Reaching the Vaccine-Hesitant: Provider Model to Promote Vaccine Dialogue

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Disclosures

Co-investigator

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Objectives

After completion of this activity, participants should be able to...

Describe thought patterns that contribute to vaccine hesitancy

Demonstrate understanding of general principles used to communicate with vaccine-hesitant families

Utilize a specific structured communication strategy

Discuss ongoing educational initiatives to help train providers to address vaccine hesitancy





Global Threat



Health Topics Y Countries Y Newsroom Y Emergencies Y Data Y About WHO Y

Home / Newsroom / Spotlight / Ten threats to global health in 2019







Persistent and Pervasive





Home / News / COVID-19 pandemic fuels largest continued backslide in vaccinations in three decades





Close to Home

March 3, 2023

LOCAL NEWS

JCPS offers vaccination clinic after measles outbreak in Ohio

"We've got nearly 12,000 students in JCPS who are not current on their measles vaccine"





From Pioneers to Protests









Pathways to Vaccine Hesitancy







External factors

Cultural cognition

Tendency to form beliefs that reflect and reinforce shared societal values







External Factors

Social media







External Factors

Timing

EARLY REPORT

Early report

Ileal-lymphoid-nodular hyperplasia, non-specific colitis, and pervasive developmental disorder in children

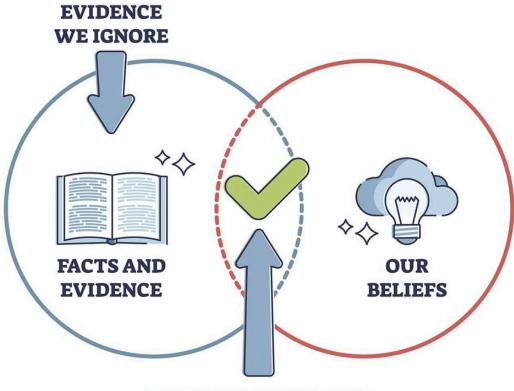
A J Wakefield, S H Murch, A Anthony, J Linnell, D M Casson, M Malik, M Berelowitz, A P Dhillon, M A Thomson, P Harvey, A Valentine, S E Davies, J A Walker-Smith







