



Preventable Vaccine Hesitancy

Heidi Loynes, RN, BSN
Immunization Nurse Educator

Courtney 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

Source: The Merriam-Webster Dictionary at: <http://www.merriam-webster.com/dictionary/>



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.”

Nurses vaccin
<http://www.c-nurses-vaccin>

Source: History of Vaccines website
<http://www.historyofvaccines.org/content/articles/history-anti-vaccination-movements>

Doctor examining a child Resource:
http://www.historicistockphotos.com/images/xsmall/349-doctor_inspecting_a_child.jpg



“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

Source: The Merriam-Webster Dictionary at: <http://www.merriam-webster.com/dictionary/>



Provider Hesitancy is Not New

npr shots

your health

Doctors Hesitant To Deal With Patients' Weight Problems

by MICHELLE ANDREWS
July 10, 2012 9:41 AM

partner content from **KHN**

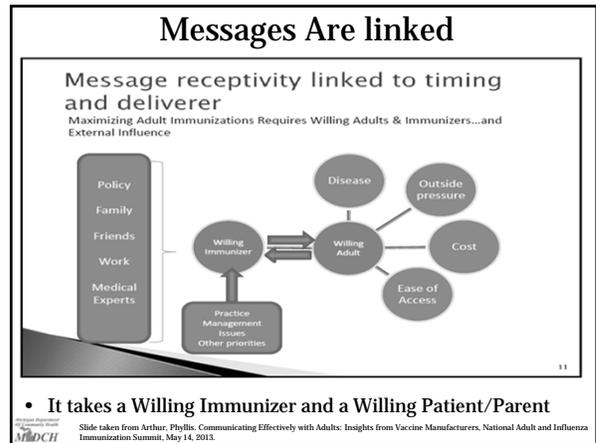
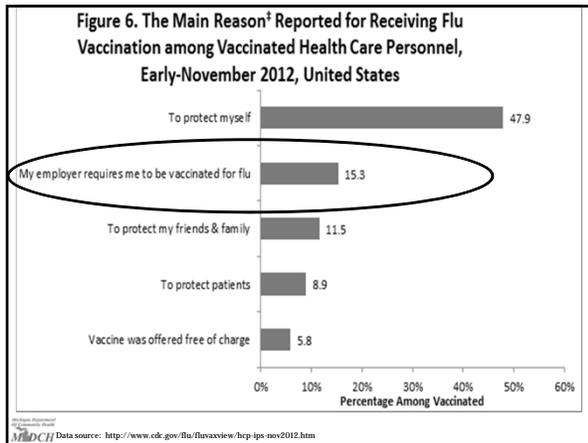


In 2010, there were 78 million adults classified as obese in the United States, and roughly 164,000 primary care doctors to take care of them.

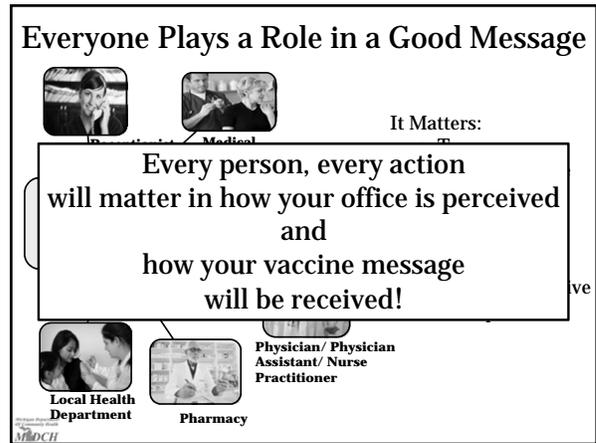
It doesn't take a math wizard to figure out that doctors who handle routine care, although they may well want to help their patients lose weight.

