



VACCINE HESITANCY

Communication is Everything

July-2023





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In Cooperation with:

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Georgia Chapter - American College of Physicians

Georgia OB/Gyn Society

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- Detailed information regarding all ACIP Vaccine Recommendations is available at www.cdc.gov/vaccines/acip/recs/index.html

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Objectives

At the end of this presentation, you should be able to:

- Define 2 types of vaccine hesitancy
- Name 2 sources of vaccine misinformation
- Describe 2 consequences or potential results of vaccine hesitancy
- Explain the importance of healthcare provider communication when addressing a patient/family with vaccine hesitance
- Describe 2 strategies providers can use to combat vaccine hesitancy

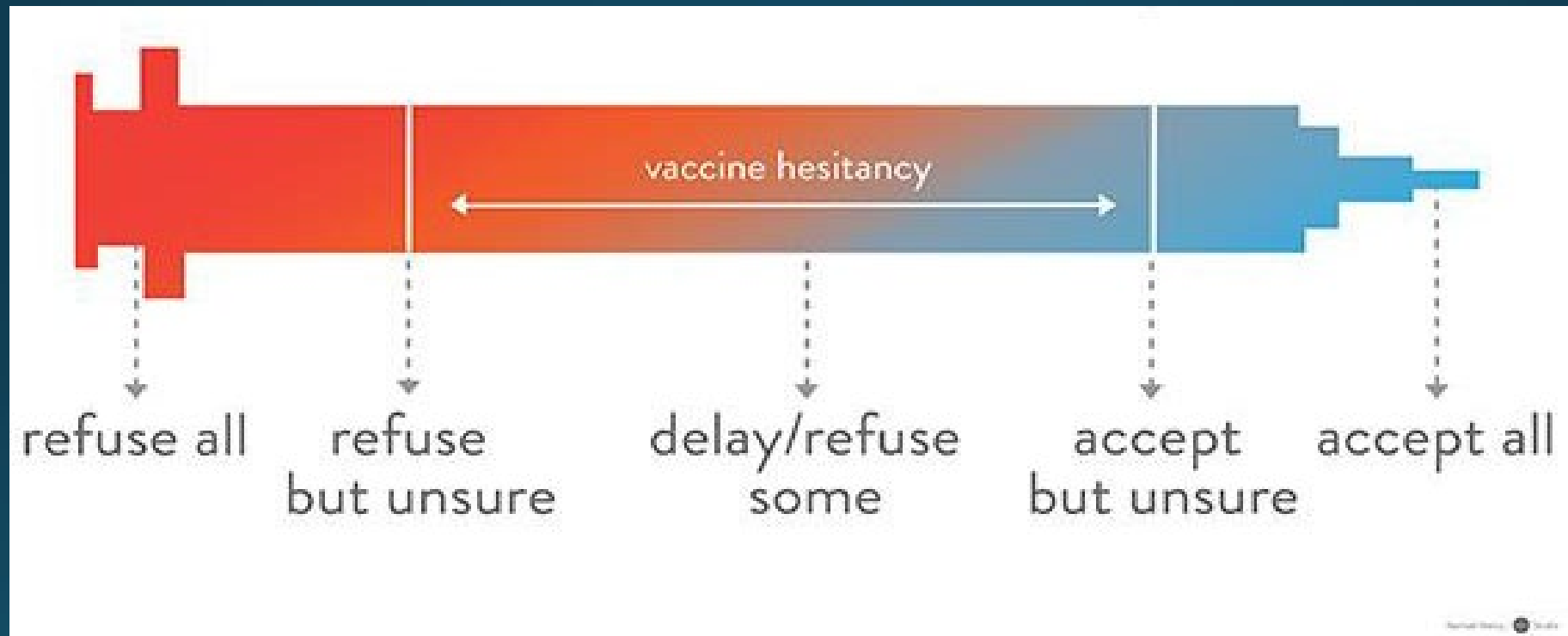


World Health Organization (W.H.O.) Definition of Vaccine Hesitancy

- Refers to delay in acceptance or refusal of safe vaccines despite availability of vaccination services
- Complex and context-specific issue
- Variance across time, place, and vaccines
- Influenced by factors such as misinformation, complacency, convenience, and confidence
- Deemed top 10 threat to global health in 2019

