Disclosure: Session H3

In compliance with continuing education requirements, all presenters must disclose any financial or other associations with the manufacturers of commercial products, suppliers of commercial services, or commercial supporters as well as any use of unlabeled product(s) or product(s) under investigational use.

CDC, our planners, content experts, and their spouses/partners wish to disclose they have no financial interests or other relationships with the manufacturers of commercial products, suppliers of commercial services, or commercial supporters with the exception of the following speakers:

Judy Klein of Unity Consortium wishes to disclose within past 12 months, she has consulted for a vaccine manufacturer and Unity Consortium receives funding from Vaccine Manufacturers, including funding from Pfizer for the Adolescent Health and Immunization Survey.

Planning committee discussed conflict of interest with each presenter to ensure there is no bias.

Content will not include any discussion of the unlabeled use of a product or a product under investigational use.

CDC did not accept commercial support for this continuing education activity.
Effective Approaches for Communication about Adolescent Vaccination

National Immunization Conference
May 2018

www.unity4teenvax.org
Beliefs Impacting Healthcare Provider Communications with Parent and Teens on Healthcare and Vaccination: Unity U.S. Survey Results

National Immunization Conference
May 2018

www.unity4teenvax.org
UNITY Vision and Mission

**MISSION:** Provide action-oriented leadership, innovation and education on preventive health and immunization for adolescents and young adults:

- **ESTABLISH** immunization as a central component of preventative health and as an investment in lifelong health.
- **DEVELOP** healthcare providers as advocates that make strong recommendations for all nationally recommended vaccines.
- **ENGAGE** parents, adolescents and young adults to embrace the value of immunization.
- **ENSURE** easy access to and timely delivery of all recommended vaccines.

**VISION**

Coverage is 90% or greater for all nationally recommended vaccines for adolescents and young adults.
Survey Objectives

✓ Understand parents, teens and healthcare providers views on health prevention and immunization

✓ Gather data to educate and align parents, teens, and healthcare providers around the clear and certain value of immunization to life long health
Conducted by Harris Poll, Sept-Oct 2016

20 minute, online, self-administered survey

Participants
- Teens (n=506): split by teen’s age 13-15/16-18 & gender
- Parents (n=515): split by teen’s age 13-15/16-18 & gender
- Healthcare Providers (n=510): PCPs/Pediatricians (n=405) and Pharmacists (n=105)
Unity Survey U.S. Results - Overview

- Attitudes Towards Adolescent Preventive Health
- Adolescent Health - Roles and Responsibilities
- Vaccination - Roles and Responsibilities
- Vaccination
Gap between HCP and teen-parent beliefs

Virtually all healthcare providers agree that many teens think **things they do now will not have** a big effect on their **health in the future.**

**Things I do now will not have a big effect on my health in the future**

(\% Strongly/Somewhat agree)

- Teens: 27%
- Parents: 38%
- Physicians: 93%
- Pharmacists: 98%
Responsibility for maintaining good health

Teens look to parents for health advice, are comfortable having an open dialogue, and appreciate their parents being actively engaged in health decisions. However, a minority of HCPs believe that teens are comfortable talking to parents about their health.

- 76% of teens: I need my parents/guardians to help me stay healthy
- 89% of teens: I am comfortable asking my parents/guardians questions about my health
- 32% of docs: Teens usually feel comfortable talking to parents about their health
- 45% of pharm: 

62% of teens say they are anxious when making decisions about their health.
Parents (followed by doctors) are the overwhelming top health resource for teens, both in terms of access and trust.

If I have questions about my health, I always know where to go to find answers  

84% Teens

If my son/daughter has questions about his/her health, he/she knows where to go to find answers  

92% Parents

Parents are...

