Strategies for Addressing Vaccine Misinformation in the Practice

August 28, 2019





Housekeeping Items

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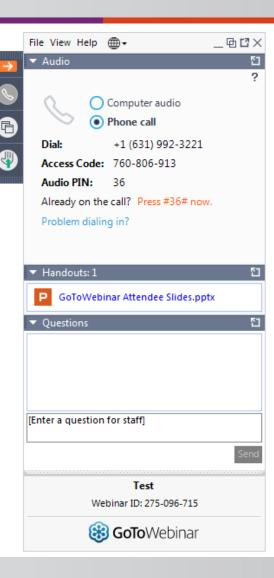
 The slides are available for download in the "Handouts" section of your control panel.



 Please use the "Questions" panel to ask questions and submit comments throughout the webinar.



 This webinar is being recorded and will be archived. The archive will be made available following the webinar.







Today's Presenters



Dr. Nancy Messonnier
Director, National Center for Immunization and Respiratory Diseases
Centers for Disease Control and Prevention



Chanie Sternberg President & CEO RefuahHealth



Dr. Corinna Manini Chief Medical Officer RefuahHealth



Dr. Todd Wolynn CEO Kids Plus Pediatrics





Poll: Tell us a little about yourself!







Dr. Nancy Messonnier



Director, National Center for Immunization and Respiratory Diseases

Centers for Disease Control and Prevention

Twitter: openstance-color: openstance-color: openstance-





VACCINE HESITANCY BEFORE, DURING AND FOLLOWING AN OUTBREAK

Chanie Sternberg
President/CEO, RefuahHealth

Corinna Manini, MD
Chief Medical Officer, RefuahHealth







Disclosures

No conflicts of interest to declare







At the Epicenter of the Measles Outbreak

Index "Case 0" Rockland County, NY October 1, 2018

- Immediate demand for community and staff education
- 2. Urgent infection control processes
- 3. Administered 3,000 MMRs in first 6 weeks of the outbreak under new guidelines and increased demand









Removing Barriers to Vaccination

- Automated phone system to verify MMR vaccine status available 24H a day
- Outreach robocalls to inform undervaccinated patients
- Mobile units deployed into the community



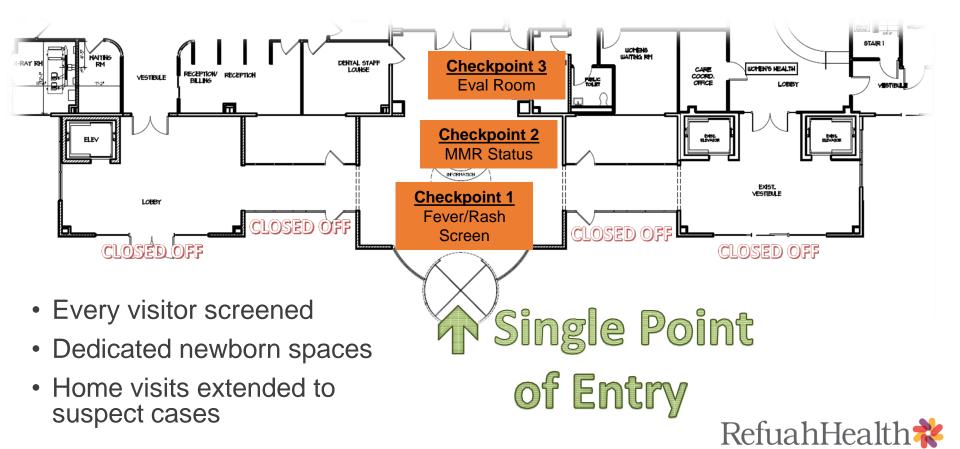








Great Efforts to Minimize Exposures







And After A Year of Measles...

