

# **Vaccine Confidence Working Group Update**

February 11, 2015 - NVAC

## Working Group Charge

Recognizing that immunizations are given across the lifespan and there are likely to be important differences in vaccine acceptance at different stages of life, the Assistant Secretary for Health (ASH) is initially charging the National Vaccine Advisory Committee (NVAC) to understand:

- how confidence impacts the optimal use of recommended childhood vaccines in the United States, including reaching HP2020 immunization coverage targets;
- what contributes to parental vaccine and vaccination acceptance;
- what HHS should be doing to maximize parental confidence in vaccine recommendations;
- and how to best measure vaccine and vaccination confidence in order to evaluate the impact of interventions in the future

# Working Group Membership

## **NVAC Members**

- Vish Viswanath, Co-Chair
- Charles Mouton, Co-Chair
- Walt Orenstein
- Philip Hosbach
- Thomas Stenvig
- Amy Pisani
- Philip LaRussa

## **NVAC Liaison members**

- David Salisbury, UK Department of Health
- Melinda Wharton, CDC
- Kristine Sheedy, CDC
- Michelle Basket, CDC
- Allison Fischer, CDC
- Paul Etkind, NACCHO
- John Spika, Public Health Agency of Canada
- Justin Mills, HRSA
- Charlene Douglas, ACCV
- Kristen Ehresmann, AIM

- Paul Jarris, ASTHO
- Kathy Talkington, ASTHO
- Maureen Hess, FDA
- Litjen Tan, IAC
- Angela Shen, USAID
- Barbara Mulach, NIH
- Jessica Bernstein, NIH
- Christina McCormick, NIH
- Michael Bartholomew, IHS