- Teens’ first stop for questions related to health (66%)
- The most trusted resource for health related information (94%)
Ways HCPs Can Help Teens Stay Healthy

Well visit, vaccination and flu shot reminders lead the parent & teen wish list

Ways HCPs can help teens stay healthy

- Send information about important health issues: Teens 43%, Parents 45%
- Provide reminders for annual check-ups/well visits: Teens 55%, Parents 58%
- Provide reminders for vaccinations incl. flu shots: Teens 45%, Parents 52%
- Send information about health related events, seminars, classes: Teens 24%, Parents 27%
- Provide information about nutrition and diet: Teens 41%, Parents 53%
- Offer teens the ability to contact them when I have questions: Teens 48%, Parents 49%
- Provide teens with links to websites where teens can find credible health related information: Teens 40%, Parents 40%
- Other: Teens 1%, Parents 2%
- Doctors can’t do anything to help teens stay healthy: Teens 0%, Parents 4%

*Note: the statement language has been adapted for graphical comparison

Base: All Qualified Teen [Parent] Respondents (teens total n=506, parent total n=515)
Q355. In your opinion what could doctors and other healthcare providers do to help you [your son/daughter] stay healthy?
**Preferred methods of HCP communications**

**Email** is preferred for receiving information, reminders and discussing questions for teens and parents, followed by **text messages** (teens) and regular mail.

<table>
<thead>
<tr>
<th>Preferred way of receiving information and reminders</th>
<th>Preferred way of discussing questions about teen’s health</th>
</tr>
</thead>
<tbody>
<tr>
<td>Via email</td>
<td>Via email</td>
</tr>
<tr>
<td>39%</td>
<td>34%</td>
</tr>
<tr>
<td>Via text message to my cell phone</td>
<td>Via text message to my cell phone</td>
</tr>
<tr>
<td>29%</td>
<td>27%</td>
</tr>
<tr>
<td>Via regular mail</td>
<td>Via regular mail</td>
</tr>
<tr>
<td>27%</td>
<td>10%</td>
</tr>
<tr>
<td>Via your healthcare provider’s website or portal</td>
<td>Via your healthcare provider's website or portal</td>
</tr>
<tr>
<td>14%</td>
<td>29%</td>
</tr>
<tr>
<td>Some other way</td>
<td>Some other way</td>
</tr>
<tr>
<td>2%</td>
<td>10%</td>
</tr>
</tbody>
</table>

Base: All Qualified Teen [Parent] Respondents (teens total n=506, parent total n=515)

Q360. What would be your preferred way of receiving information and reminders from your [your son/daughter’s] doctor [healthcare providers]?
HCP beliefs on teen vaccination levels

Physicians report that ~1/5 teens are not up to date on their vax

Less than 2/3 of physicians have processes to remind teen patients about the next recommended vaccine

Less than 1/2 have reminders in place for the missed vaccination

Virtually all HCPs think teens and parents should better understand the benefits of vaccination

• Virtually all HCPs say they take time to convince parents and teens to have teens vaccinated
• Most HCPs think more materials are needed to help HCPs stay informed and to help HCPs discuss vaccinations with parents and teens
There is a sizeable minority of teens and parents who don’t understand how vaccines help teens...and half or more share some concerns about safety.

HCPs believe...

98%

Teens and Parents should better understand the benefits of vaccination

Teens believe...

57%

I have some concerns about the safety of vaccinations

47%

What I have read on social media has me concerned about the safety of some vaccines

23%

Vaccines are for babies, not as important for teens

34%

I don't know how being vaccinated helps me

Parents believe...

57%

45%

23%

23%
Physicians and pharmacists agree that more materials are needed to help HCPs stay informed on vaccination recommendations and to help them discuss recommendations with parents and teens.

More materials need to be made available to help HCPs discuss the latest vaccination recommendations with parents and teens

**Strongly/Somewhat agree**

- Physicians: 80%
- Pharmacists: 86%

More materials need to be made available to help HCPs stay informed on the latest adolescent vaccination recommendations

**Strongly/Somewhat agree**

- Physicians: 75%
- Pharmacists: 86%
Moreover, many physicians and pharmacists report that it’s not easy to stay informed on the latest adolescent vaccination recommendations.