Sources: <https://www.who.int/news/item/18-08-2015-vaccine-hesitancy-a-growing-challenge-for-immunization-programmes>;
<https://www.smithsonianmag.com/smithsonian-institution/history-shows-americans-have-always-been-wary-vaccines-180976828/>

Continuum of Vaccine Acceptance



Graphic by [Hannah Henry](#)



Types of Vaccine Hesitancy

- Delaying routine schedule
 - Extended spacing of vaccines
 - Requesting only one vaccine be given per visit
- Desire to follow alternative or selective schedules
 - Dr. Sears' schedule, et.al.
 - Personal schedule
- Avoidance or refusal of specific vaccines
- Refusing all vaccines

Contributors to Vaccine Hesitancy

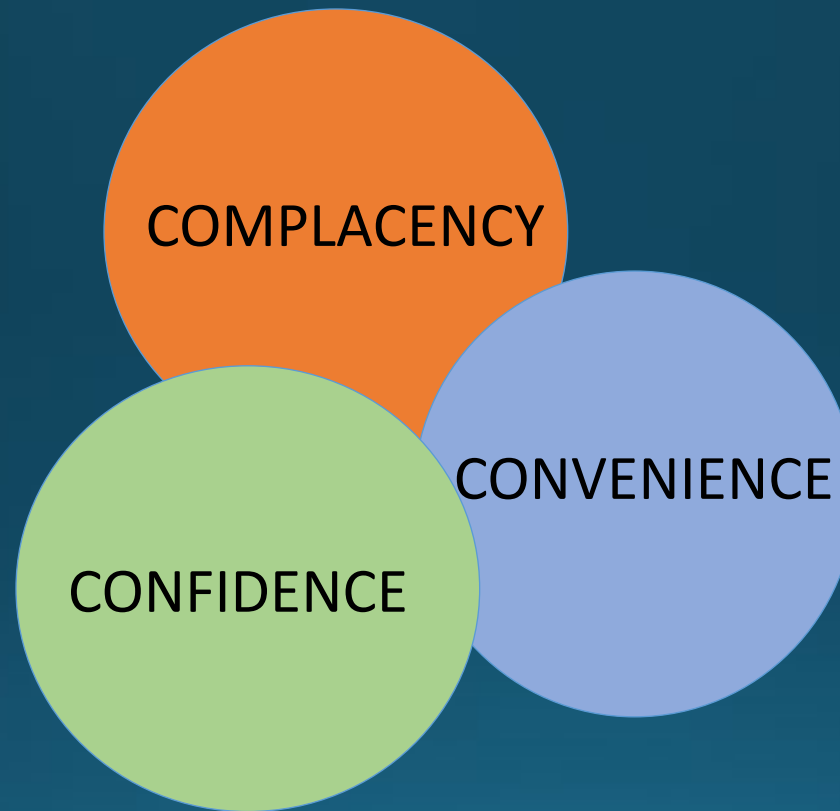
- Vaccine hesitancy is not new
- Andrew Wakefield's false claims regarding MMR vaccine and autism
- False information spread via social media and the internet
 - Anti-vaccine websites with false information based on unfounded or anecdotal “evidence”
 - Celebrities espousing misinformation



An 1802 engraving, *The Cow Pock—or—the Wonderful Effects of the New Inoculation* plays on the fears of a crowd of vaccinees. ©The Trustees of the British Museum

Sources: <https://www.who.int/news/item/18-08-2015-vaccine-hesitancy-a-growing-challenge-for-immunization-programmes>;
<https://www.smithsonianmag.com/smithsonian-institution/history-shows-americans-have-always-been-wary-vaccines-180976828/>

3 Cs Model of Hesitancy



Source: MacDonald et al., 2011. Vaccine hesitancy:
Definition, scope and determinants



Poll: What are Leading Hesitancy Factors at your Practice?

- Needle phobia or fear of pain?
- Misconceptions about vaccine-preventable disease or vaccines (or vaccine-specific myths)?
- Preference for natural infection?
- Desire for family autonomy?
- Concerns about relationship of virus to sexual activity (for HPV)?
- Provider didn't specifically recommend?
- Provider-level hesitancy?
- Other?



