Co-funded by the Erasmus+ Programme of the European Union

Erasmus + VET Strategic Partnerships

Project ID: 2021-1-RO01-KA220-VET-000033055

Pro Vac

Promoting Vaccination

IENE 11

Empowering Nurses and Healthcare Professionals to Promote Vaccination and Tackle Vaccine Hesitancy-*PROVAC*

RESULT 2.1: COMPETENCES FRAMEWORK

2021-1-RO01-KA220-VET-000033055

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Contents

1. Introduction

This product is part of the Result ID 2 of the Project "IENE 11 Empowering nurses and healthcare professionals to promote vaccination and tackle vaccine hesitancy (PROVAC)".

The leading organization for this Result ID is Cyprus University of Technology (CUT). Under the coordination of CUT, partners adapted the PPT/IENE Model and define the competences framework, which form the development of the training curriculum. Using the Delphi method, a panel of experts from all partner countries identified the key constructs/statements used for the description of the competences. Methodology and results are described in this document.

2. Methodology

The methodology included: a) national (CY, EL, ES, RO) and international literature review (as reported in Result ID 1 (https://iene11.eu/project/results/) and a b) Delphi study.

2.1. Delphi Method - Development of the statements

The development of the statements that were included in the Delphi study was based on the international and partners' national literature reviews on four thematic areas: a) Policies, Strategies and legislation related to vaccination and immunization programmes b) Information on vaccine and vaccination, c) Behaviour and attitudes towards vaccination, d) Interventions to promote vaccination and tackling of vaccine hesitancy (Result1). The Delphi study consisted of two rounds.

2.2. Delphi Study – Round 1

For Delphi study round 1 (Annex I), statements were developed upon discussion of the consortium, and distributed accordingly in four main stages based on the PPT model (Papadopoulos, Tilki and Taylor 1998, Papadopoulos 2006) and the Papadopoulos Compassionate Care Model (Papadopoulos 2014).

- The first stage 'Cultural Awareness' included 17 statements.
- The second stage 'Cultural Knowledge', included 16 statements.

- The third stage 'Cultural sensitivity', included 12 statements.
- The fourth stage 'cultural competence' included 13 statements.

Following agreement with partners, the final document of Delphi study round 1 was sent to the experts (6 from Spain, 6 from Cyprus, 6 from Romania and 5 from Greece).

Experts, were requested to report their expert opinion regarding which of the statements are the most important and should be included in the curriculum content/model. They were able to do so, by prioritizing the statements based on their importance, and guided by the following questions: A) Is the statement a useful indicator of culturally vaccination awareness or culturally vaccination knowledge or culturally vaccination sensitivity or culturally vaccination competent as defined above? B) Is the statement clear enough as to keep ambiguity to the minimum? C) Does the list of statements in each section contain both universal relevant indicators (vaccination, vaccination hesitancy etc) and/or culture specific/related statements about vaccination and vaccination hesitancy?

They were also invited to offer their own statements, if they wanted, based on their expertise, to be added into the next round for rating. Additionally, they were asked to reflect on the statements' clarity, and on which statements should be omitted and for what reason.

2.3. Results of the Delphi Study – Round 1

Twenty-one (21) out of twenty-three (23) experts replied on Delphi study Round 1.

The results were analysed as for each statements' mean score, as to identify the statements which considered most important (Annex II). Additionally, the percentages of the statements rated on the three first places and the three last places on each stage, were calculated. This was done in order to check for major disagreements among each statement. Based on this analysis, it was decided to forward onto Delphi study Round 2, the statements which:

- Had a mean score close or lower than the 50% of the highest.
- To include at least the 50% of the total number of statements in each of the four stages.
- To further include any statements that based on the percentages of the lowest and highest rankings, indicated great disagreement.

Additionally, based on the qualitative analysis reflected by the experts' comments and suggestions, some items were either combined or rephrased.

This strategy was decided, as it was considered that based on the experts' opinions all of these items were suitable for further development.

2.3.1 "Cultural Awareness" section analysis

- ✓ Total number of statements = 17
- ✓ Total number of statements forwarded to round 2 = 9
- ✓ 8 statements (5,2,3,1,14,11,12,13) had a mean score up to 8.67
- ✓ 1 statement (4) had a mean score 8.95, but *7 experts ranked it within the 3 first places and 8 experts on the last 3 places*, so it is forwarded to the next round

2.3.2 "Cultural Knowledge" section analysis

- ✓ Total number of statements = 16
- ✓ Total number of statements forwarded to round 2 = 7
- ✓ The 7 selected statements (6,7,11,13,3,9,12) had a mean score up to 8.10

2.3.3 "Cultural Sensitivity" section analysis

- ✓ Total number of statements = 12
- ✓ Total number of statements forwarded to round 2 = 8
- ✓ The 8 selected statements (11,1,8,6,12,7,5,4) had a mean score up to 6.29

2.3.4 "Cultural Competence" section analysis

- ✓ Total number of statements = 13
- ✓ Total number of statements forwarded to round 2 = 9
- ✓ 6 statements (6,10,1,7,11,4) had a mean score up to 6.33
- ✓ 3 statement (3,8,2) had a mean score between 7.19 – 7.55, but *a number of experts ranked them both within the 3 first places and the last 3 places*, so they are forwarded to the next round.

Therefore, **the number of statements that were selected to be forwarded to Round 2 were**:

- 'Cultural Awareness' 8 out of 17 statements.
- 'Cultural Knowledge', 7 out of 16 statements.
- 'Cultural Sensitivity', 8 out of 12 statements.
- 'Cultural Competence' 6 out of 13 statements.

