
MEETING REPORT

EDUCATIONAL GAPS AND BEHAVIOURAL CHANGE

Policy Focus Group Meeting on Education

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Initiative History, Purpose and Work Within the EU Coalition on Vaccination

Since 2015 the Excellence in Pediatrics Institute (EIP) has worked with European and global partners to help overcome the many remaining barriers to vaccination uptake. By connecting and working with colleagues across Adolescent Medicine, General

Practice, Pharmacy and Nursing, and uniting behind the **EU Commission's Coalition on Vaccination**, EIP's goals is to promote a LifeCourse approach to vaccines.

Most notably, EIP believes that the following barriers remain: 1) **Policy discrepancies** - Heterogeneous national vaccination policies. Differences in approach, prioritisation and decision making processes. 2) **Overarching barriers** - Lack of policies to increase vaccines confidence, counteract misinformation, increase awareness and mobilise medical communities, and 3) **Failure to adopt a LifeCourse approach** - Prevention Policies not adapted to demographic changes and an increasingly ageing population. Disease prevention in all stages of life is not yet a priority.

As part of EIP's work within the **EU Coalition on Vaccination**, 8 Stakeholder Working Groups, as well as a joint EU Commission and WHO plenary briefing, took place at 11th EIP Annual Conference in Copenhagen in December 2019. During the Working Groups, speakers were asked to share their opinions on ways to increase vaccination uptake in both general public and healthcare professionals, on the current state and progress made in increasing vaccination coverage rates in different countries and to mention the obstacles faced in the process of doing so. 4 of the Working Groups looked at Vaccine-specific barriers, while four looked at policies focusing on overarching barriers to update.

One of the Policy Focus Group was tasked to look at Education and Behavioural changed based barriers. In particular, the Group explored supporting continuing education and training on behaviour change as essential tools in overcoming vaccine hesitancy. Furthermore, the Group explored how combining the power of face-face communication in practices, while utilising modern communication channels, to spread interesting and engaging messages at a large scale can best be utilized and managed as part of the discussion.

The following report summarises the invited expert's briefings, discussions, and proposed action plans that were debated during the proceedings of the **Education and Behavioural Change Policy Focus Group**.

EDUCATION AND BEHAVIORAL CHANGE OF HCPs - WHAT CAN WE DO?

Focus Group Briefing

Dr Barbara Rath, Pediatric Consultant and Infectious Disease Specialist, Chair of the Vienna Vaccines Initiative in Germany, was invited to deliver the opening briefing to the Group to help establish what can be done to improve current standards of HCP education. Dr Rath started by pointing out that **healthcare professionals should devote much of their time and energy in order to interact better with the parents and their children**. There are two concepts that every **parent wants to talk about and these are necessity and safety**. Dr Rath then presented a vaccines' perception survey in collaboration with the US CDC orchestrated by a think tank and made by five doctoral students, who were responsible for surveying the parents who went to pick up their kids from the kindergarten. The results showed a disaster when it comes to the flu vaccine, which seems to be one of the least popular, yet necessary, vaccines and these results came right before the flu pandemic which made things even worse.

Dr Rath suggested that one question still left unanswered is whether everyone perceives vaccines as a measure to prevent

the severe cases and not decrease the mortality rates. The other question still awaiting an answer is what exactly our expectations from a vaccine are because there is also collateral pressure from stakeholders.

Dr Rath suggests that we use a specific score that can also be put in a mobile application. This score would represent the severity of the flu disease and rank the patients according to that, making it a very useful and interesting collaboration tool among the healthcare professionals. It is supposed not to measure the case numbers but to put the individual's disease severity under the spotlight. This would also take care of the issue where we are able to decrease a virus load and burden but we fail at making the patient who is sitting in front of us feel better, which is, of course, what this is all about.

Dr Rath then questioned the level of accuracy of experts when they make a laboratory report. All flu-like illnesses fall under the same category and it becomes extremely difficult to distinguish the severe cases, which makes treating patients in need practically impossible.

Dr Rath went on to suggest that the system also lacks standardization, billing processes, different case definitions, surveillance and tracking systems and documentation. During Dr Rath's briefing she suggested doing something at the point of care, otherwise, it would be of no use. In particular, Dr Rath finds **the way that the doctor communicates with the patient**

and the specific things that they are communicating, extremely important.

Dr Rath concluded the opening briefing by presenting her approach, which is; consult the vaccination records, estimate disease severity clinically and then run some bacterial tests to determine whether antibiotics should be prescribed. This way, vaccination, in general, will be integrated in the decision-making process and it will be based on solid test results rather than physician's discretion.

