GERONTOLOGICAL SOCIETY OF AMERICA®

The Concentric Value of Vaccination: Understanding and Restoring Vaccine Confidence

Elana Kieffer Blass, MBA
Director, Strategic Alliances

Housekeeping



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Panelists



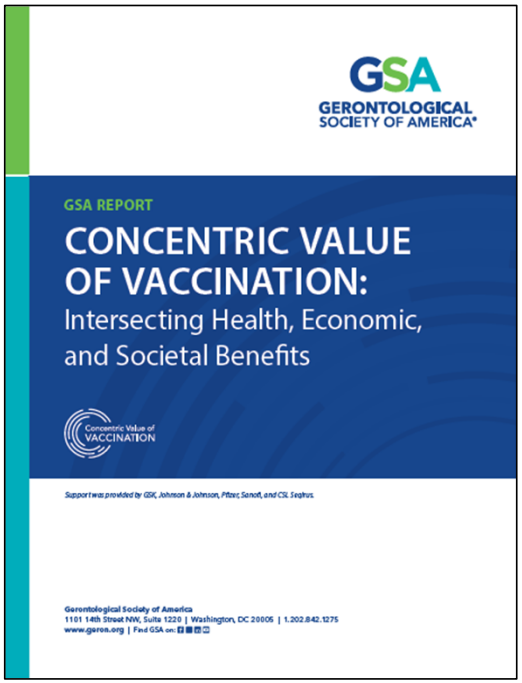
Elana Kieffer Blass, MBA
Director, Strategic Alliances
Gerontological Society of America



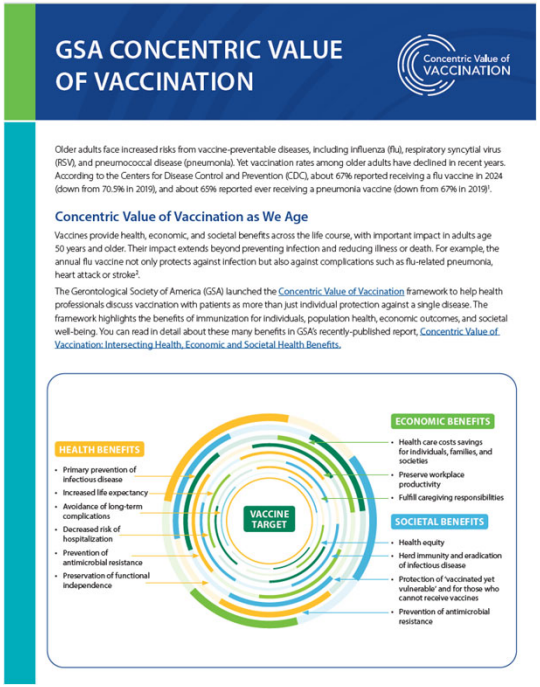
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Associate Professor
Perelman School of Medicine
University of Pennsylvania

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National Immunization Awareness Month!



geron.org/cvv



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GSA 2026 Momentum Discussion

The Concentric Value of Vaccination: Education and Communication About Immunizations for Older Adults

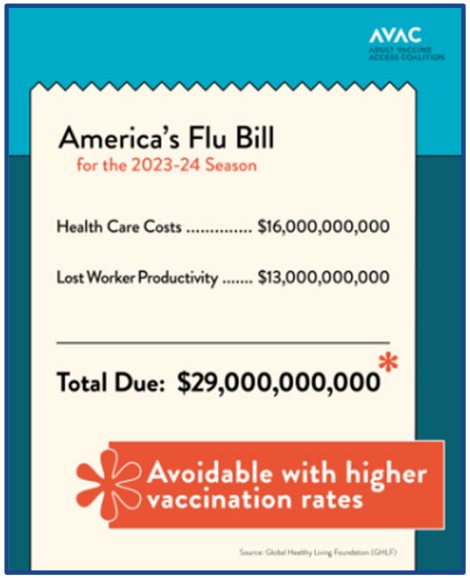
- Login to gsa2026.org
- Click on My Dashboard
- Under My Upcoming Events, select GSA 2026 Annual Scientific Meeting and click View Registration
- Select new items (e.g., Momentum Discussions, workshops, fun run).
- Follow the prompts to add items and proceed to checkout



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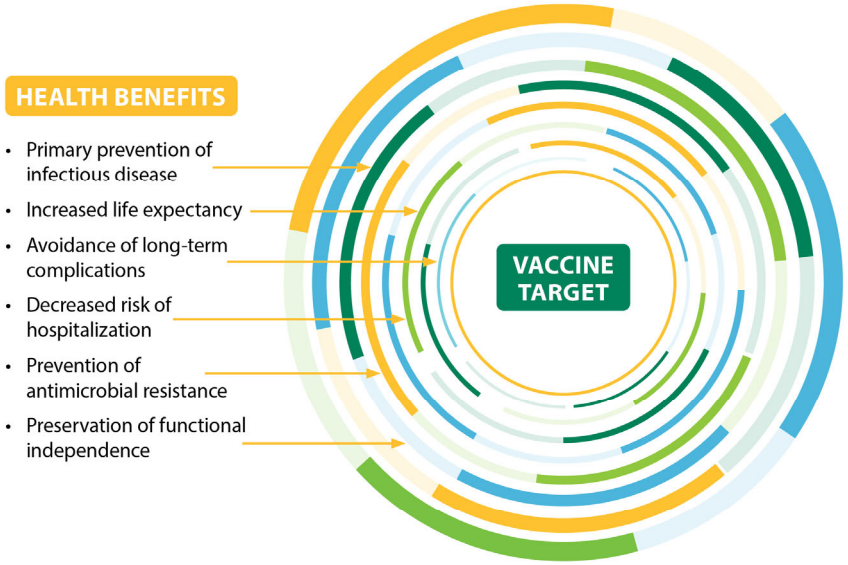




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GSA Concentric Value of Vaccination as We Age

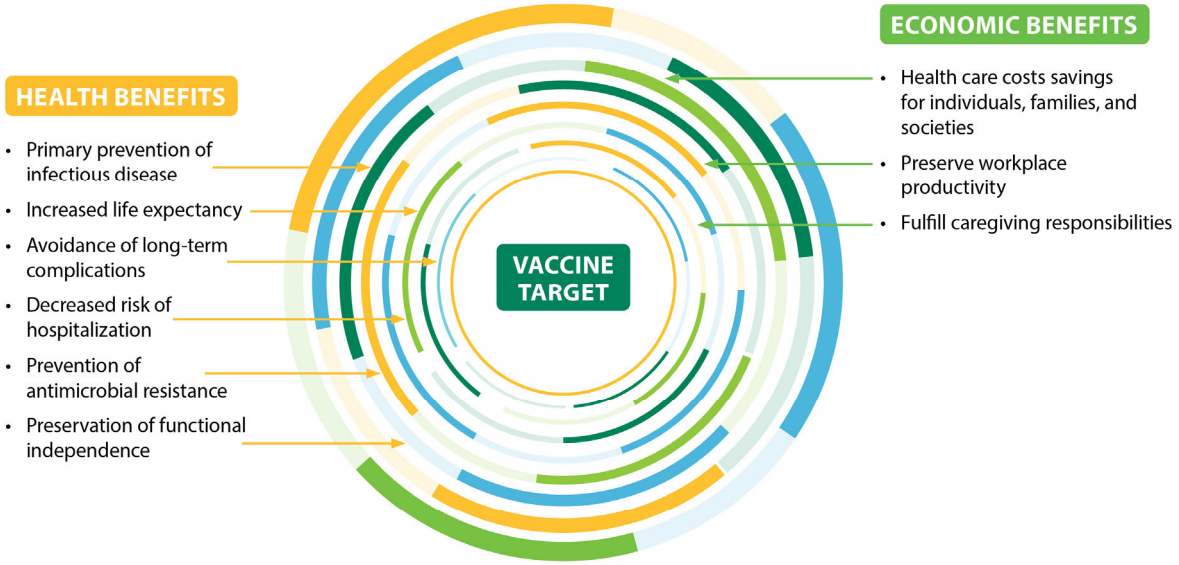
Concentric Value of VACCINATION



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GSA Concentric Value of Vaccination as We Age

