Using social media engagement to address parents' concerns about childhood vaccines

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Milken Institute School of Public Health THE GEORGE WASHINGTON UNIVERSITY





Vaccine Hesitancy Studies at Kaiser Permanente Colorado

Kaiser Permanente Colorado— ideal setting to evaluate vaccine hesitancy

- Integrated health care model, managed care organization
- Use an electronic health record to capture administrative and clinical data

Colorado Vaccine Social Media (VSM) Study—3 phases

- 1. Development
- 2. Randomized controlled trial
- 3. Comparison of vaccine content between VSM and public websites



Phase 1: Development of an interactive social media tool

Article

Development of an Interactive Social Media Tool for Parents With Concerns About Vaccines

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Phase 1: Development of an interactive social media tool

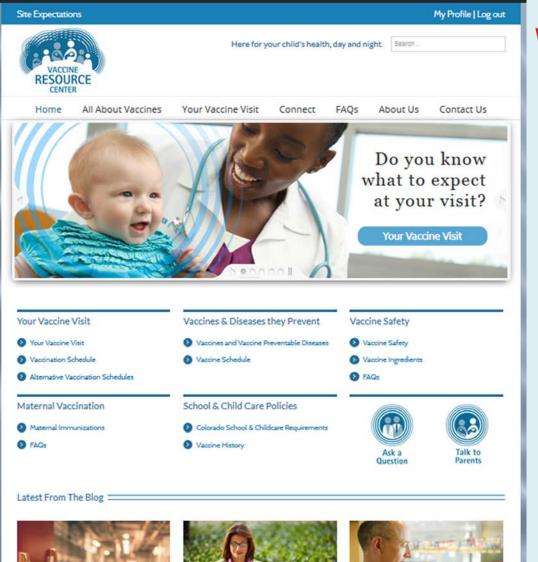
1. Conduct exploratory research using:

- Survey
- Focus groups
- Usability testing

2. Incorporate results into design of tool:

- Timing
- Balance of information
- Trusted, safe engagement

3. Revisions to content, design, functionality and "look and feel" **executive leadership** Summit



VSM Intervention: vaccineresourcecenter.com

 Users needed login and password to access website (not publicly available)

Interactive social media components:

- Ask the experts
- Discussion forum with other parents
- Blogs
- Podcasts (audio)
- Online chat sessions

Back to School: CO Vaccination Rates July 28th, 2016

As summer winds down in CO and families get ready to send their child(ren) [..]



In April 2014, the Colorado House and Senate

passed House Bill 1288 which changed [...]

kily 12th 2016



You Asked Us: How Effective is Rotavirus Vaccine June 21st, 2016

Q: Hi, I had a question about the rotavirus vaccine. In the description, it [_]

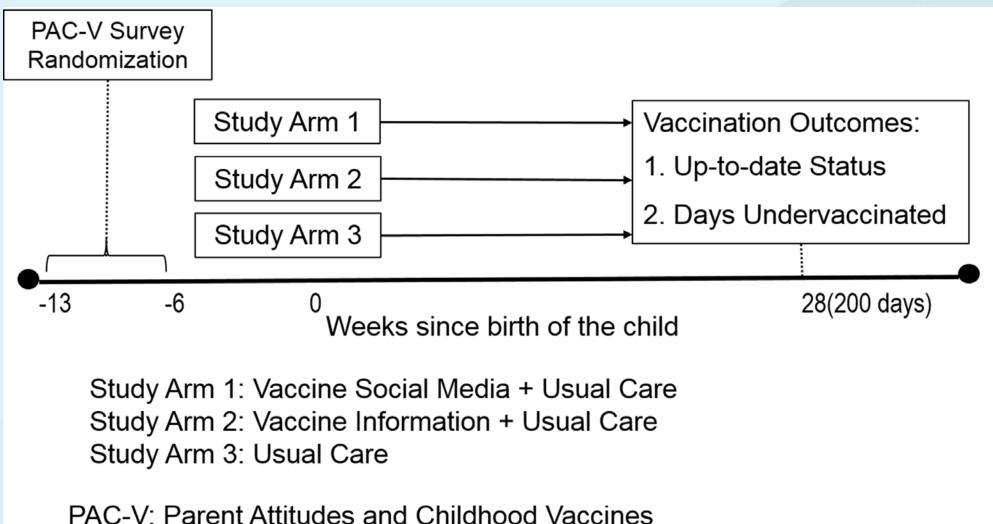
Phase 2: Colorado Vaccine Social Media (VSM) Study: a randomized controlled trial

