



HPV Vaccinations: A Community Health Worker's Role ECHO Series

Session 4: The Art of Motivational Interviewing and Vaccines

Wednesday, September 13th, 2023

12-1:15pm PST





In the chat, please share the following:

- Name
- Organization
- Share with us your Motivational Interviewing experience
 - Have you heard of Motivational Interviewing?
 - Have you ever received Motivational Interviewing training?
 - Have you used Motivational Interviewing with clients/patients?

Introductions

Disclosure Policy

As an accredited provider of continuing medical education through the Accreditation Council for Continuing Medical Education (ACCME) the University of Nevada, Reno School of Medicine must ensure balance, independence, objectivity, and scientific rigor in all its educational activities. In order to assure that information is presented in a scientific and objective manner, The University of Nevada, Reno School of Medicine requires that anyone in a position to control or influence the content of an accredited activity disclose all financial relationships within the prior 24 months with any commercial or proprietary entity producing health care goods or services relevant to the content being planned or presented. All relevant financial relationships have been mitigated. Following are those disclosures. Following are those disclosures.

The following presenter has/have disclosed the following relationship with an ineligible entity:

- Ashley Lach, MHA, CPHQ
 - *Grant/Research Support: Merck*
- Allison Rosen, MS
 - *Consultant: Bayer Oncology*
- Sean O'Leary, MD
 - *Merck*

All other presenters, planners, or anyone in a position to control the content of this continuing medical education activity have indicated that neither they nor their spouse/legally recognized domestic partner has any financial relationships with commercial interests related to the content of this activity.

ECHO Disclosures



Each ECHO session will be recorded and will be posted to a publicly-facing website



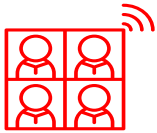
You will be muted with your video turned off when you join the call. Use the buttons in the *black* menu bar to unmute your line and to turn on your video. **If you do not wish to have your image recorded, please turn OFF the video option.**



Today's materials will be made available on the [ACS ECHO website](#)



Please type your full name, the full name of your organization, and e-mail in the chat box



This ECHO session takes place on the Zoom platform. To review Zoom's privacy policy, please visit zoom.us/privacy



Remember: Do NOT share any personal health information (PHI) about any patient. This includes but not limited to patient name, date of birth, address, occupation, name of friends/family, and any other identifiable features (including scars, tattoos, hair/eye color)



This ECHO is made possible through funding from Merck, for the purpose of Mission: HPV Cancer Free Quality Improvement Initiative.



Need assistance with Zoom? Please directly chat Allison, Alyssa, Ashley, Jenny, or Troy for assistance



Group Photo Time: Grab those Fall props!



Today's Agenda

- 1 Introductions**
2 minutes
- 2 Housekeeping & Session Overview**
5 minutes
- 3 Didactic Presentation & Q +A**
30 minutes
- 4 Case Presentations**
30 minutes
- 5 Closing remarks, Wrap-Up & Post-Session Survey Poll**
2 minutes



Learning Objectives



1

Participants will learn strategies to communicate with parents about HPV vaccination acceptance

2

Participants will understand the basics of Motivational Interviewing including applicable techniques for vaccine promotion

3

Participants will strengthen their ability to elicit change talk and commitment language



Aaron Blackham, LCSW

Session 4:

The Art of Motivational Interviewing and Vaccines



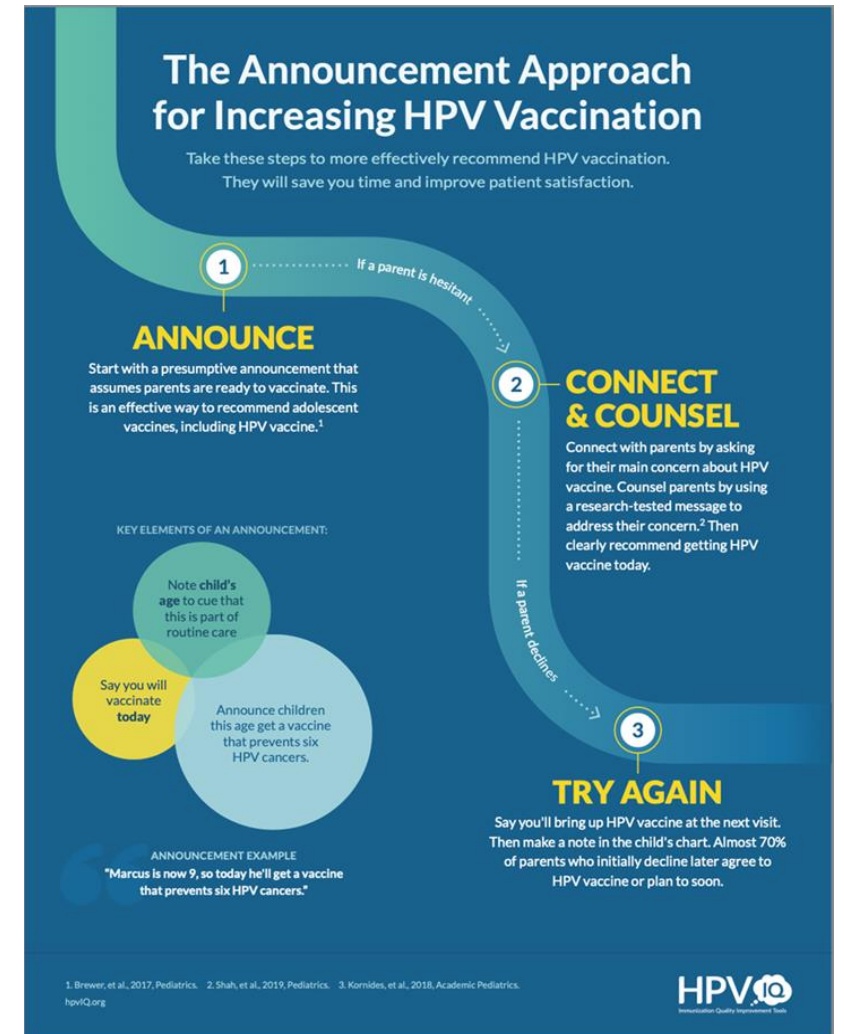
ACS HPV VACCINATION GUIDELINES

- Vaccinate all adolescents
- ON TIME= ages 9 - 12
- LATE= ages 13 to 26
 - *Individuals ages 22 to 26 who were not previously vaccinated should be informed that vaccination at older ages is less effective in lowering cancer risk*



Talking about HPV Vaccination

- Always start with **cancer prevention** and not transmission
 - HPV is so common that it's far more important to discuss why to vaccinate, than how it's spread.
- Preventing cancer is a strong motivator
- Normalize the HPV vaccine
 - Use a presumptive approach
- Connect - empathy, advice, and real stories about the risks of not vaccinating
- Discuss recommended vaccines
- Remember – the goal of conversation is action: create a plan for next steps that includes follow-up



Access HPV IQ Resources here: <https://www.hpviq.org/wp-content/uploads/2021/01/HPVIQ-flyer-FINAL.pdf>

Why is there hesitancy around the HPV vaccine?

Safety

Pain

Concern about fostering sexual promiscuity & belief that child won't ever have sex

Gender (boys vs. girls)

Age (too young)

Vaccine too much for immune system when given with other recommended vaccines

Parents say physician did not recommend the vaccine

What others have you heard?

Truth:
A Strong Recommendation for
the HPV Vaccine Matters

RECOMMENDATIONS MATTER

The **best predictor** of vaccination uptake for both hesitant and non-hesitant parents **was how the provider started the conversation.**