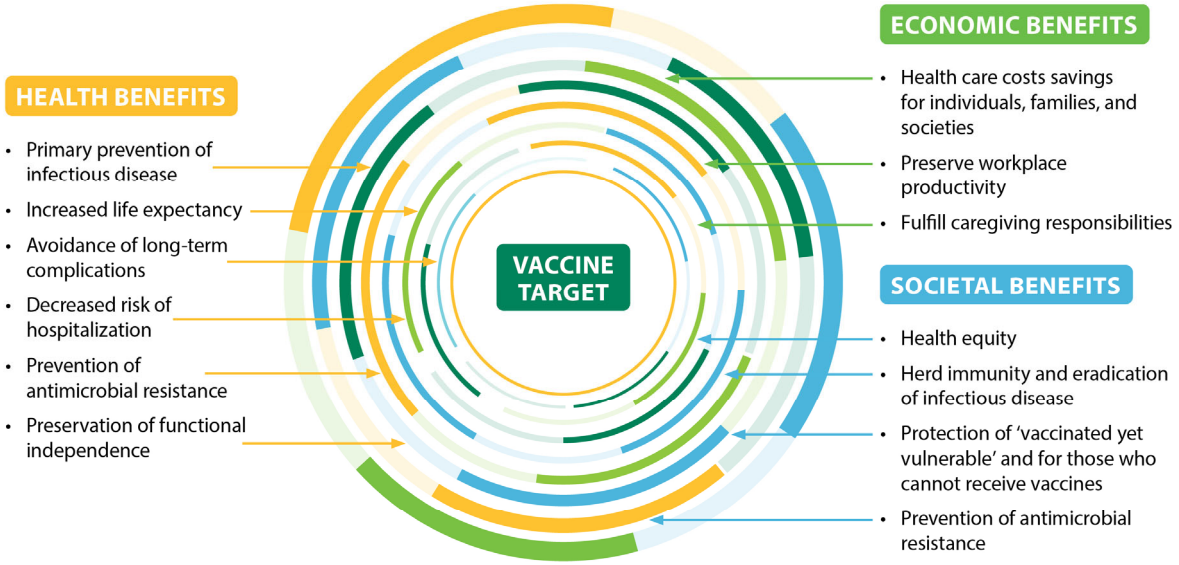
Concentric Value of VACCINATION



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GSA Concentric Value of Vaccination as We Age

Concentric Value of VACCINATION



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Vaccine Confidence & Older Adults: Addressing the Elephant in the Room

25 August 2026
Tuesday 300-400EST
Gerontological Society of America
Webinar



Angela K Shen, ScD, MPH
Adjunct Associate Professor, Perelman School of Medicine,
Senior Fellow, Leonard Davis Institute for Health Economics,
University of Pennsylvania
Captain (ret), US Public Health Service

Vaccinations Across the Life Course

My family

Disease Bad – Vaccines Good





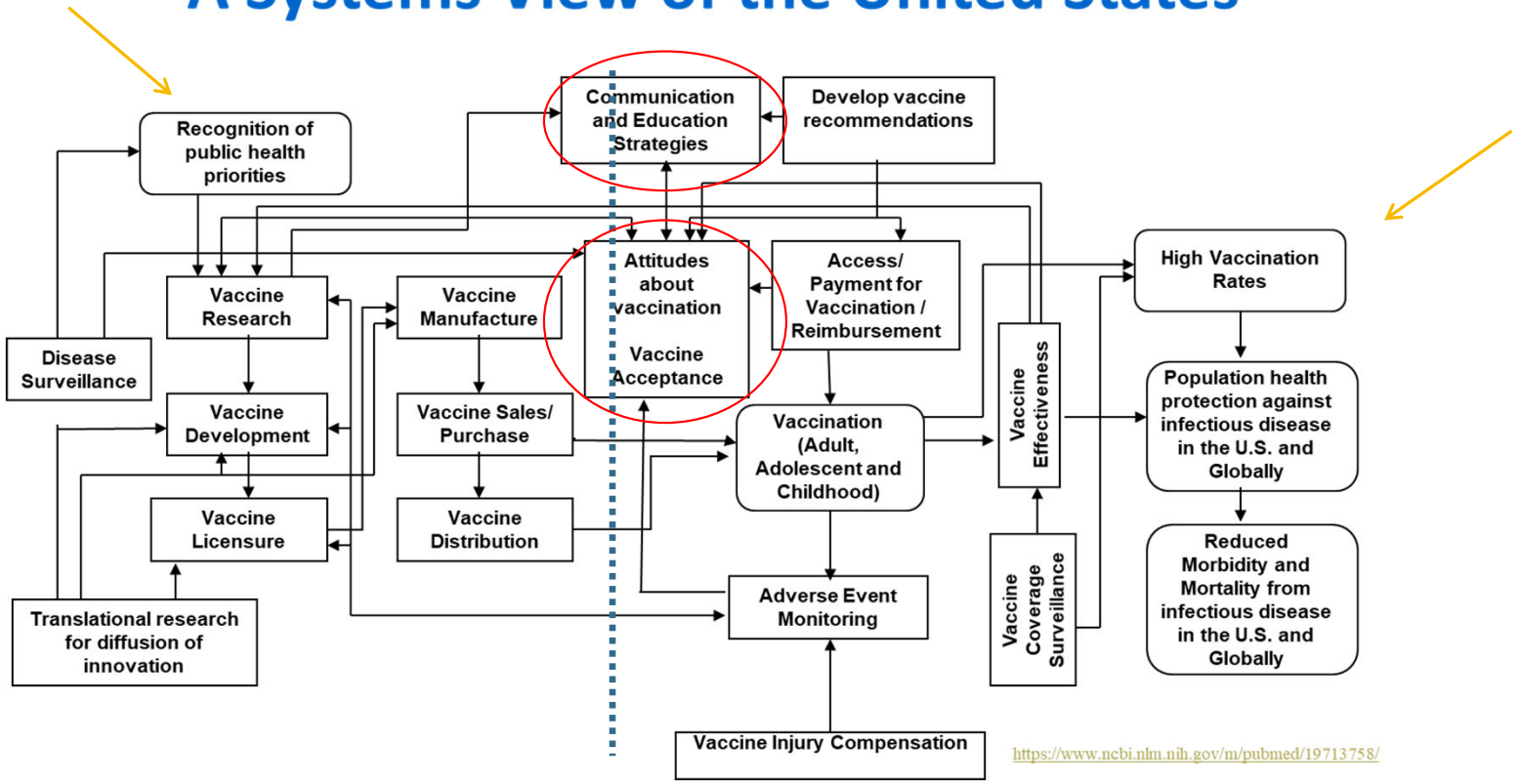


Outline

WHAT WE ARE GOING TO TALK ABOUT TODAY

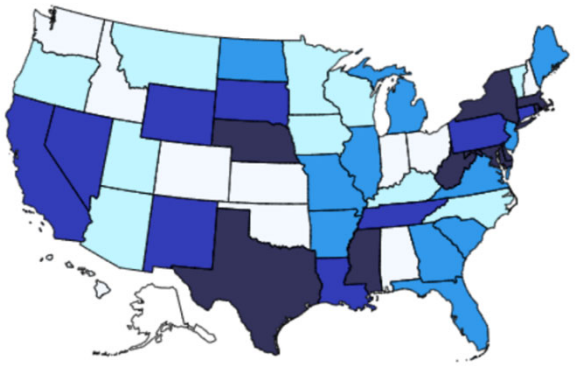
- The enterprise
- What is hesitancy, confidence, and why does it matter?
- What does hesitancy look like in older adults? And in Long-Term Care (LTC)
- Determinants to decision-making
- Trust and Influence of Community Based Organizations (CBOs)
- Strategies
- Takeaways

