Provider Perspectives in Managing Misinformation about HPV Vaccination: Addressing Parental Hesitancy with Confident Communication & Dismissal Policies

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No Conflicts of Interest

- We have no relevant financial relationship with the manufacturer(s) of any commercial product(s) and/or provider of commercial services discussed in this activity
Introduction

- Anti-vaccination misinformation can negatively impact vaccination rates\(^1,2\)
- Provider communication quality (recommendation & persistence) \(\rightarrow\) predicts vaccination\(^3,4\)
- Providers may lack confidence in communicating effectively with hesitant parents\(^5\)
- Low HPV vaccination \(\rightarrow\) Need for environmental scan
  - Dallas (36%)\(^*\)
  - Ft Worth (45%)\(^**\)
  - US (54%)\(^**\)

NIS-Teen oversampled in *2017, **2018
Study Objectives

We examined:

1. Provider and practice characteristics associated with addressing a sizable number of HPV vaccine-hesitant parents (>11% vs. less)

2. Providers’ confidence in responding to specific vaccine concerns

3. Providers’ use of vaccine dismissal policies
Methods

Sample: Two regional professional societies (pediatrics, family medicine) & one pediatric system were emailed about a web survey 6/2018 – 1/2019

Dependent variables:
1. Perceived percentage of HPV vaccine-hesitant parents encountered in practice
2. Confidence in responding to 11 different vaccine concerns
3. Attitudes towards and use of vaccine dismissal policies

Independent variables: provider & practice characteristics

Provider Respondents (N = 242)

Excluded (n = 86)
- Ineligible (n = 45, 19%)
- Unknown eligibility (n = 41, 17%)

Analyzed (n = 156, 64%)
Characteristics of Providers & Practices

Survey respondents:

- 18% pediatricians, 78% family medicine, 4% APP
- 44% urban setting, 56% rural/suburban
- 48% participated in VFC program
- 86% of providers reported they encountered parents who accepted TDaP or Men vaccines and REFUSED HPV in the past 12 months
- 29.5% reported high hesitancy (>11% of their practice manages vaccine-hesitant/refusal families)

* No differences between groups (p ≥ 0.05)
Confidence Scale

Average scores for the 11-item confidence scale was 3.37, SD 0.57 and higher for:

- **White** vs. non-white (3.5 vs 3.3, p = 0.03)
- **Pediatricians** vs. family physicians (3.6 vs 3.3, p = 0.01)

“How confident are you in your ability to respond to parents who want to delay or refuse the HPV vaccine because…”

- they have concerns it is not consistent with their religious or personal beliefs
- they heard or read bad things about the vaccine on the internet and/or social media

* High-hesitant practices were more confident with religious / personal beliefs (p = 0.03)
Results: Dismissal Policies

- 26% of providers reported they somewhat/strongly agree with policies that dismiss hesitant parents after making repeated attempts at counseling and education about the importance of vaccination.

- More providers reported their clinic uses a dismissal policy for childhood immunizations (19%) than for adolescent immunizations (9.6%).
Limitations

- Cross-sectional draws associations, not causation
- Percentage of hesitancy can have response bias (perception)
- 11-item confidence scale might not detect a full range of factors contributing to hesitancy
Conclusions & Next Steps

**Vaccine-Hesitancy**
- Providers need evidence-based communication tools to respond to hesitancy.

**Lower Confidence**
- Communication tools should target topics with lower confidence (religious/personal beliefs).
- Effectiveness of recent CDC videos is unknown*.

**Dismissal Policies**
- Unclear why practices have different policies for children vs adolescents.
- Should policies be more uniform?

*https://www.cdc.gov/cancer/hpv/resources/videos.htm
Acknowledgements

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  – National Cancer Institute P30
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• References
  1. Hoffman BL. Vaccine. 2019
  2. CDC. Measles cases and outbreaks 2019 [https://www.cdc.gov/measles/cases-outbreaks.html]
  4. Shay LA. Pediatrics. 2018
  5. Larson H. Vaccine. 2014
Come see the poster...

<table>
<thead>
<tr>
<th>Reason</th>
<th>Not at all confident</th>
<th>Slightly Confident</th>
<th>Moderately Confident</th>
<th>Very Confident</th>
</tr>
</thead>
<tbody>
<tr>
<td>they have concerns it is not consistent with their religious or personal beliefs</td>
<td>7.89%</td>
<td>23.68%</td>
<td>37.50%</td>
<td>30.92%</td>
</tr>
<tr>
<td>they heard or read bad things about the vaccine on the internet and/or social media</td>
<td>11.76%</td>
<td>39.22%</td>
<td>47.71%</td>
<td></td>
</tr>
<tr>
<td>they have concerns about lasting health problems due to the vaccine</td>
<td>14.38%</td>
<td>37.25%</td>
<td>47.71%</td>
<td></td>
</tr>
<tr>
<td>they heard or read bad things about the vaccine in the news</td>
<td>11.18%</td>
<td>39.47%</td>
<td>48.03%</td>
<td></td>
</tr>
<tr>
<td>they feel there are too many shots</td>
<td>8.50%</td>
<td>39.87%</td>
<td>50.98%</td>
<td></td>
</tr>
<tr>
<td>it is not mandatory for school</td>
<td>9.15%</td>
<td>35.95%</td>
<td>50.98%</td>
<td></td>
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<tr>
<td>they have concerns about the vaccine's safety or side effects</td>
<td>10.46%</td>
<td>36.60%</td>
<td>52.29%</td>
<td></td>
</tr>
<tr>
<td>it is not needed or necessary</td>
<td>5.88%</td>
<td>37.25%</td>
<td>55.56%</td>
<td></td>
</tr>
<tr>
<td>they do not know enough about it</td>
<td>3.95%</td>
<td>36.84%</td>
<td>57.89%</td>
<td></td>
</tr>
<tr>
<td>they do not feel their child is an appropriate age for the vaccine</td>
<td>4.58%</td>
<td>35.95%</td>
<td>58.17%</td>
<td></td>
</tr>
<tr>
<td>their child is not sexually active</td>
<td>5.88%</td>
<td>28.76%</td>
<td>64.05%</td>
<td></td>
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