Source: <http://www.npr.org/blog/health/2012/07/10/156538187/doctors-hesitant-to-deal-with-patients-weight-problem>



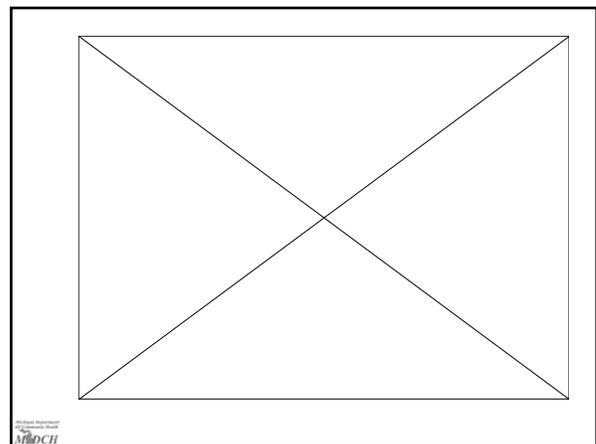


- Everyone, Every Type Plays a Role**
- The provider
 - Doctor, Nurse Practitioner, Physician Assistant, Nurse, Medical Assistant, lab technician and receptionist
 - Office type
 - Pediatrician versus family medicine, versus local health department
 - Type of office visit
 - Well visit versus sick visit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



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.

KEEP UP THE GOOD WORK!

We Already Recommend Vaccines.

What More Can We Do?

KEEP UP THE GOOD WORK!

- **ad•vo•cate**
 - 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

Source: The Merriam-Webster Dictionary at: <http://www.merriam-webster.com/dictionary/>

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

Source: <http://www2.aap.org/immunization/pediatricians/refusaltovaccinate.html>

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)

Endorsement of the Vaccination Schedules Recommended by the Advisory Committee on Immunization Practices (ACIP)

The Alliance for Immunization in Michigan (AIM) Coalition is a partnership of public and private sector organizations that focuses on a broad spectrum of immunization issues in Michigan. AIM's mission is to promote immunizations across the lifespan, with an emphasis on provider education.

The Advisory Committee on Immunization Practices (ACIP) is composed of 11 medical and public health experts that provide advice and guidance to the Centers for Disease Control and Prevention (CDC) regarding vaccine recommendations. Each year the ACIP publishes recommended vaccination schedules for children, adolescents and adults.

AIM strongly recommends that health care providers, individuals, and families follow the ACIP-recommended vaccination schedules and avoid “selective” vaccination schedules which often delay vaccination and leave individuals susceptible to serious diseases. Below are some reasons for immunizing according to the ACIP-recommended immunization schedules.

Inadequately Immunized Children, Adolescents, and Adults are Vulnerable to Contracting Vaccine-Preventable Diseases

- Use of delayed vaccination schedules leave individuals at serious risk of contracting highly contagious, deadly diseases that are only a paine ride away.
 - Infectious diseases such as measles, pertussis (whooping cough), varicella (chickenpox), influenza, pneumococcal pneumonia, haemophilus influenzae type B (Hib), and meningitis have not disappeared.
 - In 2011, Michigan had a total of 691 cases of pertussis that were reported. This is a decline from the 1,564 cases reported in 2010.
 - Seventy three cases of invasive haemophilus influenzae were reported in 2011, of which 14 were in persons five years of age and younger.
 - These diseases are less common than 20 years ago due to the tremendous success of our nation's public health vaccination programs and school entry immunization requirements.
 - Parents may not be aware of the vulnerability of their child to such infections because they have had little or no direct experience with these diseases.

ACIP Immunization Schedules are Tested for Safety and Efficacy While Delayed Immunization Schedules are Not

- ACIP-recommended immunization schedules are studied for safety and effectiveness, while “selective” immunization schedules are not tested and are created based on speculation rather than sound science.
- ACIP reviews each vaccine for the severity of disease, the number of individuals who get the disease if there is no vaccine, how well a vaccine works for people of different ages and for safety and effectiveness of the vaccine when given at specific ages.
- Only vaccines that are licensed by the Food and Drug Administration are recommended. Rigorous studies to determine safety and effectiveness are conducted prior to licensure and vaccines continue to be monitored for safety after they are licensed.
- Protection against vaccine-preventable diseases at the earliest time possible is critical in preventing these diseases.

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

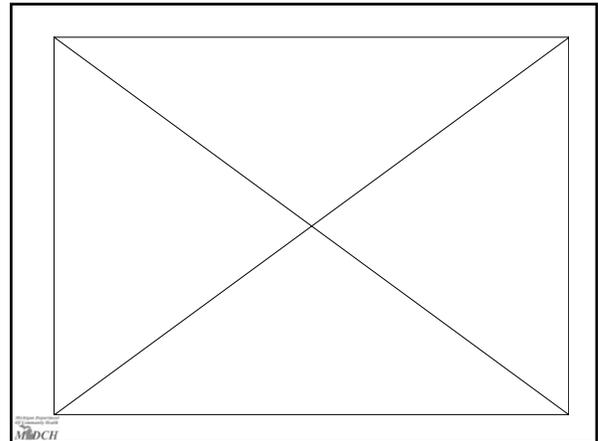
These slides were presented at the MDCH Fall Regional Immunization Conference on Nov. 22, 2013, in Troy, Michigan . This information is valid as of 11/22/13.