2.4. Delphi Study – Round 2

The sections of Delphi study round 2 (Annex III) were modified based on the comments and analysis of round 1 results:

- 'Cultural Awareness' (8 statements)
- 'Cultural Knowledge' (7 statements)
- 'Cultural sensitivity' (8 statements)
- 'Cultural Competence' (6 Statements)

In agreement by the partners, the final document of Delphi study round 2 was send back to the 21 experts, who replied on Round 1 (Spain=6, Greece=5, Romania=6, Cyprus=5).
Experts were requested to report their expert opinion regarding which of the statements listed are the most important and should be included in the curriculum content/model. They were also informed that some statements from Round one has been deleted or revised according to the opinion of the group of experts that they are participating. For Delphi study round 2 they had to rate all the statements using the Likert 5 scale.

They were also asked to assess if needed, the value of each statement, by considering the following questions:

1) Is the statement a useful indicator of culturally vaccination awareness or culturally vaccination knowledge or culturally vaccination sensitivity or culturally vaccination competent as defined above?

2) Is the statement clear enough as to keep ambiguity to the minimum?

3) Does the list of statements in each section contain both universal relevant indicators (vaccination, vaccination hesitancy etc) and/or culture specific/related statements about vaccination and vaccination hesitancy?

2.5. Results of the Delphi Study – Round 2

Twenty (20) out of twenty-one (21) experts replied on Delphi study – Round 2.

The results were analysed as for each statements' mean score, range and median (Annex IV).

Based on the analysis, results show that all statements received high scores. Nearly all statements had a mean score above 4, which indicates that all statements included in the Delphi study were of high importance.

Therefore, it was decided to select 5 statements from each category, based mainly on their mean score, but also, if they demonstrated consistency regarding range (above 3) and high median score (between 4 and 5).

2.5.1. Rating of the Final items selected in each section:

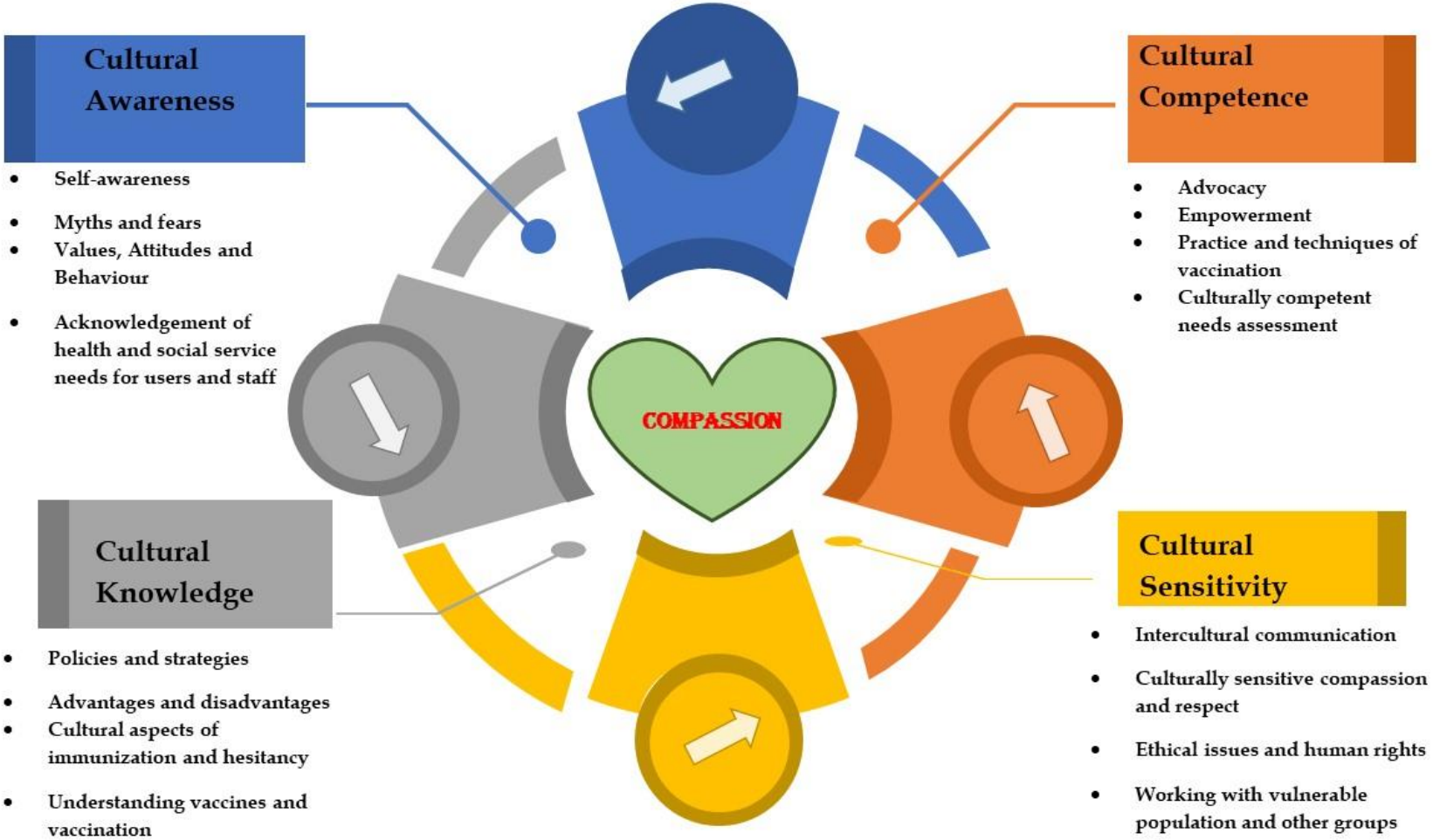
- ***'Cultural Awareness'*** - 5 statements, with Mean Score between 4,4-4,9 out of 5, Range between 3 and 5, and Median 5.
- ***'Cultural Knowledge'*** - 5 statements, with Mean Score between 4,55-4,85 out of 5, Range between 3 and 5, and Median 5.
- ***'Cultural sensitivity'*** - 5 statements, with Mean Score between 4,1-4,8 out of 5, Range between 3 and 5, and Median 4 or 5.

