to address root causes of low vaccine uptake.
- Many health professionals and community champions have requested training to support them with sensitive conversations about vaccination and addressing misinformation.
- The Empathetic Refutational Interview (ERI) is an evidence-based technique developed to equip health workers to address misinformation while maintaining trust.

WHAT IS THE EMPATHETIC REFUTATIONAL INTERVIEW (ERI)?

An evidence-based conversation model that builds on vaccine counselling and cognitive science best practice to address misconceptions and misinformation.



ERI TRAINING IN LONDON

Partnership between the JITSUVAX team, UKHSA London region & NHSE London region:

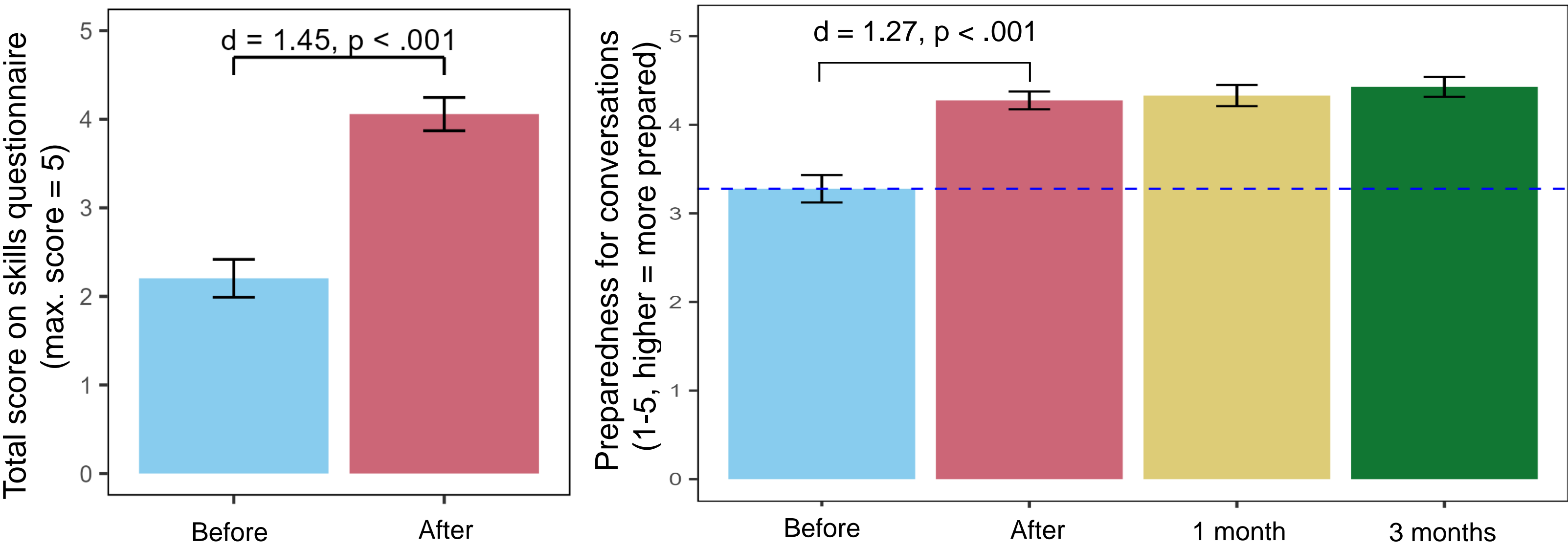


Programme objectives

- Build capacity among teams doing vaccine outreach.
- Develop skills and confidence to hold vaccine conversations and address misinformation while maintaining trust in the community.

