

ADULT IMMUNIZATION COMMUNICATION: Research and Implications

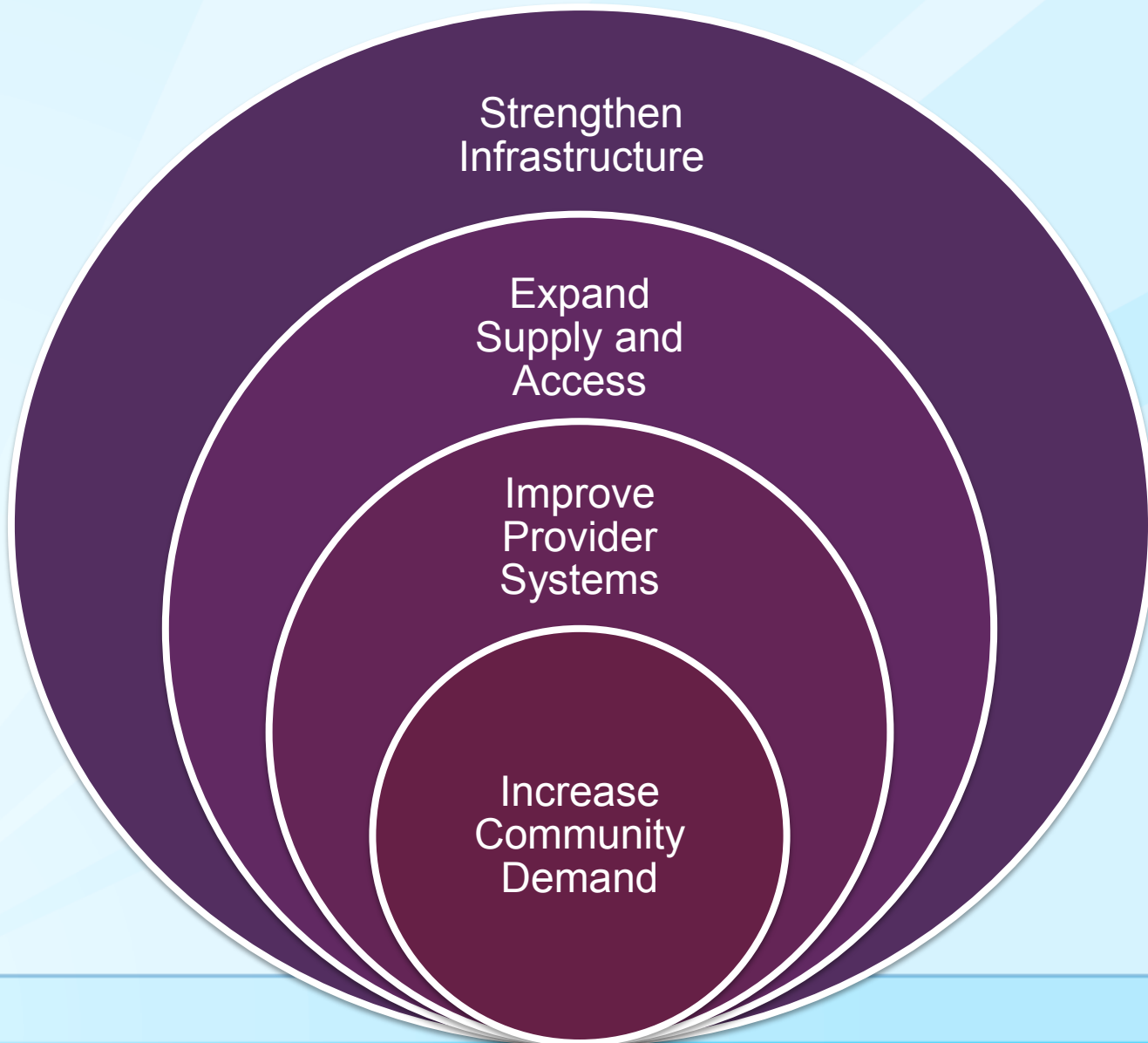
December 5, 2013

Objectives

- ❑ **Provide a brief overview of the adult immunization communication program.**
- ❑ **Present key findings from formative research and their implications for communications.**
- ❑ **Get feedback on approach and messaging for adults and HCPs.**
- ❑ **Share next steps and plans.**

