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CDC did not accept commercial support for this continuing education activity.
Changing the Mindset of Minority Nurses About HPV Vaccine

Mary Koslap-Petraco DNP, PNPPC-BC, CPNP, FAANP
Stony Brook University School of Nursing
Every Child By Two
Nurse Consultant Immunization Action Coalition
Pediatric Nurse Practitioner House Calls Amityville, NY

48th National Immunization Conference
Atlanta, GA
Background

- According to a local community service agency in NYC, HPV infection was high in the minority community.
  - Blacks in NY have the highest rate of anal cancers.
  - More black women have cervical cancer in NYC.
  - Many immigrants were living in the community.
  - Many of the nurses were immigrants.
- New York City has higher rates of cervical and male anal cancer across all ethnic groups.

- White: 7.4
- Black: 9.9
- American Indian/Alaska Native: 6.5
- Asian/Pacific Islander: 7.1
- Non-Hispanic: 7.4
- Hispanic: 11.3

Background

- Many minority nurses and nursing students had preconceived ideas about HPV vaccine
  - Relied on cultural assumptions regarding the vaccine
  - Examples: causes cancer, sterility, death, movement disorders
- Previous distrust of medical establishment related to abuse of minority communities
  - Syphilis experiments
Background

- Influenced by measles outbreak in Minnesota
  - Somali American community stopped giving MMR vaccine to their children
  - Anti vax individuals (Wakefield) convinced parents that MMR was causing autism in their children

- Ideas about HPV vaccine based on what nurses and nursing students had seen on internet
  - Unreliable internet sources
  - Antivaccine sites that looked legitimate
Background

- Many minority nurses and nursing students had preconceived ideas about HPV vaccine
  - Relied on cultural assumptions regarding the vaccine
  - Examples: causes cancer, sterility, death, autoimmune and neurologic disorders
- Providers treating them or their children who did not adequately explain HPV vaccine
Setting

- Colleges of nursing
  - Classroom presentations
- Minority nursing organizations
  - Organization meetings
- Geographic area
  - Greater metropolitan area of New York
Population

- Minority nurses and nursing students in Brooklyn and Queens, NY
- Most were of Haitian descent
- Many were first generation immigrants
- Very committed individuals with strong work ethic
  - Wanted not to just be nurses
  - Committed to serving the community
Project Description

- Nurse Practitioner who is a nationally recognized vaccine expert became the point person
  - Minority community service agency communicated with The Nurse Practitioner Association of New York State to find a contact expert
  - NP would develop and implement a culturally sensitive educational program on HPV vaccine education
Project Description

- Community service agency then established contact
  - BSN nursing program with a large minority enrollment
  - Haitian Nurses Association
- Educational sessions were set up at the venues
  - Schools of Nursing
  - Meeting venues
Project Description

- Educational Plan
  - Nurse Practitioner used the Preteen VaxScene *You Are The Key* slide deck
  - Developed by CDC’s Adolescent Communications staff for all presentations
You are the Key
to HPV Cancer Prevention

Mary Koslap-Petraco DNP, PNP-BC, CPNP, FAANP
Nurse Consultant
Immunization Action Coalition
American School Health Association
July 26, 2017
HPV vaccine is cancer prevention.

Talk to the doctor about vaccinating your 11–12 year old sons and daughters against HPV.

#UCanStopHPV

Evidence-Based HPV Disease Prevention

HPV VACCINE
Project Description

- Description of educational sessions
- Conducted using a discussion format
- Allowed for dialogue between the Nurse Practitioner and the participants
- Questionnaire was administered to participants before and after the presentation
  - Determine beliefs regarding HPV vaccine
Examples of why nurses refused HPV for their children

Providers did not explain what the vaccine was for

Nurses believed vaccine would make the children more likely to have sex sooner rather than later

Providers did not suggest the vaccine

Providers did not seem to think vaccine was important for the children

Nurses had heard about side effects of the vaccine and providers did not address their concerns
Results/Lessons Learned

• Pre questionnaires identified a distrust of HPV vaccine by the nurses
  • 5% would allow their children to be vaccinated
• Most participants indicated they would not be vaccinated themselves or allow family members to be vaccinated
Results/Lessons Learned

- Post questionnaires indicated the nurses were supportive of HPV vaccine
  - 95% would consent to immunization
- The nurses would take the vaccine themselves or encourage family members to take the vaccine
- Remaining 5% 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.
The perceived and real concerns of parents influence how the provider recommends and administers HPV vaccine.