From Vaccine to Vaccination: A Systems View of the United States



https://www.ncbi.nlm.nih.gov/m/pubmed/19713758/

What you need to know – general



- Lack of confidence in vaccines poses threats to public health. Vaccination has been successful but
  - Variation by region/community
  - Disparities persist

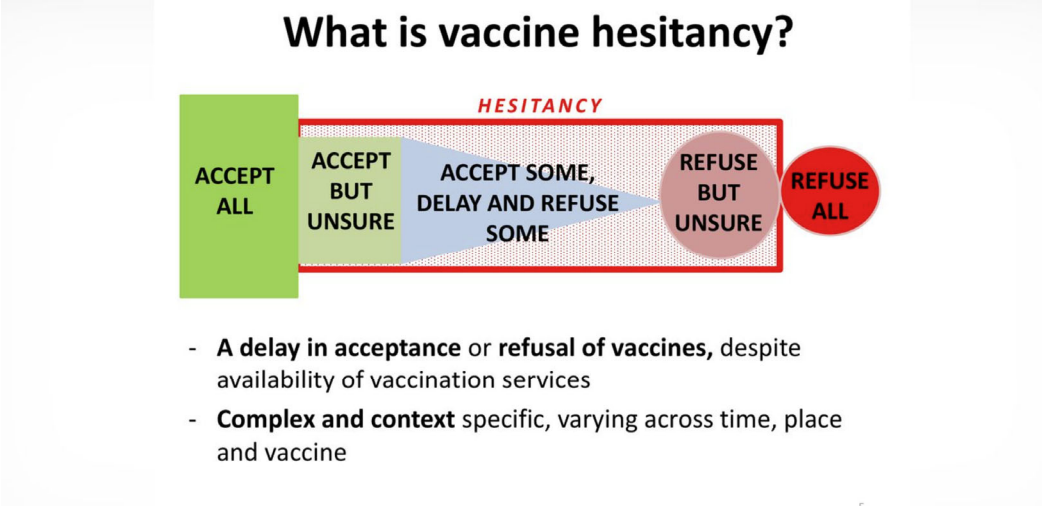
  This means that pockets of un- and unvaccinated means outbreaks of disease
- Common Concerns:
  - Unknown future effects (e.g., often new vaccines)
  - Side effects, lack of trust
  - Perceived risk perception of disease (routine vaccine-preventable diseases)
  - Resistance ->Skepticism->Polarization->Politicized (Generalized bi-partisan support)
- No single intervention likely able to address vaccine hesitancy
- Local approaches critical to meeting needs of the population/community in a tailored way
- Long-term care has two distinct populations – residents & workers who care for them

Level Setting

Confidence vs. Hesitancy

Hesitancy v. Confidence

Hesitancy



Influenced by complacency, convenience, confidence, socio-demographics
Structural factors as health inequalities, SES disadvantages, systemic racism

Confidence

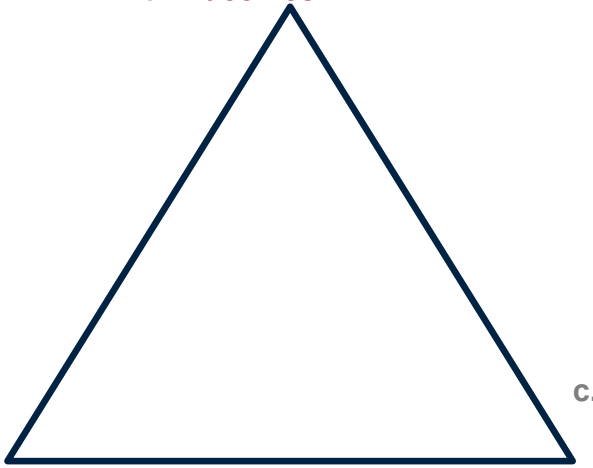
- trust that parents, patients, providers have in the vaccines themselves, those who administer them, and the upstream and downstream system responsible for the development, licensure (or authorization), manufacturing, & recommendations of vaccines for use

Building **vaccine confidence…requires…**

Trust that parents, patients, providers have in...

It's about how folks perceive vaccines & recommendations for vaccinations. May be hesitant about some vaccines and not others

a. **vaccines**



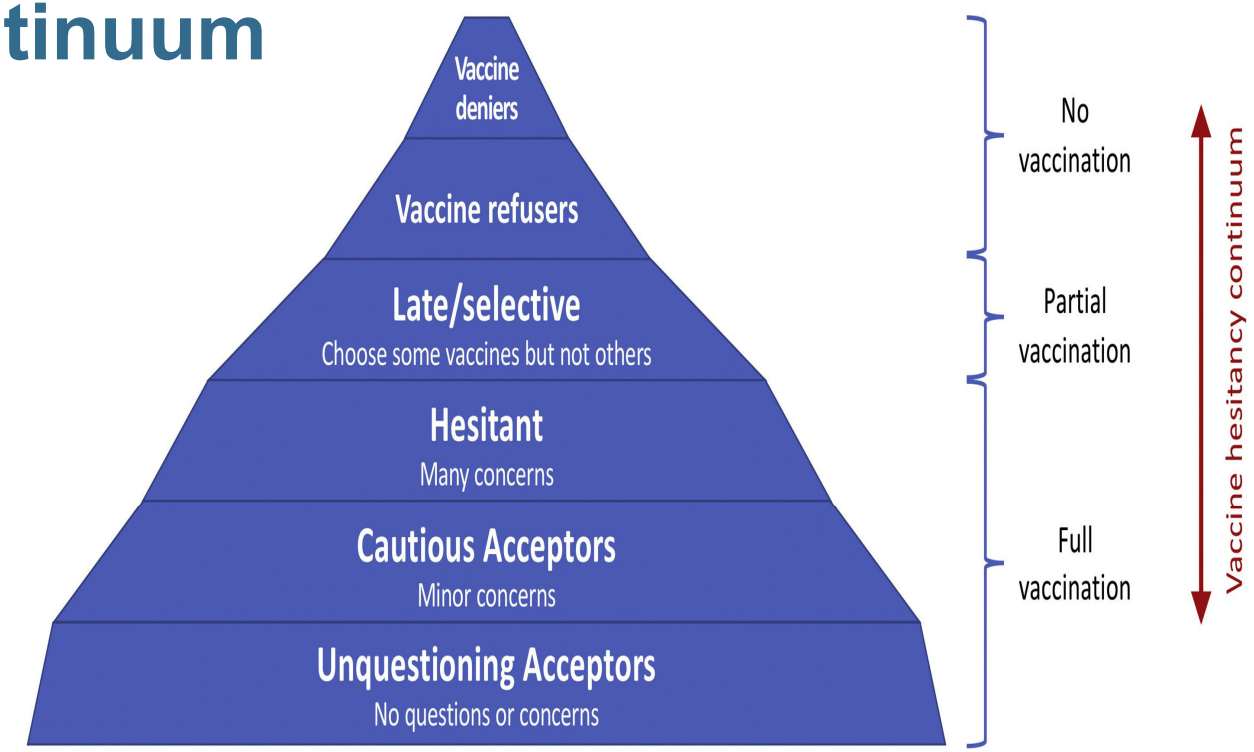
b. Those who **administer** them

HCP are trusted sources of information; Influential in shaping uptake; When provider communicate effectively about vaccine benefits and risks, value and need, & vaccine safety, parents/adults are more confident about their decision. To do this well healthcare providers need to be confident themselves about the safety, effectiveness, & importance of vaccination

c. The **system** responsible for up/downstream activities (R&D, manufacturing, licensure/authorization, recommendations)

