

What You Say Matters: Becoming a Vaccine Advocate



2010 Missouri Immunization Conference
“Immunization Victories and Challenges”

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Objectives



- **What does the research say?**
 - describe value of health care provider endorsement of vaccines
- **What, when and how to say “it”.**
 - discuss various methods to craft a message regarding vaccines
- **Don’t be shy**
 - identify barriers to communication regarding vaccines

RESEARCH



Pediatric



- Flu vaccine in hospitalized children(n=189): 70% of vaccinated had recommend; 3% of unvaccinated had recommend¹
- New rotavirus vaccine (n=57, focus groups): 81% likely to vaccinate if provider recommended²

Adolescent



- Provider recommendation (n=160) at the first prenatal visit resulted in a 91% acceptance of postpartum HepB vaccination¹

¹Stringer, et al. (2006) MCH 31(1):54 - 60



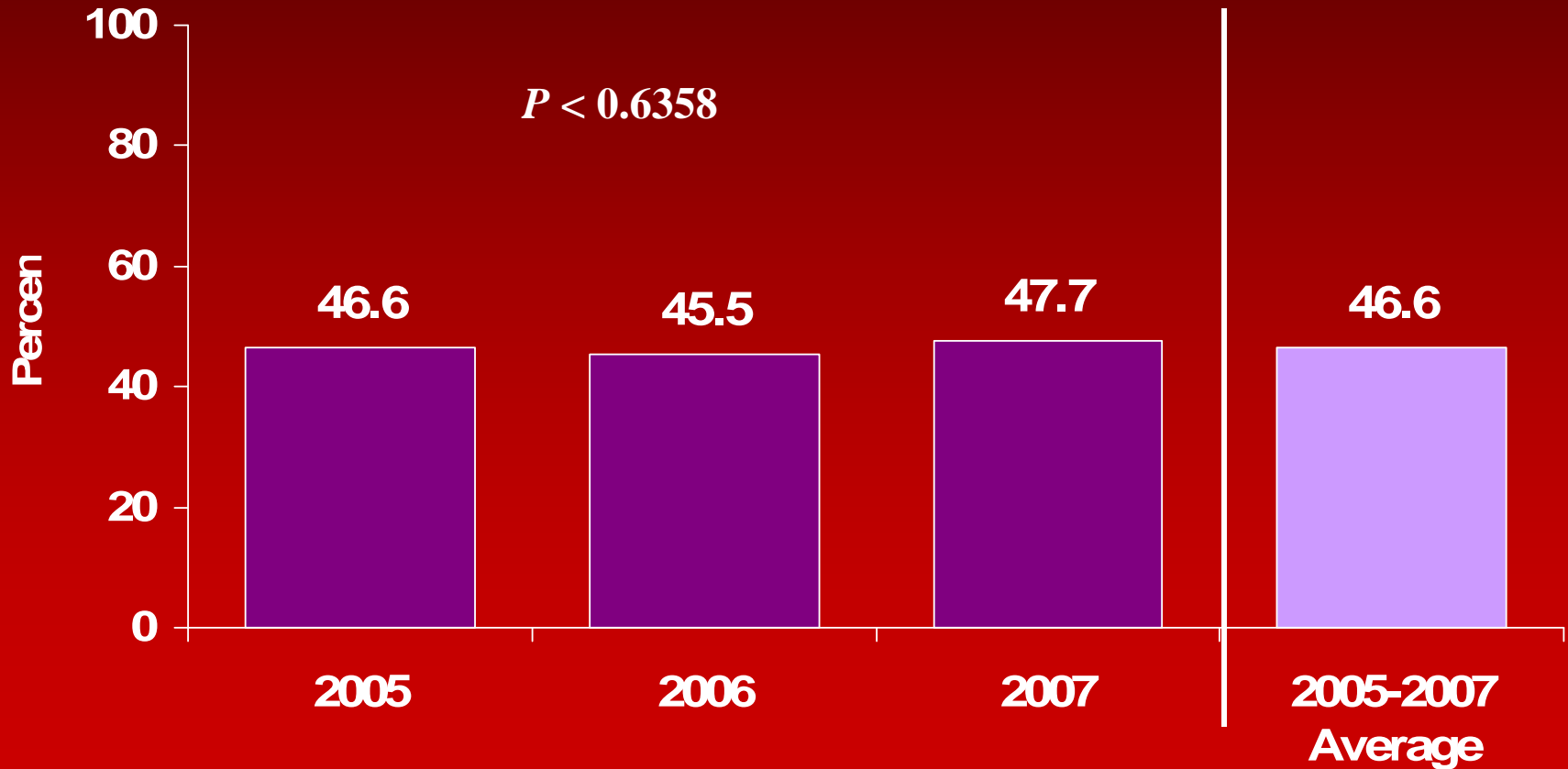
Influenza Vaccination Coverage among Pregnant Women:

**Results from the Pregnancy Risk Assessment
Monitoring System (PRAMS),
Rhode Island, 2005-2007**

**Hanna Kim, PhD, Virginia Paine, RN, MPH, and Rachel Cain, BA
Rhode Island Department of Health**

% of Women Who were Offered a Flu Shot by Health Care Provider during Pregnancy

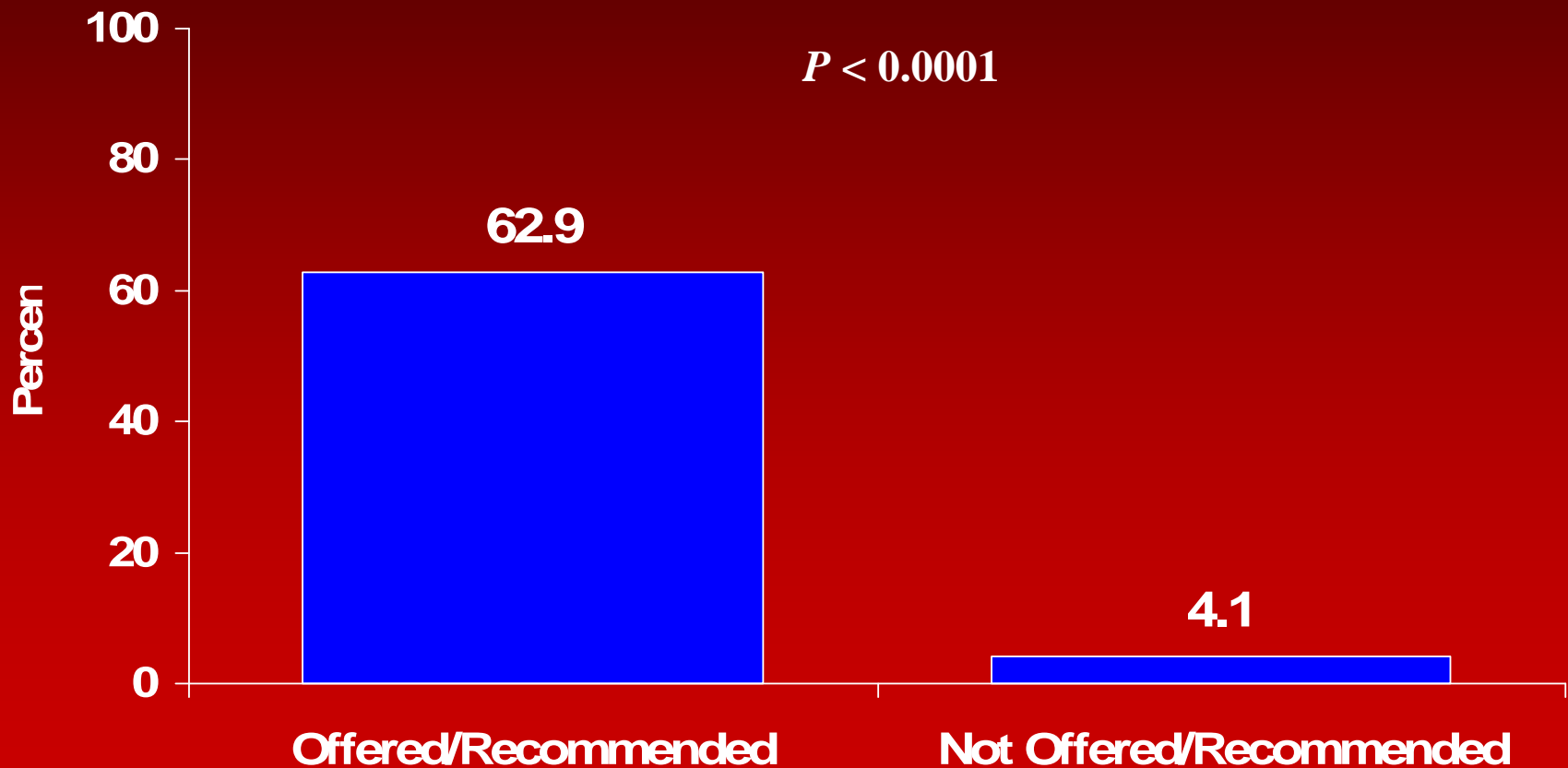
Rhode Island, 2005-2007



Source: RI Pregnancy Risk Assessment Monitoring System, 2005-2007

% of Women Who Had a Flu Shot during Pregnancy by Provider Recommendation

Rhode Island, 2005-2007



Source: RI Pregnancy Risk Assessment Monitoring System, 2005-2007

Adult



- Pneumococcal vaccination (n=370): 79% accepted with nurse recommend, an additional 9% after physician recommend¹
- Tetanus & Pertussis (n=800): second most cited reason to be vaccinate, nurse or physician recommend²

¹Daniels, et al . (2006) JAMA 98(7): 1089 – 95. ²Skowronski, et al. (2004) Vaccine 23: 353 – 61.