References

CDC, United States Cancer Statistics (USCS), 2006-2010

Watson et al. MMWR 2012;61:258-261.
FLU VACCINE HESITANCY: PROVIDERS LEAD THE DISCUSSION

Office of Immunization & Child Profile
Presenter
NIC 2018: Atlanta, GA
May 17, 2018

Barry Iverson
Flu Health Educator
Office of Immunization and Child Profile

Washington State Department of Health | 2
Outline

(1) What do we define as vaccine hesitancy?
(2) A focus on flu: establishing the need
(3) Adapting existing resources to engage
(4) Empower providers to lead the discussion
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.

• Parents are more hesitant to accept vaccines
• Providers are asking for tools and assistance in responding
Influencing Factors on Vaccine Hesitancy
Four Major Reasons Parents Don’t Vaccinate

1. Complacency
2. Barriers
3. Fear
4. Uninformed
Three Ways to Express Vaccine Hesitancy

(1) Receive all vaccines but express concerns about vaccination.

(2) Selectively delay or refuse vaccines.

(3) Refuse all vaccines.
Provider Breakdown of Vaccine-Hesitant Parents

**Hesitancy (≈38%)**
Varying degrees of uncertainty or indecision about specific vaccines, or vaccines in general. Will typically engage in conversation, may consider vaccinating their children.

**Refusal (3%)**
Fixed decision to avoid all vaccines. Unswayable in their beliefs, may not respond to attempts to change their views.

Why Focus on Flu Vaccine?

- Flu vaccine uptake rates are stagnant:
  - National average around 59% for 6 months – 17 years
  - Large percentage of the population left unprotected

- More opportunities, more often:
  - Every patient, every age, every year
  - More vaccine options than any other vaccine
  - Most accessible vaccine to the public

- Flu is the 8th largest cause of death annually in the U.S.
  - 3,300 – 49,000 deaths a year
Vax Northwest Recommendation Model

Ask

Acknowledge

Advise

Let’s talk vaccines
Take the Best of Both Worlds

Effective Strategies for Talking with Parents who are Hesitant to Vaccinate their Child Against Influenza

“Vaccinating is the best way to protect your child from Flu. You go out in the world and may bring the Flu home without wanting to.”

“I would recommend it. I just can’t tell you how hard the Flu is on little children. It turns out that all ages of children are much more prone to complications from Flu.”

“We’ve been giving influenza vaccine to kids ever since I started practice. I have no safety concerns about the Flu vaccine. I think it’s much safer to vaccinate than to not vaccinate.”

“So the good news is if you look at risk to your baby of not Immunizing versus Immunizing, you are always going to be safer if you immunize.”

“I think what scares me is when I hear stories from the pediatric ICU at Children’s where they have healthy kids who get Influenza and go on to get bad pneumonia, so bad that they need help breathing with a ventilator. These serious complications happen in otherwise healthy kids who get the Flu, and we’ve got a vaccine that can help prevent that.”

“Now, the Flu vaccine is not perfect, but it reduces the risk of Flu by almost 60%. That is pretty good.”

“I’ve always vaccinated my kids with the Flu vaccine, if that helps.”

“Vaccinating your child against Flu is one of the most important and safest things that you do for him.”

Source: Hofstraat A et al, Vaccine 2017; 35:1790-3755
Add Target Specific Focus

Flu Vaccine vs. Facts

Flowchart and Discussion Guide

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Providers Lead Action – Parents Lead Concerns

Flu Vaccine Hesitancy: Providers Lead the Discussion

Declare

- This office supports yearly flu vaccination.
- ‘Our office policy is to vaccinate staff.’
- ‘I also get a flu shot every year.’
- ‘Flu vaccine is safe and saves lives.’

STATE: ‘I plan to vaccinate your child to help protect against flu today.’

Hesitant (resistant to make a firm decision)

Acknowledge - Ask Again

Flu vaccine isn’t a guarantee you won’t get sick, but, if you do get sick, it won’t be as bad.
- ‘Studies show better outcomes for those who vaccinate.’
- ‘There are so many myths online, I can understand why you are hesitant.’
- ‘I vaccinate myself, my staff, and my own kids.’

ASK: ‘Will you please allow me to give your child a flu shot today?’

Yes - No

Affirm - and Recommend

Thank you for making the best decision for your child.
- ‘Please remember to get a flu shot every year.’
- ‘All family members should get their flu shots, too, so the whole household is protected.’
- ‘You’ve made a great decision.’

Advise - and Educate

Flu shots save lives every year, including teens and young children.
- ‘I will keep offering flu vaccination while you are patients at this clinic.’
- ‘There are some good resources I recommend you read.’
- ‘My office will follow up with you on the phone.’

