

A public-private partnership addressing vaccine hesitancy in Washington State

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ABSTRACT

Vaccine hesitancy, where parents question the value or necessity of immunizing their children according to recommended schedules, is increasing in the United States and is particularly high in Washington State. To address this public health issue, four organizations in Washington created Vax Northwest, a public-private partnership dedicated to increasing timely immunizations in children aged 0-24 months. Vax Northwest strategies focus on parents and providers. Two projects are currently underway. One is a community campaign to validate parents' decisions to fully immunize their children and encourage peer discussions among parents about timely childhood immunization. The other is a randomized controlled trial of a program shown to be successful in a pilot evaluation. The program enhances provider competency in addressing parental immunization concerns through a communications intervention. Rigorous evaluations are underway for both projects. This article describes lessons learned from creating a public-private partnership that develops public health communication programs and studies.

INTRODUCTION

Recent years have seen an unprecedented national rise in immunization delays: up to 40% of parents in the United States vary from the vaccination schedule recommended by the Centers for Disease Control and Prevention (CDC) for children at 24 months, either by delaying or refusing vaccination, or both.¹ In the past 10 years Washington State has seen an alarming increase in kindergarten entry vaccine exemptions, which now surpass 10% in many counties (Figure 1), threatening herd immunity. Washington's overall 2009-2010 kindergarten immunization exemptions were the highest in the nation, at 6.2%.² Washington State legislation has long allowed medical, religious and personal belief exemptions from school entry immunization requirements, and also has strong programs subsidizing access to vaccines, so much of the increase in immunization delay is thought to reflect vaccine hesitancy—doubting the value or necessity of adhering to the U.S. recommended childhood immunization schedule.³⁻⁵ As the value of vaccines is increasingly challenged, vaccination rates can decrease, increasing the likelihood of outbreaks of vaccine-preventable disease in communities where herd immunity is eroding.^{6,7}

The public health community has relied largely on one-way distribution of information and education resources through direct mail, public service messages, and brochures to address hesitancy, but increasing immunization exemption rates suggest that a social norm of questioning and delaying vaccines has emerged.¹⁰⁻¹² To restore and sustain a norm of timely immunization, we need a new, multifaceted, and coordinated communication strategy.

PURPOSE

This article describes the development of a successful public-private partnership in Washington State formed to address vaccine hesitancy and the multilevel, innovative, and testable health promotion strategies the partnership is undertaking; and lessons learned from the partnership that can contribute to best practices for organizational partnerships in health promotion practice.

METHODS

Forming a partnership. As antivaccine and vaccine-hesitant perspectives began to dominate coverage of immunization issues in the American media, three Washington State pediatricians successfully submitted a resolution to the American Academy of Pediatrics (AAP) recommending “the development of a coalition of health professional, public health, scientific and other organizations to develop a media campaign to market directly to parents the value of immunizations and the importance of child health recommendations based on credible scientific evidence.”²⁰

The AAP’s Community Pediatric Foundation of Washington invited four immunization advocacy organizations to form a partnership: the Washington State Department of Health Immunization Program, the Group Health Foundation, WithinReach, and Seattle Children’s Hospital. In 2010, the partnership was consolidated under the shared brand of Vax Northwest. The partnership goals: to increase timely immunizations in children age 0-24 months; restore the value of timely immunization as a social norm; validate parents’ decisions to fully immunize ; enhance provider competency in addressing parental immunization concerns with parents; and be completely independent of vaccine manufacturer participation or funding.

