



Evidence-Based Communication Strategies for Improving Child and Adolescent Vaccine Uptake

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Objectives

By the end of this talk, I am hoping you will:



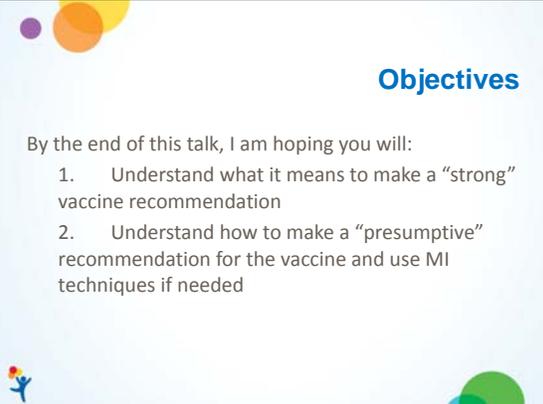


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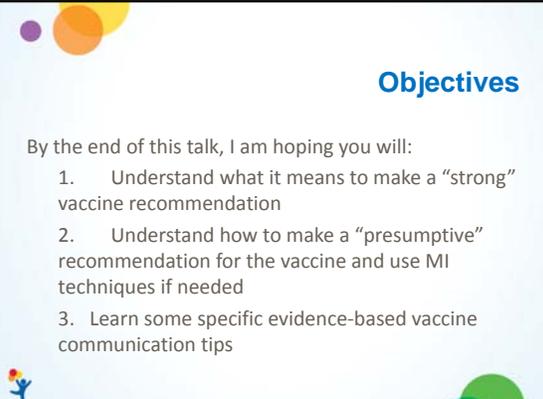




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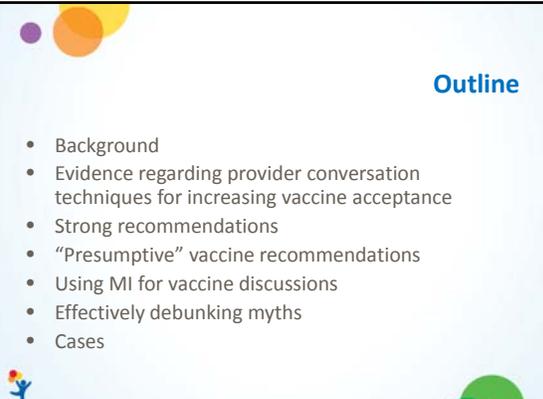
1. Understand what it means to make a “strong” vaccine recommendation
2. Understand how to make a “presumptive” recommendation for the vaccine and use MI techniques if needed



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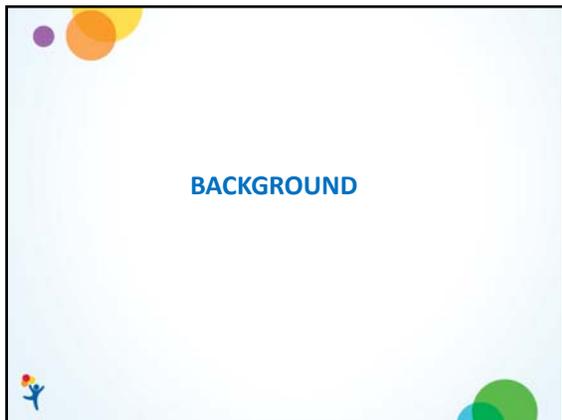
By the end of this talk, I am hoping you will:

1. Understand what it means to make a “strong” vaccine recommendation
2. Understand how to make a “presumptive” recommendation for the vaccine and use MI techniques if needed
3. Learn some specific evidence-based vaccine communication tips

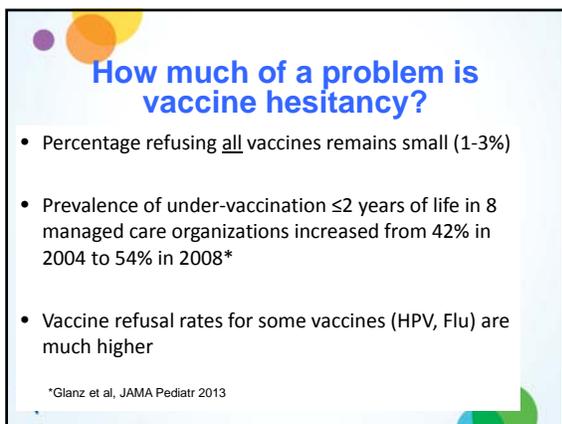


Outline

- Background
- Evidence regarding provider conversation techniques for increasing vaccine acceptance
- Strong recommendations
- “Presumptive” vaccine recommendations
- Using MI for vaccine discussions
- Effectively debunking myths
- Cases



