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The Three C’s for Effective Adolescent Vaccination Recommendations: Overcoming Communication Challenges

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UNITY Vision and Mission
501c3, Non Profit Organization

**MISSION:** UNITY Consortium, through action-oriented leadership, innovation and education will:

- **ESTABLISH**
  adolescent immunization as a central component of preventative adolescent health and as an investment in long-term health.

- **DEVELOP**
  healthcare providers as advocates that make strong patient-focused recommendations for all ACIP-recommended adolescent vaccines.

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

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

**VISION**
Coverage is 90% or greater for all ACIP recommended adolescent vaccines

Coverage is 90% or greater for all ACIP recommended adolescent vaccines

www.unity4teenvax.org
Purpose

• To review the Three Cs provider recommendation – confident, concise, and consistent – as a potential tool to improve routine vaccination coverage for adolescent vaccines

• To provide a simple framework and tools for the use of a Three Cs recommendation including FAQs and Motivational Interviewing techniques
### Recommended Immunizations

#### Flu (Influenza)
- 7-8 Years: Recommended for all children unless your doctor tells you that your child cannot safely receive the vaccine.
- 9-10 Years: Vaccine is recommended for children not at increased risk but who wish to get the vaccine after speaking to a provider.
- 11-12 Years: Vaccine is recommended for children with certain health or lifestyle conditions that put them at an increased risk for serious diseases.
- 13-15 Years: Vaccine should be given if a child is catching up on missed vaccines.
- 16-18 Years: Vaccine is recommended for all children unless your doctor tells you that your child cannot safely receive the vaccine.

#### Tdap (Tetanus, diphtheria, pertussis)
- 7-8 Years: Recommended for all children unless your doctor tells you that your child cannot safely receive the vaccine.
- 9-10 Years: Vaccine is recommended for children not at increased risk but who wish to get the vaccine after speaking to a provider.
- 11-12 Years: Vaccine is recommended for children with certain health or lifestyle conditions that put them at an increased risk for serious diseases.
- 13-15 Years: Vaccine should be given if a child is catching up on missed vaccines.
- 16-18 Years: Vaccine is recommended for all children unless your doctor tells you that your child cannot safely receive the vaccine.

#### HPV (Human papillomavirus)
- 7-8 Years: Recommended for all children unless your doctor tells you that your child cannot safely receive the vaccine.
- 9-10 Years: Vaccine is recommended for children not at increased risk but who wish to get the vaccine after speaking to a provider.
- 11-12 Years: Vaccine is recommended for children with certain health or lifestyle conditions that put them at an increased risk for serious diseases.
- 13-15 Years: Vaccine should be given if a child is catching up on missed vaccines.
- 16-18 Years: Vaccine is recommended for all children unless your doctor tells you that your child cannot safely receive the vaccine.

#### Meningococcal
- 7-8 Years: Recommended for all children unless your doctor tells you that your child cannot safely receive the vaccine.
- 9-10 Years: Vaccine is recommended for children not at increased risk but who wish to get the vaccine after speaking to a provider.
- 11-12 Years: Vaccine is recommended for children with certain health or lifestyle conditions that put them at an increased risk for serious diseases.
- 13-15 Years: Vaccine should be given if a child is catching up on missed vaccines.
- 16-18 Years: Vaccine is recommended for all children unless your doctor tells you that your child cannot safely receive the vaccine.

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**More Information:**
- Preteens and teens should get a flu vaccine every year.
- Preteens and teens should get one shot of Tdap at age 11 or 12 years.
- Both girls and boys should receive 3 doses of HPV vaccine to protect against HPV-related disease. HPV vaccination can start as early as age 9 years.
- All 11-12 year olds should be vaccinated with a single dose of a quadrivalent meningococcal conjugate vaccine (MenACWY). A booster shot is recommended at age 16.
- Teens, 16-18 years old, may be vaccinated with a MenB vaccine.