ADVISE: ‘I would like to reschedule a flu shot for another day.’

Refusal (dissatisfied; not willing to discuss it further)

Reiterate - Ask Again

Flu is so severe because not enough people get vaccinated in our communities, young children and teens die every year.
- ‘Other parents are at risk when people don’t vaccinate.’
- ‘It’s safer to vaccinate than not to vaccinate.’
- ‘Flu sickens and kills more people each year than any other preventable disease.’
- ‘My role is to keep your child healthy and avoid illness.’
- ‘As a medical provider, I feel a flu shot is the best choice to protect your child.’

ASK: ‘Will you please allow me to give your child a flu shot today?’

Flu Vaccine Discussion: Parents Lead the Discussion

Common Concerns from Parents

Concern: My kids never get the flu, so I don’t feel the need to vaccinate.
- ‘I can’t tell you how hard the flu is on little children. It turns out that all ages of children are much more prone to complications from flu.’
- ‘I think what scares me is when I hear stories from the pediatric ICU at Children’s where they have healthy kids who get influenza and go on to get bad pneumonia, or bad that they need help breathing with a ventilator. These serious complications happen in otherwise healthy kids who get the flu, and we get a vaccine that can help prevent that.’
- ‘Don’t risk your child’s health with your belief they are immune to getting illness.

Concern: I don’t think the flu vaccine is safe, there are too many risks.
- ‘We’ve been giving influenza vaccine to kids ever since I started practice. I have no safety concerns about the flu vaccine. I think its much safer to vaccinate than to not vaccinate.’
- ‘So the good news is if you look at risk to your baby of not immunizing, you are always going to be safer if you immunize.
- ‘The flu vaccine is over safe than the risks of getting sick.
- ‘Concern: Most of the people pushing the flu shot don’t even believe it works.
- ‘I’ve always vaccinated my kids with the flu vaccine, if that helps.

Concern: Flu shots are too expensive.
- ‘All children in Washington receive flu vaccination at no cost through age 18. For parents, depending upon where you live, this may vary.

Myths vs. Facts

Myth #1: The flu shot gives you the flu.
- FACT: Flu shots cannot give you the flu. Some people do have a mild reaction to the injection that may last a few hours or up to a day, but it is not flu illness.

Myth #2: You can’t spread the flu when you don’t feel sick.
- FACT: The flu can spread to others days before a person knows they’re sick. The flu spreads easily from person to person by coughing and sneezing, and can spread by touching infected surfaces.

Myth #3: Kids and adults are contagious for the same amount of time.
- FACT: Kids can spread the virus for 10 or more days. Adults can infect others one day before symptoms develop and up to five days after becoming sick.

Myth #4: Harmful toxins are in vaccines.
- FACT: All ingredients in flu vaccines are safe and serve a purpose. Ongoing studies from multiple sources continue to validate the safety and effectiveness of flu vaccines.

Myth #5: Flu is annoying but can’t cause major harm.
- FACT: The flu is unpredictable and can be severe, especially for older people, young kids, pregnant women, and people with certain health conditions.

For more flu resources visit: www.KnockOutFlu.org

Washington State Department of Health
Flu Vaccine Hesitancy: Providers Lead the Discussion

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**Declare**

*This office supports yearly flu vaccination.*

- "Our office policy is to vaccinate staff."
- "I also get a flu shot every year."
- "Flu vaccine is safe and saves lives."

**STATE:** "I plan to vaccinate your child to help protect against flu today."

---

- Declaration of intent (assertion)
- Supporting statements of intent
Flu Vaccine Hesitancy: Providers Lead the Discussion

Hesitant (reluctant to make a firm decision)

**Acknowledge - Ask Again**

*Flu vaccine isn’t a guarantee you won’t get sick but, if you do get sick, it won’t be nearly as bad.*

- "Studies show better outcomes for those who vaccinate."
- "There are so many myths online, I can understand why you are hesitant."
- "I vaccinate myself, my staff, and my own kids."

**ASK:** "Will you please allow me to give your child a flu shot today?"

Refusal (disinclined; not wanting to discuss it further)

**Reiterate - Ask Again**

*Flu is so severe because not enough people get vaccinated in our communities; young children and teens die every year.*

- "Other patients are at risk when people won’t vaccinate."
- "It's safer to vaccinate than not to vaccinate."
- "Flu sickens and kills more people each year than any other preventable disease."
- "My role is to keep your child healthy and avoid illness."
- "As a medical provider, I feel a flu shot is the best choice to protect your child."