Confirmation bias

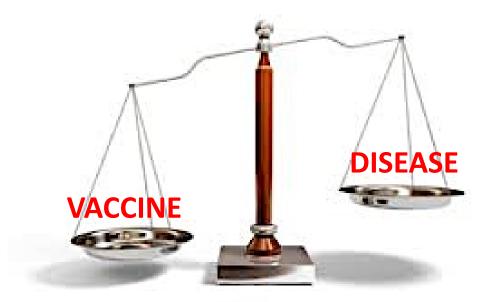








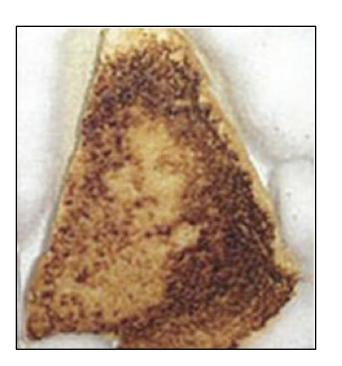
Faulty risk perception







Patternicity







Heuristics and bias







Provider Barriers

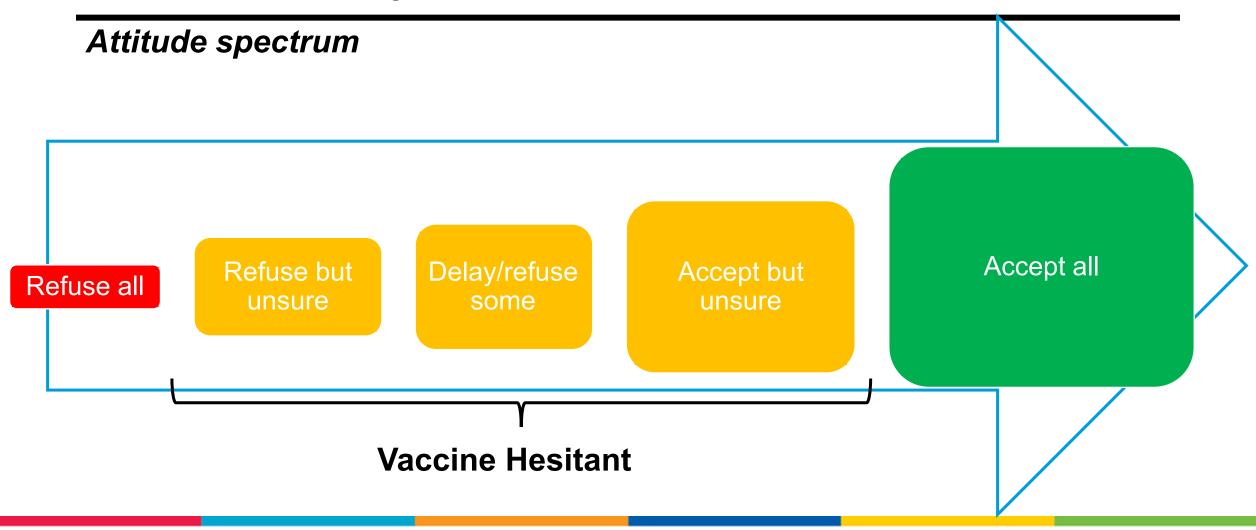
Insufficient knowledge
Lack of confidence
Inadequate time
Parental attitudes and concerns







Vaccine Hesitancy



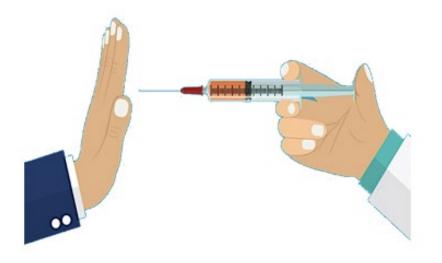




Vaccine Hesitancy

Definition

State of mind regarding immunization characterized by uncertainty, indecision, conflict or opposition







Communication as a Health Intervention







Presumptive approach







Presumptive approach

Who initiated the vaccine recommendation or plan specifically? (n = 111)

No plan verbalized (3%)

Provider (84%)

How does the PROVIDER initiate the vaccine recommendation?

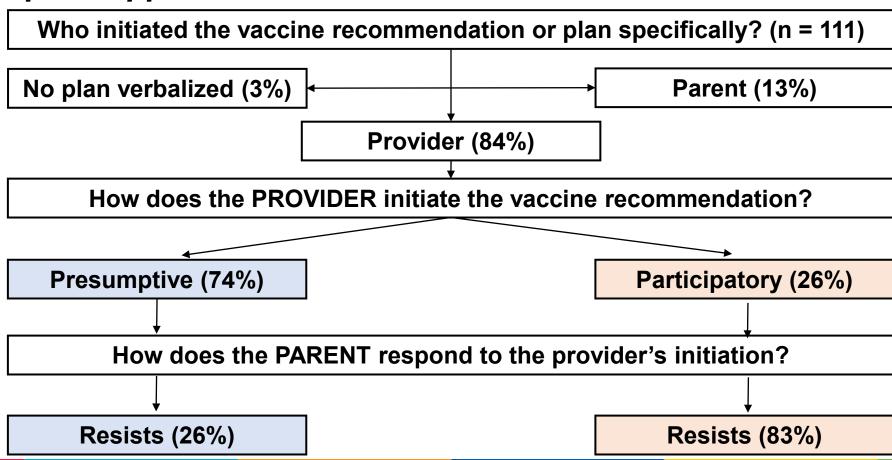
Presumptive (74%)

Participatory (26%)





Presumptive approach







Presumptive approach

Assumes willingness to vaccinate

Declarative statement

Appeals to the majority

"Now that your son is 9, he is due for vaccination to help protect him from HPV-related cancers. We will give him that vaccine today."





Be firm

How does the PROVIDER respond to parent resistance? (n = 38)

Mitigated plan (21%)

Pursues initial plan (50%)

How does the PARENT respond to provider's continued pursuit?

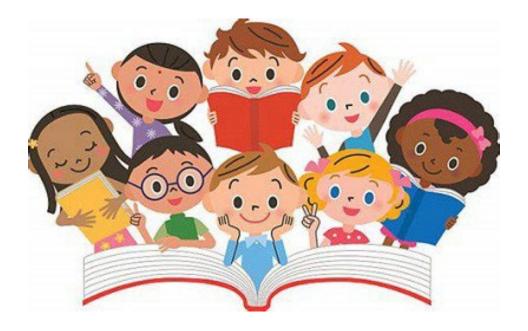
Accepts (47%)

Continued resistance (53%)





Use personalized narratives



"Would you like me to share my child's experience with HPV vaccination?"