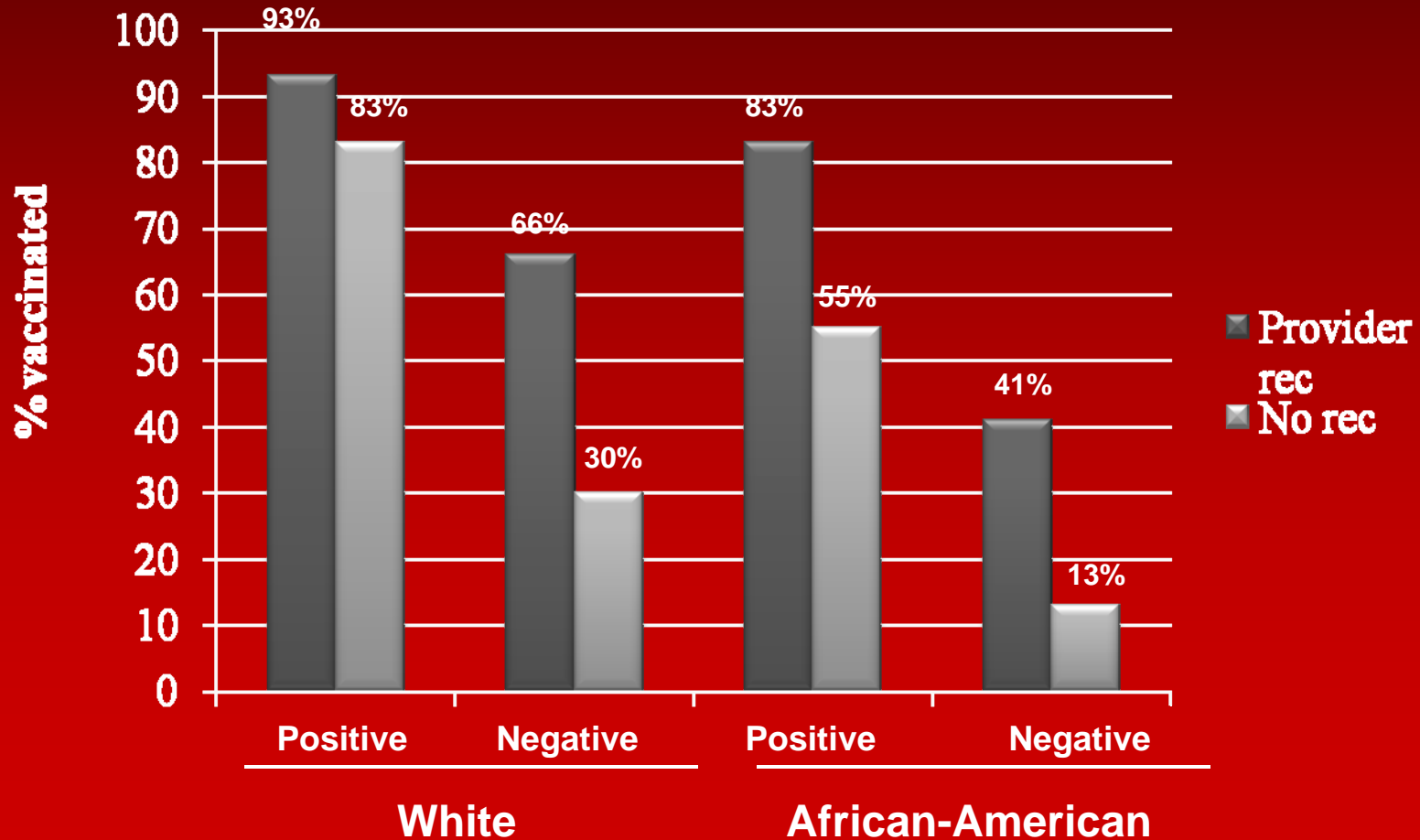
Race Differences in Effects of Provider Recommendations & Patient Attitudes on Receipt of Influenza Vaccine

Megan Lindley, MPH
Pascale Wortley, MD, MPH
Carla Winston, PhD, MA

National Immunization Program, Centers for Disease Control and Prevention



Influenza Vaccination by Attitude, Provider Recommendation, and Race



CRAFTING THE MESSAGE



Adherence



- The extent to which a person's behavior corresponds with agreed recommendations from a health care provider.
 - Requires that the patient accept and follow-through with treatment recommendations.
 - Sources: World Health Organization, 2003; DiMatteo, Health Psychology 2004;

Health Belief Model -- Revised

(Rosenstock, Strecher, & Becker, 1988)

BACKGROUND

PERCEPTIONS

ACTION



Adapted from Rosenstock (1990). In Glanz, Lewis, & Rimer, *Health Behavior and Health Education*.