Tough to stay informed on the latest adolescent vaccination recommendations

*Strongly/Somewhat agree*

<table>
<thead>
<tr>
<th></th>
<th>Physicians</th>
<th>Pharmacists</th>
</tr>
</thead>
<tbody>
<tr>
<td>41%</td>
<td>n=405</td>
<td>n=105</td>
</tr>
<tr>
<td>57%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
HCPs can serve as advocates of preventative health and vaccination to parents & teens

> 90% of HCPs believe teens think the things they do now will not have a big effect on their health in the future

Vaccine safety concerns on social media still plague parents’ and teens’ perceptions.

Be blunt in the need for preventative health including vaccination. Address misperceptions and how avoidance can have long-term implications

Reinforce the safety of and need for vaccines and the danger in skipping or delaying adolescent immunizations
Thanks to the Unity Working Group, led by Charlie Irwin and Lee Ann Kimak

Judy@unity4teenvax.org
APPENDIX
### Demographics

#### Teens

<table>
<thead>
<tr>
<th>Gender</th>
<th>Male 51%</th>
<th>Female 49%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td>13-15 54%</td>
<td>16-18 46%</td>
</tr>
<tr>
<td>Ethnicity</td>
<td>White 56%</td>
<td>Hispanic 22%</td>
</tr>
<tr>
<td></td>
<td>Black 10%</td>
<td>African American 4%</td>
</tr>
<tr>
<td></td>
<td>Asian or Pacific Islander 4%</td>
<td>Mixed racial background 2%</td>
</tr>
<tr>
<td></td>
<td>Native American or Alaskan native 1%</td>
<td>Decline to Answer 1%</td>
</tr>
</tbody>
</table>

#### Parents

<table>
<thead>
<tr>
<th>Gender</th>
<th>Male 44%</th>
<th>Female 56%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td>Under 35 13%</td>
<td>35-54 70%</td>
</tr>
<tr>
<td></td>
<td>55+ 17%</td>
<td>Mean 45.2</td>
</tr>
<tr>
<td>Ethnicity</td>
<td>White 66%</td>
<td>Hispanic 17%</td>
</tr>
<tr>
<td></td>
<td>Black 8%</td>
<td>African American 3%</td>
</tr>
<tr>
<td></td>
<td>Asian or Pacific Islander 2%</td>
<td>Mixed racial background 1%</td>
</tr>
<tr>
<td></td>
<td>Decline to answer 2%</td>
<td></td>
</tr>
</tbody>
</table>

#### Age/Gender of Child:

| Gender | Age | Male 13-15 24% | Male 16-18 24% | Female 13-15 27% | Female 16-18 26% |

#### Physicians

<table>
<thead>
<tr>
<th>Gender</th>
<th>Male 57%</th>
<th>Female 43%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mean age</td>
<td>42.4</td>
<td>443 PCP 63%</td>
</tr>
<tr>
<td>Mean # of patients see in typical month</td>
<td>PED 37%</td>
<td></td>
</tr>
</tbody>
</table>

#### Pharmacists

<table>
<thead>
<tr>
<th>Gender</th>
<th>Male 55%</th>
<th>Female 45%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mean age</td>
<td>49.9</td>
<td>42% Pharmacy chain</td>
</tr>
<tr>
<td>Setting</td>
<td>42%</td>
<td>30% Independent pharmacy</td>
</tr>
<tr>
<td></td>
<td>14% Local grocery/food store</td>
<td>9% Big-box/super center</td>
</tr>
<tr>
<td></td>
<td>5% Other</td>
<td></td>
</tr>
</tbody>
</table>
Why INSPECT ourselves?

Adolescent immunization coverage rates, especially for the 16-year old teenager are poor

Missed opportunities to vaccinate abound

- A failure to leverage all vaccinators to provide vaccine access
- Poor collaboration among all potential providers of vaccines for adolescents

How do we improve continuity of care through our IISs?

How do we nurture and transfer good prevention habits as 16 year old adolescents transition into young adulthood?
Even as policy work, implementation science, quality improvement moves us towards ecologic changes that will improve adolescent immunizations, healthcare providers remain the trusted point-of-contact for the adolescent and parents.

