NACCHO Webinar:
Talking About Vaccines: Lessons Learned from CDC Research with Parents and Healthcare Professionals
Housekeeping

• All participants will be placed in listen-only mode for the duration of this webinar.

• We will take questions at the end of all presentations today. You may submit your questions as we go along through the online platform using the Q&A feature at any time.

• The webinar will be recorded and available online after today. We will also share the slides from today's presentations as permitted by the speakers.
Before We Begin…

• Please take a moment to answer our poll.
Talking About Vaccines: Lessons Learned from CDC Research with Parents and Healthcare Professionals

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Disclosure

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- The use of trade names is for identification purposes only and does not imply endorsement.
- Disclaimer – The opinions expressed in this presentation are solely those of the presenters and do not necessarily represent official positions of CDC.
By the end of this webinar, participants will be able to:

- Describe different types of communications research conducted by CDC.
- Discuss key CDC communication research findings.
- Describe guidance for communicating about vaccines.
- Find maternal, childhood and adolescent immunization resources on the CDC website.
CDC Communication Research
Understanding vaccine knowledge, attitudes and beliefs

- CDC conducts ongoing research with parents and healthcare professionals in order to inform its maternal, childhood, and adolescent immunization education campaigns.
- This research helps CDC to better understand audiences’ knowledge of diseases and vaccines. It also helps CDC develop and refine educational messages and materials.
Recent research with parents and pregnant women

- **Pregnant women**
  - Mixed methods research with pregnant women—survey, focus groups, in-depth interviews (2014)
  - Online survey/message testing with ~250 pregnant women (2016)
  - Longitudinal study of 200 first time expectant mothers from 2\textsuperscript{nd} trimester of pregnancy to child’s 19\textsuperscript{th} month of life (2016)

- **Parents of infants and young children**
  - National online poll of ~2,500 parents of children ages 0-7 years (2018, 2016, 2014)
  - 24 focus groups with mothers of children 0-23 months in 3 cities in English and more clear to Spanish (2018)
  - 24 cognitive interviews with vaccine-hesitant parents of children 0-23 months (2017)

- **Parents of adolescents**
  - Online surveys of ~1000 parents of children 9-16 about HPV vaccine (2015, 2016)
Recent research with healthcare professionals

- Evaluation of CDC childhood and preteen campaign materials in the pediatric office setting (2019)
  - Phase 1: Key informant interviews with practice and system-level decision makers who develop and select health education materials
  - Phase 2: Surveys and interviews with practicing physicians before and after incorporating NCIRD materials into their practices

- In-depth interviews with 16 ob/gyns and 8 certified nurse midwives (2016)

- Online surveys of ~700 pediatricians to assess HPV vaccine KABPs (baseline 2015, follow-up 2016)

- 2019: In-depth interviews with certified nurse midwives (not yet conducted)
Key Findings: Pregnant Women and Parents
Pregnant women: Knowledge of vaccines

- Low awareness about diseases (pertussis and flu) and vaccines.
- 69% reported receiving a flu vaccine recommendation; 41% reported receiving a Tdap vaccine recommendation.
- Cited provider recommendation and belief that diseases could cause death as reasons for getting both vaccines; more likely to cite recommendation of family/friends as reason for getting flu vaccine; more likely to cite local disease cases as reason for getting Tdap.
- Cited safety concerns as reason for not receiving both vaccines; also cited low effectiveness as a reason for not receiving flu vaccine.
- Motivated by idea of protecting their babies.

Sources: CDC mixed methods research (2014), survey of pregnant women (2016), longitudinal study of first time expectant mothers (2014-16)
Pregnant women: Information seeking

- High information seekers, but not actively seeking information about pregnancy vaccines.
- However, 85% had made vaccine plans for their babies by 2nd trimester.
- Internet is #1 source of vaccine information during pregnancy, but want to receive it from prenatal care provider.

Sources: CDC mixed methods research (2014), survey of pregnant women (2016), longitudinal study of first time expectant mothers (2014-16)
Common questions pregnant women have about maternal vaccination

- Are these diseases really dangerous?
- Is vaccination safe for me and my baby?
- Can’t I just get it after my baby is born?
- Why is vaccination needed every pregnancy?
- Why hasn’t my doctor talked to me about this?
- Isn’t it enough to make sure everyone around my baby is vaccinated (or stay away from sick people?)
Parents of infants/young children: Vaccine KABPs

- Make vaccination decisions before pregnancy, during pregnancy or before the 2 month visit. Once parents start vaccinating at 2 mos, there is very little change later to delay or refuse.

- In 2018 national online poll of parents:
  - 89% of parents reported that their child received all vaccines at the time they were recommended.
  - 15% of parents reported being somewhat or very hesitant about childhood vaccines.
  - 8% reported not vaccinating according to the recommended schedule.

- Recognize that vaccinations are an important part of a child’s overall health and are aware of CDC’s childhood immunization schedule.