WHAT CAN WE DO TO COMMUNICATE MORE EFFICIENTLY WITH PARENTS ABOUT VACCINATIONS? LESSONS FROM ADULT LEARNING PRINCIPLES.

Focus Group Briefing

Prof Paul Brand, Professor of Clinical Medical Education, University of Groningen, Dean of Medical and Faculty Development, Isala Hospital, Netherlands, was then invited to brief the group on: *What Can We Do to Communicate More Effectively With Parents About Vaccinations?*

Prof Brand opened proceedings by expressing his worries about the decreases in vaccination rates and marked information sending as the usual approach in trying to convince the parents to vaccinate their children. But that approach has obviously failed.

Prof Brand suggested that pediatricians have failed in connecting with the parents at a more meaningful level. So our aim should be not to increase their knowledge but to change their behaviour. Prof Brand went on to propose that this goal requires a different approach than just sending the information. Children learn through play and by listening to what we tell them, adults don't. For adults, it's different, we decide what you learn and how we employ that. Prof Brand insisted that we don't learn by listening to stuff. We'll learn by processing it, by working with it, playing with it and all these things are really important. Engaging and reflecting back to what we are trying to learn are key principles in order for us to learn something and, most importantly, to change our behaviours.

Prof Brand believes that HCPs should not tell parents off because if that is what they feel it will have a boosting effect on vaccine hesitancy which is the opposite result to what we are trying to accomplish here. In contrast, it should all begin with building trust and teamwork between the HCP and the parent. The trust begins with the parents knowing that you're

going to discuss the same goal. Prof Brand concluded his briefing by stating that the study of adult learning principles may help us to understand that in talking to parents about vaccination, we need to just stop talking and start more listening. It's essential that HCPs don't present this as a prescription, but rather as one of the potential options that we can have a meaningful conversation about.

During the Policy Focus Group discussion that followed, Prof Brand suggested that overall hesitancy is measured from 15% to 50%, while those who are against vaccination count for a much smaller 3-4% of the total. Spending time and energy trying to convince someone who is ideologically against vaccines is not a good idea according to Prof. Brand. Instead, we should focus on the hesitant group, the 15-50%.

Another concept called **motivational interviewing** was also discussed. It consists of taking time and encouraging the parents into comfortable conversations in which they feel delighted to participate. **A key element of motivational interviewing is that the doctor should always ask permission from the parents before sending information or giving advice and that would change their motivation to listen to the doctor.** On the other hand, there is strong evidence that when a doctor makes a very forceful recommendation the compliance rate is increasing and that doesn't fully agree with the "listen first" concept discussed earlier.

Dr Rath, Policy Focus Group member, mentioned that there is also marketing which is targeted in changing people's behaviour but has little to do with education. Prof Brand replied and made clear that when the parents have some concerns about vaccinating their children or not, the first thing to do is to take these concerns very seriously because they will know that, feel that and have even decided based on that.

When they open up and say that they would like to hear what science has to say about all that, then it's the time to be strict and firm and present with scientific data, if preferable. Prejudice is an enemy here, we have to know why they are hesitating first and then hold our position as healthcare professionals.

Trying to counteract the myth is also not a good idea as it will most likely have a different effect. **Listening to the myth, understand that the parents have read or heard it is the first step, asking for permission to state the scientific facts is the second one and telling the parents that the myth is not real is the third one.**

ORGANISATIONS STATEMENTS

Coalition for Life-Course Immunisation (CLCI)

Mr. Malcolm Taylor, General Secretary for the Coalition for Life-Course Immunisation, UK then linked vaccinations with a healthy and ordinary lifestyle which includes, but is not limited to, healthy diet, exercising and living a normal life. Mr Taylor then underlined the importance of everyday heroes and the impact they have on changing human behaviour because it's about ordinary people giving real testimony about their lives. However, since everyday heroes are not so common in everyday medical practice, **we need to build relationships and trust with our patients but that takes a lot of time, which is, more often than not, a luxury that healthcare professionals won't have.**

Policy Focus Group Member, Prof Catherine Weil-Olivier then asked whether we should infiltrate digitally in the anti-vaccine group and better understand their perspective or not. The reply from the Education Policy Focus Group was that in the world of Wikileaks, something like that is simply too dangerous, and this was corroborated by Prof Bands earlier briefing. However, the topic was looked at in further detail and debated by the Misinformation Policy Focus Group that also took place at the 11th EIP Conference.

