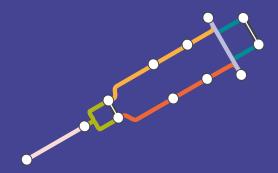
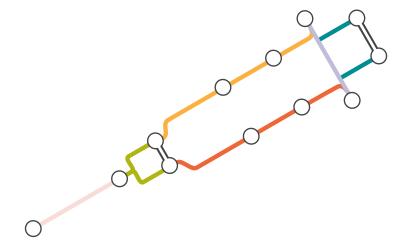
# The social and cognitive determinants of adult vaccination

Introduction to a psychometrically validated tool



From package to protection Symposium— Sept 23, 2014 Bruno Rigole





# presentation of the project





# Context

- □ Increasing expectation of the public to be active partners in their medical care
- □ Increasing threats to public health programs linked to the combination of individuals' empowerment + increasing facility to share opinions in social media. Everywhere.
- □ People's decisions rooted in complex belief structures :
   understanding their attitudes towards vaccination &
   mechanisms of choice is critical to:
  - design effective engagement campaigns
  - secure & increase vaccine adoption
  - protect vaccination programs









# **Project rationale**

# Public Health Priority: Improve the perception of vaccines

We cannot change what we cannot measure





# **Objectives**

#### To measure

attitudes & perceptions towards vaccination

#### To monitor

- Across time and sub-pop.
- Programs impact assessment

#### To understand

drivers & barriers to vaccination (rational & emotional)

# To predict & impact vaccination uptake

• Segment population & use predictors to design interventions



## A collaborative, innovative, patient centric project

Partnership :



- Global scope
  - North & South
  - Adult population (18+)



Holistic approach of adult vaccination



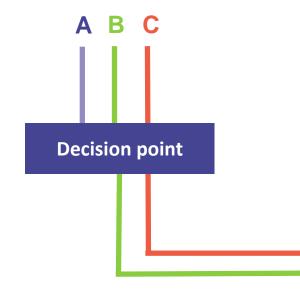
- vaccination
- influenza vaccine
- adult boosters

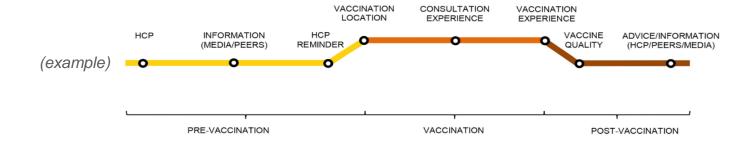


# The concept of journey to vaccination

# The interviews were designed to allow to understand the journey to vaccination:

- stages people go through
- decision points and tipping points that move people from one stage to the next
- specific triggers that prompt people to move through those decision points
- barriers that people must overcome through the journey
- resources people draw on to overcome barriers