Normalize vaccination







Emphasize the risks and benefits



"The HPV vaccine is the only vaccine and most successful prevention tool against HPV-related cancers and genital warts."





Emphasize the risks and benefits



VACCINE INFORMATION STATEMENT

MMR Vaccine

What You Need to Know

(Measles Mumps

1 Why get vaccinated?

Measles, mumps, and rubella are serious diseases. Before children.

- · Measles virus causes rash, cough, runny nose, eye irritation, and fever.
- · It can lead to ear infection, pneumonia, seizures (jerking and staring), brain damage, and death.
- · Mumps virus causes fever, headache, muscle pain, loss of appetite, and swollen glands.
- · It can lead to deafness, meningitis (infection of the brain and spinal cord covering), painful swelling of the testicles or ovaries, and rarely sterility.

Rubella (German Measles) · Rubella virus causes rash, arthritis (mostly in women).

. If a woman gets rubella while she is pregnant, she could have a miscarriage or her baby could be born with serious birth defects.

These diseases spread from person to person through the air. You can easily catch them by being around someone who is already infected.

Measles, mumps, and rubella (MMR) vaccine can protect children (and adults) from all three of these diseases. Thanks to successful vaccination programs these diseases are much less common in the U.S. than they used to be.

But if we stopped vaccinating they would return.

Who should get MMR vaccine and when?

- Children should get 2 doses of MMR vaccine:
- · First Dose: 12-15 months of age
- Second Dose: 4-6 years of age (may be given earlier, if at least 28 days after the 1st dose)

Some infants younger than 12 months should get a dose of MMR if they are traveling out of the country. (This dose will not count toward their routine series.)

Some adults should also get MMR vaccine: Generally, anyone 18 years of age or older who was born after 1956 should get at least one dose of MMR vaccine, unless they can show that they have either been vaccinated or had all three diseases.

MMR vaccine may be given at the same time as other

Children between 1 and 12 years of age can get a "combination" vaccine called MMRV, which contains both MMR and varicella (chickenpox) vaccines. There is a separate Vaccine Information Statement for MMRV.

Some people should not get MMR vaccine or should wait.

- · Anyone who has ever had a life-threatening allergic reaction to the antibiotic neomycin, or any other component of MMR vaccine, should not get the vaccine. Tell your doctor if you have any severe
- · Anyone who had a life-threatening allergic reaction to a previous dose of MMR or MMRV vaccine should not
- · Some people who are sick at the time the shot is scheduled may be advised to wait until they recover before getting MMR vaccine.
- · Pregnant women should not get MMR vaccine. Pregnant women who need the vaccine should wait until after giving birth. Women should avoid getting pregnant for 4 weeks after vaccination with MMR