ADULT IMMUNIZATION COMMUNICATION PROGRAM

NVAC Recommended Approach



Increasing Demand for Adult Immunizations: The Role of Communication

Policy Change

Systems Change

Health Communication/Behavior Change

Strategies

- Raise awareness about need for immunization
- Educate about recommended schedule
- Address concerns and misperceptions
- Encourage assessment of vaccination status
- Provide tools for patient education
- Provide tools for provider education

Intended Outcomes

- Increased awareness and knowledge about adult vaccines
- Reduced concern and misperceptions
- Increased assessment of vaccination status
- Increased willingness to recommend and get vaccines
- Increased self-efficacy in discussing adult vaccination

CDC Adult Immunization Communication Program Goals

- ❑ Increase awareness of the risks of vaccine-preventable diseases, the benefits of adult immunization, and adult vaccine recommendations.
- ❑ Encourage **adults** to get vaccinated according to CDC's recommended immunization schedule.
- ❑ Encourage **healthcare professionals** to assess vaccine needs of their adult patients, recommend immunization, provide vaccines or make appropriate referrals to other immunization providers, and document vaccination.

Communication Program Audiences

□ Adults 19 and older

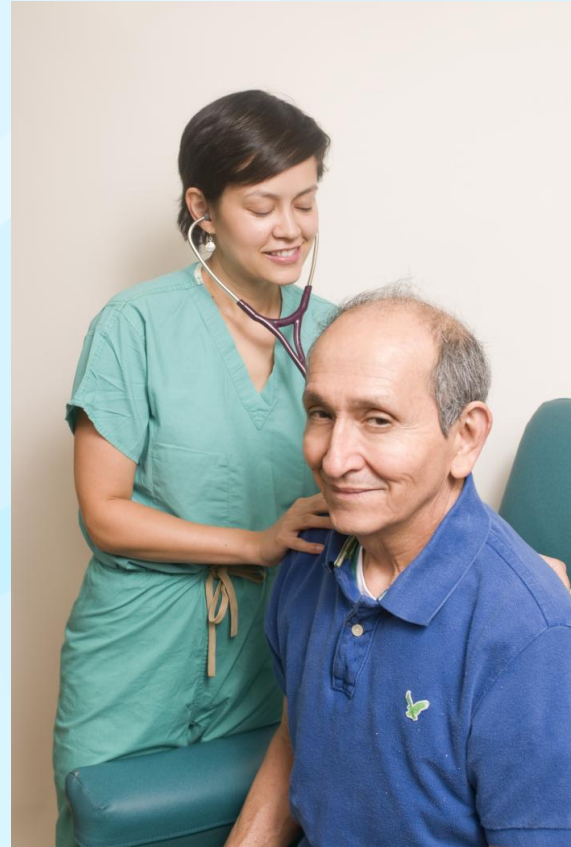
- Priority Groups: Adults at highest risk for severe complications from vaccine-preventable diseases
 - Adults age 40 and older with chronic health conditions
 - Heart disease
 - Diabetes
 - Chronic obstructive pulmonary disease (COPD) and asthma
 - Adults age 60 and older



Communication Program Audiences

□ Health Care Professionals

- Priority Groups:
 - Primary Care Physicians
 - Nurses
 - Physician Assistants
- Additional Groups:
 - Specialists
 - Pharmacists



**AUDIENCE RESEARCH:
UNDERSTANDING THE
CONSUMER PERSPECTIVE**

Consumer Mixed Method Research

- ❑ **FallStyles Survey (September/October 2012)**
- ❑ **Literature Review (November/December 2012)**
- ❑ **Focus groups (March 2013)**
 - 66 focus groups in 3 cities
 - Segmentation
 - Adults 40-59 with chronic conditions (Diabetes, COPD/Asthma, Heart Disease)
 - Adults 40-59 with no chronic conditions
 - Adults 60+
 - African Americans
 - Latinos
 - Whites