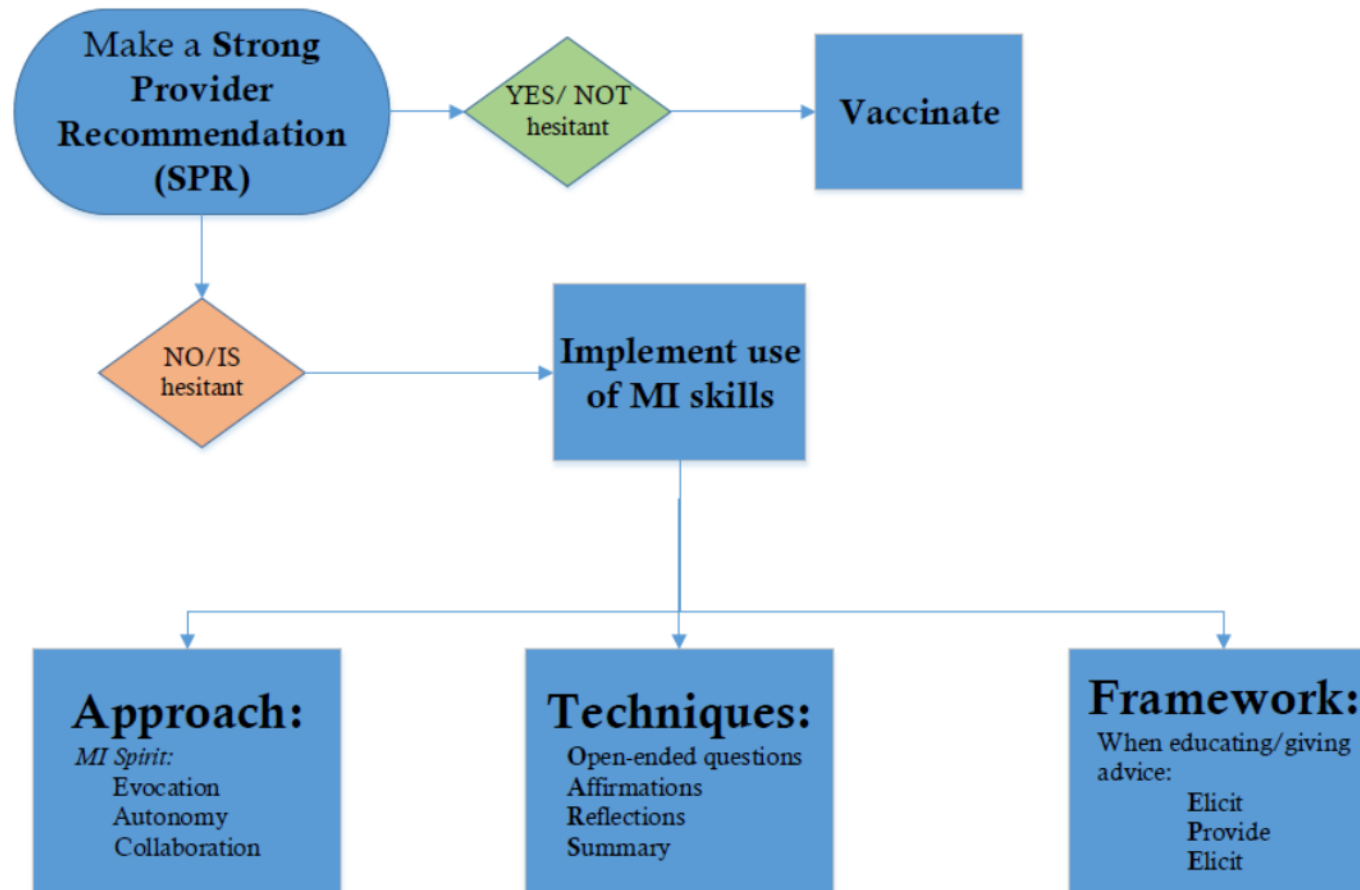


However, some parents need reassurance

- Traditionally, when a provider recommends the HPV vaccine, the parent/caregiver responds in 1 of 3 ways;
 - “Yes” (acceptance of the recommendation) and the vaccine is given.
 - “No” (resistance to the recommendation) OR “Not Sure” (hesitancy/ambivalence about the recommendation)
 - Provider may ask why the vaccine is not wanted or why there is hesitation
 - Parent will likely state the reasons he/she does not want the child to be vaccinated.
 - This prevents parents from being more open to the possibility of vaccination and possible strengthens his/her argument against it by voicing these concerns.
- Many parents simply accept this recommendation
- Some parents may be interested in vaccinating, yet still have questions. Interpret a question as they need additional reassurance from YOU, the clinician they trust with their child’s health care
- Ask parents about their main concern (be sure you are addressing their real concern)

Where does motivational interviewing fit in?