Conducted at Kaiser Permanente Colorado: September 2013 through July 2016

- Parents recruited
 - During pregnancy (primary focus)
 - With children ≤9 months old (secondary)
- Screened for vaccine hesitancy
 - Parent Attitudes and Childhood Vaccines (PACV) survey
 - Grouped into 2 categories of hesitancy (yes/no)
- Three study arms:
 - Website, vaccine information and interactive social media (VSM)
 - Website, vaccine information only (VI)
 - Usual care (UC)



Phase 2: Study Design



Vaccination Status

| Study Arm | n | Proportion Up-to-Date (%) | Comparisons | Odds Ratio for Up-to-Date |
|------------|-----|------------------------------|-----------------------|------------------------------|
| VSM | 442 | 92.5 | VSM versus Usual Care | 1.92 (1.07-3.47) |
| VI | 297 | 91.3 | VI versus Usual Care | 1.62 (0.87-3.00) |
| Usual Care | 149 | 86.6 | VSM versus VI | 1.19 (0.70-2.03) |



Glanz, J.M., et al. 2017. Web-based social media intervention to increase vaccine acceptance: a randomized controlled trial. *Pediatrics*, 140(6), p.e20171117.

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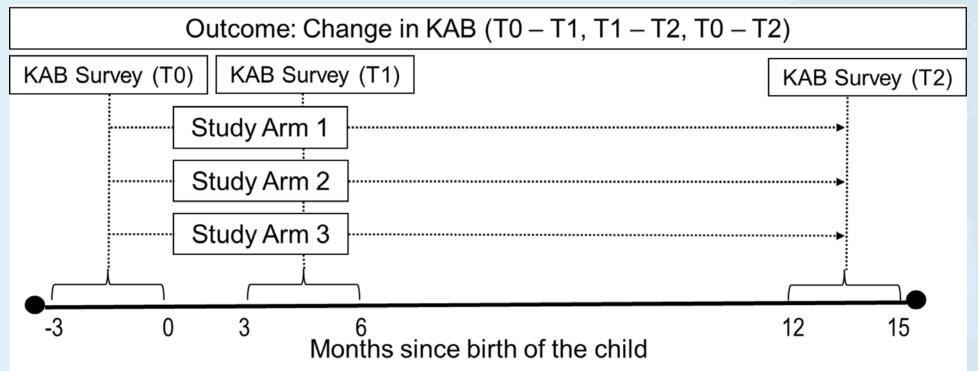
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.03

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Phase 2: Survey Design



Study Arm 1: Vaccine Social Media + Usual Care Study Arm 2: Vaccine Information + Usual Care Study Arm 3: Usual Care

KAB: Knowledge, Attitudes, and Beliefs

Vaccine Knowledge, Attitudes and Beliefs

| | VSM vs. usual care | VI vs. usual care | VSM vs. VI |
|-------------------------|----------------------|----------------------|---------------------|
| Benefits of vaccination | | | |
| Baseline to T1 | 0.23 (0.05, 0.40) | 0.22 (0.04, 0.40) | 0.01 (-0.14, 0.16) |
| Baseline to T2 | 0.12 (-0.07, 0.31) | 0.09 (-0.11, 0.29) | 0.03 (-0.13, 0.19) |
| Risks of vaccination | | | |
| Baseline to T1 | -0.19 (-0.39, 0.002) | 0.18 (-0.39, 0.02) | -0.01 (-0.18, 0.16) |
| Baseline to T2 | -0.37 (-0.60, -0.14) | -0.31 (-0.55, -0.07) | -0.06 (-0.26, 0.14) |
| Perceived self-efficacy | | | |
| Baseline to T1 | -0.12 (-0.40, 0.16) | 0.01 (-0.28, 0.30) | -0.13 (-0.38, 0.12) |
| Baseline to T2 | 0.29 (-0.03, 0.60) | 0.37 (0.04, 0.69) | -0.08 (-0.35, 0.19) |



Daley, et al. 2018. Addressing parents' vaccine concerns: A randomized trial of a social media intervention. American journal of preventive medicine, 55(1), pp.44-54.