- ***'Cultural Competence'*** - 5 statements, with Mean Score between 4,55-4,8 out of 5, Range between 3 and 5, and Median 5.

Therefore, according to the experts' judgments, all of these items and the value that they expressed, are suitable to be included in the model.

The training curriculum 2.2 will guide the creation of the Bite sized Learning Units (Result 3) and the training methodology of the training course (Result 4).

3. IENE 11- Promoting Vaccination and Tackling Vaccination Hesitancy -PROVAC - Culturally Competent Training Model



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Erasmus + VET Strategic Partnerships

Project ID: 2021-1-RO01-KA220-VET-000033055

Empowering nurses and healthcare professionals to promote vaccination and tackle vaccine hesitancy-*PROVAC (IENE11)*

Delphi study: Developing a training curriculum for health professionals to promote vaccination, tackle vaccine hesitancy and improve vaccine confidence to people that are more hesitant

IDEL

Round 1

Thank you for agreeing to participate as an expert in this Delphi study which aims to help in identifying the needs of health professionals to promote vaccination and tackle vaccine hesitancy for developing a training curriculum.

We aim to develop the training curriculum and content map based on Papadopoulos (2014) model of culturally competent compassion which is composed of four key constructs:

1. Cultural Awareness (CA)
2. Cultural Knowledge (CK)
3. Cultural Sensitivity (CS)
4. Cultural Competence (CC)

(https://www.youtube.com/watch?v=zjKzO94TevA)

In this project we define:

Cultural awareness: The degree of awareness we have about our own cultural background and cultural identity. This helps us to understand the importance of our cultural heritage and that of others and makes us appreciate the dangers of ethnocentricity.

Cultural Competence: The capacity to provide effective healthcare taking into consideration people's cultural beliefs, behaviours, and needs. Cultural competence is the synthesis of a lot of knowledge and skills which we acquire during our personal and professional lives and to which we are constantly adding.

Cultural Knowledge: It derives from a number of disciplines such as anthropology, sociology, psychology, biology, nursing, medicine, and the arts, and can be gained in a number of ways. Meaningful contact with people from different ethnic groups can enhance knowledge around their health beliefs and behaviours as well as raise understanding around the problems they face.

Cultural Sensitivity: Cultural sensitivity entails the crucial development of appropriate interpersonal relationships with our clients. An important element in achieving cultural sensitivity is how professionals view people in their care. Unless clients are considered as true partners, culturally sensitive care is not being achieved (Papadopoulos, 2006).

This Delphi first round requests that you report your expert opinion regarding which of the statements listed below are the most important and should be included in the curriculum content/model. These statements have been identified, firstly, through the relevant international and partners' national (CY, EL, ES, RO) literature review and development of statements, upon discussion of the consortium.
This Delphi round is the first of up to two rounds. **Please rate all the statements.** You will have the opportunity to revise your rating in round 2. In this first round, we also **invite you to offer your own statements**, if you want, based on your expertise, which will be added into the next round for rating.
We would like to express our sincere gratitude for agreeing to participate in this Delphi study.

Below is a list of **statements** reflecting the existing literature on promoting vaccination and related to vaccination hesitancy. The statements are divided into the following four main groups: **Culturally Vaccination Awareness (CA), Culturally Vaccination Knowledge (CK), Culturally Vaccination Sensitivity (CS), Culturally Vaccination Competence (CC).**
The statements in each group are numbered as follows:
CA……1- 17, CK …….. 1- 16, CS…… 1- 12, CC…… 1- 13
Please rate each statement according to how you rate its importance.
For example, if you believe that this statement in the CA group **"No 4 -** *Vaccines should be mandatory among infant and child population***"** is your top priority then **you write "1"** in the column titled "Priority Number".
You then identify the statement you consider as your second priority and mark "2" in the column "Priority Number". You continue until you rank all 17 statements in the CA group. You follow the same procedure to rank the statements in CK, CS, CC.

The following questions might help your assessment of the value of each statement:

- Is the statement a useful indicator of culturally vaccination awareness or culturally vaccination knowledge or culturally vaccination sensitivity or culturally vaccination competent as defined above?
- Is the statement clear enough as to keep ambiguity to the minimum?
- Does the list of statements in each section contain both universal relevant indicators (vaccination, vaccination hesitancy etc) and/or culture specific/related statements about vaccination and vaccination hesitancy?

CULTURAL AWARENESS		
	Priority Number	**Comments**
1. A health professional that has self-awareness he/she should promote vaccination.		
2. Vaccination hesitance is a threat to public health.		
3. Vaccines contribute to the decline of morbidity and mortality in regards to various infectious diseases.		
4. Vaccines should be mandatory among infant and child population.		
5. A well-organized and evidence-based vaccination program for children and adults is a key element for public health in a national health system.		
6. The reinforcement of mandatory vaccination laws in some European countries (e.g. Italy and France) led to an increase in vaccination coverage.		
7. People's hesitancy and refusal of the vaccines are attributed to fear driven by possible side-effects of the vaccines.		
8. Anti-vaccination attitudes, include conspiracy theories and/or mistrust for scientists and governments.		
9. Anti-vaccination attitudes and hesitance is influenced by the freedom of choice and/or cultural beliefs.		
10. Concerns about the COVID-19 vaccine includes its speed production and that side-effects are not well known.		
11. An individual's concerns in regards to vaccination are shaped by his/her culture, religion, socioeconomic status and the sources of information they have access to.		
12. Misinformation, complex information, conflicting and changing guidance, overwhelming amounts of material and contradiction of information between different information sources contribute to a lack of trust, confusion and ultimately to vaccine hesitancy.		
13. Policy makers and public health officials must recognize and respect diverse social and cultural perspectives toward immunization policies, to help support their acceptance.		
14. The World Health Organization (WHO) ranks vaccine reluctance or refusal as one of the top 10 threats to global health.		
15. The involvement of primary care in the COVID-19 vaccination campaign has been uneven across countries.		
16. Pregnant women have concerns on vaccine safety and effectiveness.		
17. A main concern regarding vaccination among those of reproductive age is its potential adverse effect on fertility and miscarriages.		
CULTURAL KNOWLEDGE		
	Priority Number	**Comments**
1. Some people believe that vaccines can cause diseases.		
2. Vaccine hesitancy is the delay in acceptance or refusal of vaccination when vaccination services are available. It is characterized by uncertainty and ambivalence and is a legitimate response to fears of safety, concerns about the efficacy of the vaccine and issues of mistrust towards formal services.		
3. Vaccination is the inalienable right of every individual to protect himself/herself from infectious diseases and no one		

