Strategies for Talking with Vaccine Hesitant Parents

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Objectives

By the end of this talk, I’m hoping you will:

1. Have new knowledge that you can use in discussions with parents about vaccines
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By the end of this talk, I’m hoping you will:
1. Have new knowledge that you can use in discussions with parents about vaccines
2. Have new ideas about the architecture of vaccine conversations with parents so that your discussions are more effective at convincing vaccine hesitant parents

Outline

• Background
• Evidence regarding provider conversation techniques for increasing vaccine acceptance
• Ideas and strategies for the vaccine conversation
• Cases

How much of a problem is vaccine hesitancy?

• Percentage refusing all vaccines remains small (1-3%)
• Prevalence of under-vaccination ≤2 years of life in 8 managed care organizations increased from 42% in 2004 to 54% in 2008*
• Increasing frequency of requests to “spread-out” the series or refusal of specific vaccines

*Glanz et al, JAMA Pediatr 2013
“Costs” of Vaccine Hesitancy

- Increased levels of under-vaccination
- Under-vaccinated tend to remain under-vaccinated
- Outbreaks of Vaccine Preventable Diseases
  - Pertussis
  - Varicella
  - Pneumococcal disease
  - MEASLES!!!

“Costs” of Vaccine Hesitancy

- Less time on other preventive care
  - Average visit = 18 minutes
  - What is being sacrificed?
- Increased pain or trauma for children
  - 84% of pediatricians think it is more painful for children to bring them back repeatedly for shots rather than give them multiple simultaneously

Costs of Vaccine Hesitancy

- Recent survey among pediatricians nationally
  - 46% agreed that their job was less satisfying because of the need to discuss vaccines with vaccine hesitant parents
  - 60% reported spending more than 10 minutes discussing vaccines in visits with vaccine hesitant parents
- If we’re going to talk with parents about vaccines, we want to be effective but also efficient
THE EVIDENCE

Cochrane, 2013

“The limited evidence available is low quality and suggests that face to face interventions to inform or educate parents about childhood vaccination have little to no impact on immunisation status, or knowledge or understanding of vaccination.”
Effective Messages in Vaccine Promotion: A Randomized Trial

• Parents randomly assigned to receive 1 of 4 interventions:
  • (1) info explaining lack of evidence that MMR causes autism from CDC;
  • (2) info about measles, mumps, rubella from VIS;
  • (3) images of children with measles, mumps, rubella;
  • (4) a dramatic narrative about severe case of measles; or to a control group.
• None of the interventions increased parental intent to vaccinate a future child.
• Refuting claims of an MMR/autism link successfully reduced misperceptions that vaccines cause autism but decreased intent to vaccinate among parents who had the least favorable vaccine attitudes.
• Images of sick children increased expressed belief in a vaccine/autism link
• Dramatic narrative about an infant in danger increased self-reported belief in serious vaccine side effects.

"I Immunise" campaign
Target audience: parents who are
Inclined Late/Selective vaccinators
Campaign evaluated via online survey (484 respondents)
Parents with a history of vaccine refusal had a high level of negative response compared to those without:
97.2% of those reporting negative thoughts
97.5% of those reporting negative feelings

It's complicated! No easy solutions!

Why Don’t We Know More about How to Communicate with Parents and Patients about Vaccines?

- Tons of research on parents’ knowledge, attitudes, beliefs
- Little research on what communication techniques actually change parents’ behavior
- Research in this area is complicated!
- We’ve been focused on the ‘what’ more than the ‘how’

Conventional Wisdom

- Improve parents’ knowledge and they will make the right decision
- This educational approach assumes human decision making is rational (which it clearly is not)
  - Known as the ‘Information Deficit Model’
- Behavioral economics: human behavior is influenced by deep-seated cognitive biases and heuristics resistant to rational influence
Vaccine Communication 2.0

- Becoming increasingly clear that simply correcting parents’ knowledge gaps – whether through informational brochures, community campaigns, or direct provider conversations – is often not enough to address parents who have concerns about vaccines
- Investigators are now focusing on developing interventions to improve vaccination uptake focused on how people actually think rather than how they ought to think

SOME IDEAS ABOUT “THE HOW” OF TALKING WITH PEOPLE ABOUT VACCINES

An Interesting Study...