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

MDCH



MDCH

Prevent
Vaccine
Hesitancy

Key Points

Prevent
Vaccine
Hesitancy

- 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

MDCH

A Common Goal



Win the Big Game!!

MDCH

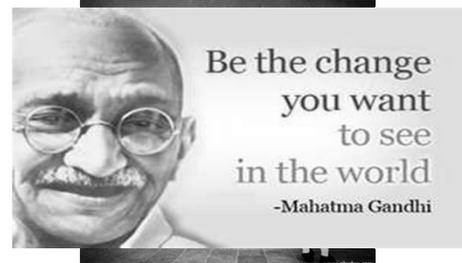
Immunizations Requires Teamwork



TEAMWORK

It doesn't matter how different your characters are. Find a common goal!

MDCH



Be the change
you want
to see
in the world
-Mahatma Gandhi

It Starts with You!

MDCH

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 Refusing Vaccines?

← Pro-vaccine → Anti-vaccine →		
Acceptors	Vaccine-hesitant	Rejectors
Agree with or do not question vaccines	Are unsure about, delay, or choose only some vaccines	Completely reject vaccines
Children fully immunized	Children under-immunized	Children un-immunized
High trust in provider	Desire a trustworthy provider	Low trust in provider
Interest in vaccine information from child's provider	Interest in vaccine information from child's provider	No interest in vaccine information
70%	30%	<1%

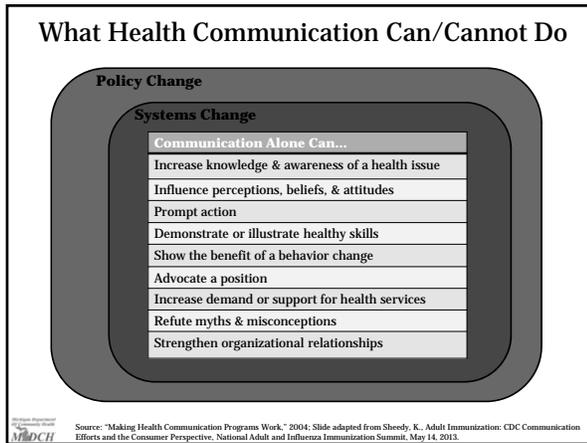
Slide courtesy of Douglas J. Opel MD, MPH

Source: Opel, Douglas J., MD, MPH. Slide adapted from Diekema, Douglas S., MD, MPH. Issues Leading to Vaccine Hesitancy, University of Washington School of Medicine.

Who is recommending vaccines?

← Pro-vaccine → Anti-vaccine →		
Vaccine Advocates	Vaccine-Hesitant	Vaccine Opponent
Believes and does not question vaccines	Some questions about vaccines	Many questions about vaccines
High trust in vaccine safety	Mostly confident in the safety of vaccines	Questions the safety of vaccines (e.g., HPV, MMR)
High trust in vaccine efficacy	Questions effectiveness of certain vaccines (e.g., flu)	Low trust in the vaccine efficacy
Always recommends vaccines to patients (all vaccines, on-time, all ages)	Discusses vaccines to patients; doesn't appear to feel strongly about vaccines either way	Mentions vaccines; may recommend against vaccines at times
Always takes the time to answer questions and listen to patients' concerns	Listens to patients' concerns but seems disinterested; aloof	Quickly moves on to other topics; dismisses the importance of vaccines in conversations
Vaccinated him/herself	Up-to-date on vaccines; usually gets flu vaccine each year	Get vaccinated if employer mandates it

Source: Opel, Douglas J., MD, MPH. Slide adapted from Diekema, Douglas S., MD, MPH. Issues Leading to Vaccine Hesitancy, University of Washington School of Medicine.



Who delivers the message matters!

MESSAGE SOURCE

Source: Opel, Douglas J., MD, MPH. Slide adapted from Diekema, Douglas S., MD, MPH. Issues Leading to Vaccine Hesitancy, University of Washington School of Medicine.