A concise, consistent and confident recommendation usually results in vaccination.
Increase access, expand and integrate the Immunization Neighborhood

Leverage technology and improve information sharing

Establish an immunization platform for older adolescents at age 16

Educate parents and teens to raise the priority for immunization

Develop and empower immunization champions and talk about quality performance
Immunization Neighborhood - improve access points for getting vaccinated!

Meet teenagers where they are

No missed opportunities! Vaccinate older teens at multiple settings including:

- Schools
- Public health venues
- Acute and urgent care settings
- Flu clinics
- Pharmacies

Take advantage of:

- wellness visits, school physicals, sick visits and ongoing care for chronic conditions and injuries

Expand hours of access
Sharing - leverage technology and share immunization information!

Use information technology to support your screening and vaccination tracking efforts

Work to incorporate data integration between your EMR and the state IIS

Leverage your EMR to:

• Incorporate and automate standing orders
• Deliver patient reminder-recall messages and prompts
• Provide provider prompts
• Manage vaccine inventory

Harness a patient portal to provide education on vaccine preventable diseases and vaccines, and awareness of recommendations for vaccination
The new 16 year old column on the ACIP Childhood Immunization Schedule emphasizes that the 16 year old adolescent should be assessed and given routine and booster vaccines.

Establish a routine 16 year old preventive visit!

Use it to:

- Assess your 16-year-old patient for recommended vaccines
- To begin discussion of health care topics uniquely relevant to older teens and young adults
- Begin transition of ownership of health care and prevention to the adolescent

Endorsed by the Society for Adolescent Health and Medicine (SAHM)

Educate parents and teens to raise the priority for immunization

Communicate effectively the rationale for getting the adolescent immunized
  • To parents
  • To the adolescent/young adult

Research and test different approaches, channels and messages to identify which are most effective in reaching older adolescents

Explore the use of new media and technology

Use the 3Cs project to deliver confident, concise and consistent recommendations for all ACIP-recommended vaccines for adolescents and young adults!
Develop your IZ Champions and Talk about quality improvement

Immunization Champions have been documented to improve immunization coverage rates. Harness your champion to:

- Establishing and ensuring processes and accountability
  - Implement interventions such as standing orders, reminder-recall, etc.
- Setting action plans into play
- Maintain consistent communications and unified messaging to patients and parents
- Provide feedback and training to clinic staff
- Motivate clinic staff

Establish greater transparency and dissemination of practice- and provider-level immunization performance measurement

- We always think we are doing better than we are
Confident, Concise, and Consistent Communication about Adolescent Vaccination: The 3Cs Approach

Gregory D. Zimet, PhD
Professor of Pediatrics & Clinical Psychology
Co-Director, IUPUI Center for HPV Research
Division of Adolescent Medicine, Department of Pediatrics
Indiana University School of Medicine
Three Cs Quality Approach: Team Members

Gregory D. Zimet, PhD, HSPP
Professor of Pediatrics & Clinical Psychology
Specialty: Adolescent & Adult Health & Psychology

Shannon Wilson, BA
Research Assistant

Kathleen Garrett, MA, NCC, TTS-C, Member
Motivational Interviewing Network of Trainers
Research Sr. Instructor, Colorado School of Public Health;
Clinical Associate, Behavioral Health and Wellness Program
University of Colorado Anschutz Medical Campus
Specialty: Behavioral Science and Public Health Research,
HCP Training and Motivational Interviewing

Judy Klein
President

Louise Stejbach
Secretary

Jane Quinn
Member

Denise Lewis
Member

Cynthia Morris, Psy.D.
Clinical Director, Behavioral Health and Wellness Program,
University of Colorado Anschutz Medical Campus, School of Medicine
Specialty: Health Behavior Change and Health Promotion
The Three Cs Approach Focuses On The In-Office, Provider Recommendation

Pre-Visit/Visit Arrival
- Knowledge/engagement/expectations
  - Parents
  - Adolescents
  - Young Adults
  - Providers
- EHR prompts
- Standing Orders

Vaccination Recommendation
- Provider recommendation

Vaccination Discussion
- FAQs
- Discussion aligned to parental disposition

Vaccination Action
- Same visit administration vs. delay
- Vaccine series completion