The Architecture of Provider-Parent Vaccine Discussions at Health Supervision Visits
Douglas J. Opel, John Heritage, James A. Taylor, Rita Margione Smith, Helle Showalter Salas, Victoria DeVere, Chun Zhou and Jeffrey D. Robinson
Pediatrics 2015;136:1077; originally published online November 4, 2015.

Investigators in Seattle videotaped well visit encounters for children 1-19 months old
Oversampled “vaccine hesitant parents”
111 vaccine discussions, 50% with VHPs
Tried to figure out what predicted uptake of vaccines
How you start the conversation matters

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

"Participatory versus Presumptive"

Participatory: Linguistically provide parents with more decision making latitude
   “Have you thought about what shots you’d like to get today?”
Presumptive: Linguistically presuppose that parents would get shots
   “Well, we have some shots to do today”

The Architecture of Provider-Parent Vaccine Discussions

Opel et al. 2013
Participatory versus Presumptive

• “Among all parents, a larger proportion resisted vaccine recommendations when providers used a participatory rather than presumptive initiation format (83% vs 26%; P < .001).”
• “This finding remained true among vaccine hesitant parents (89% vs 30%; P < .001).”

Pursuing Vaccination after Initial Resistance

Presumptive Communication in Action

Presumption will occur during visit

Key points:
1. Talk about vaccination as the healthy default;
2. Focus on the disease, not the vaccine
3. Don't try too hard to correct misinformation

Instead of saying: SAY THIS:

SAY THIS:  
“Would you like to get your flu shot today?”  
“It’s time to get your flu shot!”  
“I think flu shots are good, so you should get one.”  
“I got my flu shot; you should too.”  
“Don’t forget to get your flu shot.”  
“If you don’t get a shot here, be sure to get one at your local grocery store or pharmacy.”
Front desk talking points

- Front desk personnel are often the first staff patients encounter
- Front desk staff will initiate simple discussion:
  
  **Upon check-in, please make it a habit to ask every patient:**
  
  “Have you received a flu shot yet this fall?”
  
  *If no, please say:*  “Well then we can get you vaccinated today. Your nurse or doctor will follow-up.”

Why might a presumptive style work?

- Most parents perceive decisions about vaccination to be complicated
- As humans, when we make decisions we perceived to be complicated, we tend to have a status quo bias (also called a default bias), meaning we go with what is expected or ‘normal’
- By assuming a presumptive tone, parents are made to feel that getting the vaccine is what most people do, that it is the socially acceptable ‘norm,’ and are therefore less likely to resist
“HELP SAVE THE ENVIRONMENT. You can show your respect for nature and help save the environment by reusing your towels during your stay.”

OR

“JOIN YOUR FELLOW GUESTS IN HELPING TO SAVE THE ENVIRONMENT. Almost 75% of guests who are asked to participate in our new resource savings program do help by using their towels more than once. You can join your fellow guests in this program to help save the environment by reusing your towels during your stay.”
Could Social Norms Influence the Vaccination Decision?

- Increasing attention to this as a strategy
- Fits with the ‘presumptive’ recommendation
- Study from 1990’s suggested university students were more likely to receive influenza vaccine if they were told most students got one

How would this look in your setting?

MORE ABOUT ‘HOW’ PEOPLE THINK...
The Familiarity Backfire Effect

- Once people hear a myth, or misinformation, it’s very difficult to remove that from their minds
- Debunking a myth can actually strengthen it
  - making myths more familiar
  - providing too many arguments
  - providing arguments that threaten one’s worldview

HOW TO DEAL WITH MYTHS

Focus on the Facts You Want to Communicate

- Any mention of a myth must be preceded by an explicit statement that the myth is false
Keep it simple

A simple myth is more cognitively attractive than an overcomplicated correction.

