PRACTICAL STRATEGIES FOR ADDRESSING VACCINE HESITANCY



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OBJECTIVES

- Define vaccine fatigue and explore its contributing factors
- Discuss ways to address vaccine fatigue in our patients and ourselves
- Review effective approaches to the vaccine discussion



QUESTION

How many of us are tired of talking about vaccines?

VACCINE FATIGUE

"...people's inertia or inaction towards vaccine information or instruction due to perceived burden and burnout... vaccine fatigue broadly represents a transitory stage that is more common in people that hold a pro-vaccination view."

WHAT FACTORS CONTRIBUTE TO PATIENTS' VACCINE FATIGUE?

- Shifting/confusing messaging
- Increasing numbers of vaccination requests
- Fear of or experienced adverse effects from vaccination
- Poor efficacy for preventing illness
- Misconceptions about the disease or the vaccines themselves
- Lack of adequate education on the topic of disease and/or vaccines
- Public apathy

WE HAVE OUR OWN VACCINE FATIGUE — WHY?

- We've been fighting the good fight for three years – we're tired
- Frustrated with those who have declined vaccines
- Fearful of negative interactions with patients
- Disheartened by the spill-over to other vaccines



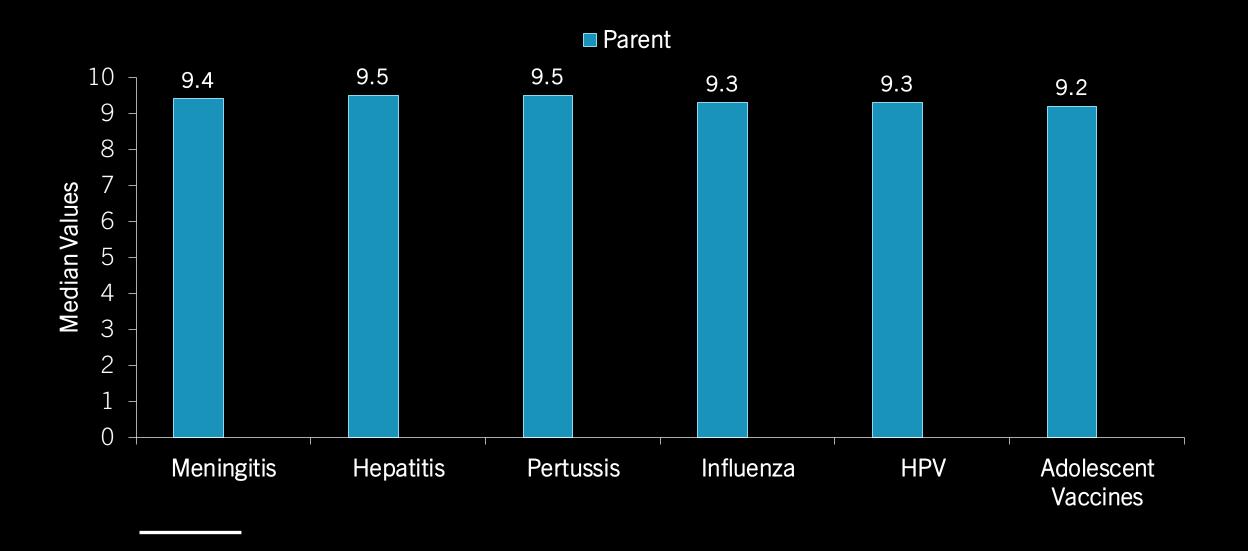
ADDRESSING VACCINE FATIGUE IN OUR PATIENTS AND OURSELVES

SECURE YOUR
OWN OXYGEN
MASK BEFORE
HELPING OTHERS



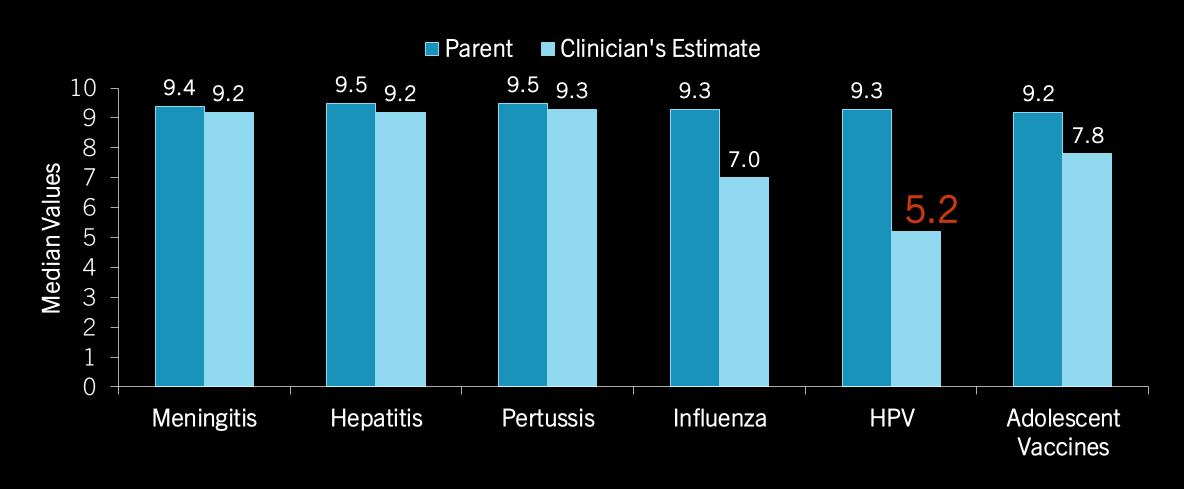
- Take a deep breath and give yourself grace
- Focus on your common ground with the patient
- Remember that your job is just to provide accurate and reliable information