**ASK:** "Will you please allow me to give your child a flu shot today?"

- **Yes**
- **No**

**Engagement with acknowledgment of concern**
Flu Vaccine Hesitancy: Providers Lead the Discussion

**Affirm - and Recommend**

Thank you for making the best decision for your child.

- "Please remember to get a flu shot every year."
- "All family members should get their flu shots, too, so the whole household is protected."
- "You've made a great decision."

**Advise - and Educate**

*Flu shots save lives every year, including teens and young children.*

- "I will keep offering flu vaccination while you are patients at this clinic."
- "Here are some good resources I recommend you read."
- "My office will follow up with you on the phone."

ADVISE: "I would like to reschedule a flu shot for another day."

YES

- Affirmation of acceptance
- Reminder of related importance

NO

- “Preventative persistence”
- Advisement of vaccine education
Flu Vaccine Discussion: Parents Lead the Discussion

Common Concerns from Parents

Concern: My kids never get the flu, so I don't feel the need to vaccinate.

"I just can’t tell you how hard the flu is on little children. It turns out that all ages of children are much more prone to complications from flu."

“I think what scares me is when I hear stories from the pediatric ICU at Children’s where they have healthy kids who get influenza and go on to get bad pneumonia, so bad that they need help breathing with a ventilator. These serious complications happen in otherwise healthy kids who get the flu, and we’ve got a vaccine that can help prevent that.”

Don’t risk your child's health with your belief they are immune to serious illness.

• Allow and listen to the parent express their concerns
• Acknowledge you understand their hesitancy
• Provide a response that opens up additional dialog
• Assert your recommendation and state your intent to vaccinate
Flu Vaccine Discussion: Parents Lead the Discussion

Myths vs. Facts

Myth #1: The flu shot gives you the flu.

FACT: Flu shots cannot give you the flu. Some people do have a mild reaction to the injection that may last a few hours or up to a day, but it is not flu illness. It does take about two weeks for the body to build up protection against flu viruses after the shot, so during that time you are able to get sick. Many other viruses also circulate around the time people get a flu vaccine. It’s important to remember that the flu vaccine only protects against the flu – NOT colds or other viruses. Don't wait to vaccinate.

• Address myths and misconceptions as an opportunity to educate
• Provide an assertive response that aims to end the discussion
What’s Happened/Next Steps

- Distribution to Health Plan Partnership:
  - All major health plans/partners in Washington state
    - Providers
    - Pharmacists
    - Clinics

- Encouragement to adapt this model for other vaccines:
  - Receive continuous feedback for improvement
  - Providers provide examples of successful dialog

- Toolkit for hosting workplace vaccination clinics
- Resource easy to locate online at KnockOutFlu.org
Thank you!

Email:

barry.iverson@doh.wa.gov
Provider Confidence and Satisfaction with Communication Strategies to Address Vaccine Hesitancy

Paul J Carson, MD, FACP\textsuperscript{a,b}; Lauren L Dybsand, MPH\textsuperscript{a}; Jon C Ulven, PhD\textsuperscript{b}; \textbf{Kylie J Hall, MPH}\textsuperscript{a}

\textsuperscript{a} North Dakota State University Center for Immunization Research and Education, \textsuperscript{b} Sanford Health
Background

A growing number of parents have concerns about vaccine safety and necessity

Healthcare providers are the most trusted source of information for parents

Providers have the potential to impact vaccine acceptance
What’s been tried at the medical encounter?

Presumptive vs. Participatory Approach

Announcements vs. Conversations

Motivational Interviewing
Objectives

Measure providers’ confidence in managing vaccine-hesitant parents before, during, and after vaccine education and training.

Assess providers’ subjective appraisal of two communication strategies: presumption/C.A.S.E. approach and motivational interviewing.
<table>
<thead>
<tr>
<th>Presumptive/C.A.S.E. Approach</th>
<th>Motivational Interviewing</th>
</tr>
</thead>
<tbody>
<tr>
<td>Presumptive approach → “Your child needs the following</td>
<td>Participatory approach → “What is most important on your agenda</td>
</tr>
<tr>
<td>immunizations today.”</td>
<td>today? What would you like to do about vaccines?”</td>
</tr>
<tr>
<td>Provider-centered.</td>
<td>Patient-centered.</td>
</tr>
<tr>
<td>Key Concepts: CASE → Corroborate, About me, Science, Explain/Advise</td>
<td>Key Concepts: PACE → Partnering, Accepting, Compassion, Evocation</td>
</tr>
<tr>
<td>Direct persuasion, while building partnership → expert-</td>
<td>Facilitative inquiry while building partnership → patient/parent</td>
</tr>
<tr>
<td>authoritative/recipient relationship</td>
<td>comes to own conclusion</td>
</tr>
<tr>
<td>The Goal: To get patient/parent to agree to vaccination today →</td>
<td>The Goal: Also is to direct the patient/parent to vaccination, but places a higher priority on preserving patient/parent personal-autonomy</td>
</tr>
<tr>
<td>person ought to change</td>
<td></td>
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Methods