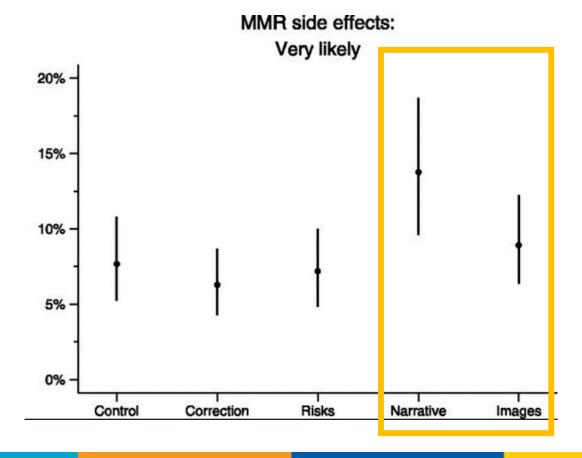








Beware the "danger priming" effect







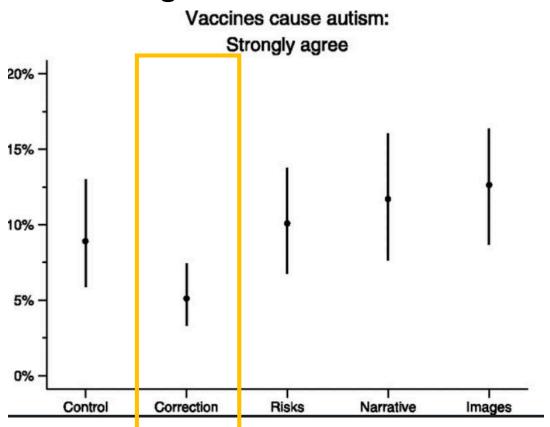
Avoid fact tennis

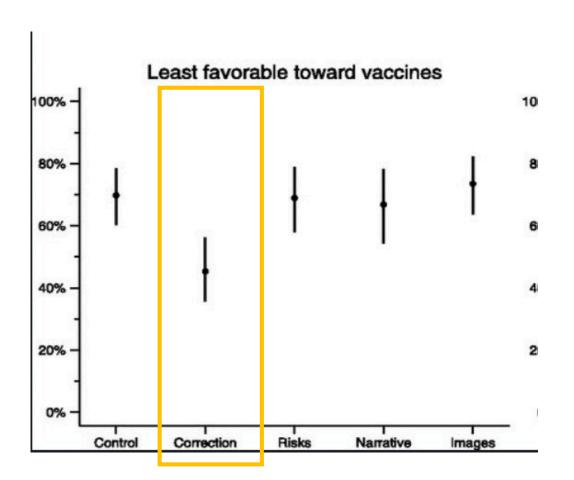






Correcting misinformation









Responding to questions and concerns

Use facts sparingly

Avoid playing "fact tennis"

Acknowledge known common side effects

Do not answer unasked questions





Develop a trusting relationship

Trust in the healthcare provider is key to modifying behavior

Qualities of a trusting provider

- Knowledgeable
- Motivated
- Passionate
- Welcoming
- Patient



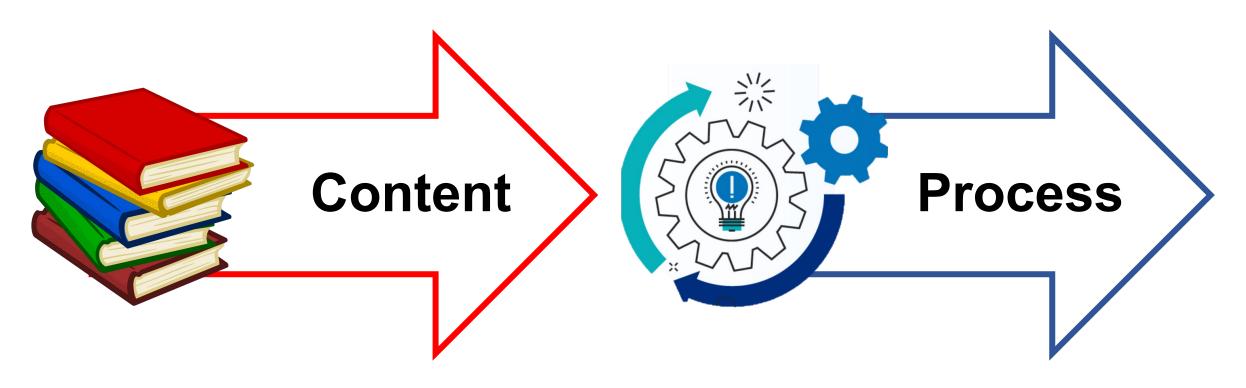




Communicating with Vaccine-Hesitant Parents

Shifting focus

Process of communication may be more important than content







Motivational Interviewing

Patient-centered approach

Evaluate source and strength of parental concerns

Enhance patient's internal motivation to change

Avoids unwanted or unnecessary information







Motivational Interviewing

THEMES

Demonstrate understanding and appreciation of the patient's perspective

Listen reflectively

Establish a supportive environment

Avoid confrontation





Motivational Interviewing

THEMES	BEHAVIORS
Demonstrate understanding and appreciation of the patient's perspective	Ask open-ended questions
Listen reflectively	Summarize key points
Establish a supportive environment	Use empathetic and non-judgmental language
Avoid confrontation	Limit fact-based responses





