AMGA FOUNDATION

Vaccine Confidence: Perspectives Across Healthcare Settings

Independent Focus Group Insights on Vaccine Confidence

Focus Group Summary
February 20, 2026

Vaccine Confidence Focus Group Summary

Multiple sources agree: A strong healthcare provider recommendation is the best predictor of a patient getting vaccinated.[i–iv] Moreover, these recommendations are particularly effective when communicated concisely, consistently, and with confidence,[v] including the confidence of personal experience.

"Healthcare providers who are vaccinated are more likely to recommend vaccines to their patients, their family, and friends," said a focus group participant with experience in U.S. Medical Affairs

Yet achieving an effective vaccine recommendation has become increasingly complicated for healthcare providers in the United States. With new products and guidance in areas from respiratory syncytial virus (RSV) to human papillomavirus (HPV), patients and providers alike are navigating new information at an unprecedented scope and scale, with multiple and often competing, sources influencing knowledge, beliefs, and behaviors.

"At the end of the day, the patient in the room has to balance all of this information," the participant said.

When these data are misinformation or disinformation, communities decrease their potential to improve vaccine uptake and increase their risk of disease, especially among the most vulnerable.[vi] Meanwhile, evolving scientific knowledge too often leads to information overload and confusion. New data and hypotheses replacing the old "can be interpreted as uncertainty," the participant explained.

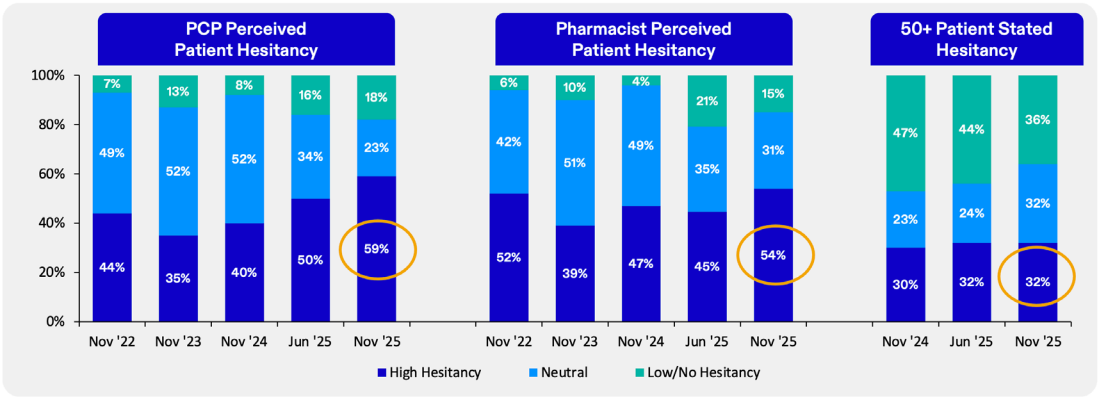
Such dynamics have led to "a hesitant middle" between those who embrace vaccines and the vaccine hostile, he declared, describing this group as patients who "generally accept and understand the value of vaccines but may have some questions or may want to purposely delay some vaccines because of concerns of crowding."

On the provider side, a number of factors hinder effective communication, including insufficient preparation and education (real and perceived), communication fatigue, and a busy workload. "We know that those discussions are going to consume time," the participant said.

Furthermore, he added, many providers overestimate the degree of vaccine hesitancy they'll encounter in these conversations.

Many healthcare providers overestimate patient vaccine hesitancy

This perception may exacerbate HCP reluctance to provide strong COVID-19 vaccine recommendations



PCP, Primary Care Provider; Source: Ipsos Syndicated Vaccines Study through Nov 2025 Methods: Online perceptual survey of approximately 150 PCPs, 100 pharmacists and 2000 patients in the U.S.

Illustrative discussion prompt based on participant perceptions; not a validated behavioral measure.

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"The provider may have an underlying expectation of conflict and rejection," the participant said. Such an expectation undermines confidence and can trigger protectiveness of the patient relationship as well. "To avoid anticipated damage, the communication might be made less assertively," he said.