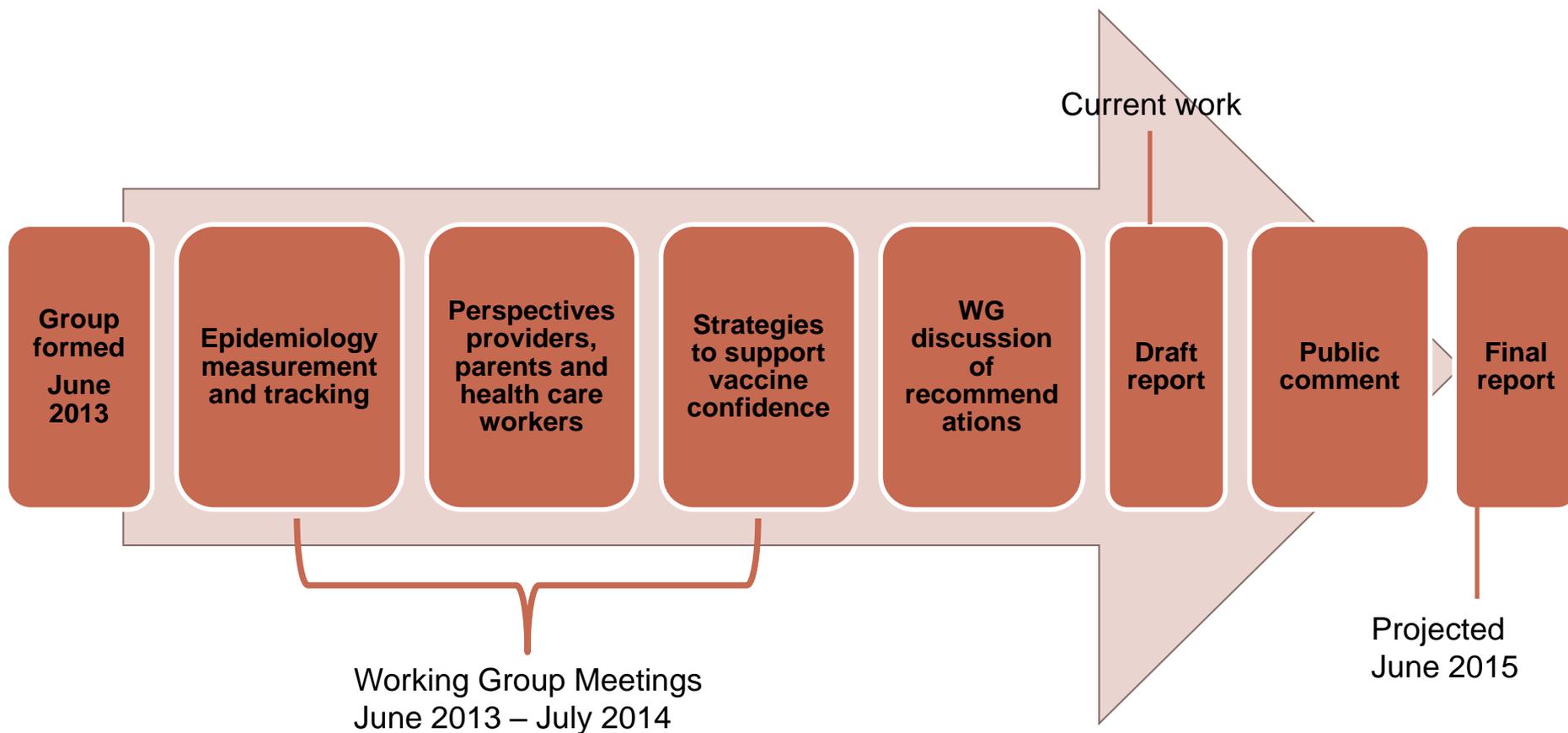
## **NVPO**

Bruce Gellin  
Sharon Bergquist  
Glen Nowak  
Judy Mendel  
Jaime Earnest

## **Special Assistant to the NVAC Chair**

Katy Seib

# Working Group Timeline



# Working Group Agenda

| <b>Epidemiology, Measurement, Tracking</b>   | <b>Presenters</b>                             | <b>Date</b>           |
|--|---|-----------------------|
| Coverage Data and Attitudes and Beliefs Surveys  | CDC (Kris Sheedy, Allison Fisher, Glen Nowak) | 8/1/13                |
| Predictive Attitudes and Beliefs Surveys and other methods to track vaccination confidence | Doug Opel, Nick Sevdalis, and Saad Omer       | Sept.<br>2013<br>NVAC |

## Working Group Agenda cont.

| Perspectives              | Presenters   | Date    |
|---------------------------|--|---------|
| Providers                 | AAP (Kathy Edwards)  | 3/19/14 |
| State/City Health workers | AIM (Katelyn Wells), NACCHO (Paul Etkind) and ASTHO (Kim Martin) | 4/9/14  |
| SAGE working group        | SAGE (Bruce Gellin and Heidi Larson)                             | 4/16/14 |
| Nurses                    | Melody Ann Butler  | 6/25/14 |
| Parents                   | Parent Focus Groups  | 8/15/14 |

## Working Group Agenda cont.

| Communication, Community and Policy Strategies to support vaccine confidence   | Presenters   | Date              |
|--|--|-------------------|
| Communication strategies   | Dan Kahan  | 12/6/13           |
| Health Communication and social/news media                                     | Ivan Oransky, Joseph Cappella and Rumi Chunara                   | Feb 2014<br>NVAC  |
| National strategies for surveillance and engagement                            | Julie Leask  | 2/19/14           |
| Provider Reimbursement/opportunities to support provider/patient conversations | LJ Tan   | 5/7/14            |
| Lessons from other disciplines (Anti-tobacco Campaigns)                        | Ann Aikin  | 5/28/14           |
| Community Mobilization   | WHO (Robb Butler) and Vax NW (Mackenzie Melton and Todd Faubion) | June 2014<br>NVAC |
| Decision Making and Risk Analysis  | Cornelia Betsch  | 7/9/14            |
| <b>Discussion of Recommendations</b>   | Working Group  | Aug-Sept 2014     |

# Parent Focus Groups

## Characteristics:

- 3 on-line focus groups, recruited nationally, to hear directly from parents
  - Parents with children <5 years or expecting
- Grouped based on attitudes and beliefs towards vaccination
  - Very confident group
  - Not confident group
  - Group in the middle

## Key Learnings:

- Parents fall on a continuum of attitudes/beliefs towards vaccination – no one size fits all.
- Parents felt they– and parents in general- should be actively involved in vaccination decisions for their children. Parents trust their provider.
- Parents also want their providers to be attuned to their personal concerns and situation. The “routine” immunization schedule is not “routine” for parents in terms of how they want to be treated.
- Many believed it was important to have, and have easy access to, information on how vaccines work, their safety, how often diseases occur among children who are protected by vaccination, etc.

