Theater for Vaccine Hesitancy—Setting the Stage for Difficult Conversations

John P. Cullen, PhD; Savanah Russ, MPH; Holly Ann Russell, MD, MS

With almost one-quarter of Americans unwilling to get immunized with available COVID-19 vaccines,1 vaccine hesitancy remains a substantial obstacle to controlling the coronavirus pandemic. This essay describes our experience with a Theater for Vaccine Hesitancy training program that uses improvisational theater techniques to help health care workers have collaborative conversations with unvaccinated patients about the benefits of COVID-19 vaccination.

The program had 2 precedents. One of us (J.P.C.) had previously trained in the methods of Forum Theater, one of the components of “Theater of the Oppressed”—a style of improvisational theater developed in the 1970s by social theorist Augusto Boal to catalyze critical dialogue, explore alternative solutions to challenging social situations, and advance social justice—to teach health care workers appropriate, authentic, and respectful responses to patient expressions of bias in clinical encounters.2,3 In 2021 the Centers for Disease Control and Prevention and the University of Rochester funded a 16-month Finger Lakes Rural Immunization Initiative (FLRII) that supported efforts of medical center faculty, health project coordinators, and graduate students to address low vaccination rates in rural areas. With underuse of COVID-19 vaccines a substantial public health problem, we adapted the theater methods we had used in medical education to try to help regional health care staff navigate potentially challenging conversations about vaccination with vaccine-hesitant patients.

Each training session is framed as a 60-minute workshop comprising a didactic component (titled The Science of Motivation), an improvisational theater component (Difficult Conversations), and an interactive improvisational follow-up component (Changing the Conversation) (eFigure in the Supplement). The session begins with a review of the components of “Theater of the Oppressed”—a style of improvisational theater developed in the 1970s by social theorist Augusto Boal to catalyze critical dialogue, explore alternative solutions to challenging social situations, and advance social justice—to teach health care workers appropriate, authentic, and respectful responses to patient expressions of bias in clinical encounters.2,3 In 2021 the Centers for Disease Control and Prevention and the University of Rochester funded a 16-month Finger Lakes Rural Immunization Initiative (FLRII) that supported efforts of medical center faculty, health project coordinators, and graduate students to address low vaccination rates in rural areas. With underuse of COVID-19 vaccines a substantial public health problem, we adapted the theater methods we had used in medical education to try to help regional health care staff navigate potentially challenging conversations about vaccination with vaccine-hesitant patients.

Supplemental content

Study Questions

1. What is vaccine hesitancy?
2. What are the components of the Theater of the Oppressed?
3. How does the session begin?

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The program was launched within our local health care systems for clinical personnel and then expanded and offered to health care workers, first responders, and staff in CBOs in surrounding rural counties, recruited via peer or personal emails and word of mouth (eTable 1 in the Supplement). Between November 2021 and April 2022, we conducted 6 sessions with 78 attendees (median attendance, 12.5; IQR, 2.8-24), comprising 5 online and 1 hybrid online or in-person sessions; 1 was incorporated into routine family medicine resident didactic sessions and an additional 10 sessions are planned until funding ends in September 2022.

In survey measures sent to 46 participants to date (eAppendix in the Supplement), 79% (33 of 42 respondents) endorsed feeling more confident when discussing vaccines with their patients after engagement with the intervention, 45% (19 of 42 respondents) judged that patients they had spoken to were more likely to get vaccinated according to their change of 42 respondents) judged that patients they had spoken to worried about the vaccine and mask thing."

"I just feel like the government wants to track people and control people with this whole vaccine and mask thing.""Yes, it's tough to do anything when we feel like our freedom or liberty is under attack. Why do you think that doctors are telling people [to] get vaccinated? Doctors aren't government employees.""

"I've [heard of] serious side effects like people getting really sick even heart inflammation.""You could say that about any vaccine. Nothing we do is 100% perfect. My finf shot hurt my arm more than my COVID vaccine [did]. I know there is a lot of mistrust of the CDC and the FDA, but who I trust are my colleagues that I work with every day.""

"Yeah, I trust my doctor more than anybody from the CDC and FDA.""Absolutely, and as your doctor I want to partner with you to make a plan on how to respond to this situation.""

"What about the side effects after you were boosted? I've heard that people can get more sick with every shot!""It does vary from person to person, but side effects are uncommon. Sleep is really important to me, and I had a fever one night so I treated it with ibuprofen and it was manageable.""

"I don't want [COVID] to get in my body and mess with me. I don't want it to change my DNA."

"Yes, I'm curious, where have you been getting your information from? Or is there anything I can help share with you in terms of the information that I have about the vaccine?"

a Scripted, based on previous health care worker and CBO staff interviews to identify real-world social and behavioral drivers of patient vaccine hesitancy.
b Based on qualitative analysis of transcripts from Theater for Vaccine Hesitancy workshops.

As the next phases of the global pandemic arrive and new ones may be on the horizon, addressing vaccine hesitancy will be a continuing challenge. This combination of improvisational theater techniques from the social justice movement grounded in evidenced-based motivational theory may help change vaccine-hesitant conversations, lighten the burden on health care providers, and improve the public's health.

### Table. Examples of Helpful Improvisational Responses in Vaccine-Hesitant Conversations

<table>
<thead>
<tr>
<th>Vaccine-hesitant statements</th>
<th>Improvisational responses</th>
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<td>&quot;I feel like the government’s recommendations don’t make sense. They are relaxing mask mandates, but also recommending we get vaccinated and boosted. So is COVID not a problem anymore or what?&quot;</td>
<td>&quot;Yes, the guidance does change often with new variants and boosters. I understand there have been a lot of changes.&quot;</td>
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The study described in this essay was approved by the Research Subjects Review Board (RSRB) of the University of Rochester Medical Center as exempt human subjects research (RSRB protocol 0000712).