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[www.unity4teenvax.org](http://www.unity4teenvax.org)
Routine Recommendation of Adolescent Vaccines

11/12 Years Old

Same day vaccination of:

- Tdap
- MenACWY
- HPV 1 of 2
- Flu (in season)

HPV 2 of 2

6-12 mos

16 Years Old

Same day vaccination of:

- MenACWY
- Booster
- Men B* 1 of 2
- Flu (in season)

Men B 2 of 2

>1 mo

Men B-4C 1 of 2

6 mos

MenB-FHbp 1 of 2

Reflects new ACIP dosing guidelines for routine administration of HPV and MenB; *MenB-FHbp: Trumenba (Pfizer); MenB-4C: Bexsero (Novartis); For persons at increased risk for meningococcal disease and during serogroup B outbreaks, administer 3 doses of MenB-FHbp administered at 0, 1-2, and 6 months

www.unity4teenvax.org
Substantial Gaps In Adolescent Vaccination
HPV (1st, Series), MenACWY Booster, and Flu

2015 Immunization Rates, United States

Healthy People 2020 Goal

Estimated vaccine coverage (%)

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>Estimated coverage (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tdap ≥1 dose</td>
<td>86</td>
</tr>
<tr>
<td>MenACWY ≥1 dose</td>
<td>81</td>
</tr>
<tr>
<td>MenACWY booster</td>
<td>33</td>
</tr>
<tr>
<td>HPV ≥1 dose, females</td>
<td>63</td>
</tr>
<tr>
<td>HPV ≥3 doses, females</td>
<td>42</td>
</tr>
<tr>
<td>HPV ≥1 dose, males</td>
<td>50</td>
</tr>
<tr>
<td>HPV ≥3 doses, males</td>
<td>28</td>
</tr>
<tr>
<td>Influenza</td>
<td>47</td>
</tr>
</tbody>
</table>

**Notes:**

- **Tdap** = tetanus, diphtheria, acellular pertussis
- **MenACWY** = meningococcal conjugate vaccine
- **Booster-dose rate** based on 17-year-olds
- **HPV** = human papillomavirus
- **Healthy People 2020 Goal**

**References:**

Wide Variability In Vaccination Coverage By State

TDap ≥1

MenACWY ≥1

HPV ≥3 F

HPV ≥3 M

National, Regional, State, and Selected Local Area Vaccination Coverage Among Adolescents Aged 13-17 Years – United States, 2015; MMWR, August 26, 2016/ 65(33);850-858. Selected data reflect national average and highest and lowest coverage rates at state level.
The Three Cs Approach Focuses On The In-Office, Provider Recommendation

Pre-Visit/Visit Arrival
- Knowledge/engagement/expectations
  - Parents
  - Adolescent s
  - 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
(11, 12, 16 year olds’ visits)

www.unity4teenvax.org
Three Cs Approach
Confident, Concise, Consistent

Provider Recommendation
• Presumptive
• Bundled and Equal
• Same Day Vaccination

Provider Tools
• FAQs
• Motivational Interviewing
Delivering A Three Cs Recommendation

ASSUME ‘acceptor’ status for all parents

DELIVER Three Cs Recommendation
• Presumptive
• Bundled and equal
• Same day vaccination

Consent? VACCINATE!
Presumptive Recommendation

**Presumptive**
- HOW the recommendation is **initiated**
- Assumes that parent will consent
- Recommends with confidence and conviction

**Presumptive Language**

**11-12 year old visit**: “Our sixth grade vaccines that we do, there are three...”

11-12 year old visit: “He’s due for his 11-year-old shots. We didn’t do them last time he was here for his check up because he was sick last time, but he is due for three vaccines.

16 year old visit: “Right now, today, we’re talking about your vaccines, and you are due for the two meningitis shots”
Multiple studies suggest that a presumptive recommendation leads to a higher rate of vaccination.

