

Centers for Disease Control and Prevention
National Center for Immunization and Respiratory Diseases



Talking About Vaccines

Building Vaccine Confidence

September 2018

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Vaccines Are Good 😊 Disease is Bad ☹️

- Vaccines protect children and adults from serious diseases and potential complications
- There are record low rates of vaccine-preventable diseases

And yet ...





Flu vaccine gave me the flu!

Flu vaccine doesn't work.

Immunity from disease is better!

I don't need a flu shot... I never get the flu.

Influenza is not a serious illness.

The side effects from a vaccine are worse than the disease!

I'm pregnant so I can't get vaccinated.

Vaccines can make people walk backwards.

Vaccines cause Alzheimer's disease.

Vaccines weaken your body's immune response.

I am allergic to eggs so I can't be vaccinated.

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What Do You Think?

- You are administering Tdap vaccine today to a patient. You offer a flu shot, too, but she declines flu vaccine. Would you consider her “vaccine-hesitant”?
- Yes
- No
- Maybe

Hesitant Patients

- Question the value or necessity of the recommended *vaccination schedule*
- Want information to make the best choice
- BUT may not identify themselves as vaccine-hesitant



Vaccine Hesitancy

- Vaccine hesitancy refers to refusal or delay in acceptance despite the availability of vaccination services
- Vaccine hesitancy is complex and varies across time, place, and vaccines
- It includes factors such as complacency, convenience, and confidence



Image: James Gillray, The Cow-Pock—or—the Wonderful Effects of the New Inoculation! (1802)

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Costs of Vaccine Hesitancy

- **Increased levels of under-vaccination**
 - Undervaccinated tend to remain undervaccinated
- **Outbreaks of vaccine preventable diseases**
 - Pertussis
 - Varicella
 - Pneumococcal disease
 - MEASLES!!!!

Costs of Vaccine Hesitancy

- **Increased pain/trauma for children from multiple visits**
 - 84% of pediatricians think it is more painful for children to administer vaccines over multiple visits than to give them simultaneously
- **Less time to spend on other preventive health issues**
 - Average visit = 18 minutes
- **Reports of physician burnout**

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Vaccine Hesitancy and Health Care Providers

- **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
- **When talking about vaccines, we want to be effective but also efficient**

Kempe A, et al. Physician Response to Parental Requests to Spread Out the Recommended Vaccine Schedule. Pediatrics 2015;135(4)

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Vaccine Conversations

- **Answering questions can be challenging**
 - Staff is not always prepared for questions
 - Inconsistent messages from staff
 - Real-life time constraints
 - Frustrating! Correcting misconceptions can successfully reduce misperceptions, but does not always result in vaccination

2007 National Survey of Children's Health. Factors associated with human papillomavirus vaccine-series initiation and health care provider recommendation in U.S. adolescent females. Vaccine 2012;30(20):3112-3118

Communication Research

Consistent Messages

- **Consistent messages from ALL staff are critical**
 - Don't forget front desk/support staff
- **Use talking points to get everyone on the same page**



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Communicating About Vaccines

- There is much research on parents' knowledge, attitudes, and beliefs about vaccines
- Little research on what communication techniques actually *change parents' behavior*
- Research in this area is complicated
- We've been focused on the "what" more than the "how"

Conventional Wisdom

- Improve parents' knowledge and they will make the right decision
- This educational approach assumes human decision-making is rational – but this is often not true
- Behavioral economics: human behavior is influenced by deep-seated cognitive biases and heuristics resistant to rational influence

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What Does This Mean?

- Becoming increasingly clear that simply correcting knowledge gaps—whether through informational brochures, community campaigns, or direct provider conversations—often is not enough to address parents' concerns about vaccines
- Investigators are now focusing on developing interventions to improve vaccination uptake focused on how people actually think rather than how they ought to think
 - Remember—correcting misconceptions, can successfully reduce misperceptions but does not always result in vaccination

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What You Say Matters

- Providers are a patient’s most trusted source of information on vaccines
- Research shows a patient who receives a strong recommendation from a provider is 4–5 times more likely to be vaccinated*
- “Bundle” all needed vaccines into the same recommendation

*2007 National Survey of Children’s Health. Factors associated with human papillomavirus vaccine-series initiation and health care provider recommendation in U.S. adolescent females. Vaccine 2012;30(20):3112-3118

What You Say Matters AND How You Say It Matters

- Good recommendation = simple, strong and personalized
- ★ “Its time to start the HPV series. I recommend he is vaccinated today. I vaccinated my children. It’s the healthy thing to do.”
- VERSUS
- “Research suggests that persons vaccinated with HPV vaccine have a decreased chance of contracting HPV diseases such as penile and anogenital cancers or genital warts. Would you like John vaccinated today?”