Three Concepts to Address



- **Specter M.** Denialism: How irrational thinking hinders scientific progress, harms the planet, and threatens our lives. New York (NY): Penguin Press; 2009.
- **Paulos JA.** Innumeracy: mathematical illiteracy and its consequences. New York (NY): Hill and Wang Division of Farrar, Straus and Giroux; 2001.
- **Sharlet J.** (The Family) – “If enough people say it is true, then it is. If they say it loud enough, it becomes fact.

Perceived Threat



- Use the stats: 36,000 people die and 200,000 people are hospitalized annually from influenza in US
- Hang a poster with pictures of preventable diseases (next slide), make it a match game
- Focus on susceptibility – any comorbidity,



Perceived Benefit



- Value of the vaccine to prevent a bad disease – not just for you or your child, but the community (social contract)
- Vaccinating is the norm – (you are good person/parent)

Cues to Action



- Every visit is a “vaccine” visit – reduce missed opportunities
- You **MUST** be proactive in the community.
 - When anti-vaccine people are speaking loudly, their message becomes fact. (Jenny McCarthy)
- Get vaccinated yourself!
- Provide an incentive.

The Approach



- Take time to listen – you are their consultant, so you must know their stance
 - Respect parental authority
- Validate their concerns – welcome questions
- Appeal to both the head and the heart
- Be flexible – work with the parent/patient
- Provide accurate information, guide to valid sources

Working with Adolescents



- Make the teen the center of attention for the encounter
- Approach the teen with respect
- Be non-judgmental and accepting
- Avoid argumentation
- Roll with the resistance
- Empower self-efficacy and self-respect

Overcoming Barriers



What have you heard?

Some Common Statements



- “I’ve had the flu, it’s not that bad”
 - Your influenza may be mild, but for your friends or family it could be fatal
- Immunizations don’t work.
 - Use some statistics, but also appeal to the heart.
- Maybe next visit.
 - Many diseases can be spread before you have symptoms.

Common Statements, cont'd



- Vaccines cause autism
- Thimerosal causes autism
- Those diseases don't exist anymore
- Too many vaccines, too soon

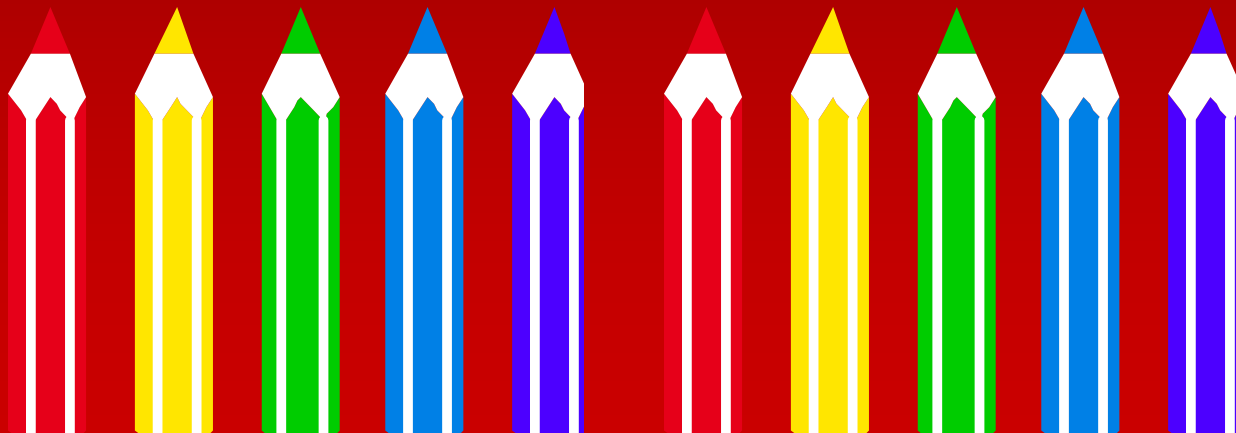
Community Presentation



- How could you address most of the issues from the last three slides into a 10 minute talk at a PTA meeting?

Preparation

- Know your audience
- Know the environment
- Know the time limitations
- Know the topic



Preparation

- Tell them what you are going to tell them
- Tell them
- Tell them what you told them



Giving the Presentation

- Talk ‘with’ not ‘to’ your audience
 - Don’t read
 - Make eye contact
- Avoid extra words – clear and concise



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- If you don't talk with patients, where will they get their information?