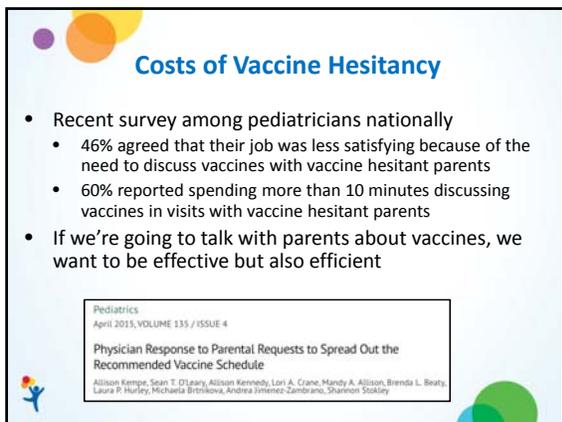
BACKGROUND



How much of a problem is vaccine hesitancy?

- Percentage refusing all vaccines remains small (1-3%)
- Prevalence of under-vaccination ≤ 2 years of life in 8 managed care organizations increased from 42% in 2004 to 54% in 2008*
- Vaccine refusal rates for some vaccines (HPV, Flu) are much higher

*Glanz et al, JAMA Pediatr 2013

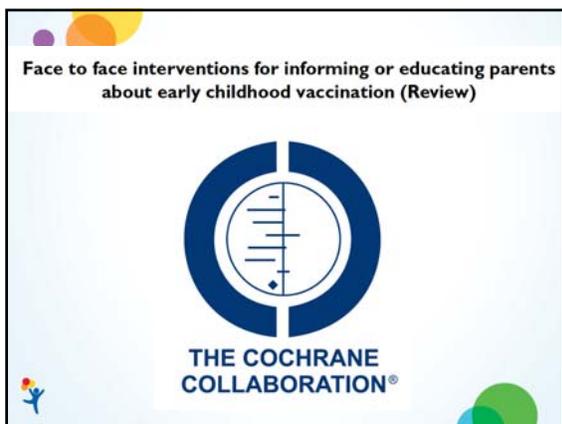


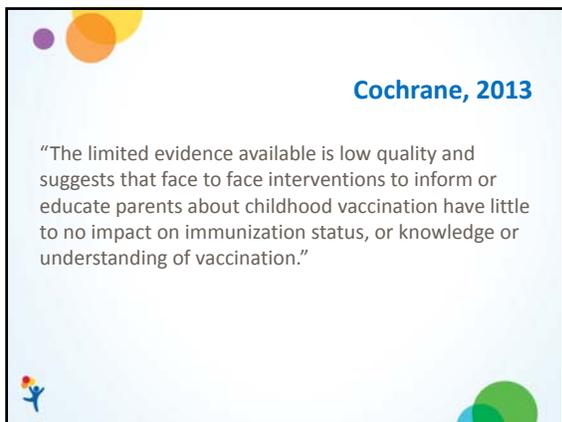
Costs of Vaccine Hesitancy

- Recent survey among pediatricians nationally
 - 46% agreed that their job was less satisfying because of the need to discuss vaccines with vaccine hesitant parents
 - 60% reported spending more than 10 minutes discussing vaccines in visits with vaccine hesitant parents
- If we're going to talk with parents about vaccines, we want to be effective but also efficient

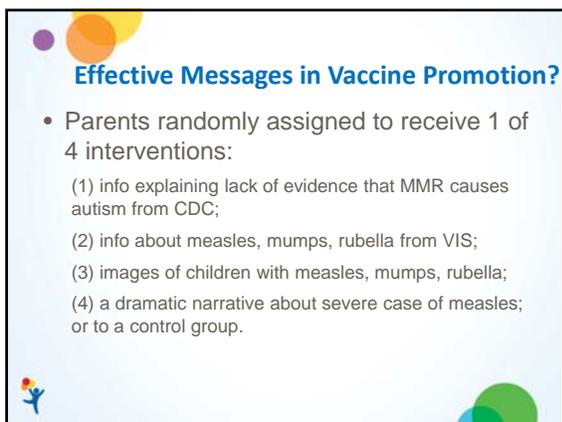
Pediatrics
April 2015, VOLUME 135 / ISSUE 4
Physician Response to Parental Requests to Spread Out the Recommended Vaccine Schedule
Allison Kempe, Sean T. O'Leary, Allison Kennedy, Lori A. Crane, Mandy A. Allison, Brenda L. Beatty, Laura P. Healy, Michaela Britzlow, Andrea Jimenez-Cambiano, Shannon Siskaly















● ● ● Why is This Problem so Hard to Address?