Replace All Myths with a Compelling Alternative

When you debunk a myth, you create a gap in the person's mind. To be effective, your debunking must fill that gap.

Summary of Debunking

1. Focus on core facts rather than the myth to avoid the misinformation becoming more familiar
2. Any mention of a myth should include explicit warnings that the information is false
3. Include an alternative explanation that addresses the original misinformation.
Demonstrative Study

Rather than refuting incorrect elements of parents’ beliefs, replace those elements with new information

The Experiment

• Measure vaccine attitudes
• Randomize
  • Disease risk – read a paragraph by a mother of child with measles; pictures of children with measles, mumps, rubella; 3 short warnings about how important it is for people to vaccinate their children
  • Autism correction – CDC website about studies showing vaccines don’t cause autism
  • Control – unrelated scientific paragraph
• Re-measure vaccine attitudes
ON TO THE CASES...
Case

• An 11 year old girl comes to your local health department for her adolescent vaccines (her PCP doesn’t stock vaccines)

• You offer a ‘presumptive’ recommendation for the vaccines, saying “Great, you’re here for your vaccines, we can go ahead and do her tetanus/whooping cough vaccine, her HPV vaccine, and her meningitis vaccine”

Not so fast...

Her mother says, “We’re okay doing that tetanus shot and the meningitis one, but we’re going to hold off on the HPV vaccine.”
How do you approach this situation?

- Difficult – parents often set in their ways
- They’ve already done their “research”

The What and the How

- The What – very important, but sometimes not enough
  - Safety surveillance mechanisms, ingredients, VPDs, immunology of vaccination, ACIP recommendations, misconceptions, etc
- The How – what is the best way to convey information so that a parent or patient who is already resistant will be receptive to the information?

Motivational Interviewing Techniques for Difficult Vaccine Discussions
MI for the Vaccine Conversation

**Effect of a Health Care Professional Communication Training Intervention on Adolescent Human Papillomavirus Vaccination: A Cluster Randomized Clinical Trial**

- Cluster RCT Among 16 public and private practices in Colorado
- Multi-component intervention
  - HPV Fact Sheet developed by patients and providers
  - HPV Decision Aid
  - Tailored web-based intervention
  - Motivational Interviewing Training

Strengthening Provider Communication for Increasing Uptake of HPV Vaccine

- Cluster RCT Among 16 public and private practices in Colorado
- Multi-component intervention
  - HPV Fact Sheet developed by patients and providers
  - HPV Decision Aid
  - Tailored web-based intervention
  - Motivational Interviewing Training

The Physician Communication Project

- Fact Sheet and MI Training perceived by providers and most used and most useful
- Self-efficacy for changing parents minds about HPV vaccine improved among providers
- Time spent in HPV vaccine discussions was equal to or less 4 months after the training compared to baseline
- 9.5% difference in HPV initiation intervention versus control practices
What Usually Happens if the Parent is Resistant or Hesitant?

• The provider might ask the parent why she does not want the vaccine
  • The parent will then begin to argue for all the reasons she does not want her child to be vaccinated
  • In the process, the parent strengthens her resolve against the vaccination
• The provider is now left open to falling into additional conversation traps

Persuasion Trap

Persuasion Trap – when the provider becomes the champion for the vaccine and tries to convince the hesitant or resistant parent of the benefits. This usually ends up in an argumentative type of “yes, but” cycle.

The Lecture Trap

• Lecture (Data Dump Trap) – the tendency here is to provide the full story about some aspect of the vaccine
  • Puts people off and raises resistance because it implies that they don’t know the full story and you’re going to give it to them
  • I.e. You’re an expert and they’re not
• Also, it can be counter-productive because you end up raising concerns that the patient had not previously considered
In Summary...

- Directive patient/provider ("presumptive") recommendations work fine for the patient who is ready to be vaccinated or for the patient who expects the provider to tell him or her what to do, or just needs a gentle ‘nudge’
  - 50-95% depending on your patient population
- For patients who are unsure or resistant, a closed-ended question following a recommendation can lead to less productive conversations.