Followup
- Reminder/recall
- Preventive visits
- Vaccination visits (series completion)

Three Cs Recommendation
Confident, Concise, Consistent

www.unity4teenvax.org
Consensus approach to vaccine recommendation

UNITY 3Cs: Confident, Concise, Consistent

11-12 year old platform
• Recommend same way, same day for all 11-12 year old platform vaccines
• Put HPV vaccine in the middle

16 year old platform
• Recommend MenACWY booster (Category A Recommendation)
• Discuss and recommend MenB (Category B Recommendation)

For all vaccine visits
• Make a presumptive recommendation
  − Assume parents are acceptors
  − A presumptive recommendation is not the same as being pushy or bullying
• Don’t assume that questions mean hesitancy: Answer directly and simply
• When encountering true hesitancy use principles of motivational interviewing

www.unity4teenvax.org
Intervention Schema

1. **Acceptor**
   - Vaccinate

2. **Cautious Acceptor**
   - Answer Questions
   - Vaccinate

3. **Hesitant**
   - Answer Questions/MI
   - Reassess
   - Vaccinate
   - Arrange Follow-Up

4. **Refuser**
   - MI
   - Reassess
   - Vaccinate
   - Arrange Follow-Up
“Since it’s your son’s 11 year old visit, we’ll be giving him three vaccines today; meningococcal to prevent serious brain infections, HPV to prevent cancers, and Tdap to prevent tetanus and pertussis. What questions do you have for me?”
Research that supports this approach

Healy et al.’s study reported in: *Vaccine* 2014;32:579-584.
- Doctors significantly underestimated parental interest in HPV vaccine and flu vaccine

Sturm et al.’s study reported in: *J Adolesc Health* 2017;61:246-251.
- When pediatricians did not use a presumptive approach and/or recommended delaying HPV vaccine, children were significantly less likely to receive HPV vaccine

Brewer et al.’s study reported in: *Pediatrics* 2016;139:e 20161764.
- HCPs trained to use a presumptive approach improved their HPV vaccination rates modestly, but significantly, compared to a control group

Dempsey et al.’s study reported in: *JAMA Pediatr* 2018 (in press).
- Multi-faceted provider training resulted in increased HPV vaccination rates
Anatomy Of A Three Cs Recommendation
Bundled, Equal Recommendation

• HOW the recommendation is framed
• Recommend all ACIP-recommended vaccines for that age (11/12, 16 years old) equally

Bundled and Equal Language

11-12 year old visit: “Our sixth grade vaccines that we do, there are three, and it's the Tdap, which is tetanus, diphtheria, pertussis. The other one is Gardasil, or HPV, and that one protects against cancer, and then the third one is meningitis, and that is a brain infection that we want to prevent.”

11-12 year old visit: “He is due for three vaccines. Actually we will do four today. So the three he's normally due for at his age: he is due for meningitis, the HPV and the Tdap, and we will also do the flu vaccine today, which he should get every year.”

16 year old visit: “What you are due for today, I'm sure you're due for the two meningitis shots”

Three Cs QI Study, 2016
“There are some required immunizations, and there is also a couple of immunizations we like to give just for general health and benefit.”

“One is your tetanus vaccine that is required for school, and then the HPV vaccine. That is kind of important...And then the other one is the meningitis vaccine, which is not required for school here, but in many states it is a requirement for middle school. It is a really important vaccine. It's not something that you kind of ignore.”
• **HOW the recommendation is offered**
  • Administer all recommended vaccines at this office visit

---

**Same Day Vaccination Language**

• “He is going to be entering seventh grade... So there are several shots that we give at this time.”

• So he’ll get the first dose today and comes back in 6 months for the second dose...”

• “You will get one shot of each today.”

---

**Offering Delay Will Lead to Non-Vaccination**

• “You obviously do not have to do all of them today.”

• “It’s up to you. You can do them all now or you can wait.”

---

Sturm et al. *J Adolesc Health* 2017;61:246-251
Today you are due for three shots - Tdap, HPV, and meningitis. These shots are all important because they protect you from serious diseases that could make you very sick. You will get one shot of each today. We will have you come back for the final HPV shot in 6 months.