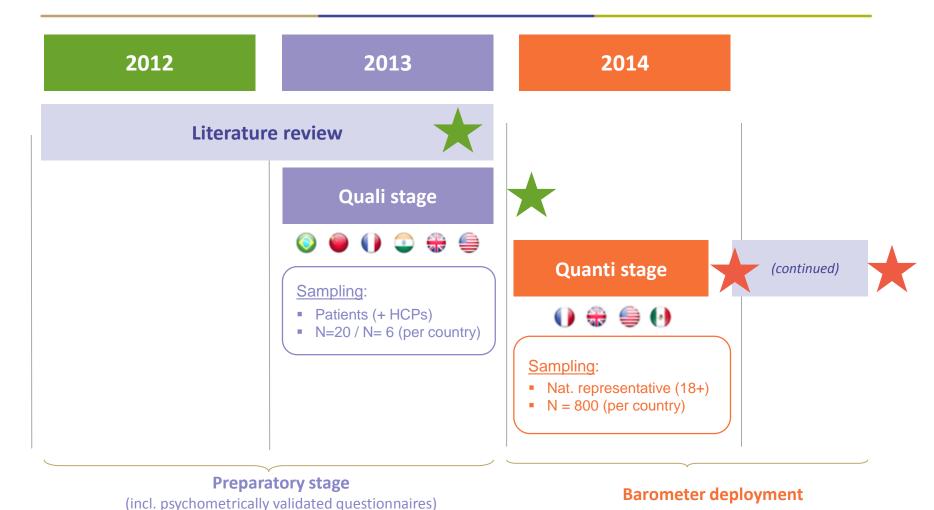




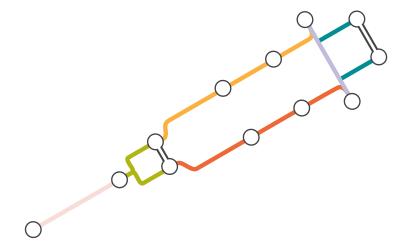




# Project helicopter view





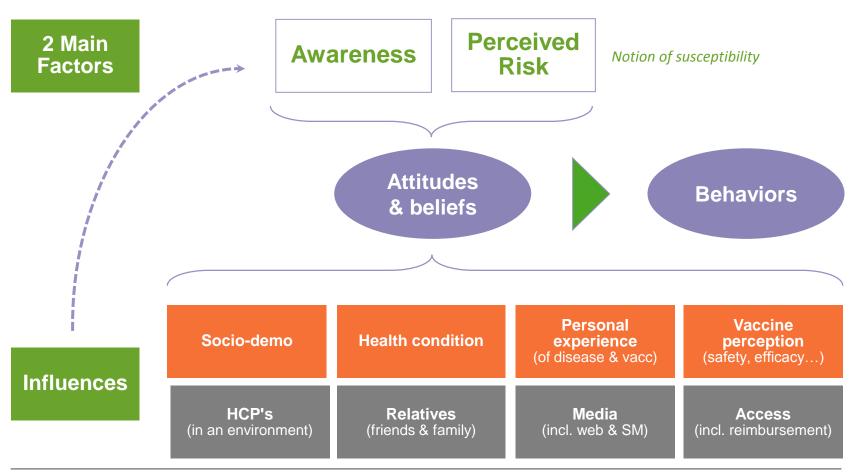


# some insights from the qualitative stage



#### Vaccination journeys ... complex and highly individual

Multiple influences interact, build perceptions, and trigger behaviors





### Seasonal influenza vaccine ... significant barriers exist

Flu non-vaccination journey is **highly** emotional (triggered by lack of trust and/or perceived vulnerability) Flu vaccintation journey is more rational for those feeling "at risk"

#### **DRIVERS**

- HCP recommendation
- Reco from family & friends (low driver in HCPs' minds)
- Conviction of vaccine effectiveness
- Feeling to be susceptible, at risk (strong driver in pandemic context: China +)
- Perceived disease severity
- Altruism (China/UK +, France -)
- Media (strong driver in HCPs' minds)
- Free of charge

#### **BARRIERS**

- Lack of perceived susceptibility
- Concerns about safety & side effects
- Belief that the vaccine can cause flu
- Low disease severity (strong barrier in HCPs' minds)
- Lack of vaccine effectiveness (France +)
- Other barriers include :
  - o logistics & pain vs. benefit/risk
  - o low knowledge on disease & vaccine (South Hem+)



#### Adult booster vaccine\* ... less controversial

Booster vaccination journey is more **rational**Non-vaccination journey is triggered by lack of perceived vulnerability and/or recommendation

#### **DRIVERS**

- Disease(s) severity is not questioned
- Trusted efficacy & safety of the vaccine
- Tetanus vaccination is widely endorsed by HCPs, and is familiar since childhood
- Some specific and concrete triggers :
  - Injury
  - occupation / hobbies
  - travel
- HCPs reminders for booster shot (France / US)

**NB:** HCPs feel their advice is not necessarily of great importance to patients when the vaccine is recommended

#### **BARRIERS**

- Feeling of low susceptibility
- Unlikely to remember when the booster is due
- Feeling of no need:
  - o a treatment exist (if injury / tetanus)
  - o lack of knowledge of waning immunity concept
- Absence of reco from HCP, or health authorities (South Hem, UK)
- Limited access / availability (China)



#### Take home messages

- Attitudes to individual vaccines... rather than to vaccination in general.
- People can have different attitudes (and behaviors) towards different vaccines.
- The journey to each vaccine is highly individual, and goes beyond socio-demo factors
- Many internal & external factors interact and influence an individual's mind-set.
   Emotions play a significant role.
- The starting point is:

**Awareness** 



Perception of risk



- Awareness = disease prevalence + existence of a vaccine to prevent it
- Risk perception = likelihood to get the disease + potential consequences + trust in the vaccine
- Influencing factors: HCPs recos, influence of relatives, (social) media, health care environment, ...

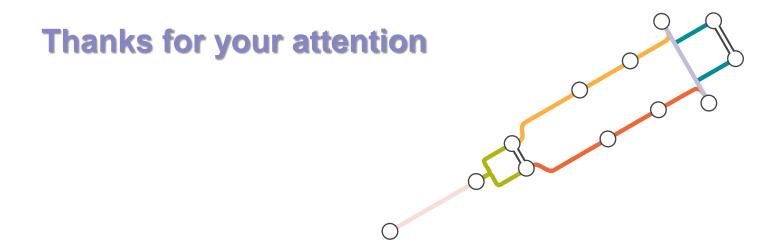


"one size fits all' approach is irrelevant

Need to segment & target (advocacy / communication)

= the outcomes of the quanti part of the study





# **Questions?**