- Recall that we often underestimate the value patients/parents place on vaccines
- Have confidence that your recommendation matters
- Use humor
- Remember that time is on your side tomorrow is a new day

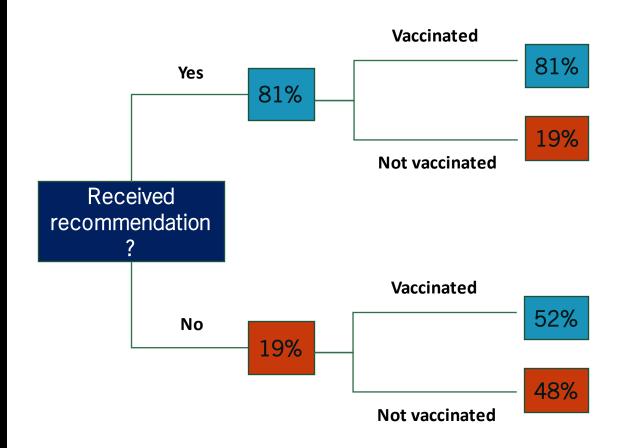




PARENTS PLACE SIMILAR VALUE ON VACCINES

CLINICIANS UNDERESTIMATE THE VALUE PARENTS PLACE ON HPV VACCINE

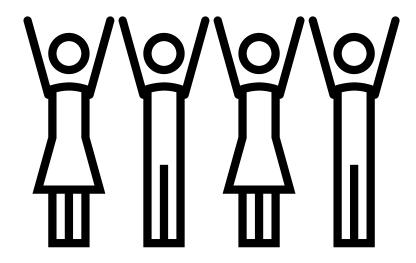




HPV VACCINATION COVERAGE HIGHER AMONG THOSE REPORTING A RECOMMENDATION

GO FOR THE EASY WINS

- HPV vaccination at 9
- Hepatitis B vaccines for all adults through age 59 and those at risk after age 59



ADMIT THE STRUGGLE

- Address vaccine fatigue head on call it what it is
- Admit your own challenges
- Remind patients that we may tire of dealing with infectious disease, but it never tires of dealing with us
- Remind patients that recommendations will change as we learn more, invite questions along the way



EFFECTIVE
APPROACHES
TO THE
VACCINE
DISCUSSION



BASIC PRINCIPLES

- Recommend early anticipatory counseling
- Recommend often take every opportunity
- Schedule follow up shot appointments before patients leave the building
- Take advantage of technology to close care gaps
- Engage the whole team



ENGAGING THE TEAM

- Partner with faith leaders, civic organizations, community educators
- Pharmacists are excellent partners in vaccination
- Dentists can aid our efforts in recommending vaccines, especially HPV
- Work with specialists to recommend and/or offer vaccinations
- Educate and engage your clinical staff



AND NOW IT'S DOWN TO YOU. REMEMBER...