Today you are due for two shots that can protect you from meningitis, a rare but serious brain infection. There are two different vaccines because they protect you from different types of meningitis infections. I recommend both, since all meningitis can lead to serious illness or even death, so I want to protect you from as many types as I can. The first vaccine is a single shot at this visit. With the second vaccine, you will get a first dose today and then we’ll schedule you to come back for one additional shot.
Giving Confident and Concise Answers (FAQs)

ASSUME ‘acceptor’ status for all parents

DELIVER Three Cs Recommended
- Presumptive
- Bundled and equal
- Same day vaccination

Consent? VACCINATE!

Questions?

CONVEY confident and concise answers

FAQ Topics
- Urgency/Timing
- Safety
- Efficacy
- Shotphobia
- School Requirements
- Multiple Doses
- Cost
- Advice
- Tdap
- HPV
- Meningitis

Three Cs: Confident, Concise, Consistent

www.unity4teenvax.org
School Requirements

Q. Which vaccines are required for school? I think that I want my daughter to only get those today.

A. Although there may be only some vaccines required for school entry, all are equally strongly recommended to protect your daughter’s health. I strongly recommend that she get all of the vaccines today.
Intervention Schema: Responding to hesitancy

1. Acceptor → Vaccinate
2. Cautious Acceptor → Vaccinate
   - Answer Questions
3. Hesitant → Vaccinate
   - Answer Questions/MI
   - Reassess
4. Refuser → Arrange Follow-Up
   - MI
   - Reassess
   - Vaccinate
This is **NOT** Motivational Interviewing!

When encountering a hesitant parent you:

1. repeatedly tell the parent why the child should be vaccinated
2. keep emphasizing the benefits of vaccination
3. try to be persuasive
4. use guilt inducing tactics - try to convince them—the child’s health depends upon it!
THIS IS Motivational Interviewing

① Ask about their thoughts on vaccination
② Listen carefully with the goal of understanding their hesitancy
③ Give NO unsolicited advice
④ Ask open-ended questions
⑤ Show curiosity about their hesitancy
⑥ Summarize their motivations for vaccinating

© Behavioral Health and Wellness Program, University of Colorado School of Medicine
MI Strategy: Elicit, Provide, Elicit

- Elicit what the person already knows
- Ask permission to share additional information or advice
- Elicit how the person receives the information

© Behavioral Health and Wellness Program, University of Colorado School of Medicine
Video clip of questioning parent

https://www.youtube.com/watch?time_continue=133&v=ol1gnSaD_u8

*(start at 11’ 40” point; end at 16’ 05”)*
Summary

- Providers are key to improving HPV vaccination coverage for adolescents.
- A “strong” recommendation – confident, concise, and consistent (Three Cs) – can often lead to parental consent and same day vaccination for all 11-12 year old vaccines.
- A Three Cs recommendation can be successful with the vast majority of parents.
- For those parents that are truly hesitant, providers can apply simple Motivational Interviewing tools to collaborate with parents and increase a parent’s motivation to change.

www.unity4teenvax.org
Perspectives on Adolescent Health and Immunization: A National Survey of Teens, Parents and Healthcare Providers

NIC 2018

www.unity4teenvax.org
UNITY Vision and Mission

**MISSION:** Provide action-oriented leadership, innovation and education on preventive health and immunization for adolescents and young adults:

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  - immunization as a central component of preventative health and as an investment in lifelong health.

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  - healthcare providers as advocates that make strong recommendations for all nationally recommended vaccines.

- **ENGAGE**
  - parents, adolescents and young adults to embrace the value of immunization.

- **ENSURE**
  - easy access to and timely delivery of all recommended vaccines.

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Coverage is 90% or greater for all nationally recommended vaccines for adolescents and young adults
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✓ Understand parents, teens and healthcare providers views on health prevention and immunization

✓ Gather data to educate and align parents, teens, and healthcare providers around the clear and certain value of immunization to life long health
Topline U.S. Survey Results - Methodology

Fielded Sept-Oct 2016

20 minute, online, self-administered survey

Participants

Teens (n=506): split by teen’s age 13-15/16-18 & gender
Parents (n=515): split by teen’s age 13-15/16-18 & gender
Healthcare Providers (n=510): PCPs/Pediatricians (n=405) and Pharmacists (n=105)
Staying healthy is very or extremely important to virtually all teens and their parents.