Mr Philip Weiss then commented that the UN has a phenomenal ambassador program with stars and celebrities who support causes and they know how to activate them. Going on to propose that we should have a vaccine network of ambassadors with 10 million followers who are rock stars, football players etc. All they have to do is say that a friend of mine had this and they were saved, by sharing a simple emotional human story the impact on vaccine uptake could be huge.

COUNTRY UPDATES

Serbia

Prof. Radovan Bogdanovic, Professor of Pediatrics & Pediatric Nephrologist, Pediatric Association of Serbia started by reporting that two groups are targeted by education on vaccination in Serbia, medical workers and the parents. In the past five years, the pediatric association of Serbia, in cooperation with the Ministry of Health, National Institute of Health, UNICEF and other professional societies has undertaken continuing action for promoting vaccination among pediatricians. These activities include the topics on

vaccination program of each meeting organized by the pediatric association, the articles published in proceedings of the annual pediatric schools' courses or congresses or posted at the pediatric association website on the basis of findings of knowledge, attitudes, and practices related to children, immunization. In addition, UNICEF and partners have organized training courses on interpersonal communication. The National Institute of Health of Serbia has designed leaflets distributed among parents and other people visiting primary healthcare centres and posted popular educational materials on its website. Lectures on vaccination are delivered to primary or secondary schools and the local community as well. The experts in the topic are often invited by printed or electronic media to advocate vaccination, especially during outbreaks or flu season. Finally, the Roma population, in which the vaccination coverage is lower than general, has been targeted and educated through specific campaigns with the help of Roma mediators.

Spain

Dr Irene Rivero-Calle, Consultant in Pediatrics and Pediatric Infectious Diseases, University Clinical Hospital of Santiago de Compostela in Spain outline the situation in Spain for the Policy Focus Group. Dr Rivero-Calle started the Spanish Country Update by pointing out that there are several workshops for both nurses and doctors and these take place once a year. A leaflet is also given to the parents which contains information about the vaccines that are included in the immunization calendar. Contact info is shared in case the parents want to talk with someone about their concerns. Dr Rivero-Calle made clear that healthcare professionals ensure that the parents get all the help they need, especially in the special cases which involve organ transplant, immunodeficiencies and so on. A profound and effective collaboration among different specialties is also important for many parents in Spain. **A specific educational module in schools, a game and an escape room designed for educational purposes with regard to vaccination, have also been implemented in Spain.**

Dr Rivero-Calle concluded that maybe the most impressive part was that in Galicia, they have an electronic register for all of the vaccines and it's available both for GPs and the hospitals. So it doesn't matter if you get the vaccine in the hospital or with your GP, anyone can access that immunization planning and interact with parents on real-time data regarding vaccination status. Due to the success of this, it is something that is being planned out and implemented nationwide over the coming years.

Finland

Prof Timo Vesikari, Professor Emeritus of Virology and Paediatrics, Director of Vaccine Research Center in Finland provided the Group with a country update of HCP and parent education in relation to Vaccine Uptake in Finland. Prof Timo Vesikari started by saying that vaccination coverage in Finland has reached an impressive 95% so they don't need special programs because the results are currently very impressive. **However, there was a problem with the injectable flu vaccine in Finland but it was solved by introducing the intranasal flu vaccine which was better perceived by the parents.**

Prof Vesikari then provided the Group with an example of where mandatory vaccination of HCPs may not be the best approach compared to education. Recently, the Ministry of Social Affairs and Health decided to pass a law that the flu vaccination of healthcare personnel is mandatory. This policy created a reaction against a situation where there was no problem in the first place. However, by making the vaccine mandatory a problem was created and the nurses, as a group of HCPs, filed a lawsuit against the government and in the end, they won. Prof Vesikari concluded by saying that making vaccination mandatory is a mistake and should be avoided to not repeat this situation in other countries.

INTERVENTIONS AND COMMENTS

Prof Simon Kroll, Professor of Paediatrics and Molecular Infectious Diseases, Imperial College and St Mary's Hospital, Member of the UK Health Protection Agency Meningococcus Forum, United Kingdom started the discussion by reporting that a lot is happening within the College of GPs and **in the area of encouraging professionals to be more enthusiastic and supporting these concepts related to vaccination strategies. Social media and digital marketing play a huge role here.**

Mr Philip Weiss, ZN Founder and CEO, ZN Consulting, Belgium stated that there is a matter of terminology when we talk about education versus influencing or modifying behaviour. Mr Weiss suggested **that there absolutely needs to be a kind of organized effective way of delivering information to the public audience and that there should also be a serious effort in debunking myths in a more systematic way**. Using online methods is an absolute necessity because it's cheaper and because it scales much more compared to traditional methods. **Online conversations, YouTube channels and Q&A concepts will enhance the pro-vaxxers message more efficiently around the globe.**

Prof Philippe de Wals, Professor and Director of the Department of Social and Preventive Medicine at Laval University, Quebec, Canada intervened and underlined that **it's much easier to change the behaviour of parents than to change the behaviour of health professionals as health professionals will keep on doing what they have learned**. Not everyone agreed with this point, arguing that some bad habits have to be abandoned since there is no benefit at all for the patient.