- Tons of research on parents' knowledge, attitudes, beliefs
- Little research on what communication techniques actually *change parents' behavior*
- We've been focused on the 'what' more than the 'how'

● ● ● Also...Our Core Communication Assumptions Are Often Wrong

1. Improved knowledge \neq Better decisions
 - Known as the 'Information Deficit Model'
 - *"If only she just understood the facts she'd realize she's making the wrong choice."*
2. Humans are rationale

Why Do We Need it?



Vaccination decisions are based on emotion, not logic, reason, or "facts"

The Need for Vaccine Communication 2.0

- Correcting knowledge gaps is often not enough to address parents who have concerns about vaccines
- We need interventions on how people *actually* think rather than how they *ought* to think

**"STRONG" RECOMMENDATIONS
– HPV CASE EXAMPLE**

Top Five Reasons for Not Vaccinating Adolescents with HPV Vaccine

2013 Top five reasons for not vaccinating adolescents

Parents of girls		Parents of boys	
Reason	%	Reason	%
Lack of knowledge	15.5	Not recommended	22.8
Not needed or necessary	14.7	Not needed or necessary	17.9
Safety concern/Side effects	14.2	Lack of knowledge	15.5
Not recommended	13.0	Not sexually active	7.7
Not sexually active	11.3	Safety concern/Side effects	6.9

MMSW July 25, 2014
http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6329a3.htm#tab2

But, what is a strong HPV vaccine recommendation?



1. Given to everyone eligible
2. Vaccine on same day as discussion
3. Use unequivocal language that demonstrates your support
4. Provide same weight to HPV as other vaccines (“blanket” recommendation)

Provide Same “Weight” as Other Vaccines

I like chocolate, vanilla and strawberry ice creams the best.

I like chocolate, vanilla and strawberry ice creams the best. Strawberry is one of my favorites because I love the color pink and I think fruit is really healthy. Also I like to grow strawberries in my garden. Plus Strawberry Shortcake was my favorite cartoon when I was growing up

Provide Same "Weight" as Other Vaccines

What favor ice cream would you give this person?



Using "BLANKET" Recommendation:
Recommend HPV the same way as you would recommend other adolescent vaccines

MeningococcalHPVTdapFlu

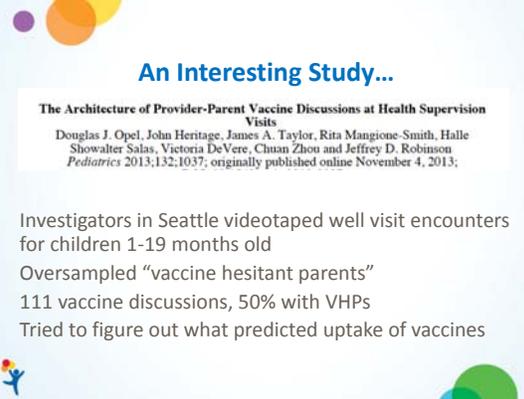
"Your child needs three shots today: HPV vaccine, meningococcal vaccine and Tdap vaccine."

**PRESUMPTIVE
RECOMMENDATIONS**

An Interesting Study...

The Architecture of Provider-Parent Vaccine Discussions at Health Supervision Visits
Douglas J. Opel, John Heritage, James A. Taylor, Rita Mangione-Smith, Halle Showalter Salas, Victoria De Vere, Chunni Zhou and Jeffrey D. Robinson
Pediatrics 2013;132:1037; originally published online November 4, 2013;

Investigators in Seattle videotaped well visit encounters for children 1-19 months old
Oversampled “vaccine hesitant parents”
111 vaccine discussions, 50% with VHPs
Tried to figure out what predicted uptake of vaccines



How you start the conversation matters

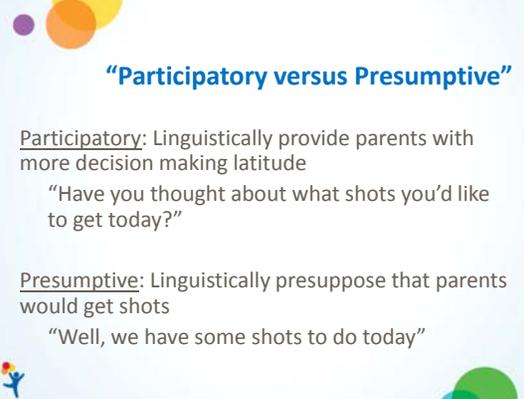
The best predictor of vaccination uptake in the videotaped encounters, for both hesitant and non-hesitant parents, was how the provider started the conversation



“Participatory versus Presumptive”

Participatory: Linguistically provide parents with more decision making latitude
“Have you thought about what shots you’d like to get today?”

Presumptive: Linguistically presuppose that parents would get shots
“Well, we have some shots to do today”



Participatory versus Presumptive

- “Among all parents, a larger proportion resisted vaccine recommendations when providers used a participatory rather than presumptive initiation format (83% vs 26%; $P < .001$).”
- “This finding remained true among vaccine hesitant parents (89% vs 30%; $P < .001$).”

