Preventable Vaccine Hesitancy
Heidi Loynes, RN, BSN
Immunization Nurse Educator
Courtnay Londo, MA
Adolescent & Adult Immunization Coordinator
Michigan Department of Community Health
Division of Immunization

Why this Topic?
• Why “Preventable Vaccine Hesitancy”?
  – It is avoidable
  – You can change it
  – You can affect the office view
    • Office staff may have different view points
    • We can work together to have a unified
      immunization message
  • Educating and promoting vaccines is:
    – Important
      It Starts With You!

What is Hesitancy?
• Hesitancy – indecision or disinclination, reluctance
• Hesitant – undecided, doubtful, disinclined; lacking readiness of speech
  – Slow to act or speak especially because you are nervous or unsure about what to do: feeling or showing hesitation
• Disinclined – not wanting to do something, lacking desire or willingness; unwilling; reluctant; averse

Providers
“Although the time periods have changed, the emotions and deep-rooted beliefs—whether philosophical, political, or spiritual—that underlie vaccine opposition have remained relatively consistent since Edward Jenner introduced vaccination.”

“Provider Hesitancy”
• A Provider is a person who provides a service
  – Healthcare service
  – It can be a doctor, nurse practitioner, physician assistant, nurse, medical assistant, lab technician and front office staff
  – It can be anyone from the front of the office to the back of the office

Provider Hesitancy is Not New

These slides were presented at the MDCH Fall Regional Immunization Conference on Nov. 22, 2013, in Troy, Michigan. This information is valid as of 11/22/13.
Messages Are linked

Message receptivity linked to timing and deliverer

- It takes a Willing Immunizer and a Willing Patient/Parent

It starts with you!

Everyone, Every Type Plays a Role

- The provider
  - Doctor, Nurse Practitioner, Physician Assistant, Nurse, Medical Assistant, lab technician and receptionist
- Office type
  - Pediatrician versus family medicine, versus local health department
- Type of office visit
  - Well visit versus sick visit
- Attitude plays a significant role in the office dynamics
  - It starts with you!

Everyone Plays a Role in a Good Message

It Matters:

- Every person, every action will matter in how your office is perceived and how your vaccine message will be received!

A Minute with Dr. Freed

Gary L. Freed, M.D., M.P.H.
University of Michigan
Child Health Evaluation and Research Unit
Percy and Mary Murphy Professor of Pediatrics, School of Medicine
Professor of Health Management and Policy, School of Public Health

These slides were presented at the MDCH Fall Regional Immunization Conference on Nov. 22, 2013, in Troy, Michigan. This information is valid as of 11/22/13.
We Already Recommend Vaccines. What More Can We Do?

- **advocate**
  - recommend or support something: to support or speak in favor of something

- Have a standard immunization message
  - Need staff buy-in
    - How does that happen?
  - Create a policy statement on immunizations

Why is a Standard Message Important? What is the Value?

- A standard vaccine message shows:
  - Office consistency
  - Support of immunizations
  - Honesty (gives the why)
  - Belief in evidence based research
    - Vaccines are safe and effective
  - It is the office view on vaccines
  - It gives the patient/parent one unified message from the office

Creating a Standard Immunization Message

- It is the office mission/policy
- It is a plan for communication
- Provides standardization across the vaccine lifespan
- A strong statement such as “we believe”:
  - Patients/parents questions are important
  - In the effectiveness and safety of vaccines
  - Everyone should receive all recommended vaccines
  - Vaccinating our patient, as well as our staff, is the single most important health-promoting intervention we perform

Your Office Immunization Statement

- American Academy of Pediatrics has a variety of resources to help create a strong immunization message

Alliance for Immunization in Michigan (AIM)

- [Source](http://www.aimtoolkit.org)

What About Vaccine Refusers?

- **What is a provider to do?**
  - Continue to educate patients/parents about importance of vaccines
  - Document a patients/parents refusal to vaccinate
  - Utilize your office vaccine statement

- **What if patient/parent still refuses?**
  - Possible scenarios
    - Continue to see patient and work with them
    - Stop seeing the patient in your practice

These slides were presented at the MDCH Fall Regional Immunization Conference on Nov. 22, 2013, in Troy, Michigan. This information is valid as of 11/22/13.
A Minute with Dr. Barone

Charles J. Barone II, M.D., FAAP
Chair, Department of Pediatrics
Henry Ford Medical Group
Clinical Associate Professor of Pediatrics
Wayne State University School of Medicine
Past President of the Michigan Chapter of the American Academy of Pediatrics

Key Points

• Everyone plays a role in office perception
• Have a standard vaccine message
• Make messages available for staff and patients
• Continue dialogue about vaccines
• It is a team effort with a common goal:
  – Office
  – Providers
  – Patients/parents

A Common Goal

Win the Big Game!!