HPV Vaccine Provider Communication Flow Sheet



What is motivational interviewing?



Motivational Interviewing is a collaborative conversation style for strengthening a person's own motivation and commitment to change



It's a way of BEING versus a way of DOING

Elicit, Provide, Elicit Framework

Elicit (their permission)

ask what they already know, and what they want to know

rationale: shows that you respect their expertise, opens them up to listen to information

Provide (information)

convey information in a neutral manner

rationale: neutrality shows that you are not pushing them with the information

Elicit (their response)

ask what the new information means to them

rationale: allows them to participate and respond rather than only receive, reduces defensiveness

Persuasion

- Explain why person should make this change
- Give at least 3 specific benefits that would result from the change
- Tell the person how to make the change
- Emphasize how important it is for them to change- including negative consequences of not doing it
- Tell/persuade the person to do it
- If you encounter resistance, repeat above, more emphatically



DOES THIS WORK?

The key & primary goal to motivational interviewing:

- Adopt the right “heart-set”. This includes:
 - *Partnership*
 - *Active collaboration*
 - *Acceptance*
 - *Non-judgmental*
 - *Compassion*
 - *Focus on well-being*
 - *Evocation*
 - *Strengths and resources*

Primary goal: Interact with a person in a way that increases motivation to change and evoke change talk

Change talk is a person’s own statement that favors change

The Processes of Motivational Interviewing



Engaging

Focusing

Evoking

Planning



The Four Processes in MI: Engaging

The process of positive engaging involves:

1. Establishing a trusting and mutually respectful working relationship
2. Agreement on the treatment goals
3. Collaboration on ways to achieve these goals



To Get Moving, We Need "OARS"

The goal is to understand where your patient is coming from!

O

Open Questions

A

Affirm

R

Reflect

S

Summarize



Open Questions



Difficult to answer with brief replies or simple “yes” or “no” answers



Allows for a fuller, richer discussion



Conversational door-openers that encourage people to talk, using their own words



Keeps conversation focused on the individual

Closed Questions

Do you want your child to be healthy?

“Tell me what you are doing now to keep your child healthy.”

You do know that boys need the HPV vaccine too?

“How familiar are you with the recommendations for HPV vaccination for adolescents?”

Are you going to get all the vaccines today, as I've recommended?

“What other information (about the HPV vaccine) would help you today?”

Minor changes in phrasing will change these questions from "closed" to "open" question?

Affirmations

Statements or gestures that recognize a person's strengths

Lead in the direction of positive change

Confidence-builders

Must be genuine and congruent

Use sparingly - a little goes a long way

Examples of Affirmations

“You are making the best choice for your child.”

“You are doing an excellent job.”

“You want the best for your child.”

“Your commitment to your child’s healthy is obvious.”

“You are thoughtful in your decision-making.”

Reflections

- Reflective Listening:

- Is listening to the words that are said and the meaning behind them
- Keeps people thinking and talking
- Demonstrates that you seek to understand what has been shared
- Forces you to listen carefully- you can't reflect if you are not paying attention!

- Reflections allow the person to:

- Voice thoughts or feelings they may not have talked about before
- Feel understood
- Feel accepted without judgement
- Hear their thoughts and feelings restated



What do reflective statements look like?

“I know that my daughter will get the HPV vaccine, but not today. She’s too young and I’m not ready to start thinking about any of that right now.”

What reflection statement could you respond with?

Example: “It’s obvious to me that you prioritize your daughter’s health, and you want to make sure that the timing is right for the vaccine. May I share some information with you as to why it may make sense to do it sooner rather than later?”