Why might a presumptive style work?

- Most parents perceive decisions about vaccination to be complicated
- As humans, when we make decisions we perceived to be complicated, we tend to have a status quo bias (also called a default bias), meaning we go with what is expected or ‘normal’
- By assuming a presumptive tone, parents are made to feel that getting the vaccine is what most people do, that it is the socially acceptable ‘norm,’ and are therefore less likely to resist

Making a “PRESUMPTIVE” Recommendation for Vaccination

Instead of “So, what do you want to do about vaccines today”

SAY

“So lets go ahead and order the vaccines she needs today”



Presumptive Works!

RCT of 29 clinics with training on using “Announcements,” or “Conversations” vs. Usual Care to bring up topic of HPV vaccine

Announcements had 5.4% increases over Usual Care.
No differences between Conversations and Usual Care



Brewer NT, Hall ME, Malo TL, Gilkey MB, Quinn B, Lathren C. Announcements Versus Conversations to Improve HPV Vaccination Coverage: A Randomized Trial. Pediatrics. Dec 05 2016; PubMed PMID: 27940322.



In Summary

Directive patient/provider recommendations followed by a closed-question work fine for the parent who is ready to be vaccinated or for the parent who expects the doctor to tell him or her what to do.

For parents who are unsure or resistant, a closed-ended question following a recommendation can lead to less productive conversations.



Consider MI!!



MI in a Nutshell

- A way of “being” with the client, not just a set of counseling techniques* - helps to resolve ambivalence
- Provider becomes a “helper” in the change process
- Works to strengthen a person’s *intrinsic* motivation for a behavior
- More about the words you use than the underlying goal



*Miller and Rollnick, 1991

MI for the Vaccine Conversation

JAMA Pediatrics | Original Investigation

Effect of a Health Care Professional Communication Training Intervention on Adolescent Human Papillomavirus Vaccination: A Cluster Randomized Clinical Trial

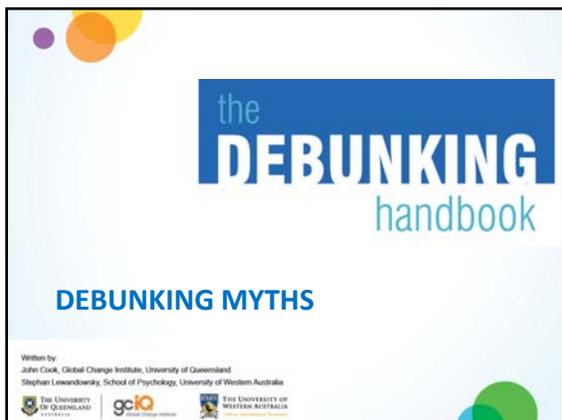
Amanda F. Dempsey, MD, PhD, MPH, Jennifer Pyznawski, MSPH, Steven Lockhart, MPH, Juliana Barnard, MA, Elizabeth J. Campagna, MS, Kathleen Garrett, MA, Allison Fisher, MPH, L. Miriam Dickinson, PhD, Sean T. O'Leary, MD, MPH

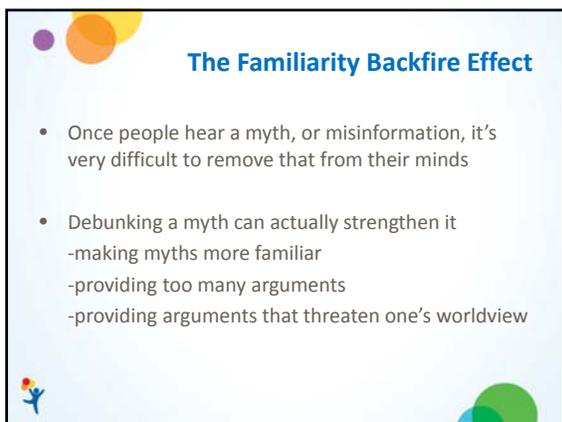
Strengthening Provider Communication for Increasing Uptake of HPV Vaccine

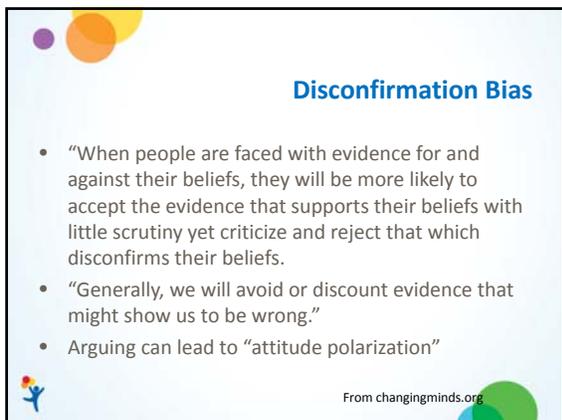
- Cluster RCT Among 16 public and private practices in Colorado
- Multi-component intervention
 - HPV Fact Sheet developed by patients and providers
 - HPV Decision Aid
 - Tailored web-based intervention
 - Motivational Interviewing Training

