

Starting a “Vaccination Champion” Workshop at Your School

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July 2023

The Vaccination Champion Workshop was born during the start of the COVID-19 pandemic and after the World Health Organization named vaccine hesitancy as one of the top ten biggest threats to global health in 2019.¹ While pharmacy students are taught in their curriculum how to administer vaccines, vaccine schedules, and their mechanisms, many pharmacy schools do not teach students how to address vaccine hesitancy. After a pilot program was conducted at the University College London, through pharmacy school collaboration organizations like PharmAlliance and UNC Project Malawi, the workshop was adopted by students and faculty of four other global pharmacy programs (University of North Carolina at Chapel Hill, Monash University, University of Paris-Saclay, and UNC Project Malawi). The purpose of this workshop was ultimately to empower students to address vaccine hesitancy in their communities and in their professional settings, and this guide is intended to provide direction for any students or faculty members who wish to design a similar workshop at their own school.

Workshop Objectives

- Empower students to address vaccination hesitancy in their communities and professional setting and to educate their communities on vaccination hesitancy.
- Define Vaccination Champion and the purpose of Vaccination Champions
- Describe the benefits of vaccinations
- Explore vaccination hesitancy, common vaccine myths and misconceptions, and scientific counterarguments
- Educate students on different techniques used to increase vaccination rates (presumptive approach and motivational interviewing). Practice motivational interviewing and other techniques to address vaccination hesitancy

Defining a Vaccination Champion

- Vaccination Champion: A person who understands, supports and promotes the use of recommended vaccines. They feel confident debunking vaccine myths and challenging inaccuracies.

Workshop Structure

- Pre-Workshop Questionnaire: participants took the questionnaire when signing up for the course, and it evaluated their knowledge, beliefs, and attitudes on vaccines.
- Workshop: 2-3 hours in duration, could be conducted in-person or virtually.
 - Be creative! Add in interactive components like discussions, role-playing exercises, or kahoot questions to keep participants engaged. Speakers can be divided up between the students and faculty. If there are relevant guest speakers with vaccine hesitancy work, they can be invited to talk to students for part of the workshop.
- Post-workshop Questionnaire: evaluating the same knowledge, belief, and attitude questions the participants took before the workshop. At the end include a part of participants to submit their post-workshop action item.

- Action Item: Encourage students to apply what they learned to promote vaccines in creative ways. Examples include talking to a community member who they know are vaccine hesitant or creating an infographic promoting vaccines or addressing common misconceptions to be posted in a community pharmacy or social media.
- Certification: participants were given a vaccination champion certificate after completing the workshop and action item. Consult your school if a similar process can be done at your institution.

General Guide to Creating the Curriculum

We encourage you to adapt the curriculum to the needs of your school and geographic region. The core curriculum should answer the workshop objectives, but it should be tailored to the specific audience and local concerns.

Understanding the Audience

Decide who the workshop will be presented to. This was originally intended for pharmacy students, however at UNC, the workshop was also offered to public health students. UCL has now offered the workshop more broadly to the entire campus. If the workshop will be geared towards healthcare students, more scientific language can be used, but selecting the audience first can help tailor the contents of the presentation.

It is also important to understand the local vaccine misconceptions when designing the course. For example, during the COVID-19 pandemic there were many vaccine specific concerns among the population. With Moderna and Pfizer, there were people worried about mRNA vaccines and with the Janssen vaccine, more people were worried about clotting. Different countries also offered different COVID-19 vaccines and so each workshop tailored the information and concerns to approved vaccines in their country. In Malawi, there were more concerns relating to government mistrust and religious beliefs. Discuss how concerns may vary between cultural groups or with vulnerable populations like pregnancy or in children. Take a moment to research what the current and local concerns are to incorporate into the presentation.

Resources

Common resources that were utilized include the World Health Organization, Center of Disease Control, Vaccine Knowledge Project, the Center for Countering Digital Hate (Disinformation Dozen), and much more.

Student Involvement

This project is a great opportunity to get students involved. At UCL, UNC, and Monash University, students led the efforts in creating the curriculum and organizing the workshop while working closely with the faculty for guidance and ensuring the materials remained accurate. From a student perspective, this experience has been extremely rewarding as I was able to familiarize myself with the material, practice designing the curriculum for a class, work with faculty, plan the event, and learn to communicate my findings. Involving students in the implementation of this workshop would be a greatly beneficial learning opportunity for them.

Questions?

If there are lingering questions, I would love to answer them at isabel_cheng@unc.edu.

Share Your Successes!

If this guide inspired or helped create a vaccination champion workshop at your school, we would love to hear about it! You can reach out to caroline_welles@unc.edu to share the successes of your workshop.

Pre and Post-Workshop Questionnaire Appendix:

Knowledge Questions
<i>Participants had the answer options of 'True', 'False', 'I don't know' and 'Prefer not to answer'</i>
1. Vaccines are active pathogens which stimulate an immune response.
2. Vaccines are effective at preventing the spread of disease.
3. Herd immunity is established only when the entire population is vaccinated.
4. Vaccines save millions of lives every year.
5. The World Health Organization recently listed vaccine hesitancy as one of the top 10 threats to global health.
6. The flu vaccine and whooping cough (pertussis) vaccine are recommended during pregnancy in the UK/US/Australia/France/Malawi (<i>country inserted as appropriate</i>)
Belief Questions
<i>The answer options depended on the institution.</i> Descriptive Answer Options: Strongly disagree, Disagree, Neither disagree nor agree, Agree, Strongly agree and Prefer not to answer Numerical Answer Options: On a scale from 1 to 5 with 1 being strongly disagree and 5 being strongly agree. Thus 2 equates to disagree, 3 to neither disagree nor agree and 4 equates to agree
1. I believe it is better to develop immunity naturally rather than through vaccination
2. I believe vaccines are safe
3. I believe having too many vaccines can weaken a child's immune system
4. I believe children receive more vaccines than they need
5. I believe vaccines can cause autism and other disorders
6. I believe the people in my immediate environment are in favor of vaccination
7. I believe that the COVID-19 vaccines affect fertility
Attitude Questions

The answer options depended on the institution.

Descriptive Answer Options: Extremely Unlikely, Unlikely, Neutral, Likely, Extremely Likely, and Prefer Not to Answer.

Numerical Answer Options: On a scale from 1 to 5 with 1 being extremely unlikely and 5 being extremely likely. Thus 2 equates to disagree, 3 to neither disagree nor agree and 4 equates to agree

1. Get vaccinated before traveling abroad?

2. Encourage family members to get the recommended vaccines?

3. Vaccinate your children (if you have children or are planning to have children in future)?

4. Use newer vaccines?

5. Engage with a friend/family member who is hesitant to take up vaccination?

6. Engage with a stranger who is hesitant to take up vaccination e.g. on social media?

7. Engage with someone who is hesitant to take up vaccination in your role as a healthcare professional e.g. with a patient?

8. Accept a COVID-19 vaccine if it is offered to you?

Resources:

1. Ten threats to global health in 2019. Accessed July 15, 2023. <https://www.who.int/news-room/spotlight/ten-threats-to-global-health-in-2019>