Summarizing

Allows people to:

1

Recall the conversation

2

Think of new ideas

3

Transition from one theme to another

4

Plan their next steps

5

Feel more confident moving forward



The Processes of Motivational Interviewing



Engaging

Focusing

Evoking

Planning



The Four Processes in MI: Focusing



Focusing in MI is an ongoing process of seeking and maintaining direction



Focusing helps you to find what the client wants

Avoid premature focus traps

Clients often have a “menu” of issues

Help them to identify importance of the issue

Assess their readiness to focus on the main issue

Suggested phrasing:

- “Setting that aside for a minute...”
- “Other than that...”
- “If we could answer that question”

The Processes of Motivational Interviewing



Engaging

Focusing

Evoking

Planning



The Four Processes in MI: Evoking



EVOKING IS THE PROCESS OF ELICITING A PERSON'S OWN MOTIVATION FOR CHANGE BY RESOLVING **AMBIVALENCE TO CHANGE**



THE PROCESS CAN HELP TO DETERMINE IMPORTANCE OF THE ISSUE TO THE PATIENT.



THE EVOKING PROCESS HELPS THE PATIENT VOICE HOW CONFIDENT THEY ARE ABOUT THE CHANGE.

Strategies for evoking importance:

Querying extremes	“Imagine your child doesn’t get the vaccine, what’s the worst that can happened?”
Looking back	“What do you remember about him getting three shots at once when he was baby?”
Looking forward	“If you decide on this vaccine, what do you hope will be the benefits to your daughter?”
Exploring goals and values	“What are your goals for your child’s health?”

Strategies for evoking confidence:

Review past success

- In the past, what has helped you make your mind up when you were uncertain?

Personal strengths/supports

- What supports do you have that can help you make a decision?

Hypothetical change

- Suppose you opt for the recommended vaccines today. Looking forward, what might you see as the benefits for her?

Putting it together



Evoking the importance of making this change to the patient



Evoking the patient's confidence that they can make the change

The Processes of Motivational Interviewing



The Four Processes in MI: Planning



Planning involves commitment to change and the formulation of a concrete change plan



For HPV vaccination, this may “simply” be agreeing to have the child vaccinated, and to plan for coming back for second shot (series completion)

Signs of readiness for planning

Increased change talk

“I’m open to getting the vaccine.”

Taking steps

“I’ll talk about the HPV vaccine with my husband”

Diminished sustain talk

“I would like my child to be healthier.”

Resolve

“I really want to do all we can to prevent cancer.”

Envisioning

“When the time comes for him to engage in intimate relationships, he will be protected.”

Questions about change

“What’s the best way to explain this to my husband?”

Responding to change talk

Use your OARS as support!

O

Open Questions: Ask for more detail, in what ways, specific examples

A

Affirm: Comment positively on the person's statement

R

Reflect: Continue the feedback paragraph

S

Summarize: Collecting the bouquets of change talk



Incorporate Motivational Interviewing into HPV Vaccination conversations

Suggested Conversation Styles

- **Make a personalized, strong provider recommendation**
 - *“Your child is due for the HPV vaccine today. It’s an important vaccine to prevent HPV cancers. I recommend getting the first dose today (at age 9 or 10) and the final dose at your checkup next year.”*
 - *“So I see that Tabitha has just turned 10 and is here for her Well Child Visit. You are doing a great job staying on schedule to insure Tabitha’s health. At her age, we strongly recommend she start the series for HPV vaccine for cancer prevention. Additionally, let’s plan to have give her Tdap and Meningococcal at her 11-year-old visit. What questions, if any, do you have about the recommended vaccines?”*
 - *“Hi Chase, how is that arm of yours? Mom/Dad, you are to be commended for keeping up on the follow up after his injury. I am sure you were concerned, but it seems his arm is healing very well. Since you’re here, this would be a great time for him to get the HPV vaccine which is recommended at his age. How familiar are you with the recommended vaccines for boys and girls? What questions, if any, do you have?”*
 - *“I see that Emma’s asthma is better! Congratulations on taking such good care of your health. I bet Mom/Dad have been focused on it as well. Since you’re here, I wanted to remind you about your second HPV vaccine which is now due. Understandably you have had other things on your mind with the asthma, but it is important to complete the series for more cancer prevention. An added benefit is that you can get the series done with just the 2 shots and not need a third. What questions, if any, do you have?”*

Continue the conversation using MI

The parent/caregiver responds in 1 of 3 ways:

- 1. “Yes” and the vaccine is given
- 2. “No” (resistance to the recommendation) OR
- 3. “Not Sure” (hesitancy/ambivalence about the recommendation)

Begin the conversation with an exploration of the parent’s thoughts about the vaccine (*evocation*).