- Make no assumptions
- Maintain an open & inviting posture
- Acknowledge the spectrum of vaccine acceptance
- Recognize that people are just trying to make the best decisions they can with the information they've been given
 - Sometimes they are using misguided information
- Approach with empathy and an attempt to understand
 - With all the information that is out there, discerning the truth can be difficult



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MAINTAIN AN OPEN & INVITING POSTURE

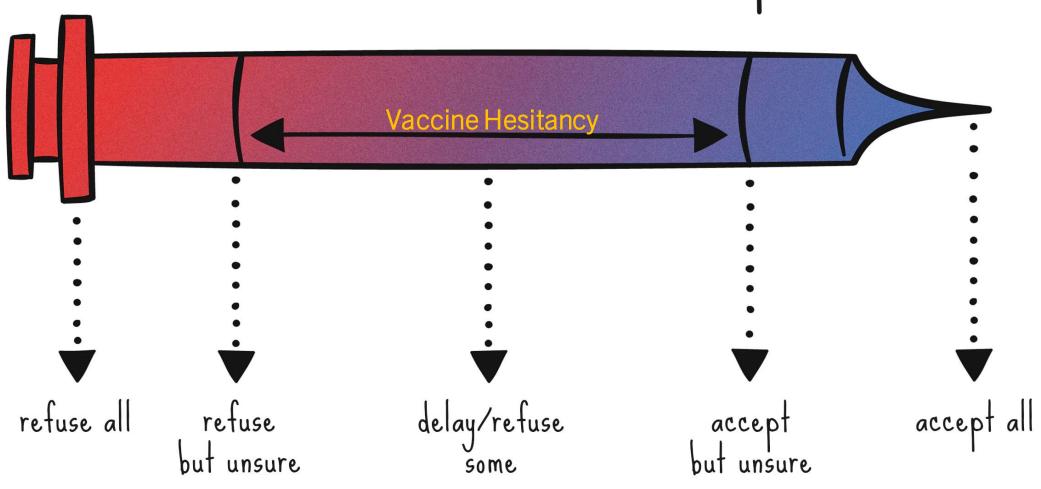


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Continuum of Vaccine Acceptance



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WHAT WORKS...

- Use the Presumptive/Announcement Approach
- Bundle your recommendations
- Use motivational interviewing techniques
- Make it personal
- Practice persistence
- Be patient