can exclude a child/infant from the vaccination scheme unless there are serious contraindications.		
4. Vaccination rates remain lower in minority ethnic groups, including younger age groups.		
5. It is better to get sick, than to get vaccinated.		
6. Health professionals are essential advocates for the population's vaccination decisions.		
7. Vaccination protects individuals who have been vaccinated and those around them who are vulnerable to disease.		
8. Representatives of religious communities may be one of the key influencers to address concerns regards to vaccine hesitancy and public health.		
9. Governments need to acknowledge and monitor inequity in immunization and tailor communication approaches to the needs of diverse communities.		
10. Within most anti-vaccine subcultures, suspicions are rooted in what – in general – one may call spiritual, magical or extra-rational thinking and experience.		
11. Accessibility and free vaccines are a good practice for health systems in promoting vaccination.		
12. The adverse effects of vaccines are clearly inferior to their individual and collective benefits.		
13. Vaccines are one of the most important health interventions that has prevented many illnesses and deaths.		
14. Health professionals should take into consideration that health/vaccine literacy of people, precludes differentiation between reliable scientific news and pseudoscience or unscientific claims.		
15. There is no evidence that vaccines can cause autism nor that are toxic.		
16. Effective surveillance is needed to identify under-vaccinated populations and to improve their vaccination uptake.		
CULTURAL SENSITIVITY		
	Priority Number	**Comments**
1. The willingness to get vaccinated is related to one's sense of collective responsibility for the "greater good".		
2. To maximize the effectiveness of a vaccination programme, health professionals need to understand reasons for disparities, as to support diverse communities and develop effective public health messaging strategies.		
3. Health professionals need support in improving and implementingeffective communication.		
4. Health care organizations can appoint community engagement leaders as to help understand community's culture (e.g. how communities are organised, who are the key influencers/leaders etc.).		
5. Religion may influence some health professionals in the way they conduct their role in regards to vaccination.		
6. The personal credibility of health professionals and their trusting relationships with patients/clients, place them in a unique position to help them understand the benefits of vaccination.		
7. Health professionals need to understand patients/client needs and concerns in regards to vaccination.		
8. Some people express ethical dilemmas associated with using human tissue cells or any animal tissue to create vaccines.		

9. Minority populations, are more compliant to healthcare regulations related to vaccination, when explained/supported by a provider of their own culture or community.		
10. More information about the vaccine, including information about the effectiveness, side-effects, components etc., are some factors that may reduce hesitancy and increase acceptance.		
11. Time to listen, empathy and transmission of adequate information are key elements in a vaccine counseling visit.		
12. Messages on vaccination are more well accepted when they are clear, credible, adjusted to community needs and are culturally and linguistically appropriate.		
CULTURAL COMPETENCE		
	Priority Number	**Comments**
1. Health care organizations are responsible to protect patients/clients and their staff by promoting vaccination.		
2. People's doubts about vaccine safety is an influencing factor of vaccine hesitancy.		
3. Promoting legitimate information via trusted networks (such as leaders, teachers) can minimize vaccination hesitancy.		
4. Health professionals should respond to patients'/clients' vulnerabilities with understanding, sensitivity, and appropriate action.		
5. Innovations in service delivery, such as translated health advice using online platforms that translate resources and provide language specific advice, and use of multiple communication channels such as text, email, posters in local community hubs, may overcome obstacles (e.g. accessibility, misconceptions).		
6. Health professionals should be competent to provide accurate information in a culturally relevant and sensitive manner.		
7. Health professionals should be trained and practiced according to national guidelines in regards to vaccination policies and procedures.		
8. Culturally competent communication is important to break down the barriers to vaccine uptake.		
9. Monitoring social media and websites of groups and communities that represent vaccine hesitant and skeptical views, enables ongoing monitoring and early identification of potential changes in beliefs and the development of new determinants of vaccination refusals.		
10. Health professionals should develop well-structured strategies with community participation as the main axis to promote vaccination.		
11. Approaches combining education, access and culturally competent discussions with health professionals can maximize the impact of vaccination policies.		
12. Barriers such as language, fear of deportation and limited access limits migrants' access to vaccines.		
13. Vaccine uptake in vulnerable communities may be promoted by involving trusted, culturally competent community-based organizations and local sociocultural processes.		

If we had to limit the number of statements, which ones would you choose to omit?
Please indicate here the number of the statement and the group in which this belongs, in this way: *e.g. Cultural Awareness (statement 18 is the same as statement 1)*
Statement No ……..

Also, a space is provided for you to briefly explain the reason for your ranking if you wish. This additional information is optional, but it could help us understand the reasons some statements are valued over others.

e.g. Statement No ……CA18……

Reason: "...As I explained in the comment section of this item, I can't see the meaning of this statement. It should be rephrased or omitted…"

Statement No ……..