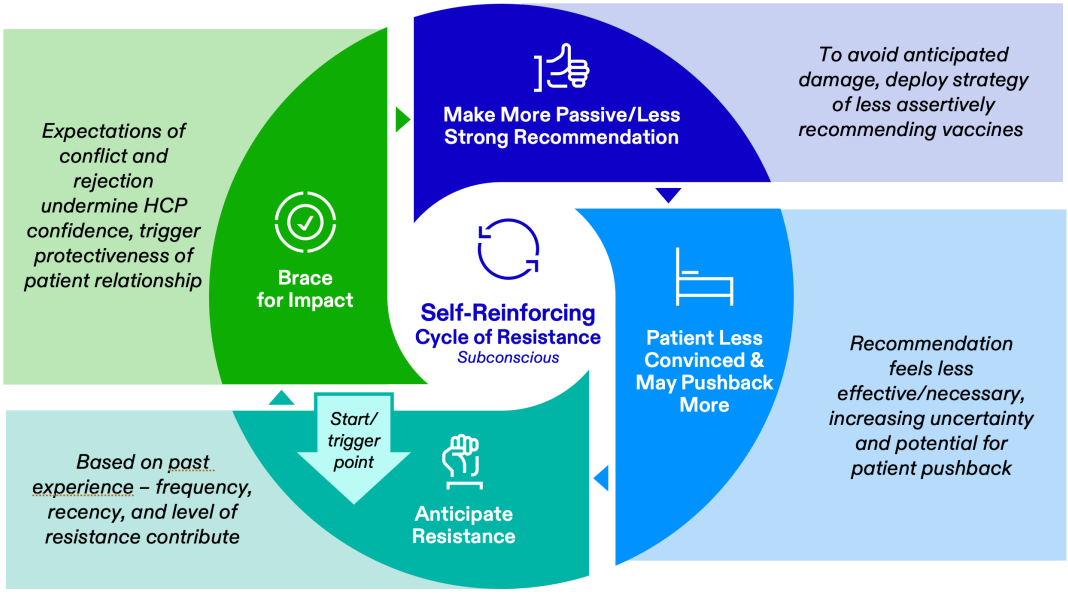
The end result? "A weak recommendation which might leave the patient less convinced."

"What are the primary vaccine confidence challenges happening today? Where are the biggest gaps within your organization?"

— Focus Group Moderator

With this overarching context in mind, the focus group moderator introduced the group discussion. The goal: identify the spectrum of vaccine confidence challenges across healthcare settings, patient populations, and community contexts, while sharing current approaches and their perceived impact and gathering perspectives to guide future programs. Focus group participants represented healthcare organizations nationwide and a wide range of backgrounds and roles, including population health, quality, pharmacy, ambulatory care, primary care, and information systems.

Anticipating resistance to vaccines may lead to a self-reinforcing cycle that can weaken a healthcare provider's recommendations



Galileo Research and Strategy Consultancy, Global Vaccine HCP Emotional Insights, Sept 2024

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A Multifaceted Picture of Vaccine Hesitancy

The first of two online polls during the focus group dramatically illustrated a rising trend. A full 84% of participants reported that patients and parents have been questioning or refusing routine vaccinations more frequently during the past 12 months. Roughly one in six (17%) indicated this increase to be "significant."[vii]

This trend is affecting how organizations talk about immunization. "Historically, our providers would do more of a hard sell," said a participant from Ochsner Health, which serves Louisiana, Mississippi, and the Gulf South. He explained that Ochsner's new approach is "more in line with smoking cessation," with a soft pitch made multiple times. "We're navigating patient autonomy, the local politics, and the public well-being."

Minnesota-based HealthPartners noted that "there are vaccine-interested people, there are vaccine-hesitant people, and there are vaccine-hostile people. And the vaccine-hostile people—there's no point."

Hesitancy varies across vaccine types. While Ochsner reported a positive reception for its RSV efforts, other immunizations have been encountering more resistance. A participant from HCA Healthcare mentioned a dip in flu and COVID shots, and another participant reported increasing refusal of HPV and hepatitis B vaccinations among Norton Medical Group's Hispanic and Latino populations.

Participants cited conversations—and disinformation—across social media. HealthPartners specifically mentioned the tactic of "calling hepatitis B an STI, which it is clearly not in the pediatric space, and the same thing with HPV." Multiple sources of evolving guidance complicate matters even more, he added, using conflicting guidance for the HPV vaccine—single dose vs. multiple shots—as an example.

UW Medicine participant talked about vaccine hesitancy among refugees and recent immigrants. "We're using mediators—people who share the same culture—to help navigate the conversation, and trying to train our teams more," she said of UW Medicine's efforts across the Pacific Northwest. "But it can be challenging to overcome that cultural difference."

Norton Medical Group noted an uptake of certain vaccines related to citizenship requirements while many agricultural workers in Norton Medical Group's coverage area have been afraid to visit practices for their recommended vaccines.

Flexibility for Children, Convenience for Adults

After an overall trend to consolidate pediatric vaccine schedules, aiming to "minimize the number of necessary sticks" for needle-shy children, "I've actually had to start decoupling agents for the first time in my career," a HealthPartners participant revealed.