WHAT WE LEARNED: Knowledge and Attitudes

- ❑ Awareness and knowledge of adult vaccines besides influenza is low.
- ❑ Adults believe that VPDs are serious, and in some cases, deadly.
- ❑ Adults vary in their attitudes toward different vaccines.
- ❑ Adults do believe that vaccines are important, especially for certain groups of adults:
 - Older adults
 - People with chronic conditions
 - People whose jobs expose them to many people and/or sick people
 - Travelers

WHAT WE LEARNED: Motivators and Barriers

- ❑ HCP recommendation is the number one reported factor in influencing vaccination decisions, but adults perceive receiving few recommendations for adult vaccines from HCPs.
- ❑ Adults are motivated to get vaccines to protect their own health and many would get a vaccine in order to protect loved ones as well.
- ❑ However, adults have concerns about the safety and side effects of vaccines as well as questions about vaccine effectiveness and cost.

FACILITATORS

- **Recommendation from trusted source**
 - Provider recommendation
 - Recommendation from family or friend
- **Protection and Prevention**
 - Perception that the vaccine would prevent a disease or reduce disease severity
 - Desire to protect loved ones
 - “peace of mind”
- **Risk and consequences**
 - Perception of increased risk for complications from VPDs due to a pre-existing condition or exposure to a VPD
 - Actual experience with a VPD
 - Disease outbreak
 - Exposure to relevant media messages
- **Access**
 - Convenience of getting vaccinated
 - Low cost
- **Policies**
 - Employer mandate
 - Travel requirements

SOURCES AND CHANNELS

Trusted Sources	<ul style="list-style-type: none">▪ DOCTORS▪ Internet (e.g., WebMD, Medical Association sites)▪ CDC▪ Mayo Clinic	<ul style="list-style-type: none">▪ Cleveland Clinic▪ Pharmacists▪ Health insurance companies▪ Food and Drug Administration
Viable Channels	<ul style="list-style-type: none">▪ Television▪ Radio public service announcements(PSAs)▪ E-mails (if opt-in)▪ Internet advertisements▪ Bus/subway ads	<ul style="list-style-type: none">▪ Social media (via other friends' posts and shares)▪ Magazine ads (e.g., Ebony, Essence, Family Circle, Reader's Digest, US Weekly, Oprah, Woman's Day)▪ Brochures/handouts provided in health care setting▪ Mailed materials

DIFFERENCES BETWEEN GROUPS

- ❑ **Adults *with chronic conditions***
 - Strongest feelings about getting a vaccine as part of a healthy lifestyle
- ❑ **No strong differences among the different *chronic conditions***
 - Exception being those with *diabetes* had less understanding of how diabetes increased their risks from VPDs
- ❑ **Adults with no chronic conditions**
 - Did not perceive themselves at high risk for VPDs
 - Less interested in vaccines
- ❑ **African Americans**
 - Expressed lack of trust in government regarding vaccines

WHAT WE LEARNED: Concepts and Messaging

- ❑ Adults favor simple, concise, direct, and to-the-point messages.
- ❑ Adults reacted positively to messages that stress prevention or encourage vaccination as a way to be proactive or have control over their health.
- ❑ Adults prefer messages that are empowering and provide information that can help them make an informed decision.
- ❑ Adults valued references to HCPs and messages that urged them to talk with their HCP to determine which vaccines are right for them.
- ❑ *Adults with chronic conditions and older adults* value messages that are directed or tailored to them.
- ❑ *Adults with no chronic conditions* value messages that convey a problem to be addressed by vaccinations, express the seriousness of VPDs, and include prevention language.

**AUDIENCE RESEARCH:
UNDERSTANDING THE HCP
PERSPECTIVE**

HCP Research Overview

- ❑ **Literature Review (November/December 2012)**
- ❑ **In-depth interviews (July/August 2013)**
 - 16 Physicians and 12 Nurse Practitioners/Registered Nurses
 - Primary care and specialties serving patients with chronic conditions
 - South, Midwest, and West regions

WHAT WE LEARNED: Knowledge and Attitudes

- ❑ HCPs believe that immunization is **an important preventive measure**.
- ❑ Perceived **seriousness of VPDs** for patients is a key factor in how HCPs view the importance of specific vaccines.
- ❑ HCPs are more knowledgeable about vaccines and VPDs they have experience with, including **influenza, pneumococcal, and tetanus** vaccines.
- ❑ Most HCPs feel it is the **role of the primary care physician** to track and administer vaccines.
- ❑ HCPs believe that vaccination is the **patient's choice** and are reluctant to be pushy or too strong in their recommendation.