How You Start the Conversation Matters, Too

- The best predictor of vaccination was how the provider started the conversation
 - For both vaccine hesitant and non-hesitant patients



Opel DJ, Smith R, et al. The Influence of Provider Communication Behaviors on Parental Vaccine Acceptance and Visit Experience. American Journal of Public Health Oct 2015

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Participatory versus Presumptive Approach

- **Participatory: provides more decision-making latitude**
 - Example: "Have you thought about what shots you'd like today?"
- **Presumptive: presupposes that parents would get the child vaccinated**
 - Example: "We have some vaccines due 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%; $P < .001$)

Opel DJ, et al. The Architecture of Provider-Parent Vaccine Discussion at Health Supervision Visits. *Pediatrics*. 2013;132:1037

Why Presumptive Style Might Be Better

- Most patients perceive decisions about vaccination to be complicated
- As humans, when we make decisions we perceive 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"
- Using a presumptive approach, patients are made to feel that vaccination is what most people do, and it is the socially acceptable "norm"

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Vaccine Conversations

What Usually Happens When a Patient is Hesitant?

- The provider might ask why the patient does not want the vaccine
- Often patients will state all the reasons they do not want to be vaccinated
 - In the process, the patient strengthen their resolve against the vaccination
- The provider is vulnerable to falling into conversation traps

Communication Traps



Persuasion trap



Data dump trap



Q and A trap

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Persuasion Trap

- When the provider becomes the champion for the vaccine and tries to convince the hesitant or resistant patient of the benefits
- This usually ends up in an argumentative type of “yes, but” cycle



The Lecture (Data Dump) Trap

- The tendency here is to provide the full story about some aspect of the vaccine
- This often ends up putting people off and raising resistance because it implies that they don't know the full story and you're going to give it to them
- Also, it can be counterproductive because you end up raising concerns that the patient had not previously considered



The Question and Answer Trap

- When the provider begins asking a series of closed questions that require a yes or no answer and does not invite any additional information or thoughts



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In Summary

- Directive patient/provider recommendations followed by a closed question work fine for the patient who is ready to be vaccinated or for the patient who expects the doctor to tell him or her what to do
- For patients who are unsure or resistant, a closed-ended question following a recommendation can lead to less productive conversations

Motivational Interviewing

- Motivational interviewing (MI) is a patient-centered, guiding communication style for enhancing a person's own motivation for change or behavioral activation
- Engages the patient respectfully and fully in the discussion
- The 4 elements include:
 - Empathy
 - Collaboration
 - Evocation
 - Support for autonomy

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Motivational Interviewing

- Motivational interviewing has not been tested and proven effective for convincing those who are hesitant about vaccination
- **HOWEVER**, it has been shown to be effective in other health interventions, including:
 - Diabetes self care
 - Smoking cessation
 - Cognitive behavioral therapy

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Using Motivational Interviewing for Vaccine Discussions

- **Motivational interviewing includes:**
 - Open-ended questions
 - Affirmations
 - Reflection
 - Summary
- **Remember to:**
 - Include simple, strong, and personalized recommendation
 - Highlight social norms

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Motivational Interviewing and Vaccine Conversations

- HCP asks in a non-threatening way what are the patient's concerns

Motivational Interview and Vaccine Conversations

- HCP reflects back what the patient is saying to be sure he/she understands (empathy) and summarizes what has been heard before proceeding, again with permission, to make a recommendation

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Motivational Interviewing and Vaccine Conversations

- If possible, put the concern into a perspective the family can relate to

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Motivational Interviewing and Vaccine Conversations

“I think about flu vaccine like a savings account for a rainy day. The immune system has antibodies ‘in the bank’ to use when they are needed. Most of the patients in my practice are vaccinated.”

Motivational Interview and Vaccine Conversations

- Now, its time for a simple, strong, and personalized recommendation
- End the conversation with an open-ended question

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Motivational Interviewing Summary

- 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)
- Don't forget—a simple, strong, and personalized recommendation

Questions?



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