Source: Longitudinal study of first-time expectant mothers, National online poll of parents, Focus groups with parents of children 0-23 months
What motivates parents of infants/young children

- Values-based statements that resonated most:
  - Every child deserves a happy, healthy life (English/Spanish)
  - I want the freedom to choose what’s best for my child (English/Spanish)
  - Protecting children from harm (English)
  - I want my children to grow up in a better world (Spanish)
  - I want my children to grow up free from the threat of VPDs (Spanish)

- Parents motivated by messages mentioning:
  - local occurrences of vaccine-preventable diseases
  - risk of not vaccinating on schedule
  - comparison of risks and benefits of vaccines.

- Messages focused on vaccinating children to avoid sickening others did not resonate as highly.

Source: Focus groups with parents of children 0-23 months (2018)
Many parents have at least some vaccine questions, but questions do not necessarily equal concerns. Most common questions include:

- Ingredients
- Side effects
- Number and timing of vaccines

Most trusted sources of vaccine information:

- Child’s doctor/HCP (93%)
- Scientific or medical journal (41%)
- Family (38%)
- Prenatal care provider (36%)
- Internet/social media (18%)
  - Search engine (71%)
  - WebMD (45%)
  - CDC (40%)
  - AAP (36%)
  - Mayo Clinic (31%)

Source: National Online Poll of Parents
Attitudes of vaccine-hesitant parents of infants/young children

- Questions/concerns did not differ by sex, race/ethnicity, geographic region or parental experience.
- Some considered themselves as vaccinating on time as long as they get caught up by a certain time (e.g. by age 2, or before starting school).
- Some were unable to cite which specific vaccines they have delayed.
- Had concerns about both short-term and long-term side effects.
- Level of trust in doctor’s advice varied. Some felt HCPs were pushing them to vaccinate or withholding information.
- Had not thought about vaccinating their child as a way to protect others in their community.

Source: In-depth interviews with vaccine-hesitant parents, 2017
Parents of adolescents: HPV vaccine attitudes

- Believe that Tdap and meningitis vaccines are more important than HPV and flu vaccines.
- Very motivated by cancer prevention.
- Common reasons for not accepting HPV vaccine:
  - Concern about safety/side effects (ex: infertility, death)
  - Not needed/necessary
  - Lack of knowledge
  - Child is not sexually active
  - Not recommended by child’s doctor
- More likely to accept HPV vaccine if provider recommends it.
- Parents of boys are twice as likely to say that HPV vaccine was not recommended by child’s doctor as parents of girls.

Key Findings: Healthcare Professionals
Prenatal care providers: Vaccine KABPs

- 1/3 provided Tdap vaccination on site in their practice.
- Main consideration in deciding whether to provide vaccines was cost.
  - Billing, reimbursement, obtaining vaccine stock, patient costs
- Discussed Tdap and flu vaccines during initial pregnancy visit, with a focus on Tdap in the 3rd trimester.
- Certified nurse midwives and ob/gyns differed in their approach to discussing vaccines.
  - CNMs less comfortable making a strong personal recommendation.
- Felt patients were concerned about safety of vaccine ingredients for their babies and getting sick from flu vaccine.
- Only half used written handouts with patients.

Source: In-depth interviews with ob/gyns and certified nurse midwives (2016)
Pediatricians and family physicians: Vaccination barriers

- Cite the lack of training in medical school on how to communicate with parents about vaccines as a barrier.
- Receive the most pushback about HPV vaccine. Flu vaccine and MMR vaccine also mentioned.
- Worried about overwhelming parents with too much information.
- Believe that office staff can play important role in supporting, or undermining, a strong vaccine recommendation.

Source: Evaluation of childhood and preteen campaign materials (2019)
Most likely to use educational materials with new parents or parents who are “on the fence” about vaccines.

Commonly requested topics:
- Information about the latest myths circulating online
- Updated statistics on VPDs relevant to the region/state
- Data on vaccine efficacy for any schedule changes
- Talking points for vaccine schedule changes
- Information to share with parents about “how vaccines work”
- Information to answer parent questions about ingredients

Few are sharing materials with parents electronically—prefer hard copies.

Cost of printing educational materials is a barrier in private practices.

However, do request many formats, including print, posters, scripts, videos, and content for practice websites.
Pediatrician attitudes towards HPV vaccine

- Perceive the HPV vaccine to be less important to parents than Tdap and meningococcal vaccines.
- Between 15% and 25% of physicians believe the HPV vaccine is not necessary for their 11-12 year old patients.
- Many reported that they anticipate having an uncomfortable conversation when it comes to discussing the HPV vaccine with parents of adolescent patients.
- Believe that parental hesitancy is the biggest contributing factor in vaccine delay or refusal.
- 80% or more reported that bundling vaccine recommendations is important to HPV vaccination uptake.
- Even though pediatricians report providing high quality recommendations, there is a disconnect in HPV vaccination rates.