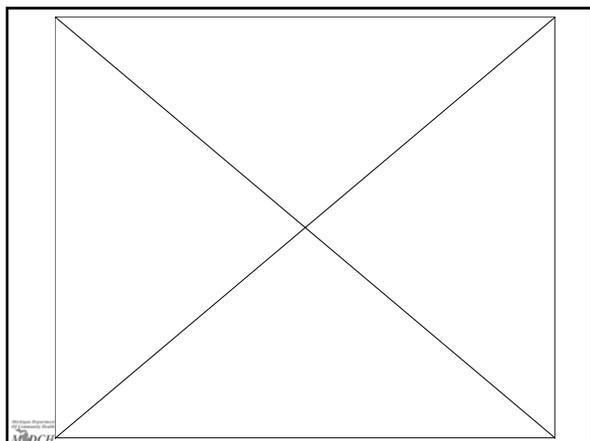
- ### Message Source
- Patients trust YOU!
 - HCP recommendation is the number one reported factor in influencing vaccination decisions
 - Patients are coming to you
 - 74% of adults reported visiting a primary care provider at least once in the past 12 months
 - One of the main reasons why patients report they aren't getting vaccinated....
 - Their HCP did not recommend it
- Source: Porter Novelli FallStyles Survey (Sept-Oct 2012); Sheedy, K., Adult Immunization: CDC Communication Efforts and the Consumer Perspective. National Adult and Influenza Immunization Summit, May 14, 2013.

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

Source: Opel, Douglas J., MD, MPH. Slide adapted from Diekema, Douglas S., MD, MPH. Issues Leading to Vaccine Hesitancy, University of Washington School of Medicine.

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 you say matters!
MESSAGE CONTENT – VERBAL

Parent Perceptions of HPV Vaccine Recommendations (Oct. 2012)

	Strongly recommend	Recommend	No recommendation	Recommend not to get vaccine
Female	22.4%	31.4%	44.1%	3.1%
Male	8.6%	21.0%	65.6%	4.8%

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

Source: Clark, S. University of Michigan Child Health Evaluation and Research (CHEAR) Unit, October 2012. Cooperative Agreement 5-U48-DP-001901 from the Centers for Disease Control and Prevention.

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

Ages	Influenza	Tdap	HPV	Zoster	Pneumococcal
------	-----------	------	-----	--------	--------------

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

Half of those patients recall ever discussing vaccines with their provider

Source: Porter Novelli FallStyles Survey (Sept-Oct 2012); Slide from Sheedy, K., Adult Immunization: CDC Communication Efforts and the Consumer Perspective, National Adult and Influenza Immunization Summit, May 14, 2013.

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."

Source: Gladwell, M. The Tipping Point: How little things can make a big difference. Little, Brown and Company, 2012.

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."

Why get vaccinated against whooping cough?
Ask the McNally family of Michigan.



Infants are too young to be vaccinated against pertussis (whooping cough). Make sure you and your loved ones are vaccinated against pertussis. It could save a precious life.

Francesca's Story

Why get a flu vaccine?
Ask Niko Yaksich of Michigan.



Even healthy people can get the flu and it can be very serious. This year and every year, get vaccinated against the flu. It could save a life.

Niko's story

Why get a flu vaccine?
Ask the Yaksich family of Michigan.



This year and every year, make sure you and your loved ones are vaccinated against the flu. It could save a life.

Alana's story

Source: Decision book. Posters available at www.michigan.gov/immunize, www.michigan.gov/flu, and www.sincetoolkit.org

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.

How you say it matters!

MESSAGE CONTENT - NONVERBAL




Nonverbal communication

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



Source: http://en.wikipedia.org/wiki/Nonverbal_communication



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”



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 – 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.....”