“It seems like you may have some questions or concerns about the vaccines Mary is due today. I’d love to hear what you are thinking. Would it be ok if we discussed those? (*open question*)

Reflect back what the parent is saying to convey understanding and summarizes what has been heard before offering, with permission, additional information. (*Reflection, summarize*)

“You have concerns about the side-effects of the HPV vaccine given that Lisa has had reactions to other shots. That’s understandable. May I share some information that might ease some of your concerns? ”

Closing the conversation, the MI way

- Summarize all you have heard and then ask the key open-ended question: “*So where are you now?*”
 - *Parent is ready now:* **Vaccinate today**
 - *Parent is ready but not now:* **Pick a date and schedule the first appointment**
 - *Parent is still unsure:* **They may still need more time to think things over.**
 - *Parent does not want the vaccine:* **Reinforce collaborative approach and encourage them to reconsider at the next visit.**



If parent has questions or is hesitant....

Research-tested Messages to Address HPV Vaccine Concerns

1,200 parents told us these were the best messages to use when addressing their concerns.²

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

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

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

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

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."

GUIDELINES
"Experts at the CDC agree that kids can start HPV vaccine at age 9 to prevent six cancers."

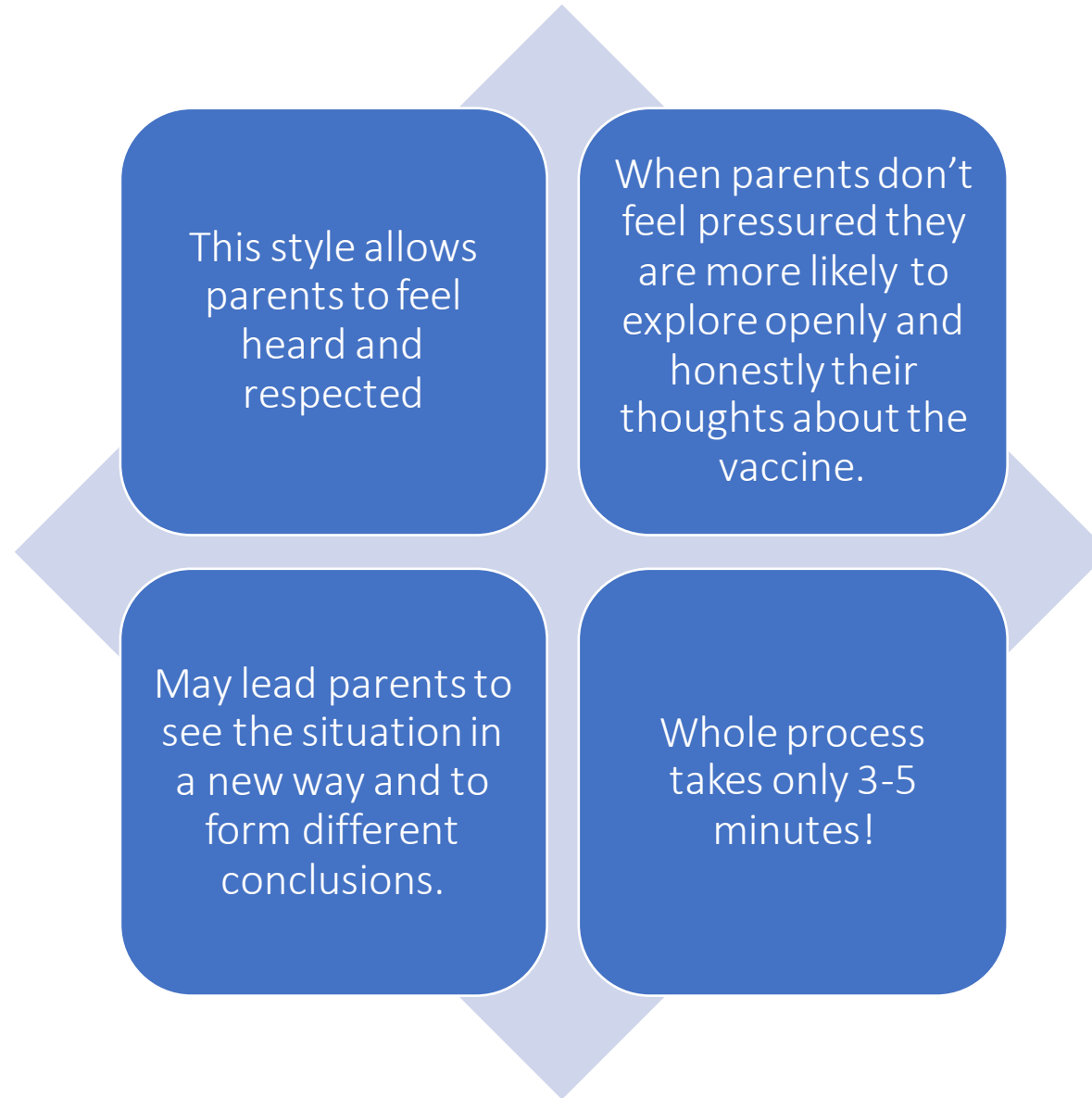
EFFECTIVE
"Over 36,000 Americans get cancer from HPV every year. Most could be prevented with the HPV vaccine."