- Nearly 300 cases
- Significant Morbidity
- School exclusion
- PICU and ICU stays
- Preterm labor









... Vaccine Resistance is Louder than Ever



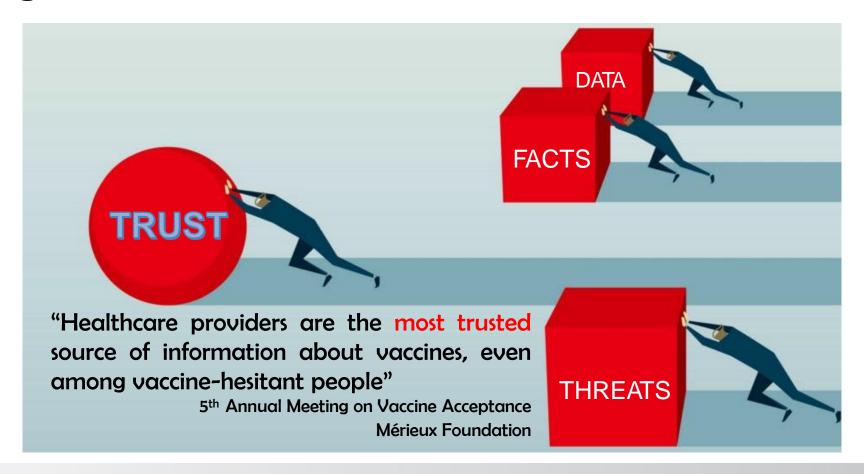
Rally at New York State Capitol May 14, 2019







Fight Fear With Trust, Not With Facts or Menace







Changing Course for the Future

"Every system is perfectly designed to get the results it gets"

-Don Berwick, MD and/or W. Edwards Deming

- How should we change what we currently do?
- How quickly can we do it?







What does the evidence show?

 National expert on vaccine hesitancy, Mayo Clinic's Dr. Robert Jacobson, brought in to train staff and inform strategy









1. Education Alone Doesn't Work

PEDIATRICS

OFFICIAL JOURNAL OF THE AMERICAN ACADEMY OF PEDIATRICS

Effective Messages in Vaccine Promotion: A Randomized Trial

Brendan Nyhan, Jason Reifler, Sean Richey and Gary L. Freed Pediatrics 2014;133;e835

DOI: 10.1542/peds.2013-2365 originally published online March 3, 2014;

Nyhan surveyed 1760 patients on their vaccine attitudes and practices before and after they were randomized to one of 4 interventions or control

- 1. Scientific evidence
- 2. Adverse events of diseases

3. Graphic Images

4. Dramatic narrative

5. Control

Conclusions:

- 1. NO intervention increased intent to vaccinate
- 2. Among parents with the least favorable attitudes toward vaccines, corrective information *decreased* intent to vaccinate





2. Clinician's Recommendations Matter



Rosenthal surveyed 2750 young women on whether their physician recommended the HPV vaccine and, if yes, "how strongly"

Conclusions:

- 1. Those who received a recommendation were overwhelmingly more likely to be vaccinated
- A strong recommendation led to a 4-fold greater likelihood of vaccination than a weak one





3. Presumptive Language is Key

PEDIATRICS°

OFFICIAL JOURNAL OF THE AMERICAN ACADEMY OF PEDIATRICS

The Architecture of Provider-Parent Vaccine Discussions at Health Supervision Visits

Douglas J. Opel, John Heritage, James A. Taylor, Rita Mangione-Smith, Halle Showalter Salas, Victoria DeVere, Chuan Zhou and Jeffrey D. Robinson Pediatrics 2013;132;1037

Opel recorded 110 infant well visits and coded language used by provider when initiating vaccine discussion into 2 categories:

Presumptive

presupposes parent would vaccinate

- "Well, we have to give some shots."
- "So, we'll do 3 shots and the test. Is this ok?"

Participatory

parent presented with a decision to make

- "What do you want to do about shots?"
- "Are we going to do shots today?"

Conclusions:

- 1. Odds of vaccination were 17.5 fold higher with presumptive language
- Nearly half of initially resistant parents accepted original vaccine recommendation when provider persisted





Takeaways From the Literature

- Education and scare tactics alone don't work; they can even backfire.
- 2. Clinicians' recommendations matter. A stronger recommendation has a greater impact.
- 3. Presumptive language is much more effective than participatory language. Persistence pays off.