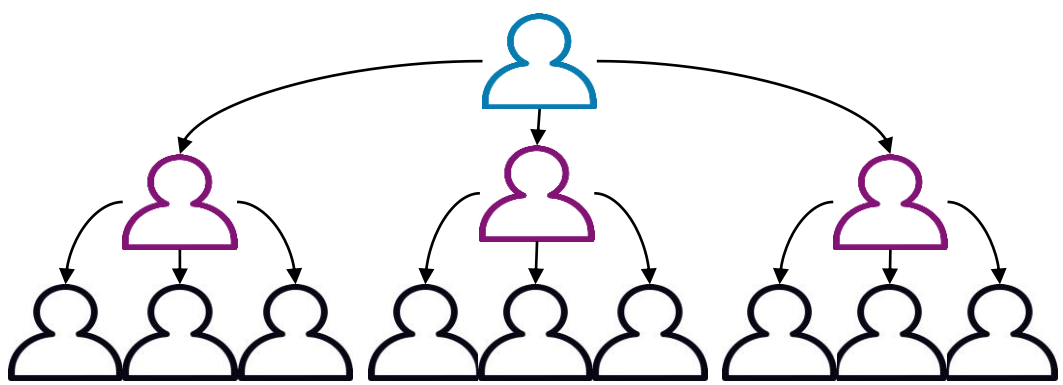
RESULTS

ERI training significantly improved skills and confidence in using the conversation approach to address vaccine misinformation. Confidence remained high in the 3-month follow up period.



CASCADING TRAINING: A CASE STUDY

Skilled trainees from Hammersmith & Fulham Council Public Health team used JITSUVAX ERI training to develop a bespoke one-day workshop for local health workers and community champions (“HaFeriVax”):



8 workshops since April 2024, 95 attendees from:

- NHS, public health & council (n = 14)
- Community organisations & charities (n = 30)
- Primary care (n = 15)
- Social care (e.g., care homes) (n = 27)
- Family hubs and outreach/education (n = 9)

The team found that their ERI workshops:

- Helped them build capacity bottom-up to meet service user needs.
- Demonstrated an investment in those who are on the frontline building trust in the community.
- Helped skilled professionals in their team engage with community members, including those with hesitant views.

This is a promising indication that the ERI can improve trust and have impact in the community. Teams that have highly skilled professionals with capacity to deliver community workshops can be one way to cascade training.

QUALITATIVE FEEDBACK

Reflections on training content

“I used to naturally go on the defensive and now its empowering showing empathy. [I] have a better more meaningful conversation as a result. [I] don’t necessarily change the persons mind but conversation ends well and usually they thank me for providing advice that they will think about.”

“Great structure in how to deal with vaccine hesitancy. Liked how we went though evidence base for different ‘roots’. Felt based in evidence.”

Suggested improvements

“Some of the wording for the ERI admittedly I find v[ery] hard to remember. So for me I will simplify the wording so that I can put the principles into practice when discussing vaccines.”

“Maybe it would be worth reminding participants at one or more point that this is a skill that will be honed over time rather than picked up straight away.”

Onward training

“I’m preparing a full training pack for wide scale delivery across the ICB.”

“[We have only used] small bits [of the training]. We are time poor and need more time for staff training.”

METHOD



10 in person two-day train-the-trainer workshops in the **Empathetic Refutational Interview (ERI)** approach for confident vaccine conversations.



106 trainees across London
• The JITSUVAX project worked with trainees to co-produce bespoke resources for their local needs.

- Professionals and champions were recruited from UKHSA London, NHSE London, including outreach to individual Trusts and through local authority Public Health teams:
 - Primary care (GPs and nurses) (n = 36)
 - Maternity teams (n = 28)
 - Public health & community care, incl. administrators (n = 33)
 - Other health roles or not specified (n = 13)
- Trainees completed surveys and measures of their skills and confidence in conversations before & after ERI training (quantitative and qualitative questions).
- Trainees completed follow up surveys at 1 & 3 months after ERI training.

CONCLUSION & NEXT STEPS

- ERI training shows promise for building skills and confidence to have vaccine conversations.
- Feedback from participants indicates different ways are needed to further cascade training:
 - A few trainees can go on to deliver localised training with local authority or ICB support.
 - Many lack staff capacity to cascade training thus need to commission trainers to provide training.
- Learning from this, the JITSUVAX team now offers a one-day workshop for commissioners so training can be sustained to support health workers & community champions.



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