Motivational Interviewing

Collaborative partnership

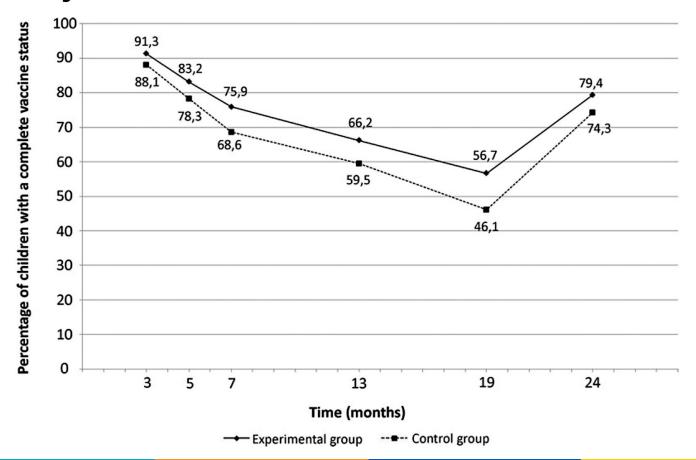






Motivational Interviewing and Vaccine Hesitancy

PromoVac Study







I Don't Have Time For This!









Structured Communication Strategies

<u>A</u>sk <u>A</u>cknowledge Advise

Elicit concern
Acknowledge
Share
Explain science

<u>A</u>cknowledge <u>S</u>teer the conversation <u>K</u>now your facts

Resist righting reflex
Understand
Listen
Empower

<u>Corroborate</u>
<u>About me</u>
<u>Science</u>
<u>Explain & advise</u>

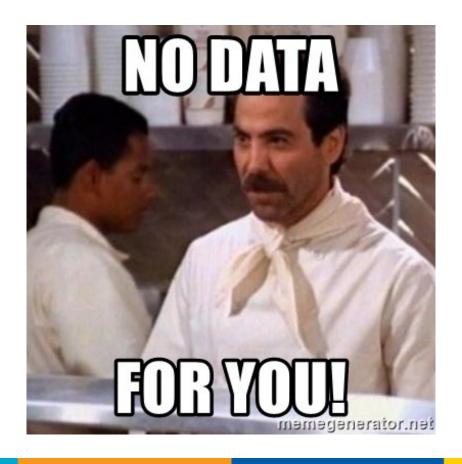
Effective
Communication
Without
Confrontation





Structured Communication Strategies

Supportive evidence

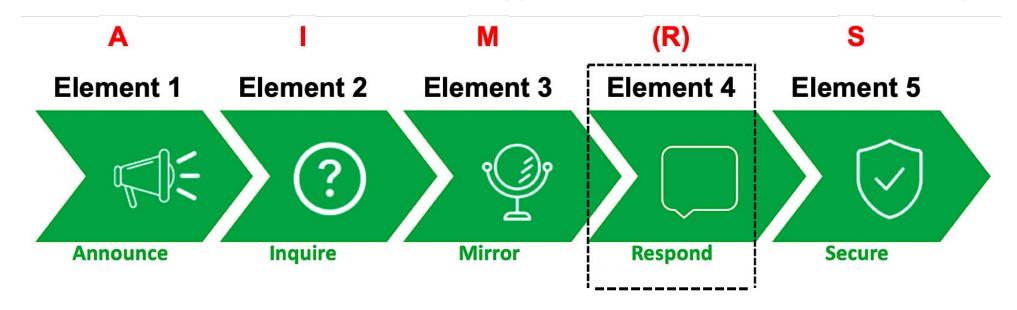






The AIMS Method for Healthy Conversations

A structured communication strategy applied to vaccine hesitancy







Announce

Assume that vaccination will occur

Start with a presumptive statement

Announce the need for vaccination

Declare intent to vaccinate today

Assume vaccine readiness

Professionally confident posture

If there is hesitation or refusal...INQUIRE

It is time for John's shots

John will receive his vaccines today

Flu season is beginning, we will give John his flu shot





Inquire

Understand the concern

Discern driving principles

Evaluate the strength of concern

Gauge the level of hesitancy

Active listening

Use "How" or "What" questions to facilitate dialogue

What concerns you most?

Will you provide me with more detail?

How did you come to this decision?





Mirror

Make the person feel heard

Reflective listening

Demonstrate understanding

Avoid parroting

Acknowledge the right to question

Let me see if I have this right. You are saying that...

If I understand correctly, your main concern is...

