CLINICAL WEBINARS
FOR HEALTH SERVICE PSYCHOLOGISTS
TRANSLATING RESEARCH TO PRACTICE
Ways That Mental Health Professionals Can Encourage COVID-19 Vaccination

Noel Brewer, PhD
Gillings Distinguished Professor in Public Health
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www.nationalregister.org/webinar-tips/

1 CE Credit, Instructional Level: Intermediate
1 Contact Hour (New York Board of Psychology)

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Noel Brewer, PhD, is the Gillings Distinguished Professor of Public Health at the University of North Carolina. He has a PhD in health psychology from Rutgers University. Dr. Brewer’s research explores why people engage in vaccination and other health behaviors that prevent cancer. He has published over 300 papers on these topics including behaviors related to vaccination, tobacco warnings, and screening tests. He was recognized by Clarivate as among the top 1% most cited researchers in the world since 2017. He advises the World Health Organization and US Centers for Disease Control and Prevention on vaccination. He has advised the President’s Cancer Panel under two presidents and the National Vaccine Advisory Committee. Dr. Brewer co-edited the FDA’s book, *Communicating Risks and Benefits: An Evidence-Based User’s Guide.*
Disclosures/Conflicts of Interest

Funding:

American Academy of Pediatrics
American Cancer Society
Centers for Disease Control & Prevention
Food & Drug Administration
Gillings Fdn
GlaxoSmithKline

Merck & Co.
National Cancer Institute
Pfizer Fdn
Robert Wood Johnson Fdn
State of North Carolina
World Health Organization
Learning Objectives

1. Discuss how mental health problems affect seeking vaccination.
2. Identify actions from each of the domains of the Increasing Vaccination Model.
3. Identify which areas of intervention are most likely to lead to vaccination.
References


Increasing Vaccination: Putting Psychological Science Into Action

Noel T. Brewer1, 2, Gretchen B. Chapman3, Alexander J. Rothman1, Julie Leask3, 4, and Allison Kempe5, 8, 9

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Summary

Vaccination is one of the great achievements of the 20th century, yet persistent public hesitancy, inadequate delayed, and unstable vaccination uptake. Psychology offers three general principles to improve and inform strategies to increase vaccine uptake where vaccines are available and affordable. The first proposition is that social processes can motivate getting vaccinated. Hundreds of studies have shown that risk frames are effective, but not about infectious diseases correlate reliably with getting vaccinated. Low confidence in vaccine effectiveness is one of the most common reasons people are hesitant. We were surprised to find that fear of vaccination was motivating people to vaccinate. The second proposition is that social processes can motivate getting vaccinated. Research has shown that social norms are associated with vaccination, but few interventions have successfully increased uptake. Many experimental studies have relied on normative messages to increase vaccination uptake. The third proposition is that interventions can increase vaccination directly by lowering vaccine hesitancy. What people think and feel. These interventions are by far the most potent and effective. To increase vaccine uptake, these interventions build on existing favorable intentions by focusing on reminders, prompts, and primes and reducing barriers (through logistics and healthy defaults) and shaping behavior (through incentives, sanctions, and requirements). Although identification of risk frames, risk, and feelings to motivate vaccination is a work in progress, psychological principles are already guiding design of systems and policies to directly facilitate action.
Increasing Vaccination Model

What people think and feel
Risk appraisals
Confidence
Motivation, hesitancy

Social processes
Social norms
Social networks
Altruism

Direct behavior change
Build on motivation
Shape behavior

Vaccination
Schedule appointment
Consent
Delay
Refusal

Brewer, et al., 2017, *PSPI*
What People Think and Feel
Proposition 1. Thoughts and feelings influence vaccination

Disease risk appraisal

“I’m concerned about getting Covid-19.”

Vaccine confidence

“Covid-19 vaccination is effective.”

Motivation

(or hesitancy)

“ï plan to get a Covid-19 vaccine.”

Vaccination

(or refusal, delay)

Brewer, et al., 2017, *PSPI*
Proposition 1. Thoughts and feelings influence vaccination

Strong support from correlational studies

Disease risk appraisal

Vaccine confidence

Motivation
(or hesitancy)

Vaccination
(or refusal, delay)

Brewer, et al., 2017, *PSPI*
### Evidence from randomized trials

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- ○ None or minimal
- ● Modest
- ● Substantial

Brewer, et al., 2017, *PSPI* (Table 4, p. 188)
Leveraging Thoughts And Feelings

Address cognitive distortions
- Identify and address internal conflicts
- Allay concerns about COVID-19 vaccination effectiveness and safety, the speed of vaccine development, and distrust of government

Motivational interviewing
- Mental health professionals will recognize behavior change principles in MI
  - Express empathy
  - Develop discrepancy
  - Roll with resistance
  - Support self-efficacy
- Therapeutic sessions may offer more time to use MI than PCP visits
Social Processes
Proposition 2. Social processes influence vaccination