Pivot to Motivational Interviewing

The provider asks in a non-threatening way to share the parent’s concerns.

**Example:**

“So you seem to have concerns about the HPV vaccine. Well, that’s perfectly understandable – I’ve had a number of questions about this one. Would you mind sharing what your particular concerns are?”  
“Well, I’ve heard that it’s a vaccine to prevent a disease that’s transmitted by having sex, and she is a loooong way from having sex.”

Directing the Conversation the MI way: Engaging and Focusing

The provider reflects back what the patient is saying to be sure he/she understands (empathy) and summarizes what has been heard before proceeding, again with permission, to make a recommendation.

**Example:**

“So I can hear that you’re concerned that she’s too young for the HPV vaccine because HPV is transmitted by sexual activity. Well, I completely get that – she is only 11 after all. I’ve thought a lot about this. Is it okay if I go over how I’ve come to think about this vaccine?”
**It is now that you make a clear and personalized recommendation**

**Example:**

"I used to think of this vaccine as something to prevent a sexually transmitted disease, but realized it’s really about preventing cancer. Almost everyone gets this virus, so I think it’s important for everyone."

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**It is now that you make a clear and personalized recommendation**

**Example:**

"If she were my daughter I would not hesitate to recommend this vaccine for her, and most of my patients now are getting the vaccine. Having said that, this is a decision that only you and your daughter can make. What do you think?"

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**MI for the Vaccine Conversation**

- Engage the patient respectfully and fully in the discussion
- The four elements of the MI spirit—empathy, collaboration, evocation and support for autonomy
- Core MI skills like open-ended questions and reflections
- Use of behavior change principles like emphasizing social norms and focusing on the disease that is prevented rather than negatives (like side effects)
- A clear strong and personalized recommendation
Case

- Your next patient is a 12 year old boy who you haven’t seen in a few years, stopping in to get some forms signed
- He has received all his recommended vaccines up to this point, and received his Tdap and meningococcal vaccines last year as part of a ‘sports physical’ somewhere in town
- He did not receive HPV vaccine
- You get them the forms they need, and offer a presumptive recommendation for the HPV vaccine

Again, not so fast...

His mother seems a little uncomfortable. “Um, well, I’d rather not do that HPV vaccine. I’ve heard some bad things about it.”

Case

- You are a little surprised, since you’ve known this family for many years, and this child has received all of his recommended vaccines to now, and express this surprise to the mother, and ask, “Would you mind telling me what you’ve heard about it?”
- “Well, I’ve heard that some children that get the shot can die from it. I know it’s probably not true, but that kind of scared me.”
You reflect back the concern to be sure you understand (empathy) and summarize what has been heard before proceeding, again with permission, to make a recommendation.

“Wow – well, I can see why that would scare you – that would scare me too! This question has come up for me before, and I’ve looked into where it came from. Would you mind if I went over what I found out, and why I think this is such an important vaccine?”

After getting permission, you proceed with your response.

Example:
“To address you specific concern, it turns out people started rumors about this vaccine on the Internet, and those rumors spread. There is no truth to them. In fact, this is one of the safest vaccines we have, and it’s been very well studied. Personally, though, I think it’s most important to think about why we’re giving the vaccine in the first place. This vaccine prevents several types of cancer, and it works really well. I’ve given it to my own children, and I think it’s a really important vaccine. That said, this is your decision.”

Techniques

• Empathy
• Autonomy
• Debunk the myth without reinforcing it
• Turn the focus from the side effect to the disease
Case

- Your next patient is a one year old girl in for her vaccines
- She has received all her recommended vaccines up to this point
- She is due for MMR, varicella, PCV, HiB, and Hepatitis A
- Her mother, however, says, “we’re not going to do the MMR vaccine today.”

Case

- “It sounds like you’re okay with the other vaccines. Would you mind telling me what your concerns are with the MMR vaccine?”
- “Well, I know there’s a measles outbreak going on right now, but I’m really worried that the vaccine might trigger autism. I know scientists say it doesn’t but my best friend’s little boy has autism and she told me not to get it.”