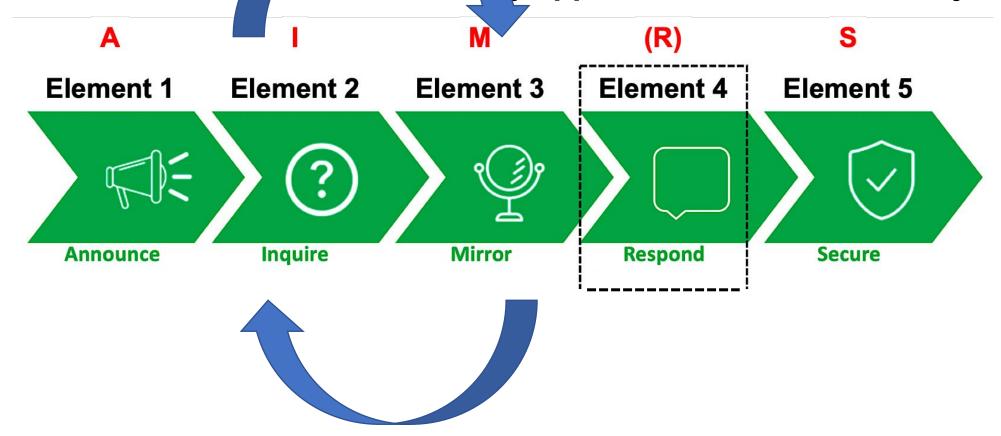
May I verify my understanding by repeating your concerns?





The AIMS Method for Healthy Conversations

A structured communication strately applied to vaccine hesitancy







Respond

Address questions and concerns

Use facts and statistics sparingly

Avoid "fact tennis"

Describe the known, common side effects of vaccination

Acknowledge knowledge gaps

Direct to valid, authoritative resources

Avoid unasked questions

Local reactions may occur.
These include...

May I research
this issue
more and get
back to you?

May I share with you what I know about this topic?





Secure

Develop a professional relationship

Reaffirm your position as a trustworthy teammate

Repeat your recommendation

Maintain respect regardless of the outcome

Establish an open-door policy

Let's work together to keep your child healthy.

Let's make a f/u appt to revisit this conversation.

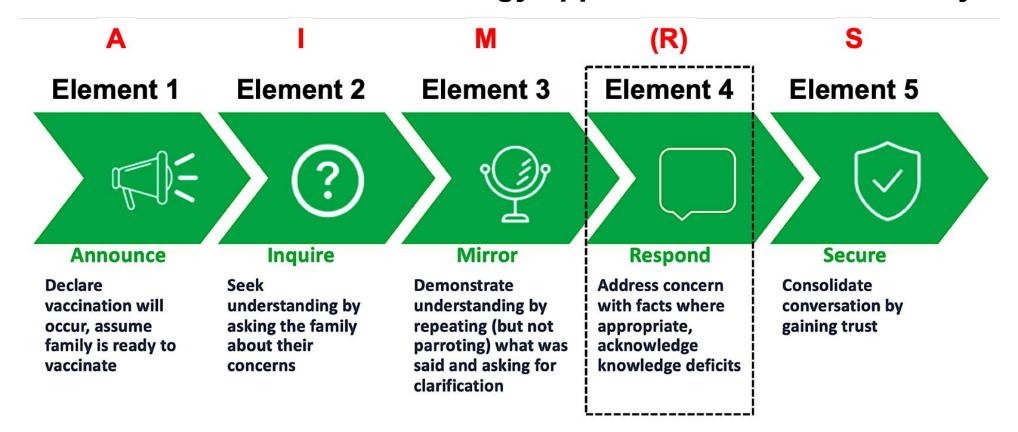
I respect your decision but...