Assessing the need: social marketing. To understand the needs in the community around vaccine hesitancy, Vax Northwest took a social marketing approach.^{21 22} We employed a mixed-methods needs and environmental assessment to understand and identify the most appropriate points of intervention. We commissioned thirty interviews with prenatal and pediatric providers and online surveys of 450 vaccine-hesitant parents. Subsequent focus groups and surveys helped identify demographic differences between parents who believed in the value of vaccines and those who are more hesitant (Figure 1); hesitant parents tended to be of higher income and education than those who were not. Second, the tremendous importance of the primary care clinician’s opinion on immunization repeatedly emerged from parents, consistent with existing research.^{3, 5 23}

The needs assessment suggested two target populations. in whom intervention would likely be successful, consistent with a multilevel approach to addressing vaccine hesitancy. First, a “silent majority” of vaccine-confident parents did not support antivaccine sentiments among their peers and were alarmed at the risks posed to their own children from underimmunization, but did not know how to confront these situations. We concluded that non-hesitant parents understand the importance of herd immunity and can be activated to talk with peers; and that Vax Northwest could position low immunization as a community health threat to activate parents to call for increased immunization rates in their communities.

Our interviews with providers revealed that that they felt unprepared to deal with difficult questions about vaccines from parents, also consistent with previous research²⁴ and a desire for support in communicate with hesitant parents respectfully and efficiently. In response, Vax Northwest developed and pretested an intervention aimed at providers. Our framework emphasized an “ask, acknowledge, and advise” (AAA) approach to help providers identify hesitant parents and engage in conversations that build empathy and trust, informed by existing communication frameworks, including the “5 As” of smoking cessation²⁶ and best practices for physician-patient communication.^{27, 28} The accompanying toolkit included the CDC-recommended immunization schedule, a compilation of frequently asked questions, and resources that provide evidence-based immunization information for parents.

After an initial feasibility assessment of the toolkit with nine providers in clinic settings affirmed the need for the toolkit, and the feasibility of implementing the toolkit in a busy practice, a subsequent program evaluation was conducted by Group Health Research Institute’s (GHRI) Center for Community Health and Evaluation (CCHE) with 40 clinical providers and support staff in four Group Health primary care clinics. Most providers agreed that vaccine hesitancy was a concern in their practice and stated a need for plain-language resources for parents, were satisfied with the toolkit organization and content; and reported increased confidence in addressing hesitant parents’ concerns.

OUTCOMES

Based on our needs assessment, we successfully approached the Bill and Melinda Gates Foundation as potential funding partners for the next phase of our initiative. With a gift from the Gates Foundation supplementing the Group Health Foundation’s committed funds, we have been able to launch two projects in support of Vax Northwest’s goals.

Community campaign. Vax Northwest developed and is piloting a community-level grassroots campaign designed to activate parents who support immunization to engage their peers in positive conversations about vaccines, using grassroots organizing principles.²⁵ This approach is being pilot tested at several schools and child care centers in North King County, Washington. Designed to promote peer-to-peer communications, the underlying hypothesis is that by having parents publically demonstrate support for immunizations, hesitant parents’ perception of vaccination will be positively influenced (Figure 2).

The campaign aims to identify, recruit, and support parent advocates to serve as the campaign’s public face in each site. These parent advocates serve as liaisons to other parents and site administration.

Vax Northwest provides technical assistance in the form of training and educational materials, ongoing mentoring, and a “parent action guide,” to help advocates discuss the value of timely immunization with peers, catalyze local policy change such as public posting of community- or school-level immunization rates, and tools for social media, school events, newsletters, and electronic communications. Advocates are given a stipend of \$700 and a small budget for project related activities.

The campaign will be evaluated via a robust, mixed methods evaluation design to document all activities carried about by all stakeholders, provide formative feedback and explore the extent to which the intervention contributes to the desired outcomes (Figure 2).

Testing the provider intervention: cluster-randomized trial. Based on the evaluation findings, we simplified the physical toolkit and moved as many resources as possible to the Vax Northwest website, and commissioned a brand and logo. We adopted an academic detailing model for the intervention training and followup with emphasis on needs assessment, credibility through trusted organizations and presenting both sides of an issue, interactive physician participation, and reinforcement of messages over time.²⁹⁻³¹ Reinforcement activities include monthly newsletters, a single in-person site-visit three months after the training, and leave-behind resources to reinforce the framework’s messages.