WHAT WE LEARNED: Behavior

STOCKING AND ADMINISTERING VACCINES

- ❑ Primary care physicians stock and administer vaccines that are considered **standard of care** for their practice and/or are **requested by their patients**.
- ❑ Specialists stock and administer influenza and pneumococcal vaccines because their patients are at **increased risk for complications** from these VPDs.
- ❑ Most primary care physicians and some specialist physicians **referred** patients out for vaccines if they did not stock the necessary vaccine.

WHAT WE LEARNED: Behavior (Cont.)

ASSESSING AND RECOMMENDING VACCINES

- ❑ Primary care HCPs tend to assess vaccine needs during **annual medical visits** or when patients are going to **travel internationally**.
- ❑ HCPs commonly discussed with their patients:
 - ❑ **Consequences** of not being vaccinated (e.g. disease symptoms and potential severity)
 - ❑ **Safety and efficacy** of the vaccine
 - ❑ Possible **side effects**
 - ❑ **Benefits** of the vaccine

WHAT WE LEARNED: Motivators and Barriers

- ❑ HCPs recommend and provide vaccines that prevent VPDs that are perceived to be **potentially serious** for their patients.
- ❑ Specialists have **competing medical priorities** and related time constraints, which leaves little or no time to discuss adult vaccines other than influenza and pneumococcal.
- ❑ Barriers to stocking particular vaccines included the high **cost** of vaccines, issues with vaccine **storage**, and/or patients' **limited insurance coverage** for vaccines.

FACILITATORS

To increase HCP recommendation

- ❑ Knowledge of current schedule and guidelines
- ❑ EMR prompts
- ❑ HCP's own vaccination status

To increase likelihood of vaccine acceptance

- ❑ Tailoring recommendations
- ❑ *Physician* providing vaccine recommendation
- ❑ HCPs sharing that they have been vaccinated
- ❑ Ongoing conversation between HCP and patient about vaccines and continued reminders/recommendations
- ❑ Timing of recommendation
- ❑ Patient awareness and knowledge about vaccines

INFORMATION SOURCES

- ❑ **Many physicians and nurses use the CDC adult vaccine schedule**

- ❑ **Other sources**
 - Websites (e.g., UptoDate.com and WebMD)
 - Medical associations (e.g., American College of Physicians, American Academy of Family Physicians, American Academy of Allergy and Immunology, American College of Cardiology)
 - Presentations provided by pharmaceutical representatives
 - Local health departments
 - Medical journals
 - Other physicians

TRANSLATING RESEARCH INTO COMMUNICATION PRACTICE

Implications for Communication

❑ **When communicating with adults:**

- Stress the relevance and importance of timely vaccination.
- Use empowering messages and provide support tools to help them understand risks and benefits in order to make an informed decision.
- Provide transparent and plain language information on VPDs and vaccines, including safety and efficacy as well as how to get vaccines.
- Encourage them to talk with their HCPs about vaccines that are right for them.

❑ **When communicating with HCPs:**

- Stress the seriousness of VPDs that vaccines prevent against and the role HCPs play in advising patients about vaccination.
- Provide resources to assist in making compelling recommendations and addressing patient questions and concerns.
- Direct them to tools and support in improving immunization practices.

Key Communication Challenges

- **Multiple products**
 - An “immunization schedule” and individual vaccinations
 - Knowledge and attitudes toward specific vaccines vary
 - Vaccines vary on many dimensions (e.g., cost, timing, dosing, efficacy)
- **Complex Schedule**
 - Indications based on a range of factors (not just age)
 - Consumers want individualized recommendations
- **Much competition**
 - For limited physician time
 - For consumer attention
- **Broad but very diverse audience**
 - Age, gender, race/ethnicity
 - Health literacy
 - Trust in medical system

Communication Strategies, Activities, and Channels

• Promotional Outreach

- Media
- Digital
- Partners

Raise awareness about need for and benefits of immunization + susceptibility & risks of VPDs

Educate on IZ schedule, VPDs, safety, effectiveness, finding and paying for vaccines

• Information Dissemination

- HCPs
- Partners
- Digital
- Media

Recognize best practices and reinforce social norms related to adult vaccination

Provide tools and resources to support decision-making and build self-efficacy in vaccination.