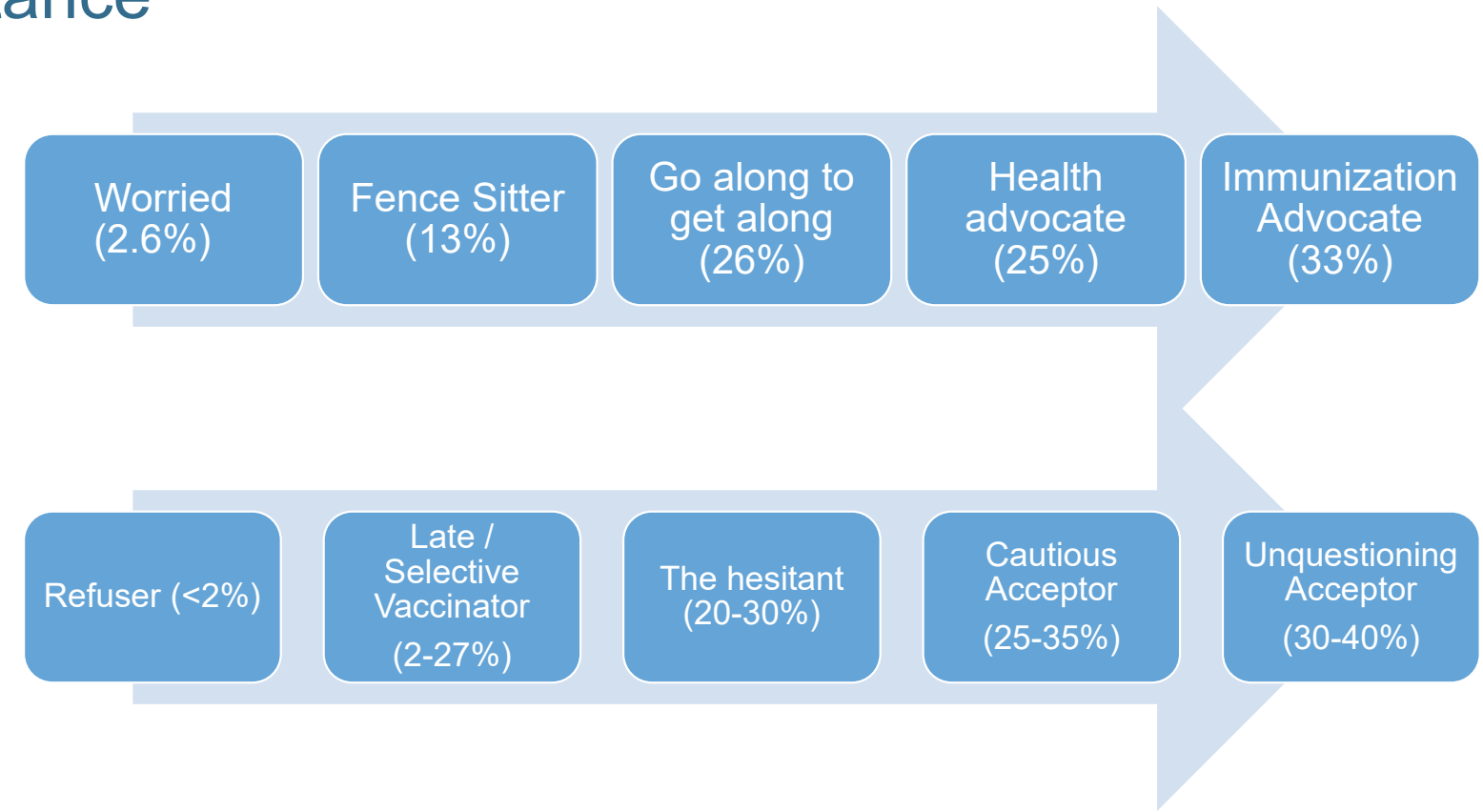
Hesitancy is a Continuum

- Understanding **how** vulnerable communities wish to receive messages, **from whom** these messages should come from, and **what** messages are convincing is critical to tailoring strategies to address individuals in the "movable middle" on the vaccine hesitancy continuum.



Shen AK, Browne S, Srivastava T, Kornides ML, Tan ASL. Persuading the "Movable Middle": Characteristics of Effective Messages to Promote Routine and COVID-19 Vaccinations for Adults and Children – The Impact of COVID-19 on Beliefs and Attitudes. *Vaccine*. 2023;41(12):2055-2062. https://www.sciencedirect.com/science/article/pii/S0264410X2300141X

A look at numbers in the spectrum of vaccine acceptance



Ref: Gust DA, et al. Am J Health Behavior, 2005,29;Leask J, etal. BMC Pediatrics. 2012, 12.

Willing Majority

- Make vaccination a default
- Reminders / text messaging
- Intention to action

MEDICINE

The Best Evidence for How to Overcome COVID Vaccine Fears

Social science offers valuable lessons about ways to convince those who are hesitant about the shots

Movable Middle

- Empathize first- do not correct misperceptions
- Personalize- 'I made sure that my family got vaccinated because…'
- Make vaccinating a norm

Reluctant Minority Groups

- Reduce barriers to make vaccination more accessible
- Partner with community leaders to communicate about vaccines
- Acknowledge distrust
- Be upfront about what is known and not known
- Consider messages that resonate with core values

https://www.scientificamerican.com/article/the-best-evidence-for-how-to-overcome-covid-vaccine-fears1/

We learned a lot in COVID

Trust building efforts must focus on helping minority communities build confidence in the people and institutions responsible for developing and delivering a vaccine.

Three-Quarters of Both Black and Latinx Americans

Would be less likely to get vaccine approved on Emergency Use Basis by the FDA

Trust in Various People and Institutions

	Among Black Americans	Among Latinx Americans
Dr. Fauci	53%	50%
The FDA	29%	41%
Pharmacies/Clinics	27%	35%
Drug Companies	19%	27%
The Trump Administration	4%	18%

~1/3 of respondents know little / nothing about how vaccines work

~40% of respondents know little / nothing about how vaccines are made

The best messengers for this content are often close to home—including influencers from within their community and, in particular, their personal physician.

Trust in Black vs. White Community Leaders

2x more likely

To trust a messenger of own racial/ethnic group compared to white counterpart, among Black Americans

Trust in Healthcare Provider

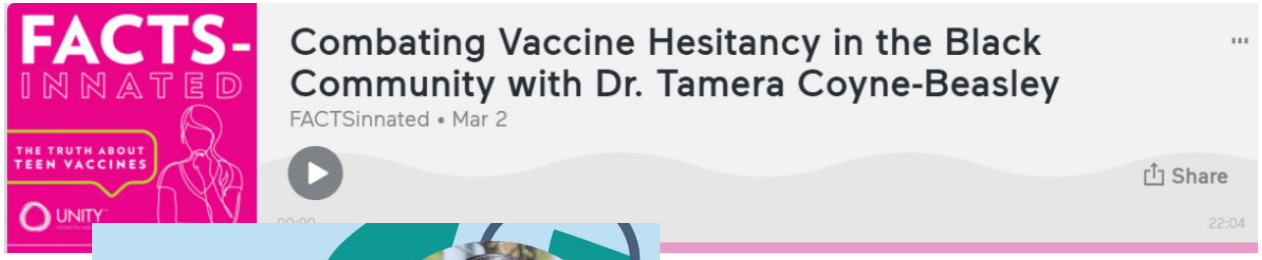
72% of **Black** Americans

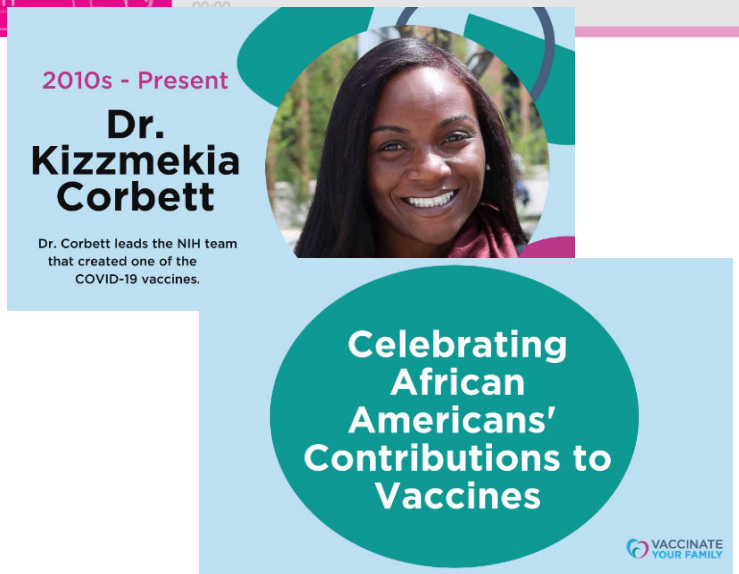
66% of **Latinx** Americans

Rate their healthcare provider positively at giving clear information for decision-making