From Theory to Action

- 1. Set a goal to measurably increase childhood vaccination rates within 6 months
- Utilized a formal "Rapid Cycle Improvement" (RCI) structure
- 3. Identified key drivers of low vaccine rates in our system
- 4. Implemented 9 high impact action plans each with their own 30-60 day PDSA (Plan-Do-Study-Act) quality improvement cycle









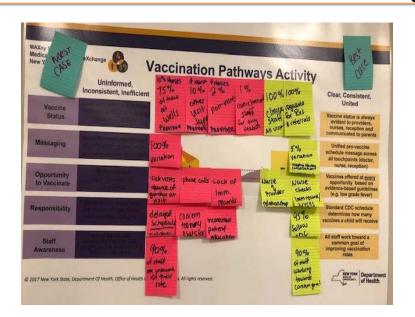
Rapid Cycle Improvement (RCI)

"Rapid-cycle improvement is a quality improvement (QI) method that identifies, implements, and measures changes...over periods of 3 months or less"

-HealthIT.gov

Key elements*:

- Team includes frontline to executive
- Uses change management techniques
 - Clear goal
 - Sense of urgency
 - · Start with quick win
- · Leverages multiple QI tools
 - Flow chart
 - Driver diagram
 - Process map
- Continuous measurement



*Adapted from the NYS DOH "MAX" program https://www.health.ny.gov/health_care/medicaid/redesign/dsrip/pps_workshops/max.htm



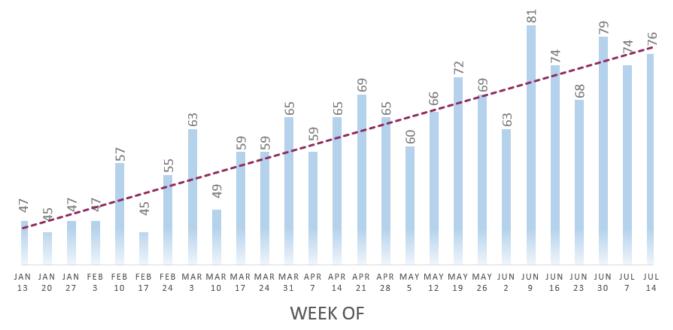




Initial Results: Well Visit Vaccination Rates

% OF ELIGIBLE VACCINES ADMINISTERED

% OF ELIGIBLE VACCINES ADMINISTERED AT WELL VISITS UNDER AGE 2









Action Plans: Provider Skills and Support

- Train providers in the most effective evidence-based vaccination strategies e.g. presumptive language
- Share provider vaccination rates;Support those struggling
- 3. Establish one clear, consistent vaccine schedule; No more splitting/delay
- Implement ancillary processes to reduce loss to follow up









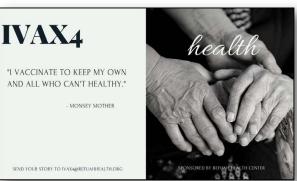
Action Plans: Engaging Every Touchpoint

- 5. Make organization's mission to vaccinate clear
- 6. Use EMR vaccine alert at <u>every</u> opportunity
- 7. Involve front line staff

"You trust me with your child's heart ...
TRUST MY ADVICE TO VACCINATE FULLY AND ON TIME"

- 8. Adjust vaccine delivery workflows to empower nurses
- 9. Engage specialty providers











Final Takeaways

- Vaccine hesitancy is rooted in fear. Fight it with trust.
- Healthcare providers hold the power to combat vaccine hesitancy through strong, consistent vaccine recommendations.
- Every touchpoint is an opportunity to challenge vaccine hesitancy and disseminate a clear pro-vaccine message.







Thank You







Strategies for Addressing Vaccine Misinformation in the Practice



Todd Wolynn MD, MMM, IBCLC



@DrToddWo



Dr. Todd Wolynn





Breastfeeding

Center

of Pittsburgh

Rabidly Independent Entrepreneurial & Innovative Community Engaged





3 Offices in:
Pittsburgh, PA
~20 Providers
~100 Employees

Measured/Tiered
Highest Quality
Lowest Cost















How people view Pediatrics













How we do (Kids Plus) Pediatrics







Built

Independent & Tenacious Adaptable **Connecting & Impactful**



Medicine & Business Focused Think Patient-Family-Community **Innovative & Collaborative**



Perform "Living Lab"