Phase 3: Tone and Content of the Social Interaction on Vaccine Websites

Vaccine Information From Health Care Providers and Social Media

Social Media Vaccine Websites: A Comparative Analysis of Public and Moderated Websites

Jo Ann Shoup, PhD¹, Komal J. Narwaney, PhD¹, Nicole M. Wagner, MPH¹, Courtney R. Kraus, MSPH¹, Kathy S. Gleason, PhD¹, Karen Albright, PhD², and Jason M. Glanz, PhD^{1,3}



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Phase 3: Methods

- **Step 1**: Archive all interactive content from VSM
- **Step 2:** Content from publicly available parenting and vaccine-focused blogs and discussion boards using key words on search engines
- **Step 3**: Duplicates and ineligible sites were removed
- **Step 4:** Interaction was randomly selected and archived from each eligible site
- **Step 5:** Qualitative coding of vaccine tone, stance and accuracy of information as a study team
- Step 6: Inter-rater reliability on sample with naïve coder



Social Interaction on Websites

Publicly available parenting and vaccine websites

- more contentious
- negative stance towards vaccines
- inaccurate and uncorrected information

The expert moderated website

- more civil tone
- minimal posting of inaccurate information
- very little participant-to-participant interaction



Tone

VSM Website

(Post 1, study participant): "My baby is 9 mo. old and I have a few questions about the flu vaccine. First, why does he need two? Can he just get one?

(Reply to post 1, study team member): To answer your first question, children aged 6 months to 8 years old need two shots if it's the first time they are getting the flu vaccine..."

PUBLIC Website

(Post 2): "You are an idiot. People should have their kids get vaccinated.

(Reply to post 2): ...YOUR the (uneducated) idiot. Sorry, not sorry. I'm guessing you don't have children because you would have done your research just like most parents...

(Reply to reply of post 2): ...I do have a kid and you are still an idiot. You clearly are not doing research correctly."

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Accuracy of Information

VSM Website

(Post 7, study participant): "Babies are exposed to so many different things but they do not normally receive them directly into their muscles and blood stream.

(Reply to post 7, study team member): Vaccines are injected into muscle (or beneath the skin) but not into the blood stream..."

PUBLIC Website

(Post 6): "I am curious what you all do to support LO [Little One] before and after vaccines. My 7 week old has first vaccines in two weeks.

(Reply to post 6): Look into a charcoal poultice. I haven't done it...Charcoal draws out toxins, if you put a poultice over the kidneys it can draw out bad stuff. If the baby were older I'd give it orally..."

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Conclusions and Next Steps

Parents concerns about vaccines can lead to vaccine hesitancy

- Allaying parents' concerns during pregnancy is important to achieving immunized children
- Tools that measure parents' concerns can assist provider communication and interventions to reduce hesitancy

Expert moderated social media is a promising step towards alleviating parents' concerns

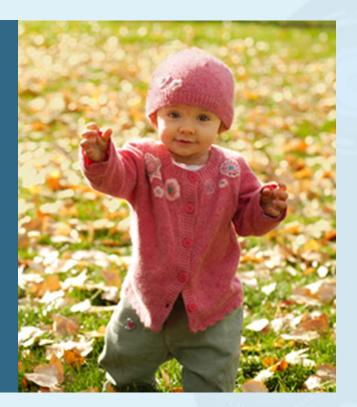
Further research in vaccine hesitancy is needed

- to evaluate the role of social media in a rapidly changing technology environment
- to evaluate effective communication messaging
- to address the public's concerns



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