Teens are genuinely interested in living a healthy lifestyle and taking more responsibility for their health, yet only half of doctors agree that teens welcome being accountable.
Factors Important to Teens Staying Healthy

General consensus between parents and teens on what is important for teens staying healthy; emphasis squarely on lifestyle and less on clinical aspects

**More important**
- Keeping safe from STDs,
- Avoiding alcohol/drugs/smoking,
- Getting enough sleep,
- Eating healthy

**Less important**
- Getting all recommended vaccines, flu shots,
- Seeing a doctor
Most physicians agree that teens should have well visits at least once a year. However, physicians report that on average only about half of their teens actually have annual well visits.

How often should all teens have well visits?

- Every 3 years: 5%
- Every 2 years: 11%
- Once a year: 80%
- More than once a year: 2%

Only **56%** of teens have annual well visits, according to physicians.
Attitudes about seeing a doctor

Teens and parents share misconceptions about not needing to see a doctor unless they/their teens are sick.

Physicians and pharmacists agree that these misconceptions exist.

Don’t see why I should see a doctor or other healthcare provider if I feel healthy (% Strongly/Somewhat agree)

<table>
<thead>
<tr>
<th>Group</th>
<th>Teens</th>
<th>Parents</th>
<th>Physicians</th>
<th>Pharmacists</th>
</tr>
</thead>
<tbody>
<tr>
<td>% Agree</td>
<td>44%</td>
<td>34%</td>
<td>89%</td>
<td>91%</td>
</tr>
</tbody>
</table>

Teens only go to the doctor when they feel sick (% Strongly/Somewhat agree)

<table>
<thead>
<tr>
<th>Group</th>
<th>Teens</th>
<th>Parents</th>
<th>Physicians</th>
<th>Pharmacists</th>
</tr>
</thead>
<tbody>
<tr>
<td>% Agree</td>
<td>58%</td>
<td>41%</td>
<td>91%</td>
<td>87%</td>
</tr>
</tbody>
</table>
There is a sizeable minority of teens and parents who don’t understand how vaccines help teens...and half or more share some concerns about safety.

**HCPs believe...**

- 98%: Teens and Parents should better understand the benefits of vaccination

**Teens believe...**

- 57%: I have some concerns about the safety of vaccinations
- 47%: What I have read on social media has me concerned about the safety of some vaccines
- 23%: Vaccines are for babies, not as important for teens
- 34%: I don't know how being vaccinated helps me

**Parents believe...**

- 57%: I have some concerns about the safety of vaccinations
- 45%: What I have read on social media has me concerned about the safety of some vaccines
- 23%: Vaccines are for babies, not as important for teens
- 23%: I don't know how being vaccinated helps me
Physicians and pharmacists agree that more materials are needed to help HCPs stay informed on vaccination recommendations and to help them discuss recommendations with parents and teens.

More materials need to be made available to help HCPs discuss the latest vaccination recommendations with parents and teens

<table>
<thead>
<tr>
<th>Strongly/Somewhat agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physicians</td>
</tr>
<tr>
<td>Pharmacists</td>
</tr>
<tr>
<td>n=405</td>
</tr>
<tr>
<td>n=105</td>
</tr>
<tr>
<td>80%</td>
</tr>
<tr>
<td>86%</td>
</tr>
</tbody>
</table>

More materials need to be made available to help HCPs stay informed on the latest adolescent vaccination recommendations

<table>
<thead>
<tr>
<th>Strongly/Somewhat agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physicians</td>
</tr>
<tr>
<td>Pharmacists</td>
</tr>
<tr>
<td>n=405</td>
</tr>
<tr>
<td>n=105</td>
</tr>
<tr>
<td>75%</td>
</tr>
<tr>
<td>86%</td>
</tr>
</tbody>
</table>
### Demographics