Immunizations Requires Teamwork

TEAM WORK
It doesn’t matter how different your characters are. Find a common goal!

It Starts with You!

These slides were presented at the MDCH Fall Regional Immunization Conference on Nov. 22, 2013, in Troy, Michigan. This information is valid as of 11/22/13.
Who is recommending vaccines?

<table>
<thead>
<tr>
<th>Pro-vaccine</th>
<th>Anti-vaccine</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vaccine Advocate</td>
<td>Vaccine-Hesitant</td>
</tr>
<tr>
<td>Believes and does not question vaccines</td>
<td>Some questions about vaccines</td>
</tr>
<tr>
<td>High trust in vaccine safety</td>
<td>Mostly confident in the safety of vaccines</td>
</tr>
<tr>
<td>Always recommends vaccines to patients (all ages)</td>
<td>Discusses vaccines to patients; doesn’t appear to feel strongly about vaccines either way</td>
</tr>
<tr>
<td>Always takes the time to answer questions and listen to patients’ concerns</td>
<td>Listens to patients’ concerns but seems disinterested; aloof</td>
</tr>
<tr>
<td>Vaccinated him/herself</td>
<td>Up-to-date on vaccines; usually gets flu vaccine each year</td>
</tr>
</tbody>
</table>

Who delivers the message matters!

**MESSAGE SOURCE**

- Patients trust YOU!
  - HCP recommendation is the number one reported factor in influencing vaccination decisions
- Patients are coming to you
  - 74% of adults reported visiting a primary care provider at least once in the past 12 months
- One of the main reasons why patients report they aren’t getting vaccinated...  
  - Their HCP did not recommend it

Another Minute with Dr. Barone

- Charles J. Barone II, M.D., FAAP  
  - Chair, Department of Pediatrics  
  - Henry Ford Medical Group  
  - Clinical Associate Professor of Pediatrics  
  - Wayne State University School of Medicine  
  - Past President of the Michigan Chapter of the American Academy of Pediatrics

These slides were presented at the MDCH Fall Regional Immunization Conference on Nov. 22, 2013, in Troy, Michigan. This information is valid as of 11/22/13.
These slides were presented at the MDCH Fall Regional Immunization Conference on Nov. 22, 2013, in Troy, Michigan. This information is valid as of 11/22/13.

**Parent Perceptions of HPV Vaccine Recommendations (Oct. 2012)**

<table>
<thead>
<tr>
<th></th>
<th>Strongly recommend</th>
<th>Recommend</th>
<th>No recommendation</th>
<th>Recommend not to get vaccine</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female</td>
<td>22.4%</td>
<td>31.4%</td>
<td>44.1%</td>
<td>3.1%</td>
</tr>
<tr>
<td>Male</td>
<td>8.6%</td>
<td>21.0%</td>
<td>65.6%</td>
<td>4.8%</td>
</tr>
</tbody>
</table>

- 46% strongly agreed or agreed that their doctor did a good job explaining what HPV vaccine protects against

**In the past year, has the following vaccine been recommended for you by a medical professional?**

<table>
<thead>
<tr>
<th>Ages</th>
<th>Influenza</th>
<th>Tetap</th>
<th>HPV</th>
<th>Cervarix</th>
<th>Pneumococcal</th>
</tr>
</thead>
<tbody>
<tr>
<td>90%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

90% of physicians say they or their staff discuss vaccines with patients

Half of those patients recall ever discussing vaccines with their provider

**Three Rules of Epidemics**

- The Law of the Few
  - Depending on involvement of people with a particular set of social skills
  - Key people must champion the idea, concept, or product
- The Stickiness Factor
  - Quality that compels people to pay close attention to an idea, concept, or product
- The Power of Context
  - “Epidemics are sensitive to the conditions and circumstances of the times and places in which they occur.”

**Personal Stories Stick**

- “For most people, an anecdote drawn from their own lives will always carry more meaning than any statistic they might find buried in a government report.”

**MESSAGE CONTENT – VERBAL**

What you say matters!
These slides were presented at the MDCH Fall Regional Immunization Conference on Nov. 22, 2013, in Troy, Michigan. This information is valid as of 11/22/13.