Nimble yet Powerful Successful







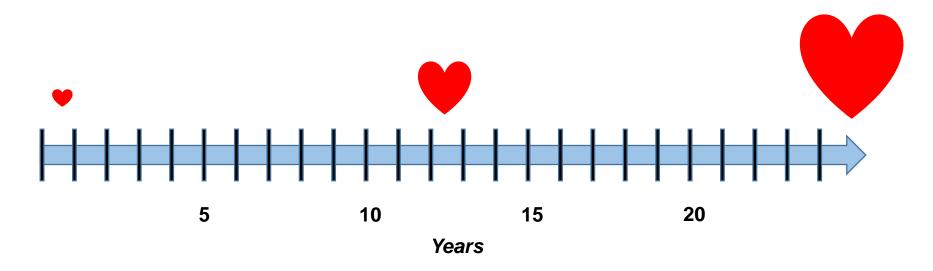








Longitudinal Relationship

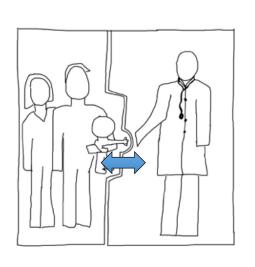


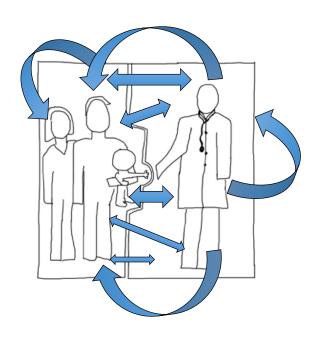
Trust





Multimodal





Communication





We Know Our Audience



and How to Reach Them







Social Media







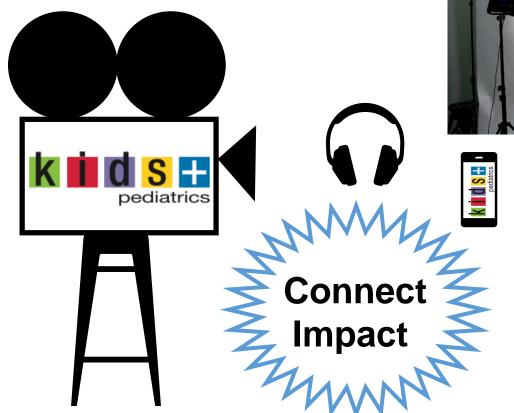








Kids Plus Pediatrics PRODUCTIONS











Wednesday, August 23rd, 2017

8:45am



"At Kids Plus, we're thrilled to provide the HPV vaccine. In this video, our providers tell you why."





Friday, September 15th, 2017

1:15pm



"Is this some kind of joke? This vaccine kills people."





Sunday, September 23rd, 2017

11:00pm



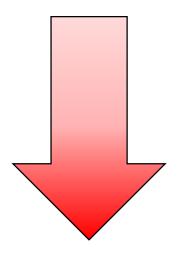
Banned: 808 attackers

Deleted: >10,000 comments





Harassment, Bullying and Threats



Reputation Smear and Harm











Eight 16-Hour Days





344 DAYS LATER





Advocacy Goals 2018-19

- Peer-Reviewed Research
 w the University of Pittsburgh, School of Public Health
- 2. Social Media Toolkit prepare, defend and clean-up after an attack
- 3. Shots Heard Round the World a rapid-response social media cavalry
- 4. Social Media Platform Awareness/Responsibility
 Strategies and responses for untrue (medical) news









Contents lists available at ScienceDirect

Vaccine





It's not all about autism: The emerging landscape of anti-vaccination sentiment on Facebook



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ARTICLE INFO

Article history: Received 20 December 2018 Received in revised form 5 March 2019 Accepted 6 March 2019 Available online 21 March 2019

Keywords: Facebook Social media Anti-vaccination Health communication

ABSTRACT

Background: Due in part to declining vaccination rates, in 2018 over 20 states reported at least one case of measles, and over 40,000 cases were confirmed in Europe. Anti-vaccine posts on social media may be facilitating anti-vaccination behaviour. This study aimed to systematically characterize (1) individuals known to publicly post anti-vaccination content on Facebook, (2) the information they convey, and (3) the spread of this content.

Methods: Our data set consisted of 197 individuals who posted anti-accination comments in response to a message promoting vaccination. We systematically analysed publicly-available conjuguantitative coding, description and the promoting and the promoting of the promoting of the promoting vaccination of the promoting of the p

Results: The majority (1898) of findividuals who divulged as female. Among 136 individuals who divulged not coation, 36 states and 8 other countries were represented. In a 2-mode network of individuals and topics, coation, 36 states and 8 other countries were represented. In a 2-mode network of individuals and topics, modularity analysis revenue and the properties of the coation of the coation

Conclusions: Social media outlets may facilitate anti-vaccination connections and organization by facilitating the diffusion of centuries old arguments and techniques. Arguments against vaccination are diverse but remain consistent within sub-groups of individuals. It would be valuable for health professionals to leverage social networks to deliver more effective, targeted messages to different constituencies.