MDCH

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**

MDCH

What Not to Do – HPV Examples

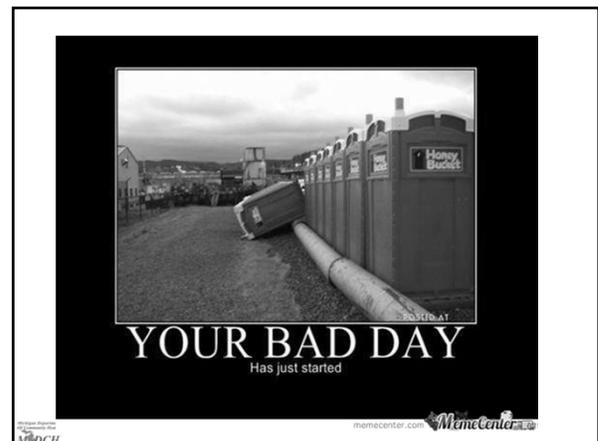
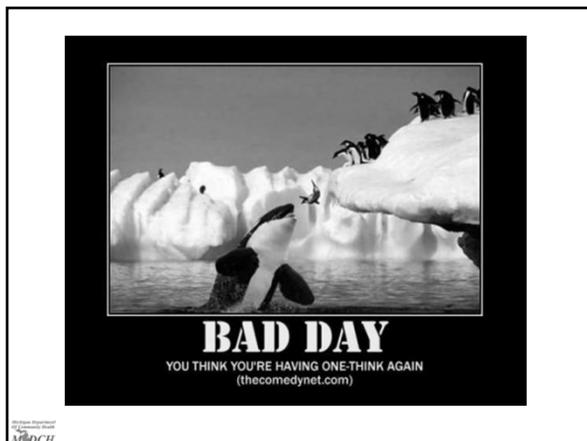
- **The make your own schedule approach**
 - Reports of providers giving 2nd and 3rd doses of HPV vaccine at the annual well child visit
 - No need to bring them in according to the scheduled intervals

MDCH

What Not to Say – General Examples

- The say nothing at all approach

MDCH



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.

Michigan Department of Health
Michigan Department of Community Health
MDCH

WHAT TO SAY

Michigan Department of Health
Michigan Department of Community Health
MDCH

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.”

Michigan Department of Health
Michigan Department of Community Health
MDCH

What to Say – HPV Example

- If the issue of sex comes up...
 - “Have you ever known anyone that has had an abnormal pap? That’s what we are protecting against today. HPV vaccine is cancer prevention.”
 - “You’re not opening the door to sex. You are closing the door to cancer.”
 - “We’re vaccinating today so Gabriella will have the best protection possible long before the start of any kind of sexual activity.”
 - “Research has shown that getting the HPV vaccine does not make kids more likely to be sexually active or start having sex at a younger age.”

Michigan Department of Health
Michigan Department of Community Health
MDCH

What to Say – HPV Example

- **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.”

Michigan Department of Health
Michigan Department of Community Health
MDCH

What to Say Continued

- **The Making it Personal Approach:**
 - “I’m vaccinated. My children are vaccinated. Everyone on staff is vaccinated. We wouldn’t ask anything different of you.”

Michigan Department of Health
Michigan Department of Community Health
MDCH

Making it Personal

Welcome to the Office of Dr <<>>
My Kids Are Immunized!

Talk To Me About Immunizing Yours!
The American Academy of Pediatrics supports a full range of vaccines for your child, and it's up to you as a parent. Learn how you can help to protect your child. Vaccines are proven to protect them against 14 serious diseases.
Love them. Protect them. Immunize them today!

EARN YOUR STRIPE!
Everyone in our office is immunized against the flu. "Earn Your Stripe" to protect yourself & your children against influenza.

Got Flu & Tdap Vaccines?
We've Got Ours.
Talk to us about getting flu & Tdap vaccines for yourself & your family.

My Kids Are Immunized Poster: <http://www2.aap.org/immunization/pediatricians/refusalhowaccinate.html>
Earn Your Stripe Poster: <http://www2.aap.org/immunization/pediatricians/fluinfluenzaguidance.html>
Got Flu/Tdap Vaccines? www.michigan.gov/flu - click on "flu gallery"

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

Sources: Travaline, JM, et al. Patient-Physician Communication: Why and How. The Journal of the American Osteopathic Association (JAOA), January 2005, Vol 105 No 1. AIM Provider Toolkit: Communicating with Families about Vaccines.

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

Sources: Travaline, JM, et al. Patient-Physician Communication: Why and How. The Journal of the American Osteopathic Association (JAOA), January 2005, Vol 105 No 1. AIM Provider Toolkit: Communicating with Families about Vaccines.

Resources to Help You on Your Vaccine Advocacy Journey

- Provider Resources for Vaccine Conversations with Parents (CDC)
 - <http://www.cdc.gov/vaccines/hcp/patient-ed/conversations/index.html>
- 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
 - <http://www.cdc.gov/vaccines/who/teens/for-hcp-tipsheet-hpv.html>

HPV YOU ARE THE KEY TO CANCER PREVENTION

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.