Reason: _____

Add more if you wish.
If you have **any further suggestions for statements** that you believe should be included please list below, giving reasons why you believe these are important (optional):

_____
_____
_____

END OF DELPHI ROUND 1
Thank you for your time and input!
The structure of this document is based on that used by the COMMUNAID project (https://lahers.hmu.gr/commun-aid-en/)

ANNEX II – Delphi Study Round 1 – Analysis of the results

Erasmus + VET Strategic Partnerships

Project ID: 2021-1-RO01-KA220-VET-000033055

Empowering nurses and healthcare professionals to promote vaccination and tackle vaccine hesitancy-*PROVAC (IENE11)*

Delphi study: Developing a training curriculum for health professionals to promote vaccination, tackle vaccine hesitancy and improve vaccine confidence to people that are more hesitant

Round 1

Below is a list of **statements** reflecting the existing literature on promoting vaccination and related to vaccination hesitancy. The statements are divided into the following four main groups: **Culturally Vaccination Awareness (CA), Culturally Vaccination Knowledge (CK), Culturally Vaccination Sensitivity (CS), Culturally Vaccination Competence (CC).**

The statements in each group are numbered as follows:

CA……1- 17, CK …….. 1- 16, CS…… 1- 12, CC…… 1- 13

Please rate each statement according to how you rate its importance.

For example, if you believe that this statement in the CA group **"No 4 -** *Vaccines should be mandatory among infant and child population***"** is your top priority then **you write "1"** in the column titled "Priority Number".

You then identify the statement you consider as your second priority and mark "2" in the column "Priority Number". You continue until you rank all 17 statements in the CA group. You follow the same procedure to rank the statements in CK, CS, CC.

Statement No		Mean Score	Rank	N= Score 1-3	% score 1 - 3	N= Score last 3	% score in last 3
5	A well-organized and evidence-based vaccination program for children and adults is a key element for public health in a national health system.	3.10	1	17	80.95	0	0.00
2	Vaccination hesitance is a threat to public health.	4.05	2	12	57.14	1	4.76
3	Vaccines contribute to the decline of morbidity and mortality in regards to various infectious diseases.	5.05	3	9	42.86	1	4.76
1	A health professional that has self-awareness he/she should promote vaccination.	5.76	4	6	28.57	0	0.00
14	The World Health Organization (WHO) ranks vaccine reluctance or refusal as one of the top 10 threats to global health.	6.90	5	2	9.52	1	4.76
11	An individual's concerns in regards to vaccination are shaped by his/her culture, religion, socioeconomic status and the sources of information they have access to.	7.86	6	0	0.00	0	0.00
12	Misinformation, complex information, conflicting and changing guidance, overwhelming amounts of material and contradiction of information between different information sources contribute to a lack of trust, confusion and ultimately to vaccine hesitancy.	8.33	7	6	28.57	1	4.76
13	Policy makers and public health officials must recognize and respect diverse social and cultural perspectives toward immunization policies, to help support their acceptance.	8.67	8	2	9.52	1	4.76
4	Vaccines should be mandatory among infant and child population.	8.95	**9**	7	33.33	8	40.00
6	The reinforcement of mandatory vaccination laws in some European countries (e.g. Italy and France) led to an increase in vaccination coverage.	9.38		2	9.52	3	14.29
7	People's hesitancy and refusal of the vaccines are attributed to fear driven by possible side-effects of the vaccines.	9.38		1	4.76	1	4.76
16	Pregnant women have concerns on vaccine safety and effectiveness.	11.50		0	0.00	6	30.00
15	The involvement of primary care in the COVID-19 vaccination campaign has been uneven across countries.	11.57		0	0.00	9	42.86
10	Concerns about the COVID-19 vaccine includes its speed production and that side-effects are not well known.	11.67		0	0.00	3	14.29
8	Anti-vaccination attitudes, include conspiracy theories and/or mistrust for scientists and governments.	12.24		1	4.76	9	42.86

17	A main concern regarding vaccination among those of reproductive age is its potential adverse effect on fertility and miscarriages.	13.65			0	0.00	6	20.00
9	Anti-vaccination attitudes and hesitance is cultural beliefs.	13.80			0	0.00	6	20.00

	CULTURAL KNOWLEDGE						
Statem. No		Mean Score	Rank	N= Score 1-3	% score 1 - 3	N= Score last 3	% score in last 3
6	Health professionals are essential advocates for the population's vaccination decisions.	**3.95**	1	12	57.14	0	0.00

CULTURAL SENSITIVITY								
Statement No		Mean Score	Rank	N= Score 1-3	% score 1 - 3	N= Score last 3	% score in last 3	
7	Vaccination protects individuals who have been vaccinated and those around them who are vulnerable to disease.		4.62			61.90		9.52
11	Accessibility and free vaccines are a good practice for health systems in promoting vaccination.		**4.86**		8	38.10	0	0.00
13	Vaccines are one of the most important health interventions that has prevented many illnesses and deaths.		**5.24**	4	9	42.86	1	4.76
3	Vaccination is the inalienable right of every individual to protect himself/herself from infectious diseases and no one can exclude a child/infant from the vaccination scheme unless there are serious contraindications.		**5.33**	5	9	42.86	2	9.52
9	Governments need to acknowledge and monitor inequity in immunization and tailor communication approaches to the needs of diverse communities.		**6.43**	6	2	9.52	0	0.00
12	The adverse effects of vaccines are clearly inferior to their individual and collective benefits.		**8.10**	7	1	4.76	2	9.52
2	Vaccine hesitancy is the delay in acceptance or refusal of vaccination when vaccination services are available. It is characterized by uncertainty and ambivalence and is a legitimate response to fears of safety, concerns about the efficacy of the vaccine and issues of mistrust towards formal services.		**9.19**		3	14.29	6	28.57
16	Effective surveillance is needed to identify under-vaccinated populations and to improve their vaccination uptake.		**9.52**		0	0.00	0	0.00
1	Some people believe that vaccines can cause diseases.		**9.67**		2	9.52	5	23.81
4	Vaccination rates remain lower in minority ethnic groups, including younger age groups.		**9.67**		3	14.29	4	19.05
14	Health professionals should take into consideration that health/vaccine literacy of people, precludes differentiation between reliable scientific news and pseudoscience or unscientific claims.		**9.71**		1	4.76	2	9.52
	Representatives of religious communities may be one of the key influencers to address concerns regards to vaccine hesitancy and public health.		**11.43**		0	0.00	5	23.81
	There is no evidence that vaccines can cause autism nor that are toxic.		**11.75**		0	0.00	7	33.33
	Within most anti-vaccine subcultures, suspicions are rooted in what – in general – one may call spiritual, magical or extra-rational thinking and experience.		**12.48**		0	0.00	8	38.10
	It is better to get sick, than to get vaccinated.		**13.57**		1	4.76	17	80.95