The aims of the trial are to learn if the materials and training sessions increase (1) the confidence of physicians who provide pediatric care in communicating with parents about vaccinations (primary outcome), and (2) the confidence of parents in vaccinations for children aged 0-24 months. The study is a clinic-level cluster-randomized trial in two Washington State counties. Clinics delivering pediatric care are randomized into two groups: physicians in the “study” clinics will receive lunchtime training on communicating with hesitant parents, educational materials, and follow-up assistance for 6 months. Physicians in “comparison” clinics receive all training materials at the end of the study.

To assess our primary outcome, parental vaccine hesitancy (shown to correlate with vaccine behavior)³², the study also includes parents whose infants are patients at clinics in the study. We have recruited almost 400 mothers and 56 pediatric care clinics to the study. The trial has received approval from the Group Health Institutional Review Board and will conclude in 2014.

LESSONS LEARNED

Organizations that support children’s health in Washington State have formed a partnership focused on protecting children and their communities from vaccine-preventable disease. The partnership has taken a deliberate and innovative approach to developing evidence for “what works” in directly addressing

vaccine hesitancy in our communities. Two initiatives of this partnership, one focused on parents and one on providers are underway and undergoing rigorous evaluation.

Vax Northwest was developed based on constructs of successful partnerships: common organizational goals, a shared community, a well-defined and compelling problem, translation of evidence into practice, and long-term commitment to the developed strategy.³³ All member organizations share a mission related to promoting the health and safety of children; Washington State as a priority community; a belief that vaccine hesitancy is a relevant, compelling and specific challenge; and a commitment to testable, evidence-based approaches. All members are committed to a sustainable partnership and an initiative that is independent of vaccine industry funding or participation.

Vax Northwest also embodies the core principles of the collective impact partnership model—common agenda-setting, shared measurement systems, mutually reinforcing activities, continuous communication, and backbone support organizations.³⁴ The Vax Northwest experience might be useful to other organizations seeking to change health-related behaviors (**Error! Reference source not found.**). Deliberate planning has led to a strong presence in the state and nationally. Careful needs assessment has also led to the development of evidence-based tools to respond to vaccine hesitancy, and defined metrics to assess effectiveness. Our recommendations:

Build on existing local and national relationships. The Vax Northwest partnership is based on existing strong collaborations between the partner organizations. Because each member organization has strong networks, this has allowed the partnership to grow organically. National thought leaders, federal and state government, local health departments, and community-based organizations are all accessible to Vax Northwest thanks to the attention paid by individual member organizations to cultivating these relationships.

Transparent and funded infrastructure. A strong infrastructure was facilitated by assigning administrative responsibility to one partner organization (WithinReach), who coordinates all Vax Northwest activities and facilitates the intentional allocation of resources. This transparency has enabled Vax Northwest to expand its projects and consider new initiatives and funding partners. As the Vax Northwest has gained momentum, the Vax Northwest partners have codified roles and responsibilities, developed a formal mission statement, and revised and expanded the partnership's goals.

A multidisciplinary team. None of the partner organizations possesses all of the needed expertise. Instead, partnership members bring to the projects expertise in medicine, health education, research, communications, fund development, advocacy and programmatic expertise (Figure 3).

As public health budgets shrink, partnerships between organizations are increasingly important for responding in an effective, scalable, and timely way to changing social norms that put community health at risk. Following best practices for building partnerships can pave the way to efficient and effective partnerships that enhance individual organizations' capacity for addressing the problems and improving the health of communities. Vax Northwest exemplifies the importance of partnerships for addressing complex, multifaceted public health issues and demonstrates how partnerships can develop and test unique and innovative strategies for tackling addressing them.