• Support Tools and Training

- Partners
- Digital
- Media

• Building Champions

- Partners
- HCPs
- Media



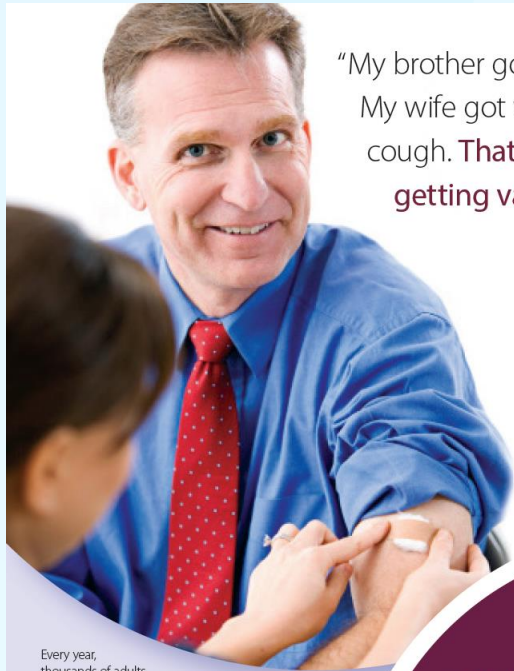
Communication Principles

- Clear and consistent calls to action
- Plain language
- Risk communication approach
- Positive, empowering messages
- Simple and direct concepts
- Trusted sources
- Various channels and formats

Main Messages for Consumers

- Overarching: You can **protect your health – and others around you** – by getting vaccinated.
- All adults are at risk for VPDs. **(susceptibility)**
- VPDs can cause **serious consequences**, even death.
- Getting vaccinated is a **part of staying healthy**.

Draft Consumer Ads



"My brother got shingles. My wife got whooping cough. **That's why I'm getting vaccinated.**"

Every year, thousands of adults in America suffer serious health problems from diseases they could be vaccinated against like shingles, whooping cough, hepatitis A and B, flu, and pneumococcal disease. Some even die.

Talk with your doctor about which vaccines are recommended to protect you and your loved ones.

Learn more at cdc.gov/vaccines/adults or call 1-800-CDC-INFO (1-800-232-4636).

**DON'T WAIT.
VACCINATE!**



"I get vaccinated because I can't risk getting sick."

Every year, thousands of adults in America suffer serious health problems from diseases they could be vaccinated against like shingles, whooping cough, hepatitis A and B, flu, and pneumococcal disease. Some even die.

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**DON'T WAIT.
VACCINATE!**



Centers for Disease Control and Prevention
National Center for Immunization and Respiratory Diseases



"I do a lot of things to stay healthy, **including getting vaccinated.**"

Every year, thousands of adults in America suffer serious health problems from diseases they could be vaccinated against like shingles, whooping cough, hepatitis A and B, flu, and pneumococcal disease. Some even die.

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Main Messages for HCPs

- ❑ Adult vaccination rates are well below national goals.
- ❑ Tens of thousands of adults suffer illness, are hospitalized, and even die from VPDs.
- ❑ Patients rely on you to inform them about important preventive measures and are highly likely to get vaccinated if you recommend it.
- ❑ The new Standards for Adult Immunization Practice calls on all HCPs to:
 - Assess
 - Recommend
 - Provide or Refer
 - Document



PRELIMINARY APPROACH FOR HCPs: SHARE

- **S**hare the reasons why the recommended vaccine is right for each patient based on his or her health status and risk factors.
- **H**ighlight positive personal experiences with vaccination.
- **A**ddress patient questions and any concerns about adult vaccines, including safety and effectiveness, in plain and understandable language.
- **R**emind patients that vaccine-preventable diseases still exist in the U.S. and can be serious for them as well as for friends and family members.
- **E**xplain the potential costs of getting disease, including serious health effects, time lost (missing work, activities, and family events), and financial costs.