Five pediatric providers participated

Day-long retreat and monthly training sessions
  ◦ Topics: vaccine safety, efficacy, and licensure; how to refute common vaccine myths; communication strategies

Each communication strategy was implemented for 4 months

Research assistant shadowed the providers weekly

Online surveys assessed confidence in addressing vaccine hesitancy and satisfaction with the communication strategies
## Making the C.A.S.E. for addressing: Vaccines and Autism

### Parental Concern:
“I am worried vaccines will make my baby autistic. I know so many kids with this, and my own nephew has autism.”

### Corroborate

A statement that acknowledges source of parent’s concerns, without validating concern itself

### Example response

“You have described a sincere concern for your family. I understand that as a parent, you are trying to make the best decisions for your child. As your child’s pediatrician, I also want what is best for them.”

### About Me

Introduce yourself as a subject matter expert, explain that you provide evidence-based information

### Example response

“I feel it is my duty to my patients to review all of the autism claims and the studies on vaccine safety before I can confidently recommend vaccines to my patients. I would not recommend these if I were not certain it is the right thing for your child. All of my own children have received these vaccines.”
# Making the C.A.S.E. for addressing: Vaccines and Autism

<table>
<thead>
<tr>
<th>Science</th>
<th>Example response</th>
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<tbody>
<tr>
<td>Directly address each of the vaccine concerns raised by the parent/caregiver. Statements need to be formatted using simple nonmedical language, statements can be specifically tailored to varying degree of sophistication – dependent on the patient and their caregiver.</td>
<td>“This concern was raised almost 20 years ago. Since then, millions of children have been studied in multiple countries searching for any link between vaccines and autism. None whatsoever has been found.”</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Explain/Advise</th>
<th>Example response</th>
</tr>
</thead>
<tbody>
<tr>
<td>Boldly and with confidence provide the parent/caregiver an action to adopt. The statement should limit participation and be more difficult to resist, again initiate presumptive approach.</td>
<td>“Now that we’ve had a chance to discuss your concerns, let’s vaccinate your baby today.”</td>
</tr>
</tbody>
</table>
Motivational Interviewing Quick Card

Agenda Setting
◦ Identify patient needs for the appointment, provider can also add agenda items

Importance Ruler
◦ Used to determine patient’s motivations and elicit change talk

Understanding Ambivalence
◦ OARS: Open-ended questions, affirmations, reflection, summaries

Chunk-Check-Chunk
◦ Ask permission to provide information; provide a chunk of information, ask the patient to reflect and check for comprehension, repeat as needed

Summarize and Ask
◦ Summarize the conversation and ask the patient what they’d like to do about vaccines today
Change in Provider Confidence

MONTH 1
MONTH 2
MONTH 3
MONTH 4
Level of Confidence
Provider 1
Provider 2
Provider 3
Provider 4
Provider 5
Things We Learned

Providers receive insufficient education and training on vaccines and communication strategies in medical school and residency

Providers feel significant stress and anxiety when confronting hesitant and resistant parents
  ◦ Less stress and anxiety were reported after the project

Provider implementation of the communication strategies was gradual and required frequent practice and coaching
Providers’ Assessment

The CASE Approach
• Easier to learn
• Better for vaccine-accepting or minimally hesitant parents

Motivational Interviewing
• Harder to learn
• Better for very hesitant parents

ONE SIZE DOES NOT FIT ALL
To increase provider confidence in managing vaccine hesitancy, providers need more training/education on:

- Vaccine safety, efficacy, and licensure
- How to counter common anti-vaccine myths
- Communication strategies to address vaccine hesitancy

More studies are needed to validate increased vaccine acceptance with motivational interviewing and CASE.
Limitations

Limited data

Small sample size

Homogeneity of assessed providers

Did not assess if increasing provider confidence translates into great vaccine acceptance in parents
Acknowledgements

Co-Authors and Co-Investigators

Dr. Paul Carson, MD FACP
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