

Workflow Modifications for Increasing HPV Vaccination Rates - Communication Tips



Vaccination Conversations: All Staff Play a Role

Vaccine conversations can be challenging and correcting misperceptions does not always result in vaccination.

The best predictor of a vaccination conversation outcome is how the provider started the conversation (Dempsey, 2018). Centers for Disease Control and Prevention (CDC) recommends a PRESUMPTIVE, bundled approach which is 3-5 times more effective than a participatory approach. Vaccination decisions are based on emotion - not logic, reason, or "facts" (Dempsey, 2017).

In a 2015 survey among pediatricians published in the journal *Pediatrics*:

- 46% agreed that their job was less satisfying because of the need to discuss vaccines with vaccine-hesitant parents
- 60% reported spending more than 10 minutes discussing vaccines in visits with vaccine-hesitant parents

Communication Tips

Addressing Vaccine Myths

Do: emphasize facts, give alternate explanation, provide references

Do Not: emphasize the myth, give no potential alternate explanation, or use complex language

- The more a myth is repeated, the more people remember it – even if the myth was debunked ("Familiarity Backfire"). Any mention of a myth should be preceded by a statement that it is not true.
- A simple myth is more cognitively attractive than an overcomplicated correction.
- "Disconfirmation bias" – people accept the evidence for their belief without scrutiny, yet will criticize and reject evidence against their belief.
- When a myth is debunked, you must fill the gap created.

Source: *Strengthening Vaccine Confidence in Pediatric and Family Practice Offices During the COVID-19 Pandemic, CDC 2020*

Communication Traps

Persuasion Trap

When a provider/staff champions a vaccine and attempts to convince the vaccine-hesitant or vaccine-resistant parent/patient of the benefit, usually ending in a "yes...but" argument cycle.

Data Dump Trap or Lecture Trap

Providing the "full story" about some aspect of the vaccine which can raise resistance and also may raise some concerns the parent/patient did not have initially.

Q and A Trap

Asking closed-ended yes/no questions

- Arguing can lead to "attitude polarization"
- Remember to: Ask permission to provide information – hesitant/resistant parents/patients may become more entrenched if not.

Source: *Talking About Vaccines Building Vaccine Confidence, CDC 2018*



Communication Planning

Key Drivers

- **The facts often are not enough.** Personal stories from physicians, other healthcare personnel or peers are powerful and memorable (Wolicki, nd)
 - NIS-Teen data from 2018:
 - Delaware HPV coverage among adolescents with provider recommendation: 78.5%
 - Delaware Coverage among adolescents without a recommendation: 52.7%
- **Parents and patients have different attitudes and beliefs that require some tailoring of communication practices and materials** (Wolicki, nd)
 - Each encounter will look different

Communication DO's

- **Provide a strong and presumptive recommendation:** Provider recommendation is the #1 reason parents choose to vaccinate their children
- **Utilize a bundled approach:** Recommend HPV vaccination in the **same way** and on the **same day** as other vaccines
- **Utilize the CDC's "How I Recommend" Video Series for ideas:** These are short videos of practicing clinicians addressing how they make effective recommendations and address common questions (CDC, 2020)
- **Make a C.A.S.E. for vaccines**
 - **Corroborate:** Acknowledge the parent's concern; find some point on which you can agree; validate the emotion
 - **About me:** Describe what you have done to build your knowledge base and expertise
 - **Science:** Describe what the science says; provide accurate, truthful, and documented information
 - **Explain/advise:** Advise parent/patient based on the science (Wolicki, nd)
- **Tailor communication style and materials:** Use credible resources in languages the parent/patient prefers/understands, layer information, use personal stories (Wolicki, nd)
- **Ensure all staff are communicating the same message**
 - Use the [National HPV Vaccination Roundtable Action Guides](#) for staff
 - Align communication with the mission by utilizing the [CDC's Communication Tipsheet](#)

Resources

- Nyhan, Brendan et al (2014). [Effective Messages in Vaccine Promotion: A Randomized Trial](#). *Pediatrics*. April 2014, 133 (4) e835-e842
- Lau, May et al (2012). [Factors associated with human papillomavirus vaccine-series initiation and healthcare provider recommendation in US adolescent females: 2007 National Survey of Children's Health](#). *Vaccine*. 14 Mar 2012, 30(20):3112-3118.
- [Talking about Vaccines \(CDC\)](#)
- Kempe A, et al (2015). [Physician Response to Parental Requests to Spread Out the Recommended Vaccine Schedule](#). *Pediatrics*. 2015;135(4).
- Opel DJ, Smith R, et al (2015). [The Influence of Provider Communication Behaviors on Parental Vaccine Acceptance and Visit Experience](#). *Am J Public Health*. 2015 October; 105(10): 1998–2004.
- [Strengthening Vaccine Confidence in Pediatric and Family Practice Offices During the COVID-19 Pandemic \(CDC\)](#)
- O'Leary, S. Strategies for Talking to Vaccine-Hesitant Parents. NFID Clinical Vaccinology Course Mar 2017
- [Promoting Vaccine Confidence \(A New Approach to Vaccine Hesitancy\) Michigan Physician Peer Education Project On Immunizations October, 2018](#)
- [NIS-Teen Data 2018](#)
- [Evidence-based Communication Strategies for Promoting Vaccination and Addressing Vaccine Hesitancy Amanda F. Dempsey, MD PhD, MPH MCAAP September, 2020](#)
- [Wolicki, JoEllen. Communicating with Patients about Vaccines.](#)
- Singer, Allison. Vaccines: Communicating with Unsure Parents. NIC 2010
- [CDC Communication Tipsheet](#)
- [National HPV Vaccination Roundtable Action Guides](#)
- [CDC "How I Recommend" Video Series](#)