**MESSAGE CONTENT - NONVERBAL**

Nonverbal communication

- Facial expression
- Eye contact
- Gestures
- Touch
- Body language
- Posture
- Stress
- Voice quality
- Rate
- Pitch
- Volume
- Speaking Style
- Rhythm
- Intonation

**WHAT NOT TO SAY (OR DO)**

What Not to Say – HPV Examples

- **The HPV is different than other adolescent vaccines approach**
  - “Daniel needs Tdap and meningococcal vaccines today. We also have HPV available.”
  - “You can get HPV vaccine for Madison if you like. Here is some information. It’s up to you.”

- **The HPV is not required approach**
  - “Your child needs Tdap and MCV4 to get into school. HPV can also be given, but it’s not required to get into school.”
  - Write on top of a reminder/recall notice, “HPV is not required”
What **Not** to Say – HPV Examples

- **The HPV can be given later approach**
  - “I waited to get my child vaccinated until she was 14; you don’t need this today.”
  - “HPV is a vaccine we would like you to get in a few years – closer to high school age. Your child won’t be sexually active for a long time, right? So let’s take care of urgent matters now.”

- **The too much information (TMI) approach**
  - “HPV is passed on through genital contact, most often during vaginal and anal sex. HPV may also be passed on during oral sex and genital-to-genital contact. HPV can be passed on between straight and same-sex partners—even when the infected partner has no signs or symptoms. Here are all of the reasons why you should get this vaccine even though you may have heard differently…..”

What **Not** to Do – HPV Examples

- **The “I don’t want to turn parents off” approach**
  - Providers resistant to discussing HPV vaccine or including HPV vaccine in reminder/recall letters
  - Concerned about losing business
  - Perception that one refusal means the parent will never take the vaccine
  - Already asked once – don’t want to ask again
  - Important to keep communicating with parents, even though it is ultimately their decision

What **Not** to Do – HPV Examples

- **The make your own schedule approach**
  - Reports of providers giving 2nd and 3rd doses of HPV vaccine at the annual well child visit
  - No need to bring them in according to the scheduled intervals

What **Not** to Say – General Examples

- **The say nothing at all approach**

---

These slides were presented at the MDCH Fall Regional Immunization Conference on Nov. 22, 2013, in Troy, Michigan. This information is valid as of 11/22/13.
What Not to Say – General Examples

- **The say nothing at all approach**
  - You do not say it best when you say nothing at all.
  - You have the knowledge.
  - You have the resources.
  - You are the advocate.
  - You need to say something.

What to Say – HPV Example

- **The routine vaccine approach**
  - “Jacob needs four shots today: Tdap, HPV, meningococcal, and flu. Do you have any questions?”

- **The HPV vaccine is cancer prevention approach**
  - “HPV vaccine is very important because it prevents cancer. I want Julia to be protected from cancer. That’s why I’m recommending she receive her first dose today.”

What to Say Continued

- **The “I believe” in this vaccine approach**
  - “I strongly believe in the importance of this cancer-preventing vaccine, and I have given HPV vaccine to my son/daughter/grandchild/niece/nephew. “
  - “Experts (like the American Academy of Pediatrics, cancer doctors, and the CDC) also agree that this vaccine is very important for Jack.”
Making it Personal

Making messages that stick.

I KNOW WHAT TO SAY. HOW DO I SAY IT?

Tips for Communicating Effectively

• Ask questions
  – Assess what the patient already knows
  – Assess what the patient wants to know

• Listen
  – Paraphrase what you heard
  – Don’t interrupt

• Be empathetic
  – Respect and address concerns

• Slow down

Tips for Communicating Effectively

• Keep it simple
  – Don’t assume they want to know everything

• Tell the truth
  – No vaccine is 100% effective
  – Educate about responsibilities
  – Discuss the dangers of VPDs

• Be hopeful
  – Explore acceptable options

• Watch the patient’s body and face

Resources to Help You on Your Vaccine Advocacy Journey

• Provider Resources for Vaccine Conversations with Parents (CDC)

• Responding to Concerns about Vaccines (IAC)
  – www.immunize.org/concerns/

• Communicating with Families (AAP)
  – http://www2.aap.org/immunization/pediatricians/communicating.html

• AIM Provider Toolkit
  – www.aimtoolkit.org

• HPV Tips and Timesavers

Vaccine Hesitancy in your office is preventable!

• Vaccine miscommunication is only a phone call/patient encounter away

• Inoculate your office against HCP vaccine hesitancy

• Be part of the change in your office

• Spread the message that vaccines are good

• It starts with you!

These slides were presented at the MDCH Fall Regional Immunization Conference on Nov. 22, 2013, in Troy, Michigan. This information is valid as of 11/22/13.