Source: HPV pediatrician online surveys (2015 and 2016)
Communication Guidance
Encourage HCPs to create a culture of immunization

- Identify an office immunization champion.
- Get the entire practice on board with communicating positively about vaccines.
- Empower support staff to discuss vaccines before provider enters the room.
- Use educational materials to supplement the conversation and help save time.
  - Fact sheets that answer common questions about vaccines
  - Posters that are rich in factual information
  - CDC’s parent-friendly immunization schedules
- Share resources before the vaccine visit.
  - Put information in welcome packets.
Share effective ways for HCPs to introduce vaccines

- Start the vaccine discussion early.
  - Early in pregnancy for maternal vaccines
  - During pregnancy for childhood vaccines
  - At age 9 for HPV vaccine

- Present maternal immunizations as a routine part of obstetric care.

- Use a presumptive approach that assumes the woman/parent will accept vaccines.
  - Ex: You are due for a Tdap shot and a flu shot today.
  - NOTE: This does NOT mean pushing or pressuring to vaccinate

- Talk about cancer prevention when introducing HPV vaccine.

- Make a strong recommendation for on-time vaccination.

- Listen to and be prepared to respond to common questions.

[www.cdc.gov/vaccines/hcp/conversations/talking-with-parents.html](http://www.cdc.gov/vaccines/hcp/conversations/talking-with-parents.html)
Help HCPs make effective recommendations for HPV vaccine

- An effective recommendation from a clinician is the main reason parents decide to vaccinate.
- Parents value the HPV vaccine and clinicians underestimate the value that parents place on HPV vaccine.
- Recommend HPV vaccination the same way and on the same day you recommend meningococcal and Tdap vaccines.
- Give a bundled recommendation grouping all of the vaccines together:

  “Now that your child is 11/12, he/she is due for three vaccines today. These will help protect him/her from the infections that can cause meningitis, HPV cancers, and pertussis. We’ll give those shots at the end of the visit. Do you have any questions for me?”

Questions don’t necessarily mean that parents will refuse to vaccinate.
Try to understand the concerns behind questions.
If you don’t know the answer, share what you *do know*.
Acknowledge both the benefits *and* risks of vaccination—parents want to know about side effects.
Document questions and concerns for future conversations.

https://www.cdc.gov/vaccines/hcp/conversations/preparing-for-parent-vaccine-questions.html
https://www.cdc.gov/hpv/hcp/answering-questions.html
CDC Resources for Healthcare Professionals
**Immunization training resources**

- **You Call the Shots**: Web-based modules that discuss vaccine-preventable diseases (VPDs) and explain the latest recommendations for vaccine use. CE/CME credit offered.

- **Current Issues in Immunization Net Conference (CIINC)**: Live 1-hour audio and visual presentations with on-demand replays. Offered 4-5 times per year. CE/CME credit offered.

- **Pink Book Webinar Series**: Online series of 15 1-hour webinars. Provides an overview of the principles of vaccination, general recommendations, immunization strategies for providers, and specific information about VPDs and vaccines. CE/CME credit offered.

- **Webcasts**: Topics include HPV, pertussis, flu, vaccine storage and handling, and more. CE credits offered.

CDC-Medscape CME programs

- Making the Case: Championing for HPV Cancer Prevention in Your Practice
  https://www.medscape.org/viewarticle/898084

- Medscape CME: Pediatric Immunization: Navigating Difficult Conversations with Parents
Slide Deck: How to create a culture of immunization

- Content geared for nurses, medical assistants and non-clinical office staff.
- Intended for use by physicians or vaccine coordinators during staff meetings or lunch-and-learn presentations.
- Can be customized with an organization’s slide template and logo.
- Health departments can also modify and use during HCP training.

www.cdc.gov/vaccines/partners/childhood/professionals.html
Maternal immunization resources

www.cdc.gov/vaccines/pregnancy
Provider Resources for Vaccine Conversations with Parents

- Talking to Parents about Vaccines for Infants
- Preparing for Questions Parents May Ask about Vaccines
- Understanding Vaccines and Vaccine Safety
  - How Vaccines Work
  - The Recommended Childhood Immunization Schedule
  - Ensuring the Safety of U.S. Vaccines
  - The Advisory Committee on Immunization Practices
- Diseases and the Vaccines that Prevent Them
- If You Choose Not to Vaccinate, Understand the Risk and Your Responsibilities

www.cdc.gov/vaccines/conversations
HPV vaccine resources

- Clinical guidance
- Tips for boosting vaccination rates
- CE courses
- #PreteenVaxScene webinars
- Tips for talking with parents
- Fact sheets for parents

www.cdc.gov/hpv/hcp
CDC Resources for Parents
Maternal immunization resources

- Quiz
- Video
- Listicle
- Fact sheets (English and Spanish)

www.cdc.gov/vaccines/pregnancy
Infant immunization resources

www.cdc.gov/vaccines/parents/resources
Infant immunization FAQs

- Written for parents of children ages 0-2
- English and Spanish
- HTML and PDF
- Co-branded with AAP and AAFP

www.cdc.gov/vaccines/parents/parent-questions.html
Adolescent immunization resources

www.cdc.gov/vaccines/partners/teens/index.html
Questions?

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For more information, contact CDC
1-800-CDC-INFO (232-4636)

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