#### Teens

<table>
<thead>
<tr>
<th>Category</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gender</td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>51%</td>
</tr>
<tr>
<td>Female</td>
<td>49%</td>
</tr>
<tr>
<td>Age</td>
<td></td>
</tr>
<tr>
<td>13-15</td>
<td>54%</td>
</tr>
<tr>
<td>16-18</td>
<td>46%</td>
</tr>
<tr>
<td>Ethnicity</td>
<td></td>
</tr>
<tr>
<td>White</td>
<td>56%</td>
</tr>
<tr>
<td>Hispanic</td>
<td>22%</td>
</tr>
<tr>
<td>Black</td>
<td>10%</td>
</tr>
<tr>
<td>African American</td>
<td>4%</td>
</tr>
<tr>
<td>Asian or Pacific Islander</td>
<td>4%</td>
</tr>
<tr>
<td>Mixed racial background</td>
<td>2%</td>
</tr>
<tr>
<td>Native American or Alaskan native</td>
<td>1%</td>
</tr>
<tr>
<td>Decline to Answer</td>
<td>1%</td>
</tr>
</tbody>
</table>

Base: All Teens (n=506)

#### Parents

<table>
<thead>
<tr>
<th>Category</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gender</td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>44%</td>
</tr>
<tr>
<td>Female</td>
<td>56%</td>
</tr>
<tr>
<td>Age</td>
<td></td>
</tr>
<tr>
<td>Under 35</td>
<td>13%</td>
</tr>
<tr>
<td>35-54</td>
<td>70%</td>
</tr>
<tr>
<td>55+</td>
<td>17%</td>
</tr>
<tr>
<td>Mean</td>
<td>45.2</td>
</tr>
<tr>
<td>Ethnicity</td>
<td></td>
</tr>
<tr>
<td>White</td>
<td>66%</td>
</tr>
<tr>
<td>Hispanic</td>
<td>17%</td>
</tr>
<tr>
<td>Black</td>
<td>8%</td>
</tr>
<tr>
<td>African American</td>
<td>3%</td>
</tr>
<tr>
<td>Asian or Pacific Islander</td>
<td>2%</td>
</tr>
<tr>
<td>Mixed racial background</td>
<td>1%</td>
</tr>
<tr>
<td>Decline to answer</td>
<td>2%</td>
</tr>
<tr>
<td>Age/Gender of Child</td>
<td></td>
</tr>
<tr>
<td>Male 13-15</td>
<td>24%</td>
</tr>
<tr>
<td>Male 16-18</td>
<td>24%</td>
</tr>
<tr>
<td>Female 13-15</td>
<td>27%</td>
</tr>
<tr>
<td>Female 16-18</td>
<td>26%</td>
</tr>
</tbody>
</table>

#### Physicians

<table>
<thead>
<tr>
<th>Category</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gender</td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>57%</td>
</tr>
<tr>
<td>Female</td>
<td>43%</td>
</tr>
<tr>
<td>Mean age</td>
<td></td>
</tr>
<tr>
<td>Mean # of patients see in typical month:</td>
<td>443</td>
</tr>
<tr>
<td>PCP</td>
<td>63%</td>
</tr>
<tr>
<td>PED</td>
<td>37%</td>
</tr>
</tbody>
</table>

#### Pharmacists

<table>
<thead>
<tr>
<th>Category</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gender</td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>55%</td>
</tr>
<tr>
<td>Female</td>
<td>45%</td>
</tr>
<tr>
<td>Mean age</td>
<td></td>
</tr>
<tr>
<td>Setting</td>
<td></td>
</tr>
<tr>
<td>Pharmacy chain</td>
<td>42%</td>
</tr>
<tr>
<td>Independent pharmacy</td>
<td>30%</td>
</tr>
<tr>
<td>Local grocery/food store</td>
<td>14%</td>
</tr>
<tr>
<td>Big-box/super center</td>
<td>9%</td>
</tr>
<tr>
<td>Other</td>
<td>5%</td>
</tr>
</tbody>
</table>