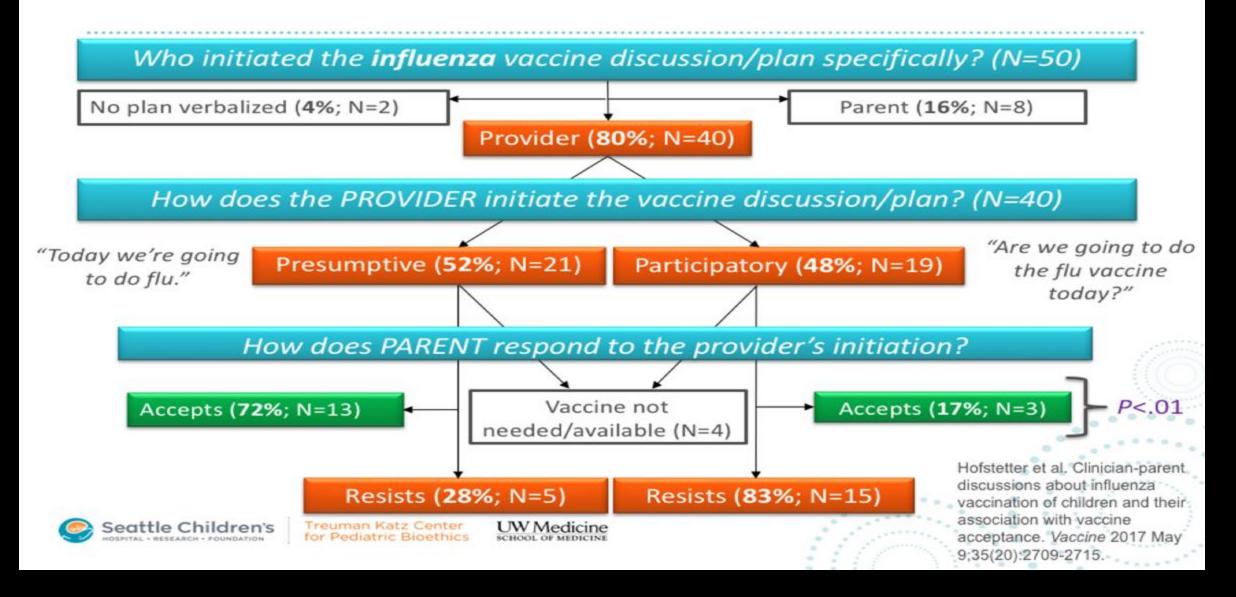


PRESUMPTIVE APPROACH VS PARTICIPATORY APPROACH

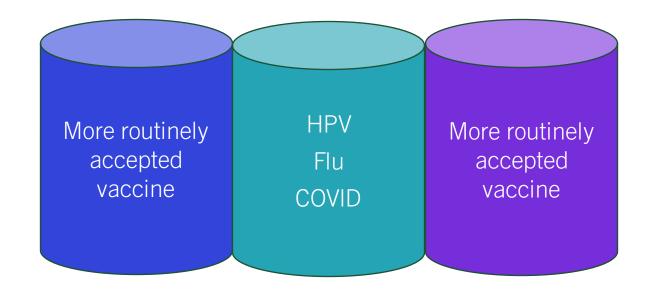
- Presumptive Approach Presuming the parent/patient will go along with our recommendation
 - "Today Sarah is 9 so we will start her HPV cancer-prevention vaccine series."

- Participatory Approach
 - "What would you like to do about the HPV vaccine today?"

Influenza Vaccine Discussions



THE BUNDLED APPROACH



- Also called... discussing vaccines in the "same way on the same day"
- Particularly helpful for vaccines that people are more wary of

BUNDLING — SAMPLE CONVERSATION

BUNDLED:

• "Today we are doing vaccines to protect against Tetanus, Flu, and Pneumonia.

UNBUNDLED:

 "Today we are doing Tetanus and Pneumonia vaccines. We also offer the Flu vaccine."



MOTIVATIONAL INTERVIEWING TECHNIQUES

Different frameworks to accomplish the same task

- Clarify concerns
- Validate feelings
- Provide confidence in your expertise
- Refute myths
- Offer a strong recommendation



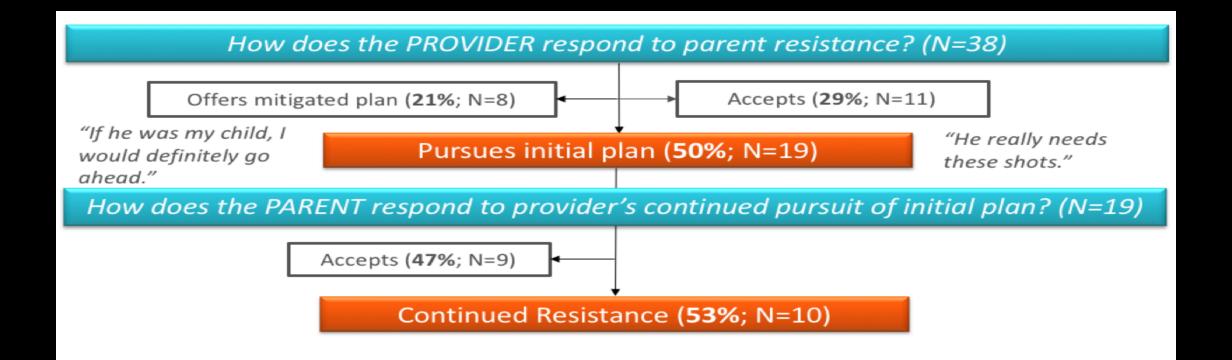


- Ask: Don't just stop with a "no" response. Dig deeper.
 - "Tell me what worries you about the COVID vaccines. What are you hearing?"
- Acknowledge: restate the concern and acknowledge its importance.
 - "If I understand you correctly, you are worried about.... Is that correct?"
 - "I can see why that would concern you. If that were true, I wouldn't want you getting the vaccine either. May I share with you what I know about that concern?
- Advise: share the facts about their concern and offer a strong recommendation.
 - "Researchers have looked at this question and find no evidence that it is true. In fact, the risk of this from the COVID infection itself is significantly greater than the very rare risks of the vaccines. That is why I took the vaccine myself, gave it to my family, and strongly recommend it for all my patients."

MAKE IT PERSONAL

- Let patients know that you vaccinate yourself and your family
- Tie recommendations to something personal in the patient's life
- Use real-life anecdotes to discuss harm from vaccine-preventable disease





PRACTICE PERSISTENCE

BE PATIENT

- It's a marathon, not a sprint
 - It takes time to develop trust
 - Some people will want time to review more information
 - Experiences may affect patients' choices
 - Children will grow up hearing your pro-vaccine message



THANK YOU!

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