The AIMS Method for Healthy Conversations

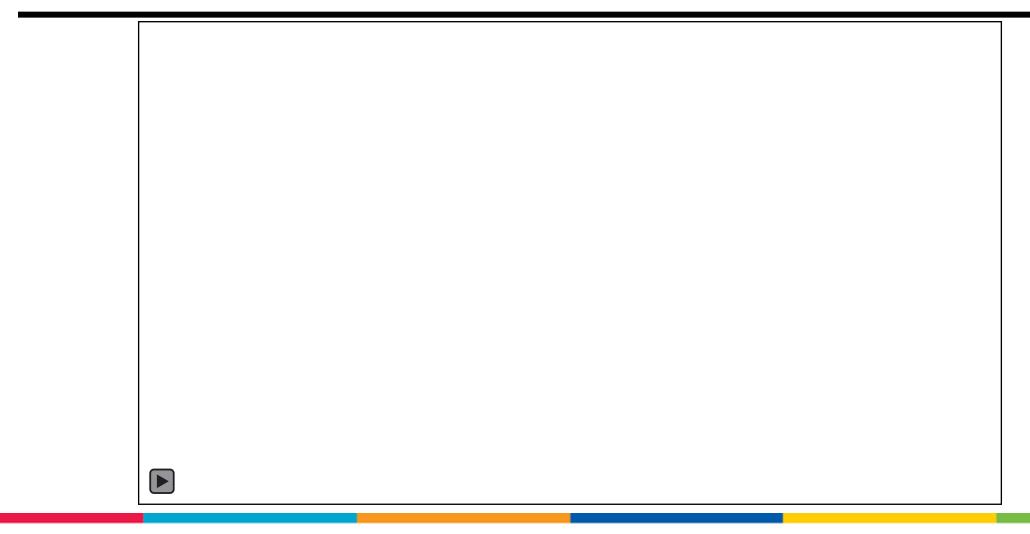
A structured communication strategy applied to vaccine hesitancy







The AIMS Method for Healthy Conversations







Why AIMS?

Incorporates themes of motivational interviewing
Fosters a collaborative partnership regardless of outcome
Emphasizes the process of communication

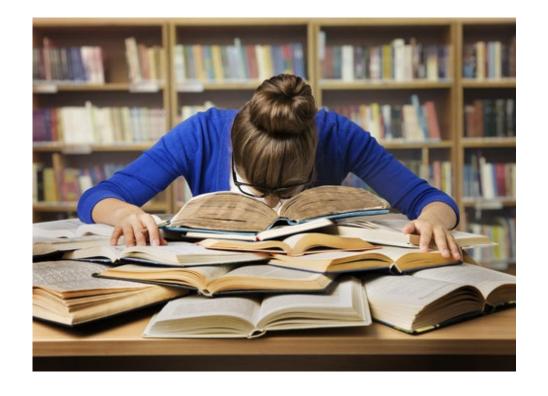




ACGME Requirements

No curricular standard for educating residents on communication with vaccine-hesitant parents