2. Shah, et al., 2019, Pediatrics.
hpviq.org
Development with funding from the Centers for Disease Control and Prevention, cooperative agreement U01CE001073-03-04

HPV IQ
Immunization Quality Improvement Tools

- Don't be afraid of their questions
- Ask for their main concern
- Use a research tested response
- Usually just takes one or two sentences

Benefits to Motivational Interviewing



Key Takeaways:

It doesn't matter your role; we should all be cancer prevention advocates!

You are trusted to give recommendations.

Advocate for HPV Vaccine during any clinic opportunity (i.e., sick visits, sports physicals)

Recommend vaccine to all children 9 y/o and older.

70% of parents who initially decline the vaccine, eventually say yes!

Didactic Q&A



Session 4: Case Presentation

Eleanor McCastle
Community Health Worker



Session 4 Case Study

Provided by: Eleanor McCastle, CHW

Bridging the Gap – Adult Sickle Cell Disease Foundation of Nevada

Focus: Patient/Caregiver Case



Patient Hx

- 14 yo African American Male
- Has 8yo younger brother
- Parent is 35yo single mother
- Both patient and mother have sickle-cell trait
- Pt has developmental challenges
- Patient has not had a Sickle Cell Crisis

Key Elements

- Patient's mother was hesitant about her child receiving vaccines not required for school, including the HPV Vaccine
- Though patient has not had a Sickle Cell Crisis, the patient has experienced symptoms related to the disease
- CHW provided resources and education on the vaccine
- Patient had not started the series and did not during this encounter

Barriers/Challenges

- Patient is considered high risk due to having the Sickle Cell Trait
- Parent only wanted required vaccines
- Parent was not open to the conversation
- 8 yo sibling would likely not receive vaccine either

Session 4 Case Study

Provided by: Eleanor McCastle, CHW

Bridging the Gap – Adult Sickle Cell Disease Foundation of Nevada

Focus: Patient/Caregiver Case



Discussion & Questions

- What approach should I take when starting the conversation with a hesitant parent of a child who is dealing with other health issues to convince them it is safe to get the vaccination?

Barriers/Challenges (reference)

- Patient is considered high risk due to having the Sickle Cell Trait
- Parent only wanted required vaccines
- Parent was not open to the conversation
- 8 yo sibling would likely not receive vaccine either



Session 4: Case Presentation

Rina Mercadillo

Community Health Worker II

Nevada Health Centers



Session 4 Case Study

Provided by: Rina Mercadillo, CHW II

Nevada Health Centers

Focus: Patient/Caregiver Case



Patient Hx

- 16 yo Hispanic female
- 50 yo Mother and patient immigrated from a country where the HPV vaccine was not required
- Parent received some education when the child was 10 and patient received first dose then, but parent did not fully understand
- Pt had not received second dose
- Patient was participating Teen Pregnancy Prevention Program

Key Elements

- CHW was able to provide education on various topics including STD's during program
- CHW provided HPV Education and the different strains and symptoms
- Patient and mother had questions because they had read various things about HPV, CHW referred them to the CDC for resources
- Mother agreed to second dose after learning patient would be done