On the discussion point of **Face-to-Face Intervention and Targeted Messaging for Ultra Suspicious Audiences**. Mrs Elena Moya, Co-ordinator for Europe and Africa - COMO - Confederation of Meningitis Organisations, Spain started by pointing out that suspicious parents are not dumb but instead they usually are college graduates and they might speak several languages as well. To deal with them, we have to learn from teachers and from best practices. **It needs patience, being keen to listen to the parents, being able to relate to what they are saying and not being judgemental**. Sometimes, the doctor needs to be aware of what has already happened at home, for example, whether the couple has been fighting over vaccination issues or not. Starting and playing the blame game is not a good idea, whereas we should try and figure out what's best for their children instead.

During the discussion, Mr Weiss stated that there are a lot of perspectives that are missing from media, from experts in all the fields because we may have the expertise but there's a whole set of skills missing to go much deeper and to be just much smarter in how we find solutions. So I think one of the things I would seriously suggest is to try and have conversations which are genuinely multidisciplinary and not everybody just has a background in medicine, but actually real media skill set.

CONCLUSIONS

The Focus Group was dedicated to improved education and behavioural change, of both healthcare professionals and parents, in relation to vaccine uptake rates around Europe and where barriers to uptake still remain, in terms of policy and approach. It was concluded that although progress has begun, in terms of educating HCPs as effective communicators that can change behaviours, there is **still much work that needs to be done in order for doctors and parents to walk the same path towards better prevention of vaccine-preventable diseases**. In particular, the Group raised the following areas that need to be explored in more detail, with necessary actions taken, to achieve improved vaccination coverage, they include:

- **Pediatricians have, to a certain extent, failed to connect with the parents at a more meaningful level.** Healthcare professionals should devote much of their time and energy in order to better interact with the parents and their children regarding vaccinations. Our aim as HCPs should not be to increase their knowledge, but instead to change their behaviour.
- **A key element of changing behaviours of parents is for HCPs to better utilise motivational interviewing techniques.** It is suggested that HCPs should always ask permission from the parents before sending information or giving advice and that would change their motivation to listen to the HCP.
- **Once parents open up and say that they would like to hear what science has to say about a particular vaccine that is the optimum time to be strict and firm** and present a strong message with scientific data, if preferable.
- **HCPs should not tell parents off for not vaccinating, because it may have a boosting effect on vaccine hesitancy.** HCPs must build relationships and trust with patients. HCPs need to be patient, listen to the parent, and be able to relate to what they are saying, whilst not being judgemental.
- **Social media and digital marketing can play a huge role in the education and behaviour of parents.** There must be a more effective way of organizing and delivering information to the public audience, as well as a strategy to debunk myths in a more systematic way.

Target 1

Support Continuing Education of HCPs and Providing Training on Behaviour Change.

Need: There is an urgent need to apply theories of behavioural change for this missing element to become more effective. We need to train HCPs on behavioural science. While vaccine promotion and knowledge acquisition is necessary to improve coverage, will it be enough? It doesn't work to repeatedly state the facts.

Proposed Actions - A webinar series for European HCPs to provide practical tips, techniques, and case studies on motivational interviewing and change behaviour in relation to overcoming vaccine hesitancy in a constructive way.

Target 2

Improved and Enhanced Use of Social Media and Digital Marketing to Provide Direct Information, Debunk Vaccine Myths, and Change Current Parental Behavior.

Need: There is a huge need to develop a more effective way of organizing and delivering information to the public audience, as well as a strategy to debunk myths in a more systematic way. We need to make vaccination a lifestyle choice that complements a healthy diet and physical exercise in a holistic health prevention strategy.

Proposed Actions - An HCP led campaign to identify and segment the audience based on age, education, reach, hesitancy etc. Working on messages that get read and increase engagement with the target audience.

SUGGESTED ACTION PLAN FOR 2020/2021