11	Time to listen, empathy and transmission of adequate information are key elements in a vaccine counseling visit.	**3.90**	1	10	47.62	1	4.76
1	The willingness to get vaccinated is related to one's sense of collective responsibility for	**4.19**	2	11	52.38	1	4.76
	CULTURAL COMPETENCE						
Statement No	Some people express ethical dilemmas associated with using human tissue cells or	**Mean Score**	3	**Rank**	9 **N= Score**	42.86 **% score**	1 **N= Score** 4.76 **% score**
	any animal tissue to create vaccines.	**4.52**					
6	The personal credibility of health professionals and their trusting relationships with patients/clients, place them in a unique position to help them understand the benefits of vaccination.	**4.90**	4	8	38.10	2	9.52
12	Messages on vaccination are more well accepted when they are clear, credible, adjusted to community needs and are culturally and linguistically appropriate.	**5.33**	5	6	28.57	1	4.76
7	Health professionals need to understand patients/client needs and concerns in regards to vaccination.	**5.81**	6	6	28.57	2	9.52
5	Religion may influence some health professionals in the way they conduct their role in regards to vaccination.	**6.15**	7	3	14.29	4	20.00
4	Health care organizations can appoint community engagement leaders as to help understand community's culture (e.g. how communities are organised, who are the key influencers/leaders etc.).	**6.29**	8	4	19.05	4	19.05
9	Minority populations, are more compliant to healthcare regulations related to vaccination, when explained/supported by a provider of their own culture or community.	**7.76**		0	0.00	7	33.33
2	To maximize the effectiveness of a vaccination programme, health professionals need to understand reasons for disparities, as to support diverse communities and develop effective public health messaging strategies.	**8.29**		1	4.76	9	42.86
3	Health professionals need support in improving and implementing effective communication.	**9.10**		3	14.29	10	47.62
10	More information about the vaccine, including information about the effectiveness, side-effects, components etc., are some factors that may reduce hesitancy and increase acceptance.	**10.90**		0	0.00	18	85.71

				1-3	- 3	last 3	in last 3
6	Health professionals should be competent to provide accurate information in a culturally relevant and sensitive manner.	**3.76**	1	11	52.38	0	0.00
10	Health professionals should develop well-structured strategies with community participation as the main axis to promote vaccination.	**3.86**	2	11	52.38	1	4.76
1	Health care organizations are responsible to protect patients/clients and their staff by promoting vaccination.	**4.81**	3	10	47.62	2	9.52
7	Health professionals should be trained and practiced according to national guidelines in regards to vaccination policies and procedures.	**5.15**	4	6	28.57	0	0.00
11	Approaches combining education, access and culturally competent discussions with health professionals can maximize the impact of vaccination policies.	**5.25**	5	6	30.00	1	5.00
4	Health professionals should respond to patients'/clients' vulnerabilities with understanding, sensitivity, and appropriate action.	**6.33**	6	2	9.52	4	19.05
3	Promoting legitimate information via trusted networks (such as leaders, teachers) can minimize vaccination hesitancy.	**7.19**	7	5	23.81	4	19.05
8	Culturally competent communication is important to break down the barriers to vaccine uptake.	**7.33**	8	3	14.29	2	9.52
2	People's doubts about vaccine safety is an influencing factor of vaccine hesitancy.	**7.55**	**9**	4	19.05	5	23.81
5	Innovations in service delivery, such as translated health advice using online platforms that translate resources and provide language specific advice, and use of multiple communication channels such as text, email, posters in local community hubs, may overcome obstacles (e.g. accessibility, misconceptions).	**8.81**		2	9.52	7	33.33
9	Monitoring social media and websites of groups and communities that represent vaccine hesitant and skeptical views, enables ongoing monitoring and early identification of potential changes in beliefs and the development of new determinants of vaccination refusals.	**9.67**		0	0.00	9	42.86
13	Vaccine uptake in vulnerable communities may be promoted by involving trusted, culturally competent community-based organizations and local sociocultural processes.	**9.71**		2	9.52	12	57.14
12	Barriers such as language, fear of deportation and limited access limits migrants' access to vaccines.	**10.71**		1	4.76	12	57.14

ANNEX III – Delphi Study Round 2

Co-funded by the Erasmus+ Programme of the European Union

Pro Vac
Promoting Vaccination
IENE 11

Erasmus + VET Strategic Partnerships

Project ID: 2021-1-RO01-KA220-VET-000033055

Empowering nurses and healthcare professionals to promote vaccination and tackle vaccine hesitancy-*PROVAC (IENE11)*

Delphi study: Developing a training curriculum for health professionals to promote vaccination, tackle vaccine hesitancy and improve vaccine confidence to people that are more hesitant

Round 2

Thank you for participating as an expert in this Delphi study- Round 1. **Your opinion was much valuable, as to be able to proceed, now, with Round 2.**

We just reminding you, that we aim to develop the training curriculum and content map based on Papadopoulos (2014) model of culturally competent compassion which is composed of four key constructs:

5. Cultural Awareness (CA)
6. Cultural Knowledge (CK)
7. Cultural Sensitivity (CS)
8. Cultural Competence (CC)

(https://www.youtube.com/watch?v=zjKzO94TevA)
In this project we define:

Cultural awareness: The degree of awareness we have about our own cultural background and cultural identity. This helps us to understand the importance of our cultural heritage and that of others and makes us appreciate the dangers of ethnocentricity.