# Key Themes

- Vaccination is the social norm
  - This fact should be communicated nationally
- Work to understand specific reasons for concern at a local level and address concerns locally
- Messaging and messages matter
  - Narratives are powerful tools to communicate
  - Communicating the risks of not vaccinating is important
- Most parents do vaccinate. This majority should be supported and when supported they can be powerful advocates in their communities
- Methods to support providers to engage in conversations with parents about vaccination are critical (strategies and reimbursement for time)
- Best practices should be collected and shared

## Defining Vaccine Acceptance

We have learned that:

- Vaccination is the predominant norm and that most parents do intend to vaccinate even while some may have concerns or questions
- Parents want to be involved in the decision-making

**Vaccine Acceptance - *the timely receipt of all childhood vaccines as recommended by Centers for Disease Control and Prevention's Advisory Committee on Immunization Practice (ACIP) when vaccines and vaccine services are available.***

A number of system-related, situational, cognitive and contextual factors drive acceptance including vaccine confidence. Our Working Group zeroed in on Vaccine Confidence.

# Defining Vaccine Confidence

- **Vaccination Confidence**- *refers to the trust that parents or healthcare providers have in:*
  - (a) the recommended immunizations*
  - (b) the provider(s) who administer vaccines*
  - (c) the process that leads to vaccine licensure and the recommended vaccination schedule*
- These dimensions assume parents are aware of the recommended vaccinations and have knowledge of how vaccination recommendations are made.
- These concepts are inter-related-- with vaccine acceptance being the desired end outcome and vaccine confidence as an important antecedent to that outcome.

## Focus Areas for Recommendations

1. Measurement and Tracking
2. Communication and Community Strategies
3. Healthcare Provider Strategies
4. Policy Strategies

# Focus Area 1: Measuring/Tracking Vaccine Confidence

The Working Group recognized that the state of the science of vaccine confidence and acceptance measurement is a multi-method and multi-national work in progress.

With this in mind:

1.1 Recommends development of an “index,” composed of a number of individual and social dimensions, to measure vaccine confidence.

This index should be capable of:

- (1) Rapid, reliable and valid surveillance of national vaccine confidence
- (2) Detection and identification of variations in vaccine confidence at the community level
- (3) Diagnosis of the key dimensions that affect vaccine confidence

1.2 Recommends continuing the use of existing measures for vaccine confidence, including systems that measure vaccine coverage as well as vaccine-related confidence, attitudes and beliefs while the science of understanding and tracking vaccine confidence is being advanced.

## Focus Area 1: Measuring/Tracking Vaccine Confidence cont.

1.3 Recommends the development of measures and methods to analyze the mass media environment and social media conversations to identify topics of concern, to parents, healthcare providers, and members of the public.

1.4 Recommends that existing approaches and systems for monitoring vaccination coverage and vaccine-related cognitions, attitudes and behaviors be strengthened and enhanced.

These include:

- (1) Immunization Information Systems (IIS) and Electronic Health Records (EHRs) to collect and capture delays and refusals
- (2) Reliable and valid measures (or surveys) of cognitive factors, such as adults and parents' confidence, attitudes and beliefs regarding vaccines and recommended vaccinations
- (3) Surveys of provider attitudes and beliefs towards vaccination
- (4) Integration of data from all existing systems to track trends of vaccination confidence over time and to detect variations across time and geography

## **Focus Area 2: Communication and Community Strategies**

2.1 Recommends healthcare providers, immunization programs, and those involved in promoting recommended vaccinations actively reinforce that vaccination according to the ACIP recommended schedule is the social norm and not the exception. Misperceptions that vaccination in-line with the ACIP- recommended schedule is not the norm and should be appropriately addressed.