The Physician Communication Project

- Fact Sheet and MI Training perceived by providers and most used and most useful
- Self-efficacy for changing parents minds about HPV vaccine improved among providers
- Time spent in HPV vaccine discussions was equal to or less 4 months after the training compared to baseline
- 9.5% difference in HPV initiation intervention versus control practices







The Familiarity Backfire Effect: Study

- People were shown a flyer that debunked common myths about flu vaccines
- Then asked to separate the myths from the facts
- When asked immediately after reading the flyer, people successfully identified the myths
- However, when asked 30 minutes after reading the flyer, some people actually scored worse after reading the flyer
- *The debunking reinforced the myths*

Skurnik, I., Yoon, C., Park, D., & Schwarz, N. (2005). How warnings about false claims become recommendations. *Journal of Consumer Research*, 31, 713-724.

HOW TO DEAL WITH MYTHS

Focus on the Facts You Want to Communicate

Any mention of a myth must be preceded by an explicit statement that the myth is false

Keep it simple

A simple myth is more cognitively attractive than an overcomplicated correction

MYTH
FACT FACT FACT
FACT FACT FACT
FACT FACT FACT

MYTH

MYTH
FACT
FACT
FACT

FACT

Replace All Myths with a Compelling Alternative

When you debunk a myth, you create a gap in the person's mind. To be effective, your debunking must fill that gap.

MYTH

Removing a myth leaves a gap

Replace with alternative narrative

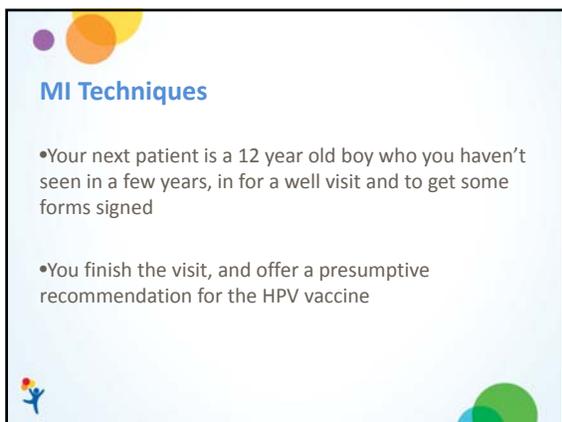
FACT

Summary of Debunking

1. Focus on core facts rather than the myth to avoid the misinformation becoming more familiar
2. Any mention of a myth should be preceded by explicit warnings that the information is false
3. Include an alternative explanation that accounts for the original misinformation

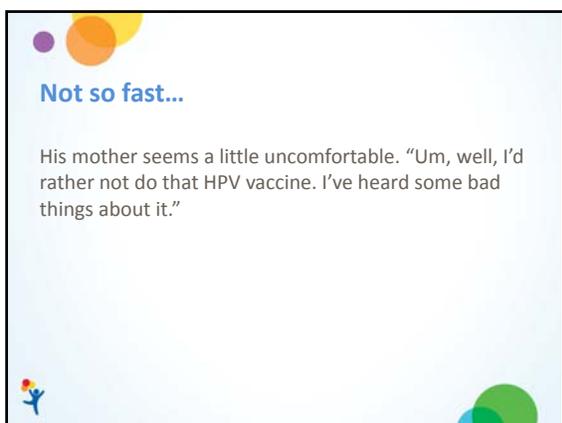


CASES



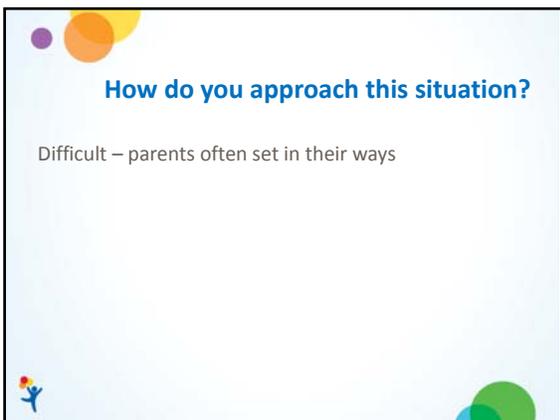
MI Techniques

- Your next patient is a 12 year old boy who you haven't seen in a few years, in for a well visit and to get some forms signed
- You finish the visit, and offer a presumptive recommendation for the HPV vaccine



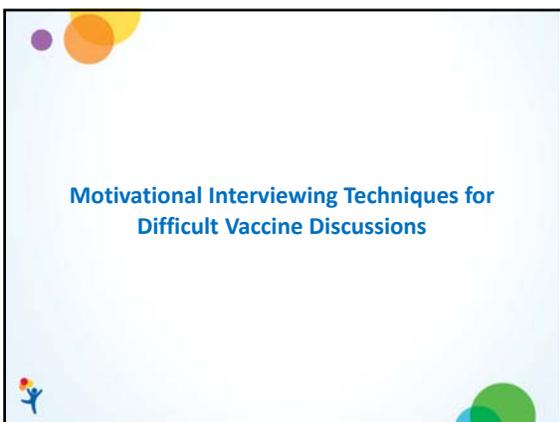
Not so fast...

