Facilitators or Accommodators:
The role of providers in immunization decision-making within high exemption communities.

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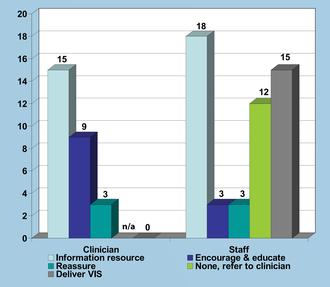
OBJECTIVE:
To explore vaccine beliefs, attitudes and practices among healthcare providers serving vaccine-hesitant populations

BACKGROUND:
In Oregon, increasing numbers of parents are opting to sign religious waivers to school immunization requirements. While the statewide exemption rate was 3.5% in 2006, exemptions tend to cluster in communities.

Healthcare providers are believed to play an important role in parents' decisions whether or not to have their children immunized. Little is known about providers' roles in vaccine decision-making when serving vaccine-hesitant parents from high exemption communities.

METHODS:
- Semi-structured interviews were conducted with 41 healthcare providers at 19 clinics located in communities with high rates of exemption from school immunization requirements (>3.2%)
- All clinics participated in ALERT, the statewide immunization information system, and regularly prescribed shots that did not follow ACIP recommendations
- Questions focused on attitudes and beliefs about vaccinations, and on clinic immunization practices including risk/benefit discussions

Providers' Perceived Role in Vaccine Decision-making



- Clinics received professional quality temperature trace units as a token of appreciation for their time and effort
- Results were coded independently by two researchers for emergent themes, and then analyzed using NVIVO 7 software

RESULTS AND DISCUSSION:
Primary themes:

1. Clinic staff have varying levels of vaccine knowledge, attitudes, and confidence.
All allopathic providers and 2 of 3 naturopathic providers considered themselves to be "pro-vaccine."

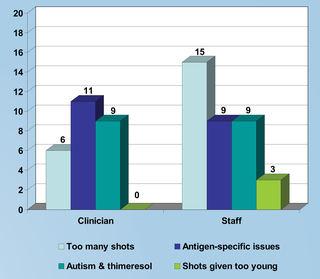
Clinicians (defined as those with prescription writing authority) had more vaccine knowledge and confidence in discussing risks and benefits with hesitant parents; however, they were less likely to do so.

Family practice doctors were less likely to be involved in vaccine delivery than naturopaths (regardless of specialty) or pediatricians.

Medical Assistants were most likely to deliver VIS sheets and shots, but few reported vaccine training and education.

2. Vaccine concerns
Too many pokes –
The number of shots due per well-child visit alarmed some parents and made some providers uneasy; in response to parent concerns, many clinics limited the number of shots per visit.

Parent Concerns Identified by Providers

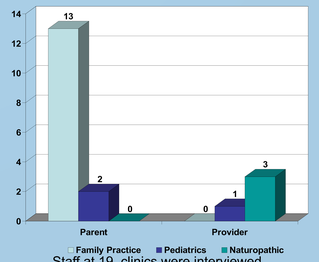


Antigen-specific concerns –
Discussions of specific antigens were only addressed by allopathic providers if parent raised concern and were addressed by all naturopaths regardless of parent concern.

3. Immunizations were generally considered a parent-driven service.
Providers at 15 of 19 clinics took a passive role in vaccine decision-making. They saw themselves as an "information resource" and "reassuring."

Providers at all 19 sites reported a willingness to alter shot schedules to accommodate parent requests.

Who Initiates Vaccine Risk/Benefit Conversations?

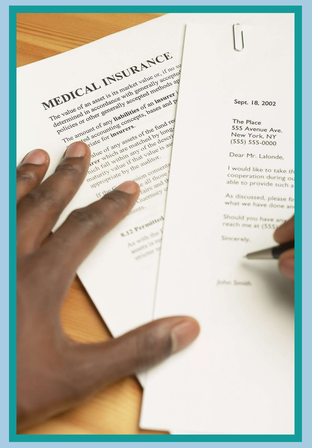


Staff at 19 clinics were interviewed

4. Clinicians struggled to serve individual and public health needs.
Several clinicians reported a sense of frustration with the public health system for judging their practice by up-to-date rates rather than as special niche service providers.

CONCLUSION:
Are these clinics accommodating the concerns of vaccine-hesitant parents or promoting under-immunization? Most healthcare providers in this pilot study saw themselves as pro-immunization, only occasionally accommodating the concerns of vaccine-hesitant parents. However in 10 of 19 clinics, accommodation led to changes in clinic standards of care; in doing so, providers at these clinics increase the likelihood that other children served by the practice will be under-immunized.

Most Important Barriers to Clinic Vaccine Delivery
1. No competition clause in contract with vaccine manufacturer
2. Reimbursement too complicated



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