Barriers/Challenges

- Pt and Mother immigrated from a different country, there was a language barrier and cultural barrier
- Parent was fearful
- Parent lacked knowledge on HPV and the Vaccine
- Parent and patient were unaware number of doses needed for the vaccine

Session 4 Case Study

Provided by: Rina Mercadillo, CHW II
Nevada Health Centers
Focus: Patient/Caregiver Case



Discussion & Questions


- What other recommendations are there to prevent strains for which there are no vaccines?
- What could we do to include these vaccines in those required by the school district?

Barriers/Challenges (reference)

- Pt and Mother immigrated from a different country, there was a language barrier and cultural barrier
- Parent was fearful
- Parent lacked knowledge on HPV and the Vaccine
- Parent and patient were unaware number of doses needed for the vaccine

Curriculum Schedule



Date	Session	Topic	Didactic Presenter
August 2nd 12-1:15pm PST	Session 1	Role of CHWs in Immunizations	<u>Cody Wagner</u> <i>Nevada Community Health Worker Association</i>
August 16th 12-1:15pm PST	Session 2	HPV 101	<u>Dr. Vanessa Slots</u> <i>M Health Fairview</i>
August 30th 12-1:15on PST	Session 3	Cultural Humility and Social Determinants of Health	<u>Dr. Talee Vang</u> <i>Hennepin Healthcare</i>
September 13th 12-1:15pm PST	Session 4	The Art of Motivational Interviewing and Vaccines	<u>Aaron Blackham, LCSW</u>
September 27th 12-1:15pm PST	Session 5	Addressing Parental Hesitancy Around HPV Vaccinations 	<u>Dr. Sean O’Leary</u> <i>Children's Hospital Colorado</i>
October 11th 12-1:15pm PST	Session 6	Busting HPV Vaccination Myths	<u>Dr. Jose Cucalon</u> <i>University of Nevada, Reno</i>
October 25 th 12-1:15pm PST	Session 7	Implementation Science: CHW’s as HPV Vaccination Champions	<u>Liz Partida, CHW</u> <i>Community Health Alliance</i>

Case Sign Up Schedule



A member of the support team will confirm your case presentation date and work with you to ensure your experience is easy AND valuable.

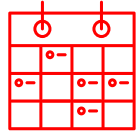


Date	Session	Participant Name #1	Participant Name #2	Alternate Participant
August 2nd 12-1:15pm PST	Session 1	Edgar Zepeda		
August 16th 12-1:15pm PST	Session 2	Nancy Herrera	Savannah Criswell	
August 30th 12-1:15on PST	Session 3	Joy Shultz	Valerie Martinez	
September 13th 12-1:15pm PST	Session 4	Rina Mercadillo	Eleanor McCastle	
September 27th 12-1:15pm PST	Session 5	Dr. Sean O'Leary ★	Karina Preciado ★	
October 11th 12-1:15pm PST	Session 6	Indi Kaufman	Vacant	
October 25th 12-1:15pm PST	Session 7	Vacant	Denise Davidson	



Post-Session Poll

A Few Reminders



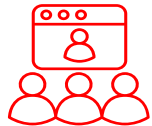
Next ECHO Session: October 11th, 2023 from 12-1:15pm PST via Zoom



**Next Didactic Presenter: Addressing Parental Hesitancy Around HPV Vaccinations
Dr. Sean O'Leary**



Materials and Resources will be made available within one week. All resources will be available on the [ACS ECHO Website](#)



Next case presenters: Dr. O'Leary & Karina Preciado

Case presentation form:

<https://forms.office.com/r/WkrwSzSpQZ>



CME/CEU Information:

https://unrmed.formstack.com/forms/echo_evaluation?date=08/16/23&title=HPV (Code:10533)



Questions: Contact Ashley Lach, HPV Program Manager, Ashley.Lach@cancer.org OR Jenny Escalera-Guerrero, Program Coordinator-Project ECHO Nevada, jescaleraquerrero@med.unr.edu



SPORTS THEME NEXT SESSION!

Thank You