Opel, D. et al, Pediatrics, 2013: 132:1-10; Brewer, N. et al, Pediatrics, Published online December 2016, 10.1542/peds.2016-1764

www.unity4teenvax.org
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 can do four today. So the three he's normally due for, he is due for meningitis, the HPV and the Tdap, and we can also do the flu vaccine today.”

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

“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.”
Anatomy Of A Three Cs Recommendation

Same Day Vaccination

- 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 x months for the second dose…”
- “You will get one shot of each *today*.”

**Offering Delay Can 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.”
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. 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 Recommendation
  - 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
FAQ Resources

www.unity4teenvax.org/unity-projects

www.cdc.gov/vaccines/who/teens/for-hcp-tipsheet-hpv.pdf
Urgency/Timing

Q. Can’t some of these shots wait until I am a little bit older?

A. It really is better to get them now. All three vaccines are recommended for your age and I want to protect you from these serious diseases now as well as keep you on schedule. Let’s do all three vaccines while you are here.
**Efficacy**

Q. How long will the vaccines work? I don’t want to get them “too early” because they might wear off.

A. Vaccines are recommended at specific ages, taking into account when people are most likely to become exposed and the length of a vaccine’s protection. The vaccines I recommend are specifically recommended for your age; let’s get you protected today.
**School Requirements**

Q. Which vaccines are required for school (or sports)? I think that I only want to only get those today.

A. While there may be a subset of vaccines required for school entry, I recommend all of these vaccines based on expert recommendations from doctors and scientists and what is best for your health. I strongly recommend that you get all of the vaccines today.
Parental Disposition Framework

Unquestioning Acceptor → Three Cs Recommendation → Vaccinate

Cautious Acceptor → Three Cs Recommendation
Answer Questions → Vaccinate

Hesitant Late or Selective Vaccinator → Three Cs Recommendation
Answer Questions
Motivational Interviewing → Reassess
Vaccinate → Arrange Follow-Up

Refuser → Motivational Interviewing
Reassess → Arrange Follow-Up

Definitions of Parental Disposition from Leask, J. et al, BMC Pediatric 2012: 12:154, DOI: 10.1186/1471-2431-12-154; University of Colorado School of Public Health, Behavioral Health and Wellness Program
Parental Disposition
Majority Of Parents Are “Acceptors”

- 30-40%
- 25-35%
- 20-30%
- 2-27%
- <2%

- Unquestioning Acceptor
- Cautious Acceptor
- Hesitant
- Late or Selective Vaccinator
- Refuser

Definitions of Parental Disposition from Leask, J. et al, BMC Pediatric 2012: 12:154, DOI: 10.1186/1471-2431-12-154; University of Colorado School of Public Health, Behavioral Health and Wellness Program
Motivational interviewing is a collaborative conversation style for strengthening a person’s own motivation and commitment to change. It’s a way of being versus a way of doing.

For hesitant or refusing parents, providers can use motivational interviewing to interact in a way that increases the motivation to change and evokes change talk (a person’s own statements that favor change).

Example of change talk: “I value prevention and put great effort into keeping my kids healthy”
Motivational Interviewing

The Key To MI Is
The Right “Heart” Set

Partnership
  Active collaboration
Acceptance
  Non-judgmental
Compassion
  Focus on well-being
Evocation
  Strengths and resources
Motivational Interviewing
Using OARS

O - Open questions
A - Affirming
R - Reflecting
S - Summarizing
1. **Invite** parent/adolescent (P/A) to talk about vax
2. **Encourage** discussion of the change (pros)
3. **Elicit** how the P/A thinks and feels about vax
4. **Use** empathic listening statements when P/A talks about vax
5. **Acknowledge** challenges about vax that P/A faces
6. **Provide** information that is sensitive to P/A concerns
7. **Actively convey** respect for P/A choice
8. **Exchange** ideas with P/A about how to move forward toward acceptance
Motivational Interviewing
What It Sounds Like

Invites parent/adolescent to talk about vaccination
What are your concerns about the vaccine?”
How can I better help you to understand the value of vaccinating?”