You reflect back the concern to be sure you understand (empathy) and summarize what has been heard before proceeding, again with permission, to make a recommendation.

“So it sounds like you’re worried about the safety of the MMR vaccine. Would you mind if I shared with you why I think this is such an important vaccine?”
Background: The MMR/Autism Story

Andrew Wakefield

The “Study”

- Case series of 11 boys and 1 girl, ages 3-9
- 9 with “regressive” autism
- 11 with “non-specific colitis”
- Ileocolonoscopies with biopsies, LPs, EEGs, Barium series
- “Onset of behavioural symptoms was associated, by the parents, with measles, mumps, and rubella vaccination in eight of the 12 children…”
- “We identified associated gastrointestinal disease and developmental regression in a group of previously normal children, which was generally associated in time with possible environmental triggers.”

Problems with the “Study”

- Case series methodology
- Lack of consent for invasive procedures, no IRB approval
- Several cases called autism didn’t actually have it, and only one actually had “regressive autism”
- Several cases’ symptoms began before (5) or long after (3) MMR vaccine
- Timing was grossly misrepresented in manuscript
- Colonic histopathology in nine of the cases was changed after medical school “research review” from “unremarkable” to “non-specific colitis”
- Most cases were self-referrals from anti-vaccine groups, and 11 of 12 blamed MMR vaccine for developmental concerns
Egregious Conflicts of Interest

• In press conference, Wakefield suggested using single vaccines instead of combo MMR — major coverage in British tabloids
• Prior to submission, Wakefield had applied for patents on a vaccine to rival MMR vaccine
• Later revelation that he received £400,000 from lawyers to prove that the MMR vaccine was dangerous, with undisclosed payments beginning 2 years prior to publication
• Wakefield predicted he and colleagues could make $43 million/year from diagnostic kits for “autistic enterocolitis”

Back to the case...

Now, after getting permission, you proceed with your response.

Example:

“To address your specific concern, it turns out that the whole MMR/autism thing was based on a study that turned out to be a fraud, and the doctor who lead it has since lost his medical license [and should probably be in jail!].

Personally, though, I think it’s most important to think about why we’re giving the vaccine in the first place. The diseases we’re trying to prevent are very serious, and I would feel terrible if one of my patients got one of them. That said, this is your decision, and I want you to be comfortable with it.”
Techniques

- Empathy
- Debunk the myth without reinforcing it
  - Simple facts, replacing the myth with a compelling alternative
- Asking permission to share
- Turn the focus from the side effect to the disease
- Personal recommendation
- Autonomy

Case

- After using your new found MI skills, she agrees to all of the recommended vaccines.
- Your next patient is a healthy, happy 5 year and is due for her MMR, Varicella, DTaP, and IPV vaccines.

Case

- However, after explaining that she is due for these vaccines, her mother says that after thinking about it, she doesn’t want to give them today.
- “I’ve been doing a lot of research on vaccines and from what I can tell, we should stop giving them because of all the toxins in them. I mean, I always buy organic and stuff, so why should this be any different?”
Case

- However, after explaining that she is due for these vaccines, her mother says that after thinking about it, she doesn’t want to give them today.
- “I’ve been doing a lot of research on vaccines and from what I can tell, we should stop giving them because of all the toxins in them. I mean, I always buy organic and stuff, so why should this be any different?”
- Deep breath
There are different forms of mercury!

The Thimerosal Issue

- In 1999, the FDA determined in a review that it was theoretically possible for an infant to receive, in one day depending on the combination of vaccines given, a dose of ethylmercury that would exceed the FDA safe intake level of 0.1 micrograms/kg/day of methylmercury.

- Although there was no evidence that thimerosal caused harm, the AAP and the U.S. Public Health Service issued a joint statement saying that it would be prudent to take all mercury out of vaccines.

Thimerosal continued

- The hope at the time was that the public perception of this action would be that public health authorities are extraordinarily cautious with the safety of vaccines.