His mother seems a little uncomfortable. "Um, well, I'd rather not do that HPV vaccine. I've heard some bad things about it."

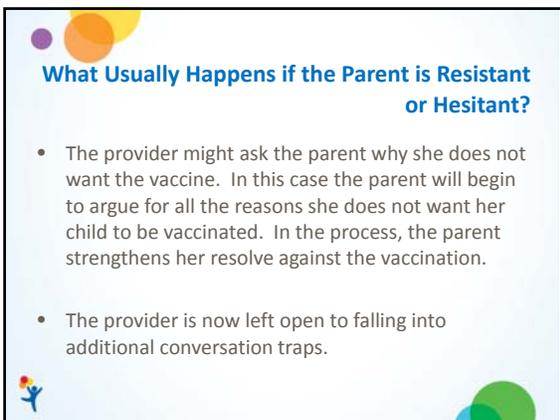


How do you approach this situation?

Difficult – parents often set in their ways

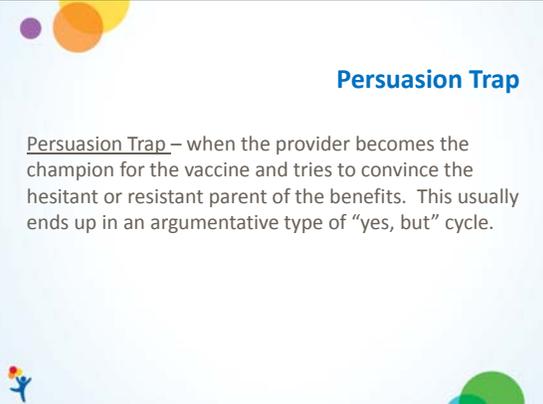


Motivational Interviewing Techniques for Difficult Vaccine Discussions



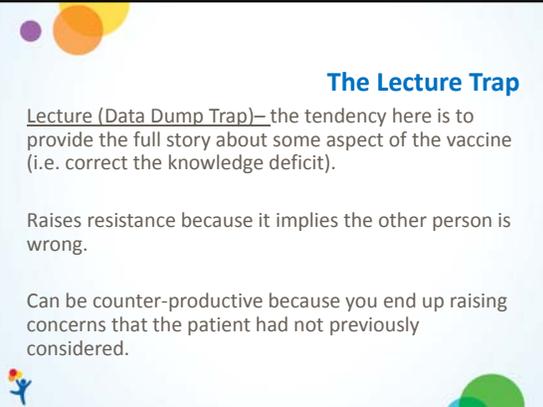
What Usually Happens if the Parent is Resistant or Hesitant?

- The provider might ask the parent why she does not want the vaccine. In this case the parent will begin to argue for all the reasons she does not want her child to be vaccinated. In the process, the parent strengthens her resolve against the vaccination.
- The provider is now left open to falling into additional conversation traps.



Persuasion Trap

Persuasion Trap— when the provider becomes the champion for the vaccine and tries to convince the hesitant or resistant parent of the benefits. This usually ends up in an argumentative type of “yes, but” cycle.

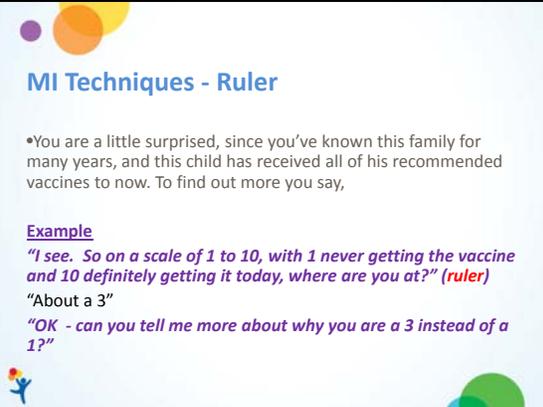


The Lecture Trap

Lecture (Data Dump Trap)— the tendency here is to provide the full story about some aspect of the vaccine (i.e. correct the knowledge deficit).

Raises resistance because it implies the other person is wrong.

Can be counter-productive because you end up raising concerns that the patient had not previously considered.