Discussion Questions

- ❑ **What tools and resources could be most helpful in translating our learnings and facilitating/strengthening vaccine recommendations?**
- ❑ **Are HCPs comfortable providing a “STRONG” recommendation? Is there a better way to frame this?**

Next Steps

- ❑ **Complete analysis of HCP in-depth interviews**
- ❑ **Share research findings with healthcare professional organizations and consumer groups to inform their efforts**
- ❑ **Use research findings to develop educational materials and communication resources for health care professionals and consumers**
 - Tip sheet for HCPs
 - Fact sheet(s) for HCPS and consumers
 - Posters and other print materials
- ❑ **Develop/Revise web content**
 - Banners and buttons

Next Steps

- ❑ **Engage organizations that can support communication efforts at national, state, and local levels**

- ❑ **Media Outreach**
 - Key messages
 - Print ads
 - Radio PSAs and live reads for local DJs
 - Matte articles

Opportunities

- ❑ **Release of NHIS and Adult Schedule**
 - February 2014
- ❑ **Release of Adult Immunization Standards**
 - March 2014
- ❑ **Conferences and Meetings**
- ❑ **Adult Immunization Summit**
 - May 2014
- ❑ **National Immunization Awareness Month (Public)**
 - August 2014
 - <http://www.nphic.org/niam>
 - In 2013 weeks included: Off to College, Back to School, Adult Immunization, and Healthy beginnings focusing on pregnant women and babies
- ❑ **Explore Other Opportunities(HCP and Public)**

What We're Asking Partners To Do:

- **PROMOTE** and **ENCOURAGE ADOPTION** of the Adult Immunization Standards (at every visit: assess, recommend, vaccinate (refer), and document) in your organization and with your members
- **SYNDICATE** content to your website
<http://tools.cdc.gov/syndication/>
- **SHARE** factsheets, key messages and other materials and tools with adults & health care professionals
- **DOWNLOAD** and **PLACE** matte articles, print ads, and radio PSAs through your publication(s) and distribution networks
- **COLLABORATE** with us to help expand the program's reach (**Matthew Reynolds**: cdu4@cdc.gov)

Acknowledgements

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Available CDC Resources

- ❑ Recommended adult immunization schedule
- ❑ Adult vaccine quiz
- ❑ Adult immunization scheduler
- ❑ Resources for patient education
- ❑ Adult vaccination website for consumers

Adolescent and Adult Vaccine Quiz

What Vaccines do **YOU** need?

Did you know that certain vaccines are recommended for adults and adolescents? Take this quiz to find out. For more information for people age 11 years and older.

Instructions:

1. Complete the quiz.
2. Get a list of vaccines you may need (the quiz will generate a list).
3. Discuss the vaccines with your doctor.

Part One, About You

1. Are you
 Female Male
2. For women only (Some vaccines can affect pregnancy)
 I could become pregnant I am pregnant

Adult Immunization Scheduler



The screenshot shows the CDC website's 'Adult Vaccination' section. At the top, it says 'CDC Home' and 'Centers for Disease Control and Prevention'. Below that, there's a search bar and a navigation menu. The main heading is 'Adult Vaccination'. There are several sections: 'Adult Vaccination Home' with links for 'Reasons to Vaccinate', 'Recommended Vaccines for Adults', 'Adult Vaccination Records', 'Pending and Paying for Vaccines', 'Vaccine-Preventable Adult Diseases', and 'Resources'. There's also a 'Related Links' section. The main content area features a video titled 'Adults Need Vaccines Too!' with a 'Replay' button and a 'VSI Video' label. Below the video, there are two columns of text. The left column is titled 'Vaccines for Specific Groups' and lists: 'College Students and Young Adults (19 to 26 years old)', 'Older Adults (60 years or older)', 'Adults with Special Health Conditions', 'Pregnant Women', 'Travelers', and 'Healthcare Workers'. The right column is titled 'Spotlight: Whooping Cough' and discusses the increase in cases in 2012 and the importance of the Tdap vaccine. At the bottom, there are three boxes: 'Adolescent and Adult Vaccine Quiz', 'Recommended Immunizations for Adults', and 'Tools to Record Your Vaccinations'.

www.cdc.gov/vaccines/adults

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The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.