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https://doi.org/10.1016/j.vaccine.2019.03.003 0264-410X/© 2019 Elsevier Ltd. All rights reserved.

1. Introduction

Vaccines are often hailed as one of the greatest public health achievements of modern medicine, and high levels of vaccination have substantially curbed the rate of vaccine-preventable diseases and early deaths [1,2]. Community protection refers to the concept hat if a sufficiently high number of individuals in the population are vaccinated, even those who cannot be vaccinated due to age or existing medical conditions will be protected [3]. However, in the United States (U.S.) only 70% of children 19–35 months receive all recommended immunizations, and over the past decade there





Abbreviations: AIDS, Acquired immunodeficiency syndrome: CDC, Centers for DT, Dichlorodiphenyltrichloroethane: FDA, Food and Orng Administration: CMO, Genetically modified organism: HPA, man appillomavirus; MMR, measles, murps, trubells; MSA, National Aeronautics and Space Administration: VAERS,

Vaccine Adverse Event Reporting System; WHO, World Health Organization.

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Advocacy Goals 2018-19

Peer-Reviewed Research w the University of Pittsburgh, School of Public Health









Social Media Strategy Guide & Anti-Vaccine Combat Toolkit

How to Prepare For, Defend Against, and Clean Up After a Facebook Anti-Vax Attack





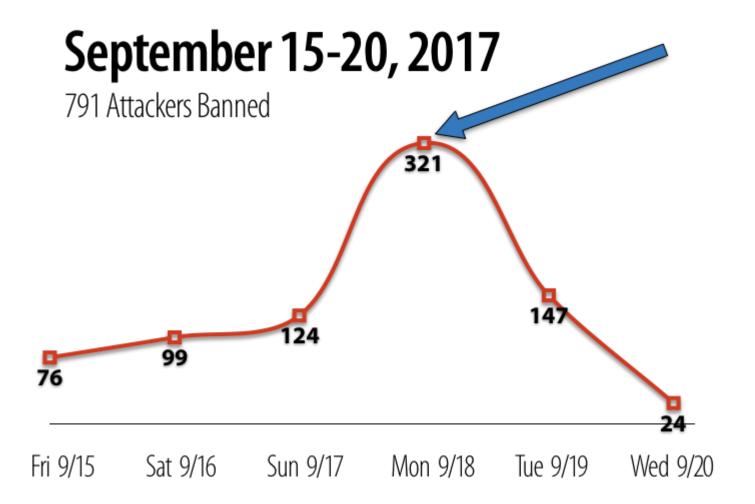
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- Peer-Reviewed Research
 - w the University of Pittsburgh, School of Public Health
- Social Media Toolkit prepare, defend and clean-up after an attack













Join@ShotsHeard.com



Alert@ShotsHeard.com



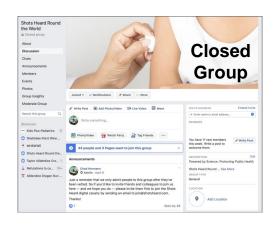














@ShotsHeard

Shots Heard Round the World

ShotsHeard.com





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 w the University of Pittsburgh, School of Public Health
- Social Media Toolkit
 prepare, defend and clean-up after an attack
 - Shots Heard Round the World a rapid-response social media cavalry







Presented: on Anti-Vaccine Disinformation Campaigns and Improving Vaccine Communication