MI Techniques - Ruler

•You are a little surprised, since you’ve known this family for many years, and this child has received all of his recommended vaccines to now. To find out more you say,

Example
“I see. So on a scale of 1 to 10, with 1 never getting the vaccine and 10 definitely getting it today, where are you at?” (**ruler**)
“About a 3”
“OK - can you tell me more about why you are a 3 instead of a 1?”

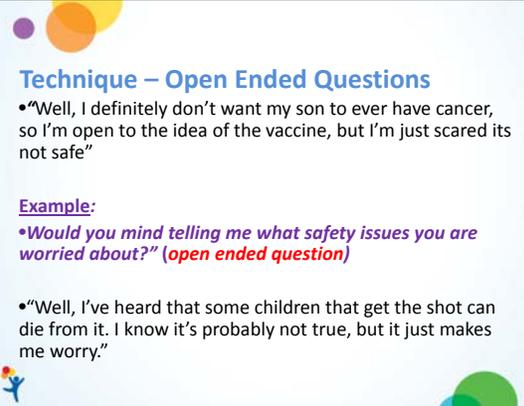
Technique – Open Ended Questions

- “Well, I definitely don’t want my son to ever have cancer, so I’m open to the idea of the vaccine, but I’m just scared its not safe”

Example:

- “Would you mind telling me what safety issues you are worried about?” (*open ended question*)

- “Well, I’ve heard that some children that get the shot can die from it. I know it’s probably not true, but it just makes me worry.”

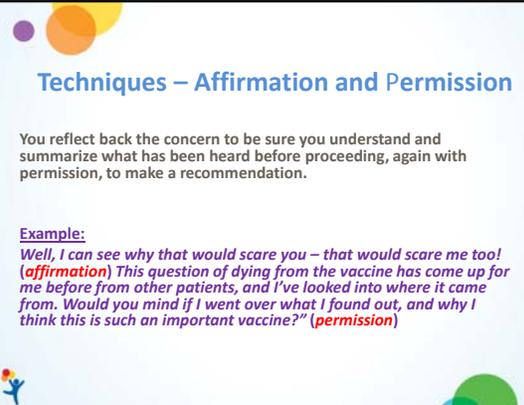


Techniques – Affirmation and Permission

You reflect back the concern to be sure you understand and summarize what has been heard before proceeding, again with permission, to make a recommendation.

Example:

Well, I can see why that would scare you – that would scare me too! (affirmation) This question of dying from the vaccine has come up for me before from other patients, and I’ve looked into where it came from. Would you mind if I went over what I found out, and why I think this is such an important vaccine?” (permission)

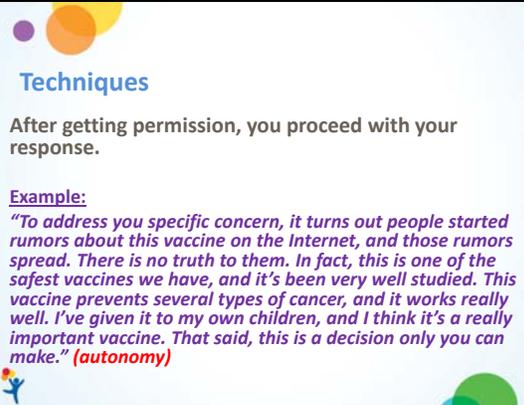


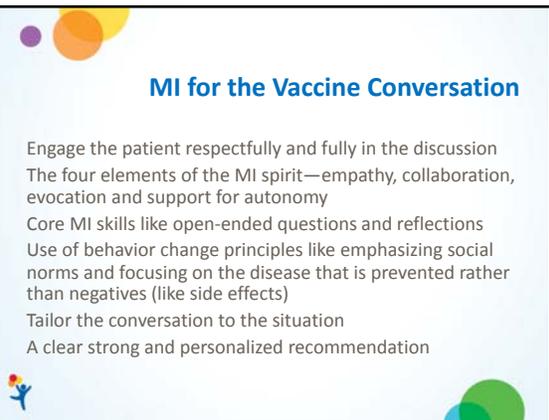
Techniques

After getting permission, you proceed with your response.