"We're starting to take a stance of something is better than nothing," he explained.

If a parent prefers that their child receive just two of three recommended vaccines, for example, or "walk out the schedule" for a multi-shot series, "we want to be able to accommodate that," he said.

Conversely, vaccine consolidation might boost adoption among older patients, he suggested. "There has long been a hesitation to do coadministration of shots in the adult population. Both patients and clinicians have been hesitant. Yet as we introduce new vaccinations, there is more of an opportunity."

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Parental resistance has been a challenge at both organizations. Pediatric patients represent UW Medicine's biggest drop in vaccine completion, according to the UW Medicine participant. At Norton Medical Group, parents have been evading well-child visits. "We have a lot of savvy families who have figured out they can just come when their children are sick," Norton Medical Group remarked. "They're trying to avoid the vaccine conversation."

"School systems are mandating vaccines," she continued, "although I think it's just going to be a matter of time before families start figuring out that the public schools are not really adhering to that. They don't really have the bandwidth to enforce it."

On the positive side, Norton Medical Group shared, "We're having a lot of kids come in when they're 18 without a parent and getting those vaccinations."

Navigating Dynamic Guidance

Evolving recommendations and standards complicate every aspect of vaccine administration, from the materials used in patient and provider education to the back-end systems that track metrics, performance, and reimbursement.

A participant from HCA Healthcare, which covers 20 states, talked about EHR updates. "We've put some things in some workflows to meet these quality goals and measures," she said. "I think that's going to be sort of a challenge based on the guidance that we're getting or not really getting."

Participants also shared how they're guiding vaccine teams to the most effective recommendations, including which organizations to cite and how prescriptive any dictates should be.

"We've been reluctant to point them back to guidelines such as the American Academy of Pediatrics (AAP), because we never really mandated that they do X, Y, and Z before," said a participant from Baptist Memorial, which serves Arkansas, Mississippi, and Tennessee. "Are you letting each physician and each clinician do this themselves, or are you providing general guidance as a group?" he asked the other participants.

The second online poll asked which authorities participants found to be most effective when recommending vaccines. Professional medical organizations like the AAP and American Association of Family Physicians ranked at the top at 43%,[viii] as did personal experience and observation.

OARS Techniques Referenced by Participants During Discussion[ix]

- **Open-ended questions**

  "I understand you have some concerns about vaccines. Can you tell me about them?"

- **Affirming**

  "I appreciate that you are willing to have a conversation about vaccines with me today."

- **Reflective listening**

  "I can relate to what you are saying. There is so much conflicting information out there."

- **Summarizing**

  "So, I am hearing that you are concerned about the side effects of vaccines and fear you might experience a severe reaction."

During the discussion, participants shared what this looks like in practice. Some are leveraging resources from external organizations. UW Medicine publishes a web page referencing professional bodies like the AAP for the pediatric population, for example.

Others are charting their own path. “We rely on professional organizations and external bodies, of course, but we are trying to create our own internal schedules and documents so that we can be apolitical,” said a participant with Advocate Health, which covers six states across the Midwest and Southeast.

Norton Medical Group hasn’t mandated specific checklists or conversations, “but we have provided the education, the training, and tools,” Norton Medical Group noted. She shared that teams have reported success with pediatric patients, the standard vaccine schedule, and materials providers pre-vetted in advance.

As the online poll results revealed, sometimes the most trusted authority is personal. “We found that providers just sharing their experiences has been great,” a UW Medicine participant said. Participants referenced motivational interviewing techniques as examples of approaches discussed within their organizations; inclusion here is descriptive, not directive.

Educating, Facilitating, and Documenting

UW Medicine has been supplementing at-visit conversations with a host of other educational tactics.

“We’ve taken to sending out patient engagement emails to try to share more on why they should get their vaccines,” UW Medicine noted. “And we’re working with our communications team to try to put out messaging on social media and on our websites about patients who want to share their own experience of vaccination.”

According to a participant from HealthPartners, getting the message across will require tackling the political divide head-on.

Participants discussed the importance of trusted messengers across diverse community contexts. “People like seeing people who represent them.”

A participant from Norton Medical Group talked about enhancing both communications and access with “clinics specifically in neighborhoods we know a lot of the language is primarily not English.”

Access has also been a priority at Advocate Health, so the plans of a vaccine-receptive patient aren’t derailed by a busy provider’s schedule or a lack of convenient appointment times, the participant said. “We want to make sure our patients can get in and get the shots when they’re actively seeking.”

Throughout, participants talked about the importance of data, understanding the landscape, tracking progress, and getting leadership buy-in and support.