>2500 Attendees in 18 months















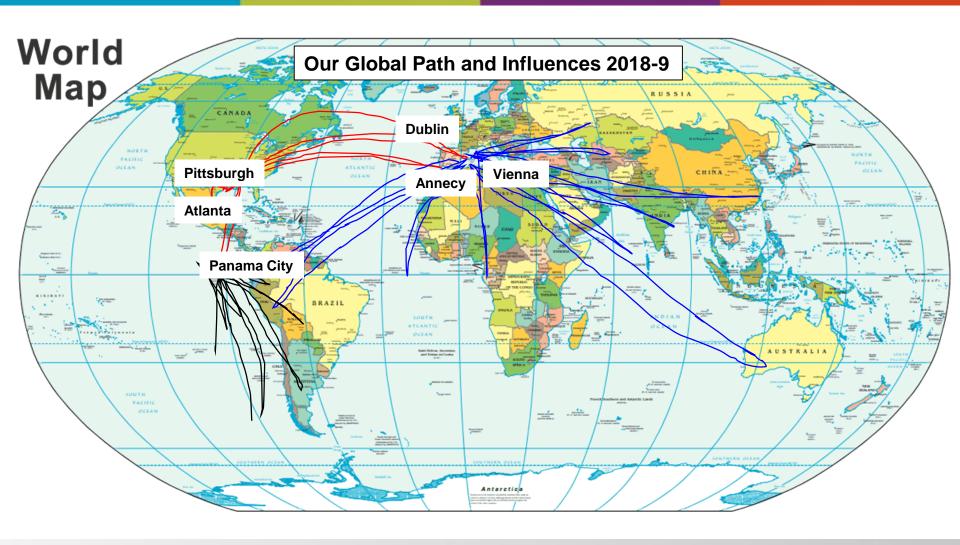
ation Roundtable















Los Angeles Times

Anti-vaccine activists have doctors 'terrorized into silence' with online harassment

By SOUMYA KARLAMANGLA MAR 18, 2019 | 5:00 AM



Dr. Todd Wolynn, left, and Chad Hermann, the communications director for Wolynn's pediatrics practice in Pittsburgh, have been speaking at conferences trying to encourage doctors to fight back on the subject of immunications. (Jeff Swensen / For The Times)

fealth . Anti-vaxers and Facebook: The four subgroups that fuel online attacks

e |

Decoding anti-vax content on Facebook

The study was inspired by Kids Plus Pediatrics, an independent pediatric care Pittsburgh, which posted a video on Facebook in August 2017 about how it of papillomavirus vaccine. About a month after the video was posted, anti-vaccin appeared in response to the video.

The comments were so inflammatory that, in the new study, researchers decid closer look and analyze the accounts behind the comments. Mashable

SATERANDER + CANDE + TICH + NORCH + SIGN DOOR + SADE + SADE +

Why anti-vaxxer mobs go after provaccine doctors online — and what to do about it

> The Bushington Best Democracy Dies in Darkne

Health

Anti-vaxxers trolled a doctor's office. Here's what scientists learned from the attack.



A Producting pediatric practice posted this premetional video on social media in August 2017 about importance of getting HPV section. (The Washington Post)

By Lena H. Sun March 21

> d in the summer of 2017, Kids Plus Pediatrics of Pittsburgh posted a video on its srents to vaccinate their children against human papillomavirus, or HPV, which can s. Three weeks later, communications director Chad Hermann noticed "something

e claim that "the vaccine kills," Within minutes, more anti-vaccine comments can , someone inside a closed Facebook group started sending private messages with d up: them coordinating the attacks," Mermany, received.

scover that a woman in Australia was particularly active, directing people to give the s on various social media platforms. "She would say, "Let's move on to Yelp reviews," say, "Let's go after the Facebook reviews," "Hermann recalled.







M e d i

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 a rapid-response social media cavalry
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 Strategies and responses for untrue (medical) news





System-Level Targeted Change



Leverage Digital Platform Motivation to Change



















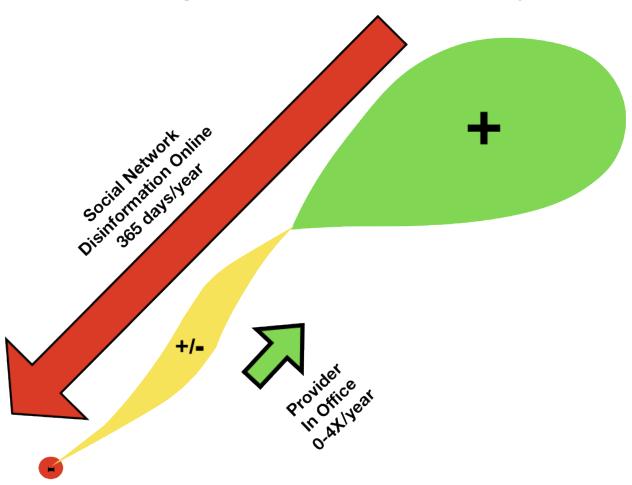








Forces Upon Vaccine Hesitancy







When they are <u>not</u> face-to-face with a trusted health professional







Face-to-Face Vaccine Communication







Announce Inquire Mirror Secure





Adjunct Assistant Professor, Emory University Head, Vaccine Confidence & Coverage Global Public Affairs, Sanofi Pasteur