- This message was not what was received however – “there must be something wrong, and there’s a cover up!”

- Many pseudo-scientific hypotheses came after this, the most common being that children with autism metabolize mercury differently and therefore are more prone to its effects.

- The evidence: there is no scientific evidence to support this hypothesis, and many studies refuting it.
Aluminum is Somehow Just Bad
Aluminum is Somehow Just Bad

Aluminum Adjuvants
- Al+ used as vaccine adjuvant 80+ years;
  - Remarkable safety record
- Adverse reactions: sterile abscesses, granulomatous inflammation, contact hypersensitivity
- Vaccines that include Al+ adjuvant:
  - DTP, DTaP, some Hib, Hepatitis A & B, HPV, anthrax, rabies
- No aluminum: IPV, influenza

So what about aluminum?
- Found in numerous foods and beverages, baby formulas, honey
  - Typical adults ingest 7-9 milligrams of aluminum per day
- Aluminum contained in vaccines is similar to that found in a liter of infant formula
- We ingest orders of magnitude more aluminum than the amount contained in vaccines
“But it’s injected into my baby!”

- About 1% of ingested aluminum reaches the bloodstream (all injected aluminum does)
- Once in bloodstream, though, processed exactly the same whether injected or ingested
- Most is eliminated by the kidney quickly
- Small amounts are retained in tissues
- By adulthood, 50-100 milligrams have accumulated, almost all of which comes from food
- Levels of aluminum in blood no higher after vaccination

Back to the Case…

The provider reflects back what the patient is saying to be sure he/she understands (empathy) and summarizes what has been heard before proceeding, again with permission, to make a recommendation.

Example:
“So you seem to be concerned about potential effects of the ingredients in the vaccines. I get that – you care a lot about making sure your daughter only takes in things that are good for her and safe. I’ve looked into this a great deal. Would it be okay to share what I’ve found out about this?”

Back to the Case…

You now can proceed to briefly share information about the ingredients but pivot to the importance of the vaccines.

Example:
“Vaccines are held to a higher safety standard than other medications. We have to know they are safe because we give them to healthy children. So there is extensive research and testing that is done before a new vaccine can be used.”
You now can proceed to briefly share information about the ingredients but pivot to the importance of the vaccines.

**Example:**
It turns out that the ingredients in vaccines are there in tiny quantities, and they actually are all there to make the vaccines as safe as possible. I feel better knowing my children and my patients get all of these vaccines in as soon as they can, because the diseases we're talking about are so serious. That said, this is your decision, and I want you to be comfortable with that. What do you think?

**Techniques**
- Empathy
- Asking permission to share
- Turn the focus from the side effect to the disease
- Personal recommendation
- Autonomy

After sharing all of this information with the mother in a thoughtful, non-threatening manner, focusing on the diseases we’re trying to prevent, she agrees to get the vaccines. However, her daughter says “No way am I getting 4 shots!”
You are delighted to share that your health department recently began carrying more combination vaccines, so instead of 4 shots, she only needs 2!

Case

• Your next patient comes in for her two month vaccines
• Her mother, however, only wants to do one at a time...
• “I’m worried because I’ve heard that too many vaccines at once can hurt the immune system. We’d like to only do one at a time. Which one do you think we should do today?”
Case

- Your next patient comes in for her two month vaccines
- Her mother, however, only wants to do one at a time...
- “I’m worried because I’ve heard that too many vaccines at once can hurt the immune system. We’d like to only do one at a time. Which one do you think we should do today?”
- Deep breath

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Do Multiple Vaccines Overwhelm the Immune System

- One hundred years ago children received one vaccine - smallpox
- Forty years ago children received 5 vaccines - diphtheria, pertussis, tetanus, polio, smallpox
- Today - children receive 11 vaccines routinely and as many as 20 shots by 2 yrs of age
- Parents are concerned about the number of shots kids get
Infant has theoretical capacity to respond to about 10,000 vaccines at any one time!
- (10^7 B cells per mL by 10^3 epitopes per vaccine)
- Most vaccines contain fewer than 100 antigens, therefore if 11 vaccines given at one time then 0.1% of the immune system would be “used up”
Back to the case...

