Session 16

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Changing the mindset of minority nurses about HPV vaccine
Mary Koslap-Petraco

Background:
According to the community service agency HPV infection was high in the community and many minority nurses and nursing students had preconceived ideas about HPV vaccine based on what they had heard or read especially on the internet.

Setting:
Colleges of nursing and minority nursing organizations in the greater metropolitan area of New York

Population:
Minority nurses and nursing students in Brooklyn and Queens, NY most of whom were of Haitian descent. Many were first generation immigrants.

Project Description:
A Nurse Practitioner who is a nationally recognized vaccine expert was contacted to develop and implement an educational program on HPV vaccine education by a minority community service agency through the Nurse Practitioner Association of New York State. The community service agency established contact with a BSN nursing program with a large minority enrollment and the Haitian Nurses Association. Educational sessions were set up at the venues. The Nurse Practitioner used the Preteen VaxScene slide deck developed by CDC’s Adolescent Communications for all presentations. The educational sessions were conducted using a discussion format which allowed for dialogue between the Nurse Practitioner and the participants. A questionnaire was administered to participants before and after the presentation to determine beliefs regarding HPV vaccine.

Results/Lessons Learned:
The pre questionnaires identified a distrust of HPV vaccine and most participants indicated they would not be vaccinated themselves or allow family members to be vaccinated. Ninety-five percent of the post questionnaires determined that participants were supportive of HPV vaccine and would take the vaccine themselves or encourage family members to take the vaccine. The remaining five percent was willing to consider HPV vaccine in the future. Using a culturally sensitive approach to nurse education during face to face sessions changed the mindset of minority nurses.
Provider Confidence and Satisfaction with Communication Strategies to Address Vaccine Hesitancy
Paul Carson, Lauren Dybsand, Jon Ulven, Kylie Hall

Background:
Parental concerns about vaccine safety and necessity have led to increasing vaccine hesitance. Suggestions on how to communicate with hesitant parents have been proposed, but many have not been validated. The AAP suggests using a presumptive approach, the C.A.S.E. method, and motivational interviewing (MI) as potential tools to garner vaccine acceptance. These strategies differ significantly.

Objectives:
This pilot study assessed these approaches in five pediatric providers regarding their confidence in managing vaccine-hesitant parents and subjective assessment of these communication approaches.

Methods:
Providers received training over the course of nine months. Topics included vaccine safety and efficacy, licensure, how to refute common myths, and the differing communication strategies. Providers implemented the presumptive/C.A.S.E. approach for four months, and then used an MI approach for four months. Providers received scripted tools for both approaches, and a research assistant shadowed them and provided coaching.

Results:
Providers acknowledged significant stress when having to confront hesitant parents and often-felt ill equipped to address vaccine myths. Facility with using the strategies was a gradual process that required coaching. Providers acknowledged the trainings as being valuable in increasing their confidence in vaccine promotion, and reported feeling more confident addressing hesitance as the study progressed. Providers found the presumptive/C.A.S.E. approach worked well for moderately hesitant parents. Providers believed this strategy did not work well with parents who were strongly opposed to vaccination. In those situations, MI was more useful.

Conclusion:
A presumptive/C.A.S.E. approach was easier to learn and more readily used with the moderately hesitant parent. MI was perceived to be useful for the strongly resistant parent. Increased provider training in vaccine safety, licensure, and countering vaccine myths may help improve confidence in managing vaccine hesitancy. A prospective study to validate increased vaccine acceptance with MI versus presumption/CASE vs a combination of the two methods is warranted.
Flu Vaccine Hesitancy: Providers Lead the Discussion
Barry Iverson, Douglas Opel

Background:
In Washington state, anti-vaccine rhetoric has become more organized and prevalent on social media, prompting a barrage of misinformation and tactics designed to motivate parents to opt out of recommended childhood vaccines.

Setting:
Flu vaccine uptake has largely remained unchanged for the past few years with current national childhood rates around 59% in the 6 months - 17 years population. Improvement is needed to reach the goal of 80% vaccination rate for the average population.

Population:
We frequently get questions from providers and public health workers on how to answer vaccine questions from hesitant or resistant parents. It became clear we needed a universal approach. With an established need, we focused on how to serve our medical communities with a consolidated effort that would be easily understood.

Project Description:
Incorporating real-life provider discussions curated by Dr. Douglas Opel of Seattle Children’s Hospital, the Washington State Department of Health created a visual flowchart and conversation guide for providers to engage parents who are vaccine-hesitant or outright refuse flu vaccination for their children. Using real-life conversation starters and addressing common concerns, this guide steers the conversation from hesitancy to acceptance while providing a consistent recommendation using an assertive, yet conversational approach.

Results/Lessons Learned:
The Washington State Vaccine Advisory Committee and Health Plan Partnership of Washington distributed this resource as a helpful guide for reinforcing that healthcare providers are the foremost trusted resource on vaccine advice and recommendations.