University School of Liberal Arts



centered approach

Build trust

Create a positive decision to vaccinate

Greater your confidence in talking about preventative behaviors

More people adopting preventative behaviors

Vaccine communication is often ineffective and can sometimes backfire



Photos like this

made hesitant parents aware of the dangers of measles, but decreased the intention to vaccinate and increased misconceptions about the MMR vaccine^{1,2}

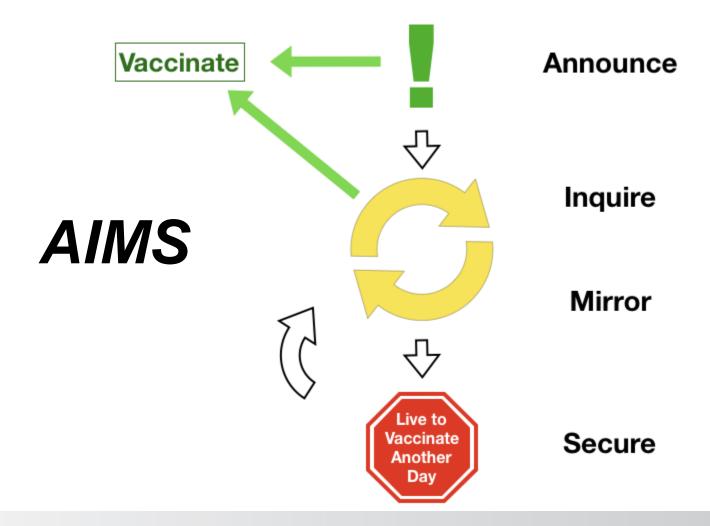


Facts on flu vaccines

decreased the belief that flu vaccines cause flu, but also decreased the intention to vaccinate

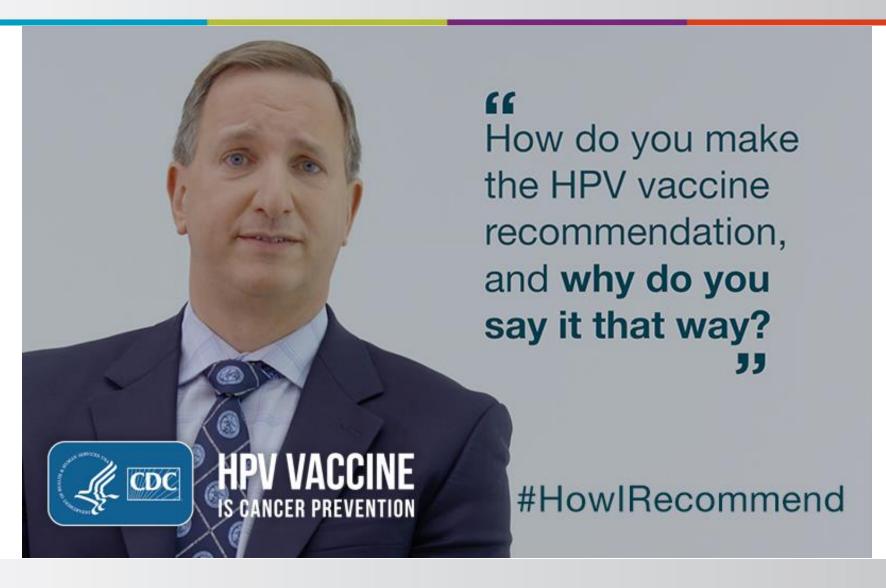
















Pediatric Communication: Inside the Exam Room and Outside the Doors



















Regardless of which superhero you must channel, we must:

Become BETTER Communicators
Develop & Grow our Social Media Voices
Engage, (Entertain) and Educate
Lead and Take Science Back
Support Each Other to Promote Better Health











Thank You

Dr. Todd Wolynn



Kids Plus Pediatrics

@DrToddWo



@KidsPlusPgh





Questions?



Chanie Sternberg



Dr. Corinna Manini



Dr. Todd Wolynn





Thank You!

Webinar archive will be available at:

www.phf.org/immunization

Questions or comments?

immunization@phf.org