Varied resident experiences







Standardized Patients









Standardized Patient (SP) Model of Vaccine Hesitancy

SPs trained to portray parent of an unimmunized 4-month-old infant

Instructed to refuse vaccination throughout encounter

Blinded to subject group allocation and level of training

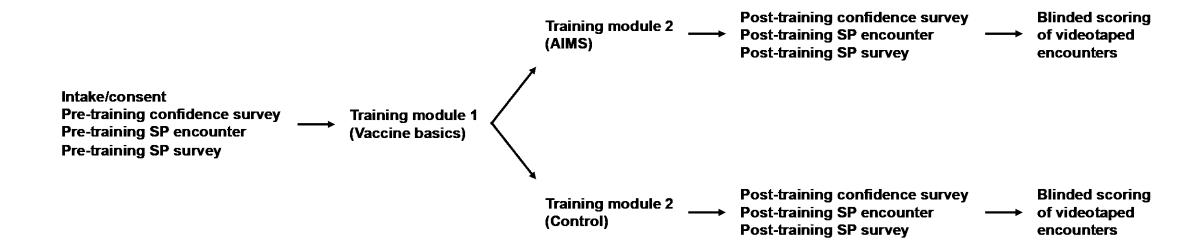






Procedure

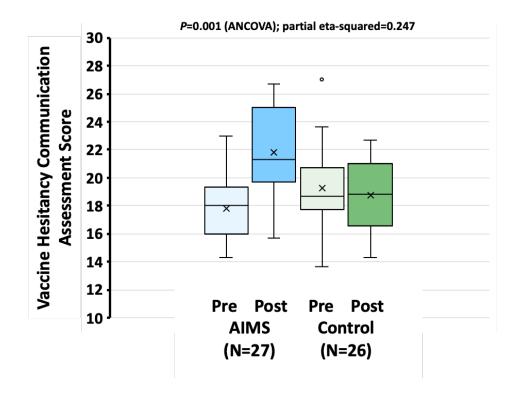
Study flow chart







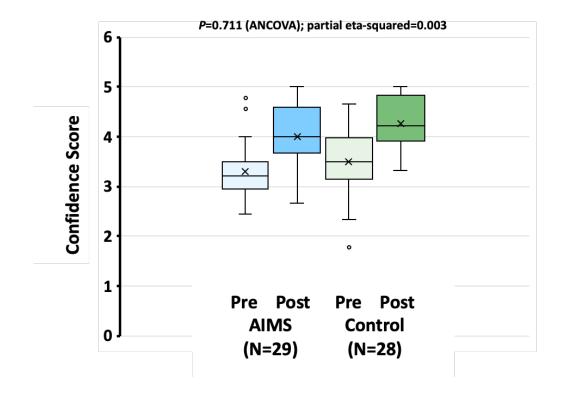
Detection of AIMS behaviors







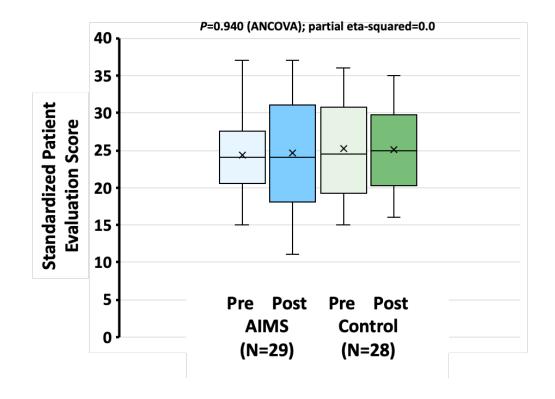
Resident self-confidence







SP survey of resident performance

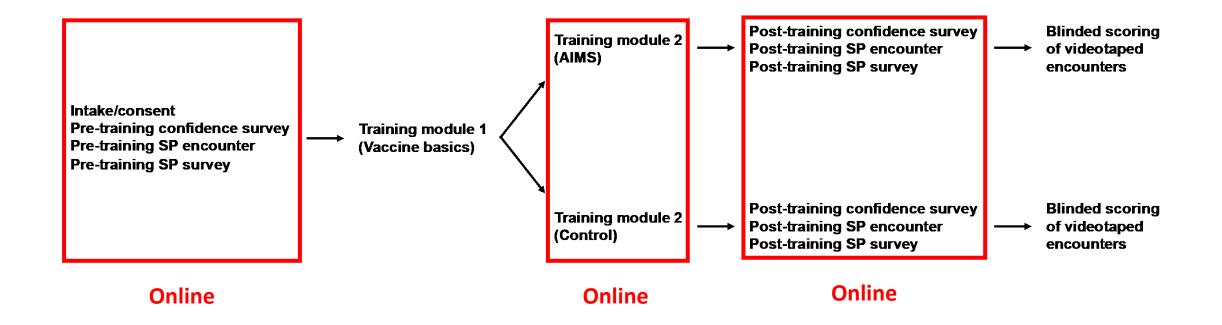






Procedure

Study flow chart







Procedure

Virtual SP encounters

Phase 1



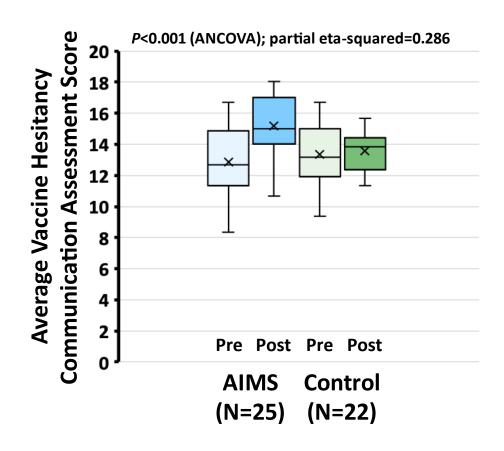
Phase 2







Detection of AIMS behaviors







Teaching Vaccine Confidence

Phase 1 and 2 results have guided curriculum development Inclusion of SP model of vaccine hesitancy Conducted annually

Training module 1 Training module 2 Post-training Resident (Vaccine basics) (AIMS) SP encounter Feedback





Next Steps







Take Home Points

Vaccine hesitancy is a complex and multifaceted problem

Establishing a trusting relationship with the healthcare provider is key

Process of communication may be more important than content

Further research is needed to establish the efficacy of structured communication strategies





Thank you!

Questions? Comments?

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