Norton Medical Group has implemented workflows in Epic for signed vaccine refusal forms, as well as banners that pop up across the EMR that flag under-vaccinated patients. UW Medicine is working on a questionnaire in Epic to gather similar data, efforts that the participant called “a work in progress.”

“We’re able to track metrics of who have gotten the childhood immunizations, who has not, and things like that, but actually getting the data on the vaccine hesitancy has been challenging,” she said. “It’s mostly been anecdotal from our providers.”

HCA Healthcare participant shared similar challenges tracking vaccine declination and hesitancy—and emphasized the importance of such data to HCA Healthcare's wider vaccination ecosystem. "We've been working really hard to submit information for our state registries."

Battling Communication and Change Fatigue

Constantly evolving product offerings, guidelines, and public sentiment have been wearing vaccination staff down.

"Communication fatigue is no joke," Advocate Health declared, noting the impact on care team education. "There are just so many things coming out from everywhere that I think it just goes one ear and out the other."

Clinicians and nurses are particularly challenged by "all the different information in the media," she said. She specifically called out the frustrations of information sources that conflict and links on webpages that aren't updated in a timely manner.

HealthPartners reported that this has been the first year they've seen vaccine hesitancy "and maybe even hostility in the adult clinician space." He cited the influx of new options and guidance related to pneumococcal, adult RSV, and shingles vaccination. "The clinicians are saying this is too much."

A Norton Medical Group participant said she's seen colleagues be skeptical of tools intended to support them.

"I think there's a fear that something changed in the EMR and they didn't get the information, or that we're going to change something in the EMR," she remarked. "We use care gaps in our EHR, and it did take some time to get the trust in that, that when it was recommending certain vaccines, that it was accurate and correct."

Making the Workflows and Incentives Work

At the same time, organizations have been leveraging technology to make their vaccination programs more efficient.

Advocate Health leverages Epic as its medical record, with standing orders via its Health Maintenance topic. "We want to support our providers when they are actively trying to vaccinate our patients and also make it easy for our staff and patients and parents that are seeking vaccinations," the Advocate Health participant said.

Yet participants also pointed out that talking to increasingly hesitant patients about the benefits of vaccination takes time—and runs counter to incentives that prioritize efficiency and smooth conversations.

"It is very challenging to say, 'I want you to spend 15-20 minutes to talk about vaccines' when that is going to hit your productivity, and you have productivity mandates," noted HealthPartners. "Then likewise, if you push too hard in the vaccine space and you get a poor patient experience score."

Norton Medical Group participant said that providers, who are also measured on productivity and patient experience, share similar challenges. "We have seen our patient experience team and our marketing teams having to really spend a lot more time dealing with negative online reviews and social media blasts if a provider even brings up a conversation around vaccines and the family is not open to it," she said.

All of these efforts—patient satisfaction, efficiency, metrics—contribute to the feasibility and sustainability of vaccine programs in the first place. Baptist Medical Group participant reminded the group of this critical underlying factor.

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"For me, one of the biggest things is just confidence that the insurance companies are going to continue to reimburse for a vaccine," he said.

"If they start to waiver," he said, "that's going to be a huge domino effect where our providers will stop giving it, we'll stop stocking it, and patients won't get it at all."

This summary reflects qualitative discussion among focus group participants and is provided for informational purposes only. It does not constitute clinical, medical, or promotional guidance, nor does it recommend any specific product, vaccine, or course of action.

References

i Badur S et al. Human Vaccines & Immunotherapeutics, 2020. 16:5, 1007-1017; Vaccine confidence: the keys to restoring trust – PubMed accessed 8/5/25

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iii Tenforde et al. Ann Int Med 2023. Communicating the Value of Influenza Vaccines to Patients: Translating Vaccine Effectiveness to Acceptance | Annals of Internal Medicine (accessed 8/5/2025)

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v Home – Unity Consortium (www.unity4teenvax.org) accessed 8/5/2025

vi United Nations Children's Fund. Vaccine Misinformation Management Field Guide. New York, 2020 VACCINEMISINFORMATIONFIELDGUIDE_eng.pdf (publichealthcollaborative.org) Accessed 8/4/2025

vii Based on a qualitative focus group of healthcare system representatives (n = 7). Findings are directional and not generalizable.

viii *Qualitative polling conducted during moderated discussion; results reflect participant perceptions at a single point in time.*

ix Zolezzi, M., Paravattil B., El0Gaili T., Using Motivational interviewing techniques to inform decision-making for COVID-19 vaccination, Dec 2021, International Journal of Clinical Pharmacy, vol 43:6, Using motivational interviewing techniques to inform decision-making for COVID-19 vaccination. Accessed 8/5/2025

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