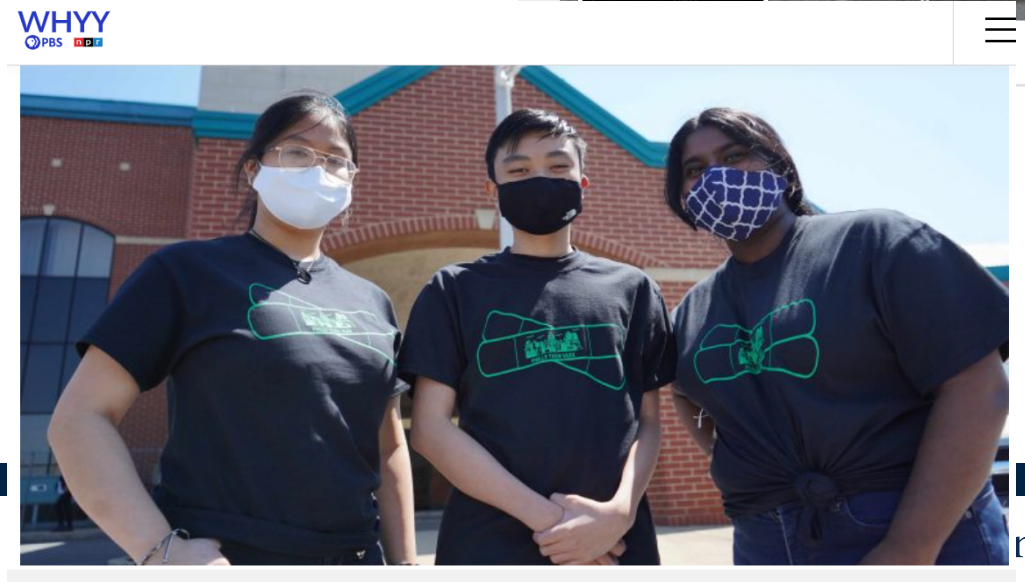
Source: Courtesy of Dr. Kristen Feemster

Building trust and social norms









https://whhttps://vaccinateyourfamily.org/vyf-covidgraphics/yy.org/articles/should-teens-get-vaccinated-these-philly-high-schoolers-say-yes-please/
https://podcasts.apple.com/us/podcast/factsinnated/id1534945694

Vaccine Hesitancy in Adults – Combination of reasons

- **Safety and Side Effects:** Fear of adverse side effects – Boy that vaccine was developed really fast? Is it safe?
- **Complacency:** My risk is low, I'm a senior and I don't go out much – I don't really need the vaccine.
- **Misinformation and Mistrust:** Lack of trust of the healthcare system – I hear a lot from my friends and the internet about rumors that vaccines are bad. It's on Facebook. I don't know if I want to get vaccinated.
- **Lack of Recommendation:** My doctors didn't mention it, so I'm not going to get it. I trust my doctor.
- **Logistical & Physical Barriers:** It costs a lot I don't know if my insurance covers it and I have to go far to get it. I also don't like needles.

Hesitancy In Nursing Homes & Long-Term Care

- Historically two distinct populations (more on next slide)
  - Residents
  - Staff who care for them

- Also, systematic and institutional barriers – structural friction that limits vaccination
  - Lack of in-house tracking (e-monitoring of staff and residents)
  - Storage and delivery constraints (reliance on external pharmacies)
  - Financial and Reimbursement Risks (complex reimbursement models require absorbing upfront costs)
  - High employee turnover – targeting educational efforts on constantly shifting workforce (high effort)

Residents' Medical & Cognitive Barriers Complicate Things

- **Fear of Frailty Interactions:** Multiple chronic illnesses and fear that a vaccine's side effects could destabilize their fragile health
- **Cognitive Decline:** Conditions like dementia or Alzheimer's impair a resident's ability to understand the benefits of a vaccine, frequently leading to confusion, fear, or a flat refusal
- **Burdensome Proxy Consent:** Many residents cannot legally consent for themselves, Administrative delay by facilities to track down family proxies or family-level hesitancy stalls process
- **Isolation and Complacency:** Isolated residents with minimal outside contact or visitors often assume zero exposure risk, viewing vaccines as unnecessary

Why staff hesitate? Often higher hesitancy than hospital-based staff

- **Distrust of Management & Authorities:** Lack of trust in facility leadership, corporate owners, or fast-moving government mandates heavily drives refusal among frontline aides.
- **Demographic & Educational Gaps:** Frontline staff (like Certified Nursing Assistants and dietary workers) are disproportionately from marginalized communities, have historical reasons to distrust healthcare systems, may also receive less formal medical training (e.g., immunology)
- **Misinformation Loops:** Staff members often rely on social media networks (lots of anti-vaccine sentiment, rumors about fertility impacts, and misinformation)
- **Workplace Burnout:** Pervasive understaffing, low wages, and feeling unsupported during health crises cause friction, perhaps staff push back against employer asks

Policy Solutions

- Alliance for Aging Research White Paper on Long-Term Care Access

https://www.agingresearch.org/wp-content/uploads/2023/06/ExpandEnsureAccessToAllVaccinesForLongTermCareResidentsAWhitePaper.pdf

- University of Washington Study on Long-Term Care Nurse Hesitancy.

https://www.washington.edu/populationhealth/research/understanding-vaccine-hesitancy-of-nurses/

- Few highlights (provider perspective), you can read papers on the left:
  - Improve in-take process to better identify and assess which patients have vaccination gaps and enhance the consent process to facilitate patients receiving vaccines in a timely fashion.
  - Integrate vaccination efforts into standard operation procedures (SOP), especially during admission or other transitions of care
  - Ensure that all employees (e.g., housekeeping, food service, janitorial) not just clinical staff, are engaged in educational and awareness efforts to support LTC residents.
  - Develop partnerships with hospitals & health systems to improve patient hand-offs and uninterrupted education and conversations regarding needed vaccines.

Other perspectives (actors) – federal, advocacy, manufacturers – have a role to play

Do these drivers resonate in your space?

