



Partnering to Build Trust and Confidence in Pediatric Vaccines

Discussion Questions for the AAMC/IPFCC Video Series

Introduction

The short videos in this 4-part series are intended to enhance understanding of ways to partner with families from diverse communities to build trust and confidence in pediatric vaccines. The series captures trusted “voices” within communities – doulas, cultural brokers, parents, and teens – who are meaningfully engaged, with health professionals, in developing and sharing information about pediatric vaccines and other health issues. These trusted voices address a broad timeline in pediatric care – from pregnancy and very early parenting, to decision-making for younger children and those with special needs, to teenagers who are ready to make their own decisions.

How to Use the Video Series

Bring together a small group of people who will have a role in planning vaccine outreach programs. Present the short summary of one or more of the videos. After watching the video or one of its parts, use the questions provided to begin discussion among participants.

[Video #1: Partnering to Build Trust and Confidence in Pediatric Vaccines: With a Doula Early in Parenting](#) (8:23)

LaToshia Rouse, a mother and certified doula, uses her own experience in partnering with pregnant clients and their families to emphasize the importance of engaging trusted “voices” in the community to address hesitancy about pediatric vaccines.

DISCUSSION QUESTIONS

Part 1:

- In the first part of the video, LaToshia emphasizes the importance of introducing the topic of pediatric vaccines early in parenting.
 - If doulas are part of your program, do they discuss pediatric vaccines with families?

- If you do not have doulas, who are other trusted voices who can introduce the topic of pediatric vaccines early in parenting?
- Could community health workers play this role?
- What are other ways to foster discussions about vaccines?
- How are doulas and community health workers building connections with other members of the health care team to ensure that the messages about pediatric vaccines are reinforced – that there is continuity in messaging?

Part 2:

- Building on LaToshia’s decisions as a mother shown at the end of the video, how can your program identify and engage families who could be role models and provide peer support and mentoring for decision-making related to pediatric vaccines?

[Video #2: Partnering to Build Trust and Confidence in Pediatric Vaccines: With Parents as Cultural Brokers and Community Health Workers](#) (8:03)

Dana Yarbrough, a family leader and the Director of the Center for Family Involvement at Virginia Commonwealth University, describes a vaccine awareness program where parents were fully engaged as both cultural brokers and community health workers.

Edgar Gamba, a father and cultural broker, originally from Colombia, talks about his collaboration in developing a vaccine awareness program for families of children with disabilities and the positive impact it had in the Latino community.

DISCUSSION QUESTIONS

Part 1:

- Dana emphasizes the importance of “localizing information” because different populations get information, including about health and health care, in different ways. For example, social media is very important for younger age groups but not necessarily for seniors. Therefore, it’s critically important to engage members of the community whom you are planning to reach in **both** (1) crafting messages about pediatric vaccines that make sense to the recipients and (2) determining how those messages can best be disseminated.
 - How could your program create a small work group to do this?
 - What segments of your patient population would you focus on first?
 - How would you identify and support patients and families to engage in the work group?

Part 2:

- Edgar is a cultural broker at the Center for Family Involvement. Because of his own understanding of the LatinX community, he helped “build bridges” to its members about vaccines. Cultural brokers can be considered a subset of community or lay health workers. How can your program strengthen its collaboration with CHWs in meaningful ways?
- Edgar, at the end of his video segment, reminds viewers that being part of the vaccine team gave him the opportunity to “give back” – i.e., that engagement is **mutually** beneficial. How can you identify members of the community, e.g., family members, who have had positive experiences with the healthcare system and would want to help others?

[Video #3, Part 1: Partnering to Build Trust and Confidence in Pediatric Vaccines: With Teens as Advisors for School-Based Clinics](#) (4:28)

Heidi Shreck, a pediatrician and medical director of two school-based clinics in Iowa, shares her experience of developing a Student Advisory Council and engaging them to design a program to build awareness among other students of the services offered by the clinics, including vaccines.

DISCUSSION QUESTIONS

- In Part 1, Heidi talks about the value of engaging patients and families – to provide better healthcare, to overcome mistrust, to empower people, including teens. She also shares their learning that “the community itself will have the answers to problems.” How might you use Heidi’s advice to help others understand the importance of engaging patients, including teens, and families to design and implement outreach programs about pediatric vaccines?

[Video #3, Part 2: Partnering to Build Trust and Confidence in Pediatric Vaccines: Creating a Youth Advisory Council \(YAC\)](#) (9:25)

- In Part 2, Heidi describes the creation and operation of the Student Advisory Council. In light of the importance of vaccines like HPV and meningitis B for the teen population, what are some ways that you might begin to engage teens themselves to help design and implement vaccine outreach programs for their age group? For example,
 - Organize a one-time focus group
 - Augment an existing advisory group with teen members
 - Create a Teen/Youth Advisory Group
- In the testimonials from the Student Advisory Council members, including Joselyn, that are shared in the video, we heard teens talk about helping to provide a better

experience for other teens – a powerful comment about **peer** support. What are different ways that your program could engage teens as peer mentors?

[Video #4: Partnering to Build Trust and Confidence in Pediatric Vaccines: Seeing Your Clinic from Patient and Family Perspectives](#) (5:27)

Leslie Jones Jackson, a mother and a patient and family advisor at the Medical University of South Carolina talks about her work as an advisor. She also shares the reasons why she and her husband had their children vaccinated as well as observations about how clinics can be welcoming to pediatric patients and their families.

DISCUSSION QUESTIONS

- Leslie shares compelling personal reasons why she and her husband want to have their young children vaccinated. How might your program capture similar parent-to-parent messages and incorporate them into your vaccine outreach initiatives?
- Building on Leslie’s description of a “welcoming” clinic, review the accompanying materials: (1) *Seeing Your Clinic from Patient and Family Perspectives: How to Conduct a Walk-About* and (2) *Welcoming and Supportive Clinics: A Checklist*.

Create a small work group including patients, families, staff, clinicians, and lay health workers, and conduct and debrief your own Walk-About. Plan feasible next steps to implement the suggestions for improvement that result. Additionally, discuss how your clinic can share information about pediatric vaccines that fosters mutually respectful conversations with families to promote individual and community health.

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