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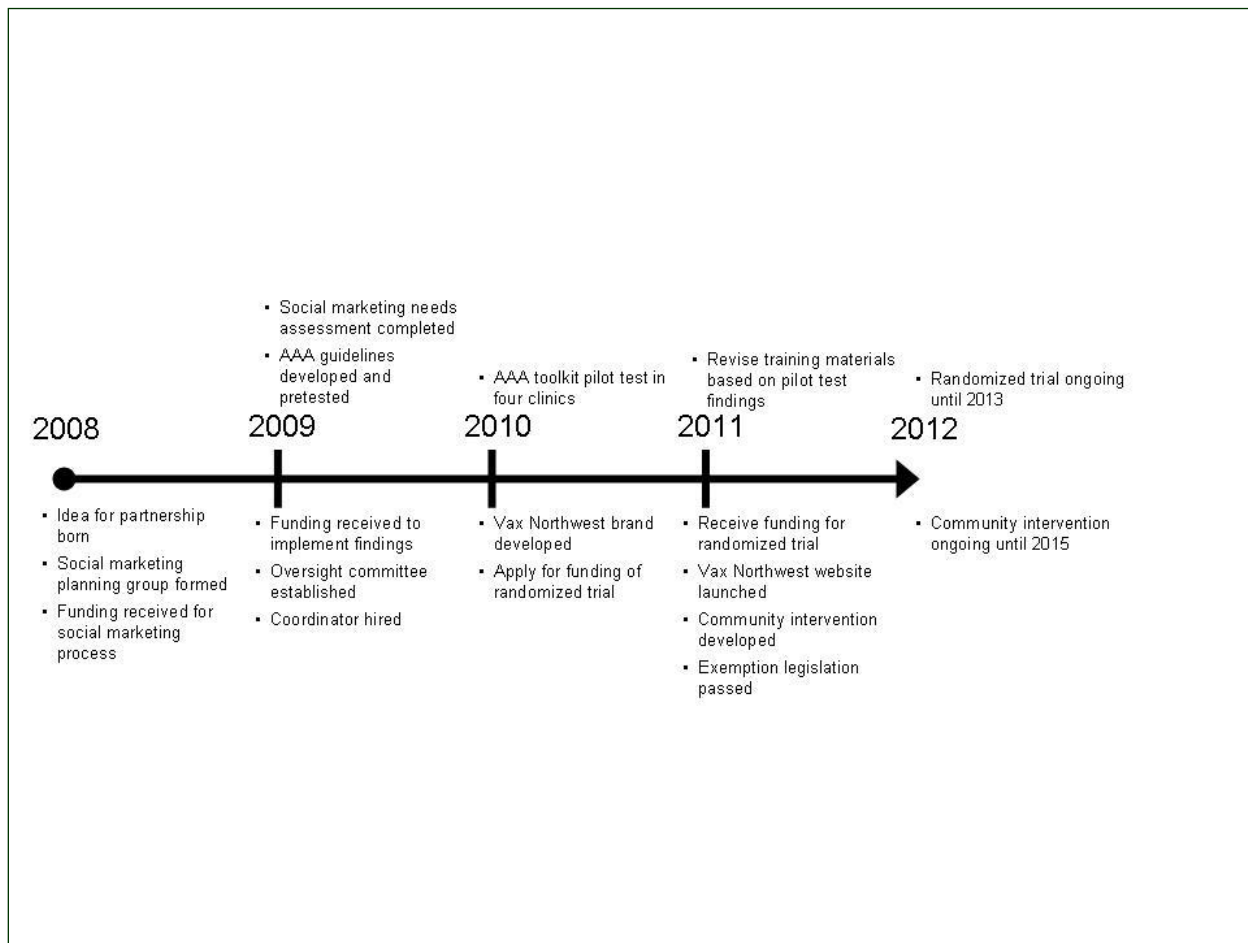


Figure 1: Timeline of Vax Northwest activities and intervention development

Figure 2: Vax NW Logic Model