Social norms

Vaccination (or refusal, delay)

Social space

Person’s mind

Social network

Homophily

Contagion

Social preferences

Altruism

Free-riding

Strong support from correlational studies

Brewer, et al., 2017, *PSPI*
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Evidence from randomized trials:

- Brewer, et al., 2017, *PSPI* (Table 4, p. 188)
Leveraging Social Processes

Frank recommendation

- Interventions to improve the quality of primary care professional recommendations increase vaccine uptake
- The impact of recommendations from mental health professionals is very potentially promising
- Some patients could see a frank recommendation for vaccination as outside a mental health professional’s role, and this interaction will vary depending on the duration and nature of the relationship

Support managing relationships

- Counseling could also focus on helping people who want to be vaccinated but who worry that it may lead to ostracization by family and friends
- Therapists could help clients plan how to handle these conversations
Advice For Doctors Talking To Parents About HPV Vaccine: Make It Brief

December 5, 2016 · 5:39 AM ET
Heard on Morning Edition

PATTI NEIGHMOND
Follow the Path to Increasing HPV Vaccination

Take these steps for effectively recommending HPV vaccination. They will save you time and improve patient satisfaction.

1. USE A PRESUMPTIVE ANNOUNCEMENT
   A presumptive announcement assumes parents are ready to vaccinate. This is an effective way to recommend adolescent vaccines, including HPV vaccine.

2. ASK FOR THEIR MAIN CONCERN AND ADDRESS IT
   Connect with parents by showing them you heard them. Counsel using a research-test message. Examples are available on the other side of this flyer or at hpvIQ.org.

3. TRY AGAIN ANOTHER DAY
   Almost 70% of parents who initially declined later agree to HPV vaccine or plan to soon.

Effective Responses to HPV Vaccine Concerns

1,200 parents told us these were the best messages to use when addressing their concerns.

AGE
- "Kids respond more strongly to HPV vaccine when they are younger. This may give better protection against some cancers."

SEX
- "This really isn’t about sex. The HPV vaccine is about preventing cancer."

REQUIREMENTS
- "School requirements don’t always keep up with medical science. The HPV vaccine is an important vaccine that can prevent many cancers."

GUIDELINES
- "Experts at the CDC agree that kids should get the HPV vaccine by age 11 or 12 to prevent several cancers."

SAFETY
- "This vaccine is one of the most studied medications on the market. The HPV vaccine is safe, just like the other vaccines given at this age."

EFFECTIVENESS
- "Over 30,000 Americans get cancer from HPV every year. Most could be prevented with the HPV vaccine."

BOYS
- "HPV infections don’t care if you’re a boy or girl. The virus can cause cancer and many other diseases."

Nota child’s age to cue that this is part of routine care.

Say you will vaccinate today.

Announce children this age are due for vaccines that prevent several diseases, placing HPV cancers in middle of list.
Changing Behavior Directly
Proposition 3. Direct behavior change influences vaccination

- Clear evidence from interventions

Intention (or hesitancy)

Vaccination (or refusal, delay)

Build on favorable intentions
- Keep vaccination on people’s minds with reminders, prompts, primes
- Reduce barriers with logistics or behavioral defaults

Shape behavior
- Provide incentives
- Implement sanctions
- Require vaccination

Brewer, Chapman, et al., 2017, PSPI
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### Social processes

| Descriptive norm messages                                | ○             |
| Social network interventions that build on contagion     | ○             |
| Messages that change altruism or freeriding beliefs      | ○             |

### Direct behavior change

| Presumptive healthcare provider recommendations          | ●             |
| Reminders and recalls                                    | ○             |
| Implementation intention interventions                    | ○             |
| Mere measurement interventions                           | ○             |
| Onsite vaccination                                       | ●             |
| Default appointments                                     | ●             |
| Incentives                                               | ●             |
| Vaccination requirements                                 | ●             |

Evidence from randomized trials

Brewer, et al., 2017, *PSPI* (Table 4, p. 188)
Default appointments

Chapman, Li, Leventhal, & Leventhal (2016) Behavioral Science & Policy
Leveraging Direct Behavior Change

Lowering barriers
- Focus on mechanics of identifying points of access and reducing barriers

Action planning
- Sit with clients as they book an appointment and help them to think through and plan for potential barriers they may face
- Remind clients of the opportunity to vaccinate and upcoming appointments
Increasing Vaccination Model

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Vaccination
- Schedule appointment
- Consent
- Delay
- Refusal

Few data from low- and middle-income countries

Brewer, et al., 2017, PSPI
Increasing Vaccination Model

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Brewer, et al., 2017, PSPI
Q&A With Dr. Brewer

• Dr. Sammons will read select questions that were submitted via the Q&A feature throughout the presentation.

• Due to time constraints, we will not be able to address every question asked.

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