Encourages discussion of the change (pros)
What benefits do you see in vaccinating?
Why did you choose a 3 on the importance scale and not a lower number?” (when using scale)

Elicits how the parent/adolescent thinks and feels about vax
Tell me what you have heard about the side effects of the vaccine.
What have you heard from the school?

Uses empathic listening
You are anxious because you’ve read some pretty scary stuff on the Internet.
You’re worried about getting three shots at a time.
Making the right decision is very important to you.
Motivational Interviewing
What It Sounds Like

**Acknowledges challenges**
I hear your concern about him being able to play softball tonight. Getting time off work to come in for the next HPV shot will be a challenge for you.

**Provides information that is sensitive to parent/adolescent concerns**
You’ve mention two main concerns. Would it be alright with you if we talk about each one and then see what you think?

**Actively conveys respect for parent/adolescent choices**
I’ve shared my view about why this is an important vaccine but in the end this is a decision only you can make.

**Exchange ideas on how to move forward**
I have some information/ideas that might be helpful to you in making this decision. May I share them with you?
Three Cs Recommendation Checklist
11-12 Year and 16 Year Olds

- Presumptive recommendation for ALL ACIP-recommended vaccines for the age visit
- Vaccines presented in bundled and equal manner
- Recommendation for same day vaccination
- Accurate and concise responses to parental questions, if any
- Identification of parent/adolescent disposition, particularly ‘cautious acceptor’ vs. ‘hesitant’
- Tailored conversation to parent/adolescent disposition
- Motivational interviewing tools for ‘hesitant’ and ‘refusing’ parents/adolescents
Three Cs Toolkit

RESOURCES

- Video 1: Three Cs Background/Rationale
- Video 2: Three Cs Demo and Motivational Interviewing
- Video 2 Worksheet
- Example Language: Three Cs Recommendation and FAQs
- Overview: Parental Disposition and Motivational Interviewing for Hesitant or Refusing Parents

Resources available at www.unity4teenvax.org/unity-projects

UNITY Projects

Pursuit of the Three C's: Confident, Concise, and Consistent Healthcare Provider Recommendations for Adolescent Vaccines

Healthcare provider recommendations are a critical influence on parent and adolescent agreement to vaccinate on time. This quality improvement study is designed with the goal of improving healthcare provider delivery of a confident, concise, and consistent recommendation for routinely recommended vaccines to adolescents (11, 12, and 15 year olds).

To support strong provider recommendations for adolescent vaccines, the UNITY Consortium has developed the following resources:

- Three Cs Rationale: This video provides an overview of the UNITY Consortium (the sponsor of the Three Cs study), reviews current gaps vs. adolescent immunization goals, and provides the rationale for the QI study that focuses on the provider recommendation and applies motivational interviewing principles to the parent-provider conversation.
- Three Cs Demo and Motivational Interviewing: This video provides an overview of the Three Cs intervention (presumptive, bundled, equal recommendation for some day vaccinations; FAQs: motivational interviewing guiding style of communications for truly hesitant parent) and demonstrates and reviews various scenarios of parent-provider recommendation conversations. View video worksheet.
- Example Language: Three Cs Recommendation and FAQs
- Overview: Parental Disposition and Motivational Interviewing for Hesitant or Refusing Parents

UNITY Consortium

www.unity4teenvax.org
Summary

• Providers are key to improving vaccination coverage for adolescents

• A “strong” recommendation – confident, concise, and consistent (Three Cs) – can often lead to parental consent and same day vaccination

• 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
Be A Three Cs Adopter!
How To Get Started

Assess current behaviors
Determine what changes to make initially, then sequence
Observe impact and reactions
Practice and routinize
Teach, train, and tell others
Three Cs Quality Improvement Study
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The Three C’s for Effective Adolescent Vaccination Recommendations: Overcoming Communication Challenges