After reflecting back the mother’s concern, and asking if it’s okay to share what you know about vaccines harming the immune system, using analogies she can relate to, she agrees to follow the recommended schedule.

Case

• It’s 5 o’clock, but you’ve got one more patient to see
• This time, it’s 14 year old boy with several comorbid conditions who hasn’t been in to the office in quite some time
• An hour later, after helping the patient’s mother find resources for her son, filling out several school forms, and offering empathic support to the family, you realize that he is due for all three adolescent vaccines
• You offer a presumptive recommendation: “We’ll go ahead and get him caught up on his vaccines today too. He’s due for his tetanus-diphtheria-pertussis shot, his HPV shot – that’s the cancer vaccine, and his meningitis shot.”

Again, not so fast...

His mother seems a little uncomfortable. “I don’t want him to get that HPV vaccine. It’s so new, and I don’t want him to be a guinea pig for a new vaccine.”
Case

After taking another deep breath – it’s 6 o’clock after all – you reflect back the concern to be sure you understand (empathy) and summarize what has been heard before proceeding, again with permission, to make a recommendation.

Example:
“I hear you – I had some of the same concerns when this vaccine first came out – that maybe it hadn’t been tested enough. Would you mind if I went over why I think this vaccine is so important?”

Case

After getting permission, you proceed with your response.

Example:
“To address you specific concern, this vaccine really isn’t new any more – it’s been out more than 10 years, and over 100 million people have received it. In fact, we now know that this is one of the safest and most effective vaccines we have. The reason it’s important is that it prevents cancer, and it works really well. That said, this is a decision only you can make.”

Techniques

• Empathy
• Ask permission to share
• Debunk the myth without reinforcing it
  • Replace the myth with a compelling alternative
• Turn the focus to the disease
• Autonomy
CONCLUSIONS

Summary

• Be mindful of the structure of the conversation
• Presumptive recommendations are useful (most of the time)
• Avoid arguments
  • Spend as little time as you can ‘refuting’
• Pivot to the diseases we’re trying to prevent
• Emphasize social norms
• Open-ended questions
• Remember to ask permission ‘to share’!

Thank You!

Questions?
CONCLUSIONS

Summary

• Be mindful of the structure of the conversation
• Presumptive recommendations are useful (most of the time)
• Avoid arguments
  • spend as little time as you can ‘refuting’
• Pivot to the diseases we’re trying to prevent (when feasible)
• Consider addressing moral foundations like purity and liberty
• Emphasize social norms
• Open-ended questions
• Remember to ask permission ‘to share’!
Don’t worry about every possible question

• Be able to recommend good websites and handouts for patients/parents.
• Be aware of major vaccine-critical groups and individuals and become familiar with their websites.
• Be ready to answer the most common questions
• Remember, it’s acceptable to say you’ll research a question and get back with more information.
• It’s worth your time—people still respect the opinion of their healthcare providers
• Remember that you all really are the experts!

Good Resources for Providers

• CDC’s vaccine web section www.cdc.gov/vaccines
• CDC’s “Provider Resources for Vaccine Conversations with Parents” www.cdc.gov/vaccines/conversations
• Vaccine Education Center www.vaccine.chop.edu
• AAP’s immunization website www.aap.org/immunization

Good Resources for Parents

• Handouts for communicating with parents and patients from IAC www.immunize.org/handouts/discussing-vaccines-parents.asp
• IAC’s website for the public www.vaccineinformation.org
• CDC’s “Parents Guide to Childhood Immunization” www.cdc.gov/vaccines/pubs/parents-guide
• CDC’s “Provider Resources for Vaccine Conversations with Parents” www.cdc.gov/vaccines/conversations
• Every Child By Two’s websites: http://www.ecbt.org and www.vaccinateyourbaby.org
Bad Links (that look like Good Links!)

www.vaccines.net
www.nvic.org (National Vaccine Information Center)
www.vaccinationnews.com