- Future unknown effects (e.g., typically new vaccines)
- Worries about side effects (previous experience with a routine vaccine)
- Low confidence in the vaccines (importance, safety, efficacy)
- Lack of trust in government, the process, those involved
  - Like licensure, manufacturing, technology, pharma, public health bodies

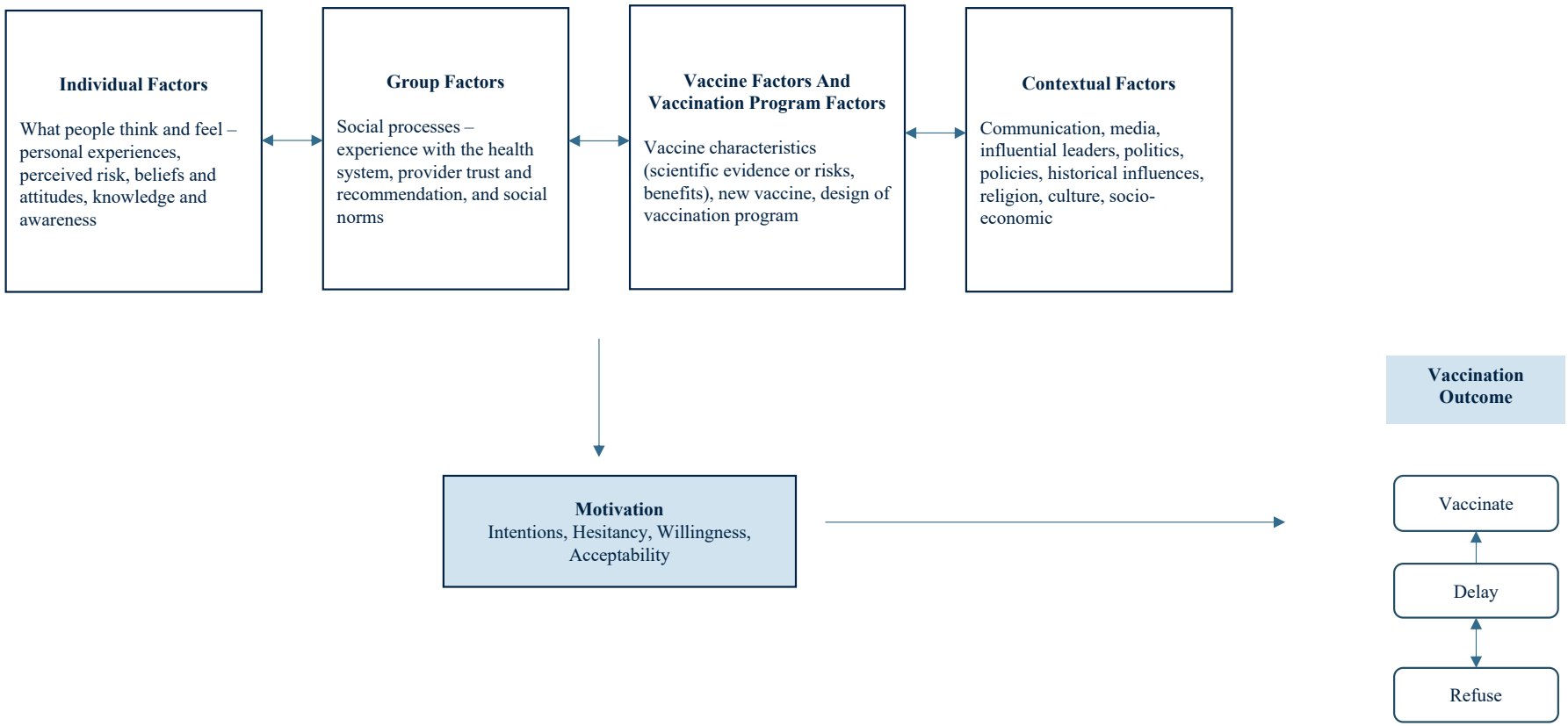
- Concern that others are in more urgent need (e.g., prioritization groups with COVID)
- Negative experiences with the healthcare system
- Practical concerns
- Socioeconomic and health care inequities
- Structural racism

- Social disadvantage access to accurate information
- Misinformation, disinformation
- Lack of effective public health messages or targeted companies
- Structural barriers to access (time, location, cost)

Determinants to Decision-Making

Conceptual model & drivers of hesitancy

Figure 1: Factors Influencing Parental and Individual Vaccination Decision Making: COVID-19 and Routine Vaccines



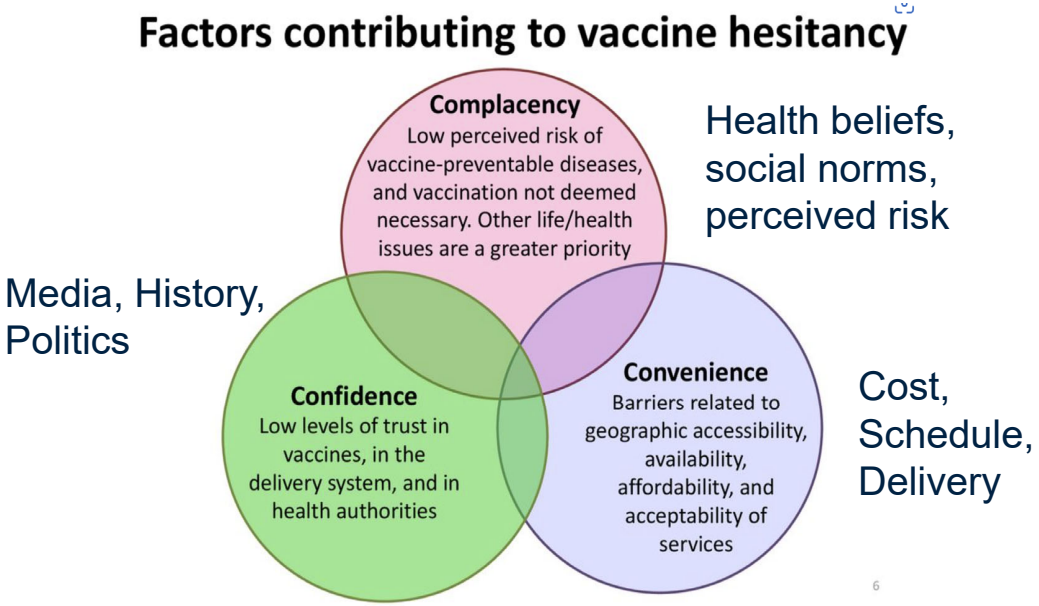
Adapted from: WHO Vaccine Hesitancy Matrix developed by the Strategic Advisory Group of Experts on Immunization Vaccine Hesitancy Working Group (2014) and Brewer NT, Chapman GB, Rothman AJ, Leask J, and Kempe A (2017). Increasing vaccination: Putting psychological science into action. Psychological Science for the Public Interest. 18(3): 149-207.

Hesitancy & Challenges to Acceptance

Confidence
- Most difficult to address
- Focus on trust
- Address specific concerns
- Reliable information