Cultural Competence: The capacity to provide effective healthcare taking into consideration people's cultural beliefs, behaviours, and needs. Cultural competence is the synthesis of a lot of knowledge and skills which we acquire during our personal and professional lives and to which we are constantly adding.

Cultural Knowledge: It derives from a number of disciplines such as anthropology, sociology, psychology, biology, nursing, medicine, and the arts, and can be gained in a number of ways. Meaningful contact with people from different ethnic groups can enhance knowledge around their health beliefs and behaviours as well as raise understanding around the problems they face.

Cultural Sensitivity: Cultural sensitivity entails the crucial development of appropriate interpersonal relationships with our clients. An important element in achieving cultural sensitivity is how professionals view people in their care. Unless clients are considered as true partners, culturally sensitive care is not being achieved (Papadopoulos, 2006).

CULTURAL AWARENESS

Round two requests that you report your expert opinion regarding which of the statements listed below are the most important and should be included in the curriculum content/model. **Some statements from Round one have been deleted or revised according to the opinion of the group of experts that you are participating.**
Please rate all the statements using the Likert scale.
We would like to express our sincere gratitude for participating in this Delphi study.

Below is a list of **statements** reflecting the existing literature on promoting vaccination and related to vaccination hesitancy. The statements are divided into the following four main groups: **Culturally Vaccination Awareness (CA), Culturally Vaccination Knowledge (CK), Culturally Vaccination Sensitivity (CS), Culturally Vaccination Competence (CC).**
The statements in each group are numbered as follow:
CA……1-8, CK …….. 1-7, CS…… 1-8, CC…… 1-6
Please rate each statement in a Likert scale from 1-5, with 5 the highest importance, indicating with an X or ✓ in the box.

The following questions might help your assessment of the value of each statement:

- Is the statement a useful indicator of culturally vaccination awareness or culturally vaccination knowledge or culturally vaccination sensitivity or culturally vaccination competent as defined above?
- Is the statement clear enough as to keep ambiguity to the minimum?
- Does the list of statements in each section contain both universal relevant indicators (vaccination, vaccination hesitancy etc) and/or culture specific/related statements about vaccination and vaccination hesitancy?

	1 (lowest)	2	3	4	5 (highest)	Comments
1. A health professional that has self-awareness he/she should promote vaccination.						
2. Vaccination hesitance is a threat to public health.						
3. Vaccines contribute to the decline of morbidity and mortality in regards to various infectious diseases.						
4. A well-organized and evidence-based vaccination program for children and adults is a key element for public health in a national health system.						
5. An individual's concerns in regards to vaccination are shaped by his/her culture, religion, socioeconomic status and the sources of information they have access to.						
6. Misinformation, complex information, conflicting and changing guidance, overwhelming amounts of material and contradiction of information between different information sources contribute to a lack of trust, confusion and ultimately to vaccine hesitancy.						
7. Policy makers and public health officials must recognize and respect diverse social and cultural perspectives toward immunization policies, to help support their acceptance.						
8. The World Health Organization (WHO) ranks vaccine reluctance or refusal as one of the top 10 threats to global health.						
CULTURAL KNOWLEDGE						
	1	**2**	**3**	**4**	**5**	**Comments**
1. Vaccination is the inalienable right of every individual to protect himself/herself from infectious diseases and no one can exclude a child/infant from the vaccination scheme unless there are serious contraindications.						
2. Health professionals are essential advocates for the population's vaccination decisions.						
3. Vaccination protects individuals who have been vaccinated and those around them who are vulnerable to disease.						

4. Governments need to acknowledge and monitor inequity in immunization and tailor communication approaches to the needs of diverse communities.						
5. Accessibility and free vaccines are a good practice for health systems in promoting vaccination.						
6. The adverse effects of vaccines are clearly inferior to their individual and collective benefits.						
7. Vaccines are one of the most important health interventions that has prevented many illnesses and deaths.						
CULTURAL SENSITIVITY						
	1	**2**	**3**	**4**	**5**	**Comments**
1. The willingness to get vaccinated is related to one's sense of collective responsibility for the "greater good".						
2. Health care organizations can appoint community engagement leaders as to help understand community's culture (e.g. how communities are organized, who are the key influencers/leaders etc.).						
3. Religion may influence some health professionals in the way they conduct their role in regards to vaccination.						
4. The personal credibility of health professionals and their trusting relationships with patients/clients, place them in a unique position to help them understand the benefits of vaccination.						
5. Health professionals need to understand patients/client needs and concerns in regards to vaccination.						
6. Some people express ethical dilemmas associated with using human tissue cells or any animal tissue to create vaccines.						
7. Time to listen, empathy and transmission of adequate information are key elements in a vaccine counseling visit.						
8. Messages on vaccination are more well accepted when they are clear, credible, adjusted to community needs and are culturally and linguistically appropriate.						
CULTURAL COMPETENCE						

	1	2	3	4	5	Comments
1. Health care organizations are responsible to protect patients/clients and their staff by promoting vaccination.						
2. Health professionals should respond to patients'/clients' vulnerabilities with understanding, sensitivity, and appropriate action.						
3. Health professionals should be competent to provide accurate information in a culturally relevant and sensitive manner.						
4. Health professionals should be trained and practiced according to national guidelines in regards to vaccination policies and procedures.						
5. Health professionals should develop well-structured strategies with community participation as the main axis to promote vaccination.						
6. Approaches combining education, access and culturally competent discussions with health professionals can maximize the impact of vaccination policies.						

If you have **any further suggestions for statements** that you believe should be included please list below, giving reasons why you believe these are important (optional):

_____

_____

_____

END OF DELPHI ROUND 2

Thank you for your time and input!