National Center for Immunization & Respiratory Diseases



**ADDITIONAL SLIDES:
RESEARCH METHODOLOGY**

Styles Survey Background

- Annual series of self-administered, mailed market research surveys
 - ConsumerStyles
 - HealthStyles (FallStyles)
 - YouthStyles
- Knowledge Networks collects all data for Styles surveys using probability-based sampling of panelists online.

2012 Styles Methods

- ConsumerStyles (March-April, 2012)
 - Sent to a stratified random sample of 50,000 panel households
 - Stratified on region, income, population density, age, and household size
 - Oversampled households that were low income, racial/ethnic minority, and/or had children
- Response rate was 57.8% (6,728/11,636)
- FallStyles (September-October, 2012)
 - Sent to a random sample of 6,253 households that returned ConsumerStyles surveys
- Response rate was 80.1% (3,503/4,371)
- Data are weighted to the 2012 Current Population Survey of the U.S. Census
 - Gender, age, race/ethnicity, household income, and household size

Background: Literature Review

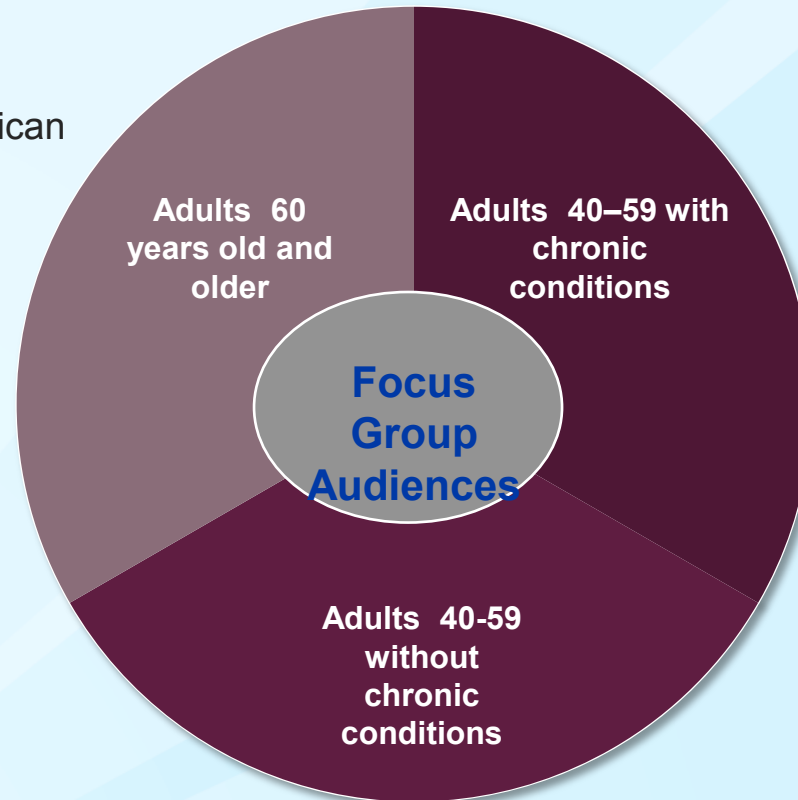


Formative Research: Focus Groups with Adults

- 66 focus groups
- 3 Cities
 - Atlanta
 - Chicago
 - Phoenix
- March 12-28, 2013
- 1.5 hours
- Formative research and concept testing

Target Audiences and Segmentation

- White
- African American
- Latino



- White
- African American
- Latino
- Diabetes
- COPD/Asthma
- Heart Disease

- White
- African American
- Latino

In-Depth Interviews with HCPs

- Analysis being completed
- MDs & Nurses
- Primary care and specialties serving chronic conditions
- South, Midwest, and West
- July-August 2013
- 45 minutes – 1 hour via phone

In-Depth Interviews with HCPs

- Vaccine administration
- Knowledge of Immunization schedule
- Attitudes regarding VPDs
- Vaccine recommendations & conversations
- Support