Convenience
- Remove barriers to access
- Reminder / recall strategies

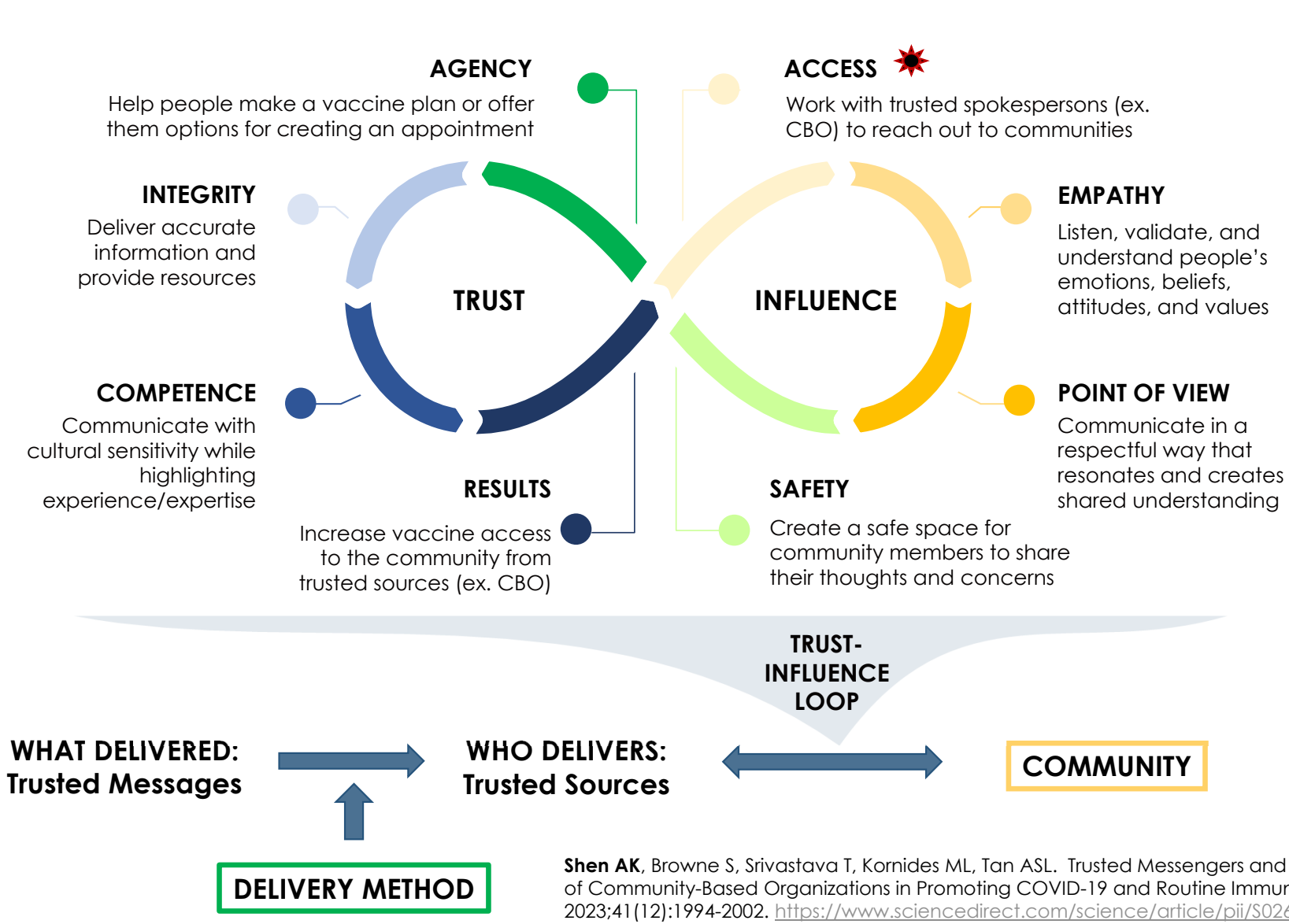
Complacency
- Firm recommendation
- Raise awareness about disease risk



Adapted from MacDonald NE, SAGE Working Group on Vaccine Hesitancy; Vaccine 33 (2015).

Tenets of community, trust, influence – a CBO study

between organizations and members of a community – a means or potential to deliver important public health messages through partnerships with existing, trusted community-based organizations, particularly during public health emergencies



Conceptual Model for Delivering Vaccination Messages to Vulnerable Communities: Trust & Influence Among Community-Based Organizations & Communities

Shen AK, Browne S, Srivastava T, Kornides ML, Tan ASL. Trusted Messengers and Trusted Messages: The Role of Community-Based Organizations in Promoting COVID-19 and Routine Immunizations. *Vaccine*. 2023;41(12):1994-2002. https://www.sciencedirect.com/science/article/pii/S0264410X23001809

Results

- Primary care providers, family, and credible sources, characterized as known and well-established entities, were top sources of vaccine information.
- **Neutrality, honesty,** and having a **trusted source** to rely on in sorting through volumes of sometimes conflicting information were highly valued.
- Trustworthy qualities about sources included: 1) expertise, 2) fact-based, 3) unbiased, and 4) having an established process for sharing information.
- Because of the evolving nature of the pandemic, attitudes and beliefs about COVID-19 vaccine and sources of COVID-19 information differed from typical views about routine vaccines.



Shen AK, Browne S, Srivastava T, Kornides ML, Tan ASL. Trusted Messengers and Trusted Messages: The Role of Community-Based Organizations in Promoting COVID-19 and Routine Immunizations. *Vaccine*. 2023;41(12):1994-2002.
https://www.sciencedirect.com/science/article/pii/S0264410X23001809

Communication Framework

A	• Assume people want to get vaccinated and be prepared for questions
S	• Share key facts and sources of information to counter misinformation
P	• Present strong recommendations and stories about vaccination experiences
I	• Initiate discussion or address questions about side effects proactively and share credible sources of information
R	• Respond to questions and actively listen
E	• Empathize and understand concerns

Read more about the ASPIRE framework here:

Ref: Shen AK, Tan SL/ Trust, Influence and Community: Why pharmacists and pharmacies are central for addressing vaccine hesitancy. *J Am Pharm Assoc*. 62(2022):305-308.

Conclusions

- Vaccine messengers can learn how to build trust within their communities from existing community-based organizations.
- Vaccine attitudes and beliefs which inform intent to vaccinate can change and differ among different vaccines. Messaging should be tailored to resonate with parents and adults to improve vaccine uptake.
- Creating a safe space for conversation is important, especially currently wherein the U.S. COVID-19 vaccination program includes some unlicensed vaccines authorized under emergency use conditions during a public health crisis.



Ref: Shen AK, Browne S, Srivastava T, et al. Trusted Sources and Health Messages: Findings from Focus Groups About Routine and COVID-19 Vaccines and Vaccinations. *Vaccine.* Under review.

Key Takeaway

When providing vaccine messages, **clear, detailed** and **relatable information** provided in a **safe environment** in partnership with a **trusted source** is central to informing decision making.

Know the elements of effective vaccine conversations

- Start from a place of empathy and understanding.
- Assume patients will want to be vaccinated but be prepared for questions.
- Give your strong recommendation.
- Address misinformation by sharing key facts.
- Listen to and respond to patient questions.
- Proactively explain side effects.

"I strongly recommend you get the xx vaccine…"

"…This shot is especially important for you because of your [job or underlying health condition]."

Evidence-Based Strategies

- Localize: offer tailored communication from trusted sources such as community representatives, healthcare providers, and local authorities that is culturally relevant and accessible in multiple languages (to address specific concerns about vaccination).
- Improve access: flexible delivery models and hours, outreach, transportation support, mobile drives to the city center – bring the vaccine to the community.
- Community engagement: Neighborhood-focused outreach. Work with community champions, youth ambassadors, faith leaders, and healthcare workers to raise knowledge and awareness on vaccinations; celebrate household members, friends, relatives, and role models being vaccinated; foster an approach of community immunity and helping others; and create locally developed action plans and a continuous, open, and transparent dialogue.
- Train those involved with engagement activities at a local level: use relevant educational materials (eg, eLearning modules) in presentations and communication skills training
- Effective interventions to reduce HCW vaccine hesitancy: educational campaigns, onsite vaccination and receipt of vaccine recommendations from trusted nursing staff

- Policy interventions: earlier slide provider perspective – also *improve insurance coverage, providers/pharmacists, payment, data sharing, communication, build trust,…*

Communication with hesitant families

- Be aware of cultural and emotional differences
- Recognize unique contexts (e.g., difficulties in accessing healthcare)
- Provide clear and up-to-date guidance
- Repeatedly check understanding
- Adjust styles for differing literacy, education, and language levels
- Have reliable, up-to-date, and accessible sources of information on hand
- Avoid using jargon and stigmatizing language
- Support equity by identifying and targeting vulnerable groups