Example:

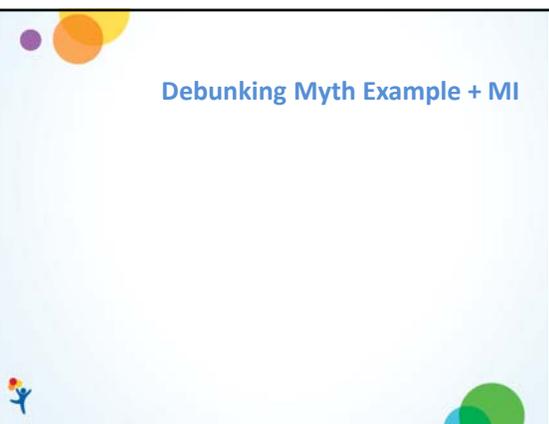
“To address you specific concern, it turns out people started rumors about this vaccine on the Internet, and those rumors spread. There is no truth to them. In fact, this is one of the safest vaccines we have, and it’s been very well studied. This vaccine prevents several types of cancer, and it works really well. I’ve given it to my own children, and I think it’s a really important vaccine. That said, this is a decision only you can make.” (autonomy)



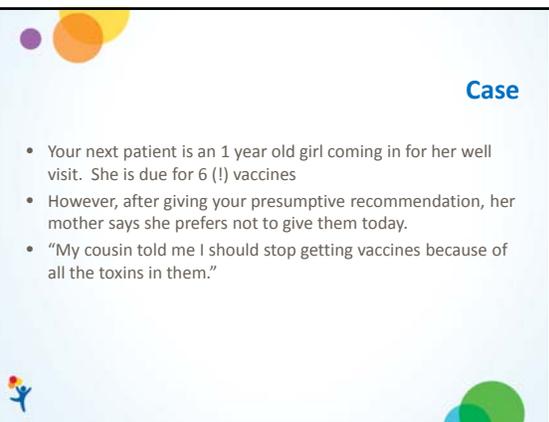


MI for the Vaccine Conversation

Engage the patient respectfully and fully in the discussion
The four elements of the MI spirit—empathy, collaboration, evocation and support for autonomy
Core MI skills like open-ended questions and reflections
Use of behavior change principles like emphasizing social norms and focusing on the disease that is prevented rather than negatives (like side effects)
Tailor the conversation to the situation
A clear strong and personalized recommendation



Debunking Myth Example + MI



Case

- Your next patient is an 1 year old girl coming in for her well visit. She is due for 6 (!) vaccines
- However, after giving your presumptive recommendation, her mother says she prefers not to give them today.
- “My cousin told me I should stop getting vaccines because of all the toxins in them.”

Case – MI stuff

You reflect back what the patient is saying to be sure she understands and summarize what has been heard before proceeding, again with permission, to make a recommendation.

Example:
“So you seem to be concerned about potential effects of the ingredients in the vaccines (MI). I get that – you care a lot about making sure your daughter only takes in things are good for her and safe. I’ve looked into this a great deal. Would it be okay to share what I’ve found out about this?” (MI)

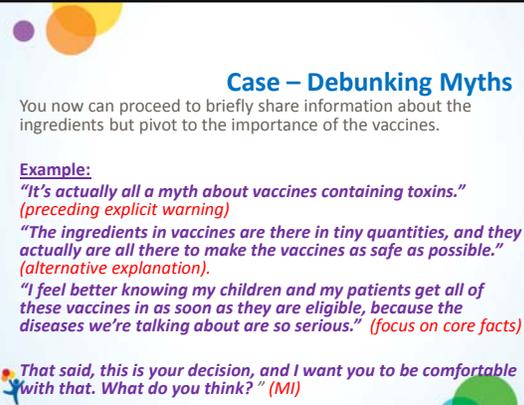


Case – Debunking Myths

You now can proceed to briefly share information about the ingredients but pivot to the importance of the vaccines.

Example:
“It’s actually all a myth about vaccines containing toxins.” (preceding explicit warning)
“The ingredients in vaccines are there in tiny quantities, and they actually are all there to make the vaccines as safe as possible.” (alternative explanation).
“I feel better knowing my children and my patients get all of these vaccines in as soon as they are eligible, because the diseases we’re talking about are so serious.” (focus on core facts)

“That said, this is your decision, and I want you to be comfortable with that. What do you think?” (MI)



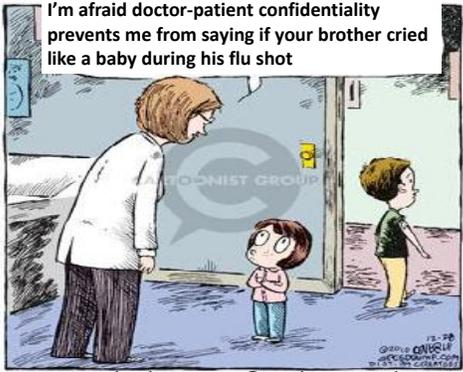
CONCLUSIONS



Summary

- Be mindful of the structure of the conversation
- Start with strong, presumptive, blanket recommendations
- Avoid arguments and spend little time 'refuting' myth
- Instead pivot to the importance of preventing disease
- Stories are good; scare tactics not so much
- Emphasize social norms
- Use MI techniques
 - Open-ended questions
 - Asking permission
 - Empathy/agreement
 - Autonomy

I'm afraid doctor-patient confidentiality prevents me from saying if your brother cried like a baby during his flu shot



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