The structure of this document is based on that used by the COMMUNAID project (https://lahers.hmu.gr/commun-aid-en/)

ANNEX IV – Delphi Study Round 2 – Analysis of the results

Co-funded by the Erasmus+ Programme of the European Union

Pro Vac
Promoting Vaccination
IENE 11

Erasmus + VET Strategic Partnerships

Project ID: 2021-1-RO01-KA220-VET-000033055

Empowering nurses and healthcare professionals to promote vaccination and tackle vaccine hesitancy-*PROVAC (IENE11)*

Delphi study: Developing a training curriculum for health professionals to promote vaccination, tackle vaccine hesitancy and improve vaccine confidence to people that are more hesitant

ID…..

Round 2

Round two requests that you report your expert opinion regarding which of the statements listed below are the most important and should be included in the curriculum content/model. **Some statements from Round one have been deleted or revised according to the opinion of the group of experts that you are participating.**

Please rate all the statements using the Likert scale.

We would like to express our sincere gratitude for participating in this Delphi study.

Below is a list of **statements** reflecting the existing literature on promoting vaccination and related to vaccination hesitancy. The statements are divided into the following four main groups: **Culturally Vaccination Awareness (CA), Culturally Vaccination Knowledge (CK), Culturally Vaccination Sensitivity (CS), Culturally Vaccination Competence (CC).**

The statements in each group are numbered as follow:

CA……1-8, CK …….. 1-7, CS…… 1-8, CC…… 1-6

Please rate each statement in a Likert scale from 1-5, with 5 the highest importance.

	CULTURAL AWARENESS				
Statement No		Mean Score	Range	Median	Rank
3	Vaccines contribute to the decline of morbidity and mortality in regards to various infectious diseases.	**4.9**	4 - 5	5	**1**
1	A health professional that has self-awareness he/she should promote vaccination.	**4.65**	3 - 5	5	**2**
4	A well-organized and evidence-based vaccination program for children and adults is a key element for public health in a national health system.	**4.55**	3 - 5	5	**3**
2	Vaccination hesitance is a threat to public health.	**4.5**	3 - 5	5	**4**
6	Misinformation, complex information, conflicting and changing guidance, overwhelming amounts of material and contradiction of information between different information sources contribute to a lack of trust, confusion and ultimately to vaccine hesitancy.	**4.4**	3 - 5	5	**5**
8	The World Health Organization (WHO) ranks vaccine reluctance or refusal as one of the top 10 threats to global health.	**4.25**	2 - 5	4	**6**
5	An individual's concerns in regards to vaccination are shaped by his/her culture, religion, socioeconomic status and the sources of information they have access to.	**4.2**	2 - 5	4	**7**
7	Policy makers and public health officials must recognize and respect diverse social and cultural perspectives toward immunization policies, to help support their acceptance.	**4.1**	1 - 5	4	**8**
	CULTURAL KNOWLEDGE				
Statement No		Mean Score	Range	Median	Rank
7	Vaccines are one of the most important health interventions that has prevented many illnesses and deaths.	**4.85**	4 - 5	5	**1**
6	The adverse effects of vaccines are clearly inferior to their individual and collective benefits.	**4.75**	4 - 5	5	**2**
3	Vaccination protects individuals who have been vaccinated and those around them who are vulnerable to disease.	**4.7**	3 - 5	5	**3**
5	Accessibility and free vaccines are a good practice for health systems in promoting vaccination.	**4.6**	4 - 5	5	**4**
2	Health professionals are essential advocates for the population's vaccination decisions.	**4.55**	4 - 5	5	**5**
1	Vaccination is the inalienable right of every individual to protect himself/herself from infectious diseases and no one can exclude a child/infant from the vaccination scheme unless there are serious contraindications.	**4.3**	3 - 5	4	**6**
4	Governments need to acknowledge and monitor inequity in immunization and tailor communication approaches to the needs of diverse communities.	**4.3**	3 - 5	4	**6**
	CULTURAL SENSITIVITY				
Statement		Mean Score	Range	Median	Rank

No					
8	Messages on vaccination are more well accepted when they are clear, credible, adjusted to community needs and are culturally and linguistically appropriate.	**4.8**	4 - 5	5	**1**
5	Health professionals need to understand patients/client needs and concerns in regards to vaccination.	**4.65**	2 - 5	5	**2**
7	Time to listen, empathy and transmission of adequate information are key elements in a vaccine counseling visit.	**4.6**	3 - 5	5	**3**
4	The personal credibility of health professionals and their trusting relationships with patients/clients, place them in a unique position to help them understand the benefits of vaccination.	**4.45**	3 - 5	5	**4**
2	Health care organizations can appoint community engagement leaders as to help understand community's culture (e.g. how communities are organized, who are the key influencers/leaders etc.).	**4.05**	3 - 5	4	**5**
3	Religion may influence some health professionals in the way they conduct their role in regards to vaccination.	**4.1**	1 - 5	4	**6**
1	The willingness to get vaccinated is related to one's sense of collective responsibility for the "greater good".	**3.95**	2 - 5	4	**7**
6	Some people express ethical dilemmas associated with using human tissue cells or any animal tissue to create vaccines.	**3.25**	1 - 5	3	**8**
	CULTURAL COMPETENCE				
Statement No		**Mean Score**	**Range**	**Median**	**Rank**
3	3Health professionals should be competent to provide accurate information in a culturally relevant and sensitive manner.	**4.8**	4 - 5	5	**1**
4	4Health professionals should be trained and practiced according to national guidelines in regards to vaccination policies and procedures.	**4.75**	3 - 5	5	**2**
5	5Health professionals should develop well-structured strategies with community participation as the main axis to promote vaccination.	**4.65**	4 - 5	5	**3**
6	6Approaches combining education, access and culturally competent discussions with health professionals can maximize the impact of vaccination policies.	**4.6**	4 - 5	5	**4**
2	2Health professionals should respond to patients'/clients' vulnerabilities with understanding, sensitivity, and appropriate action.	**4.55**	3 - 5	5	**5**
1	1Health care organizations are responsible to protect patients/clients and their staff by promoting vaccination.	**4.5**	3 - 5	5	**6**