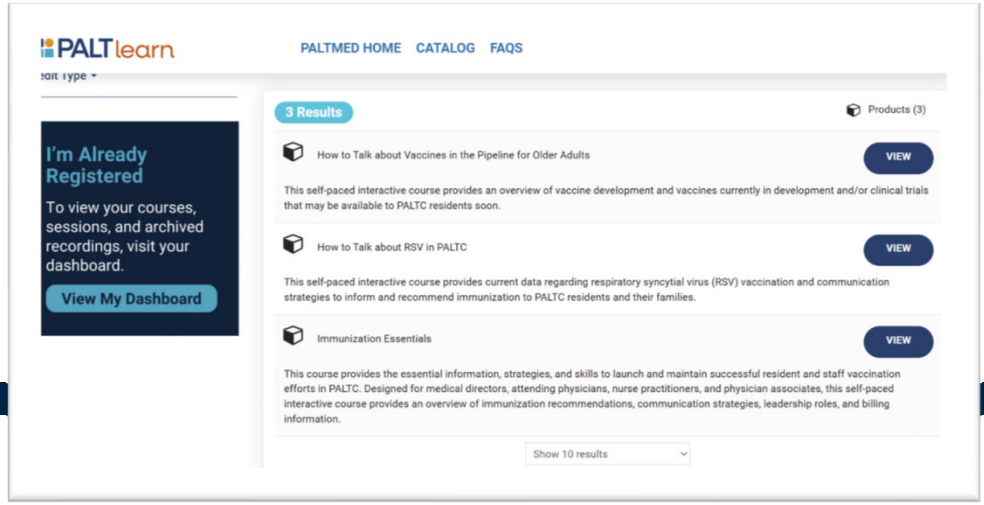
Responding to vaccine deniers – public v. private

- Key messages are meant to debunk misconceptions, equip general public with knowledge that counters arguments, sustain trust in health authorities and the immunization program
- https://www.euro.who.int/__data/assets/pdf_file/0005/315761/Vocal-vaccine-deniers-guidance-document.pdf

Resources

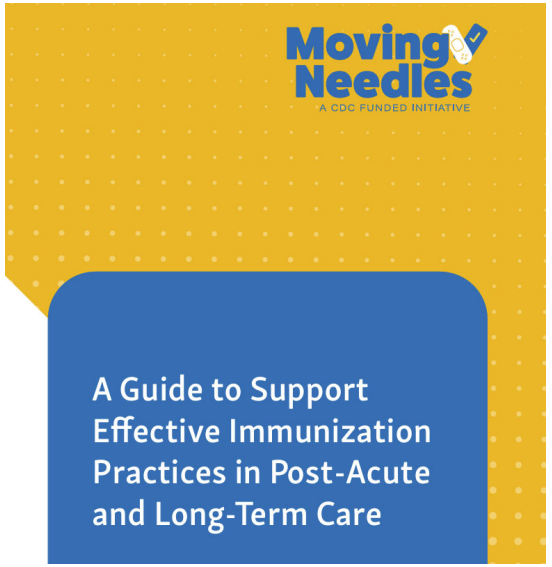
- CDC: https://www.cdc.gov/vaccines-adults/hcp/vaccination-guidelines/index.html
- National Vaccine Advisory Committee Adult Immunization Standards: https://www.cdc.gov/vaccines-adults/hcp/imz-standards/index.html

- PALTC: Moving Needles Project: Improving Immunizations in Long-Term Care Settings - https://movingneedles.org/
- PALTC: On-line Modules
  - Immunization Essentials
  - RSV
  - Adult Pipeline



Improving Adult Immunization Rates in Post-Acute and Long-Term Care Settings

- Frontline staff survey and in-service templates:
  - https://movingneedles.org/frontline-staff-survey-and-in-service/
- Fact sheets and videos for residents and staff:
  - https://movingneedles.org/educational-materials-tools/
- Guide to help facilities raise rates:
  - https://movingneedles.org/wp-content/uploads/2025/09/A-Guide-to-Support-Effective-Immunization-Practices-in-PALTC.pdf



Take Away

Healthcare providers are a trusted source of information

- Can influence local vaccination rates in individuals and the population
- Barriers for one community may be different for others; Same with motivation
- Mix of issues at play around communication, education, access,…that require deep community engagement
- 5 As (Thompson, et al) access (reach vaccinations), affordability, awareness (knowledge of) acceptance (accept, question, refuse), activation (nudged toward uptake)
  - Digital divide is a barrier
  - Requires deep collaboration
  - Personal experiences can be influential

A 6th A – accountability (work together to bring to the community)

WHAT HASN'T WORKED FOR YEARS

Historical efforts to address vaccine hesitancy

Vaccine confidence: trust in the provider, process, and product

- Information deficit model: Provide facts, correct misinformation in the hope of changing people's minds about vaccination.
  - For years, the paradigm was that simply by giving the right information, vaccine-hesitant people would change their minds and accept vaccination for themselves or their children, but this approach has not worked to address people's needs.

- Healthcare personnel need to explore new ways to build vaccine confidence, as vaccine hesitancy is on the rise, amplified by the pandemic.

ONE SIZE DOES NOT FIT ALL

Not just the facts – also attitudes leading to trusting and caring relationship with healthcare personnel, patients, parents

Deeply rooted reasons why people aren't being vaccinated, broader social context, psychology around changing health behavior. Not so much in older adults; however broadly.



Reminder

Do

- Take a guiding style
- Work with patient/family to build trust
- Explore doubts and interest in vaccination. Think from their perspective
- Take time to reflect on what caregiver/patient/resident is saying

Do Not s

- NOT – take a traditional directive argumentative style
- NOT – identify and solve problem for patient/family
- NOT – argue or debate with the client. Make it know you are there to listen to concerns
- NOT – rush through without listening

Thank you for the kind invitation to speak on this webinar

- You can find me here:

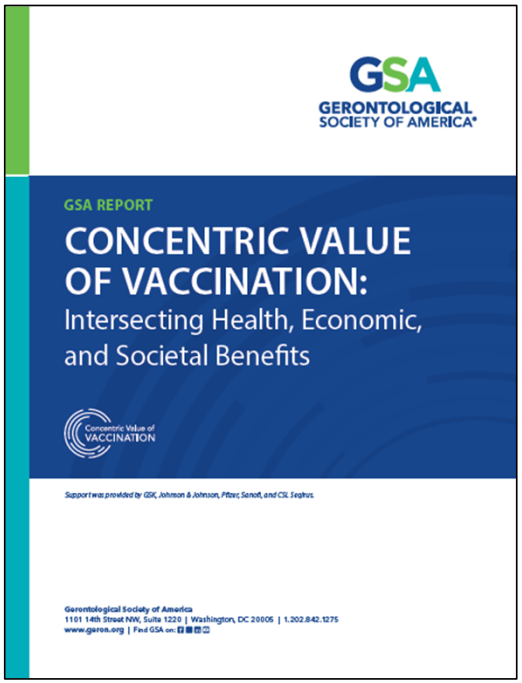
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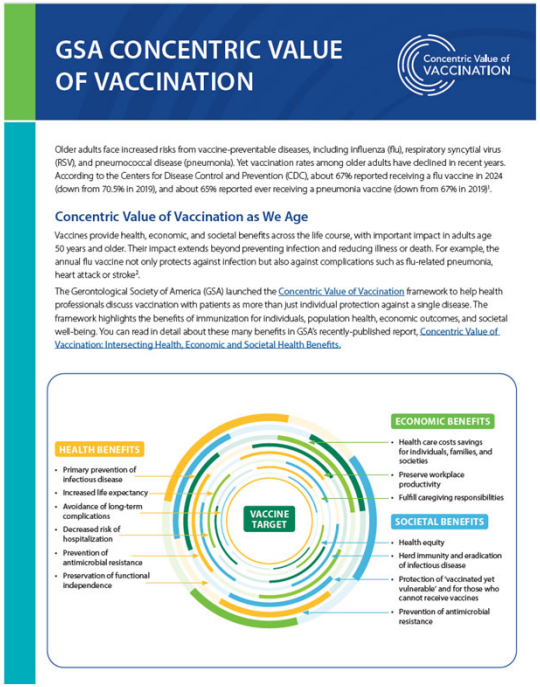


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