## Focus Area 2: Communication and Community Strategies cont.

2.2 Recommends consistent communications assessment and feedback pertaining to vaccine confidence.

Including:

2.2.1 Creation of a Communication Assessment Infrastructure to assess vaccine sentiment and provide timely, accurate and actionable information related to vaccination confidence and acceptance to relevant stakeholders. This system should have the capability to regularly assess vaccine-related messaging environment (e.g., to identify new or emerging concerns and questions) to assess understanding and effectiveness of population education and information materials and resources.

2.2.2 Identification, evaluation and validation of communication resources and approaches in terms of their effects on enhancing vaccine and vaccination confidence so that effective (“evidence-based/evidence-informed”) interventions and best practices can be shared and more widely used.

2.2.3 Creation of a repository of evidenced-based best practices for informing, educating and communicating with parents and others in ways that foster or increase vaccine or vaccination confidence. This repository would be maintained and expanded as future evidence is compiled regarding messages, materials, and interventions that positively affect vaccine or vaccination confidence.

## **Focus Area 2: Communication and Community Strategies cont.**

2.3 Recommends the development of systems to support parent and community efforts that seek to promote vaccine confidence and vaccination.

2.4 Recommends support for a community of practice or network of stakeholders who are actively taking steps to foster or grow vaccine confidence and vaccination; such a network can foster partnerships and encourage sharing of resources and best practices.

## Focus Area 3: Healthcare Provider Strategies

3.1 Recommends the development and deployment of evidence-based materials and toolkits for providers to address parent questions and concerns. These materials and toolkits should continue to be revised to incorporate the latest science and research.

3.1.1 A repository of evidence-based effective practices for providers should be an output of this effort.

3.2 Recommends curriculum and communication training that focuses on vaccine confidence (e.g., strategies and approaches for establishing or building confidence) be developed and made available for healthcare providers, including doctors, nurses, alternative providers and ancillary care providers.

3.2.1 This training should encompass “providers-in-training,” such as students, residents and interns as well as currently practicing physicians, nurses and other healthcare providers through Continuing Medical Education (CMEs).

3.2.2 Clear and accessible information on vaccinations, the schedule and any changes to the immunization schedule should be developed specifically for providers and made available to them through resources they utilize most.

## Focus Area 3: Healthcare Provider Strategies cont.

### 3.3 Recommends the development of:

- (1) Billing codes for vaccine counseling when vaccination is ultimately not given
- (2) Pay-for-performance initiatives and incentives as measured by:
  - (a) Establishment of an immunizing standard within a practice
  - (b) Continued improvement in immunization coverage rates within a provider's practice

## Focus Area 4: Policy Strategies

4.1 Recommends states and territories with existing personal belief exemption policies should assess their policies to assure that exemptions are only available after appropriate parent education and acknowledgement of the associated risks of not vaccinating, to their child and community. Policies that do not do this should be revised to be strengthened.

4.1.1 Increased efforts should be made to educate the public and state legislatures on the safety and value of vaccines, the importance of recommended vaccinations and the ACIP schedule, and the risks posed by low or under-vaccination in communities and schools.

## **Focus Area 4: Policy Strategies cont.**

4.2 Recommends information on vaccination rates, vaccination exemptions and other preventative health measures (e.g., whether a school has a school nurse, etc.) for an educational institution be made available to parents.

4.2.1 Encourage educational institutions and childcare facilities to report vaccination rates publicly (e.g., via a school health grade or report).

4.3 Recommends “on-time vaccination” should be included as a Quality Measure for all health plans, public and private as a first line indicator of vaccine confidence. NVAC acknowledges that other issues, such as access, can also effect on time vaccination.

## Final Recommendation

5.1 Recommends that the National Vaccine Program Office (NVPO) should work with federal and non-federal partners to develop an implementation plan to address vaccine confidence, including metrics, and report back to NVAC on progress, annually.

# Next Steps

- NVAC review and feedback (February)
- Report goes into public comment phase (March)
- Final edits (April-May)
- Recommendations voted on by NVAC (June)