SARAH: An approach to vaccine communication in primary care

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Strategies to increase vaccine acceptance and uptake, Annecy 26-28 September 2016
SARAH
Support and Resources to Assist Hesitant parents with vaccination

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Vaccine acceptance is on a spectrum\textsuperscript{1,2}

Concerns for 21-25\%\textsuperscript{3}
Ingredients
- Too many
- Too young
- Immune system
- Specific vaccines

2. Leask et al \textit{BMC Pediatrics} 2012
3. NCIRs National Survey of Attitudes to Vaccination 2012
Figures: mean influential score (Not influential: 0  Extremely influential: 10)

Percent receiving information from source

- GP/family doctor: 8.37%
- Searching the internet: 7.75%
- Brochures or medical information packs: 6.41%
- Friends: 7.19%
- Nurse: 6.55%
- Family members: 7.73%
- Media, e.g., TV, radio or magazines: 7.53%
- Other medical professional: 6.08%
- Alternative health practitioner: 7.89%
- Other: 7.65%
- Going to a library: 7.81%
- Groups opposed to vaccination: 7.79%
- Groups in support of vaccinations: 5.62%
- Other: 6.36%
How should providers communicate?

Opel et al Pediatrics 2013;132
- Presumptive
  - “Well, we have to do some shots”
- Participatory
  - “What do you want to do about shots?”
- Participatory initiation associated with resisting recommendation AOR 17.5 (CI:1.2–253.5)

- Recommendation strongly associated with higher uptake
- Paternalistic communication associated with higher uptake of menC and HPV vaccine
What do parents want?

- Valid consent
- Want the chance to ask questions but lack confidence (Jackson et al Health Expectations 2008;11)
- Lower vaccine uptake linked to a perception that the discussion with health professionals about immunisation concerns was inadequate in length and depth, dismissive, and difficult (Brown et al; Vaccine 2010)
- **Presumptive/paternalistic** styles don’t meet the needs of the very hesitant and can backfire with the decliner
- Some anti-vaccination activists cite presumptive styles in their narratives
- **Participatory** initiation formats associated with increased odds of a highly rated visit experience. AOR = 17.3 (CI 1.5, 200.3)
Can we find a happy medium?

“Pursuing vaccine recommendations may temper the negative effects that participatory initiation formats have on vaccine acceptance without any concomitant negative effects on parental experience”

- Aims for vaccination and parental/provider satisfaction
- Targeted and tailored
- Responsive to clinician needs
- Capable of integration
- Consent process should be straightforward
- Uses a guiding style for hesitancy/declination
- Includes a recommendation
- Informed by motivational interviewing
- Adopts tools from SDM and debiasing/debunking
Phased development – aligned to MRC guidance

Phase 1 developing intervention: now – Dec 2016

- Investigator workshops
- Stakeholder feedback and system modification
- Audit existing knowledge tools online
- In-depth interviews with GPs and nurses
- Focus groups with accepting, hesitant, selective/delaying parents
- Stakeholder consultations
- Conversation analysis pre- and post-SARAH training

Phase 2 feasibility and pilot: Jan 2017-June 2018

- Develop digital platforms
- Pilot integration into primary care lead clinics

Medical Research Council: Developing and Evaluating Complex Interventions
http://www.mrc.ac.uk/documents/pdf/complex-interventions-guidance/
Formative provider interviews

n=26 GPs and nurses in regions with higher vaccine objection rates

- **Accepting**
  - Straightforward interactions
  - Don’t want to complicate things
  - Variable processes for consent

- **Cautiously accepting**
  - Want to avoid cueing hesitancy

- **Hesitant**
  - Want - better resources - time efficiency

- **Declining**
  - Roadblock Challenges
    - professional identity
    - Abandonment
11 parent focus groups

Process begins in pregnancy
Prefer open question to tick-box screener
Want to know what to expect, how to manage reactions.
Want control over level of information detail

Prefer to read more about pros
Want ‘balance’ and neutrality
Option for info on serious side effects
Want info on serious side effects
The pathways

1. **Pre-clinic**
   - **REMIND**

2. **Clinic**
   - **SCREEN**
     - Consent support tool
     - Screening question

3. **ACCEPTING**
   - Discussion tips
   - Address common concerns
   - Weigh up the pros and cons
   - What to look out for

4. **HESITANT**
   - Discussion tips

5. **DECLINING**
   - Discussion tips

6. **OTHER REASON FOR PRESENTING**

7. **VACCINATE**
   - Post-vaccination sheet

8. **REFER OR DEFER**
   - Vaccination specialist

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SKAI
Sharing Knowledge About Immunisation
Resources

Five knowledge tools for the hesitant

Available at http://www.ncri.edu.au/research/social-research/sarah-project/
The pathways

REMEMD

Screen

Consent support tool
Screening question

Unsure or significant questions

Accepting
Discussion tips

Address common concerns
Weigh up the pros and cons

Hesitant
Discussion tips

Declining
Discussion tips

What to look out for

Refer or defer
Vaccination specialist

Vaccinate
Post-vaccination sheet
Discussion tips

- Open questions designed to focus conversation
- Moderated language
- Includes recommendation
  - Exploring the decision
  - Reflecting and clarifying
  - Sharing your views
  - Closing
**Implementation**

- Paper-based
- Digital
  - Health Pathways for Primary Health Networks
  - Practice software insert
  - Website

**Training**

- 15 minute
- 2 hr online or face-to-face
- Half day
Summary

- Vaccination is increasingly complex
- Vaccine hesitancy needs to be addressed
- Primary care encounters are highly influential
- Clinicians find declination challenging
- Recommendations are important
- SARAH applies knowledge from SDM and MI to vaccination hesitancy discussions
- Hope to make interactions satisfying, effective and good for public health
- Evidence informed but needs evaluation in experimental conditions
Thank you