Parental Hesitancy

TABLE 2 Parental Concerns About Vaccines

Vaccine safety

- Too many vaccines
- Development of autism
- Vaccine additives (thimerosal, aluminum)
- Overload the immune system
- Serious adverse reactions
- Potential for long-term adverse events
- Inadequate research performed before licensure
- May cause pain to the child
- May make the child sick

Necessity of vaccines

- Disease is more “natural” than vaccine
- Parents do not believe diseases being prevented are serious
- Vaccine-preventable diseases have disappeared
- Not all vaccines are needed
- Vaccines do not work

Freedom of choice

- Parents have the right to choose whether to immunize their child
- Parents know what’s best for their child
- Believe that the risks outweigh the benefits of vaccine
- Do not trust organized medicine, public health
- Do not trust government health authorities
- Do not trust pharmaceutical companies
- Ethical, moral, or religious reasons

EPIC 2023

Major themes:

- Vaccine Safety
- Necessity of vaccines
- Freedom of Choice

Edwards KM, Hackell JM, AAP THE COMMITTEE ON INFECTIOUS DISEASES, THE COMMITTEE ON PRACTICE AND AMBULATORY MEDICINE. Countering Vaccine Hesitancy. *Pediatrics*. 2016;138(3):e20162146



Vaccine Hesitancy: How Significant Is the Problem?

- 87% of pediatricians reported parental vaccine refusals in 2013, up from 74.5% of pediatricians in 2006
- Reasons for refusal included:
 - Child's discomfort (75%)
 - Fear of overwhelming child's immune system (72%)
 - Believing that vaccines are unnecessary (73%)
- All reasons have been increasing since 2006
- Fear of vaccines causing autism (64%) and worry about mercury (thimerosal) in vaccines remained significant, but less in 2013 than in 2006



VACCINE HESITANCY AMONGST HEALTHCARE PROVIDERS?

- Lack of a strong provider recommendation
- Missed opportunities to vaccinate
- Decreased vaccine training opportunities in provider offices
- “IS THE COVID-19 VACCINE NECESSARY?”
- “I AM WORRIED ABOUT MYOCARDITIS IN MY PATIENTS AFTER GETTING THE COVID-19 VACCINE.”

What are other concerns that HCP's have?

Consequences of vaccine hesitancy

- **Disease rates in areas of concentration of personal belief exemptions**
 - Where there are areas with clusters of vaccine exemptions, pertussis outbreaks have been more likely
 - Potential impact on herd immunity
- **Outbreak examples**
 - Measles exposure at Disneyland in 2014 led to 147 cases spread across numerous states, Mexico, and Canada
 - In 2018, 371 cases of measles all year
 - From Jan. to Aug. 2019, there were 1282 measles cases across 31 states
- **Frequent news articles** re: person with measles being present in populated areas such as airports, museums

(1) Children's Hospital of Philadelphia Policy Lab, "Addressing Vaccine Hesitancy," Spring 2017

(2) <https://blogs.cdc.gov/publichealthmatters/2015/12/year-in-review-measles-linked-to-disneyland>

(3) MMWR, July 14, 2017, Vol. 66, No. 27

Overcoming Vaccine Hesitancy



Finding Common Ground: Helping to Overcome Hesitancy

Parents want what's best for their children

Your advice is important

Specific words and phrases matter i.e., how and what you say

It's okay to disagree on some points

The goal is not to “win” or “argue” but to immunize on time

Finding Common Ground (2)

How do we avoid being judgmental?

How can we make this a positive experience?

Putting the child **FIRST!!**



Specific Communication Tools: Overcoming Vaccine Hesitancy

- Cognitive ease
- Identity appeal
- **Natural assumption**
- **Specific communication techniques**
 - C-A-S-E method
 - Motivational Interviewing (MI)
 - Reframing the Conversation (Frameworks Institute) Jan 2023

Source: <https://www.mdedge.com/chestphysician/article/183986/vaccines/discussing-immunization-vaccine-hesitant-parents-requires/page/0/1>

<https://publications.aap.org/pediatrics/article-abstract/132/6/1037/30505/The-Architecture-of-Provider-Parent-Vaccine?redirectedFrom=fulltext>

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Who do parents feel is their Strongest Influencer?

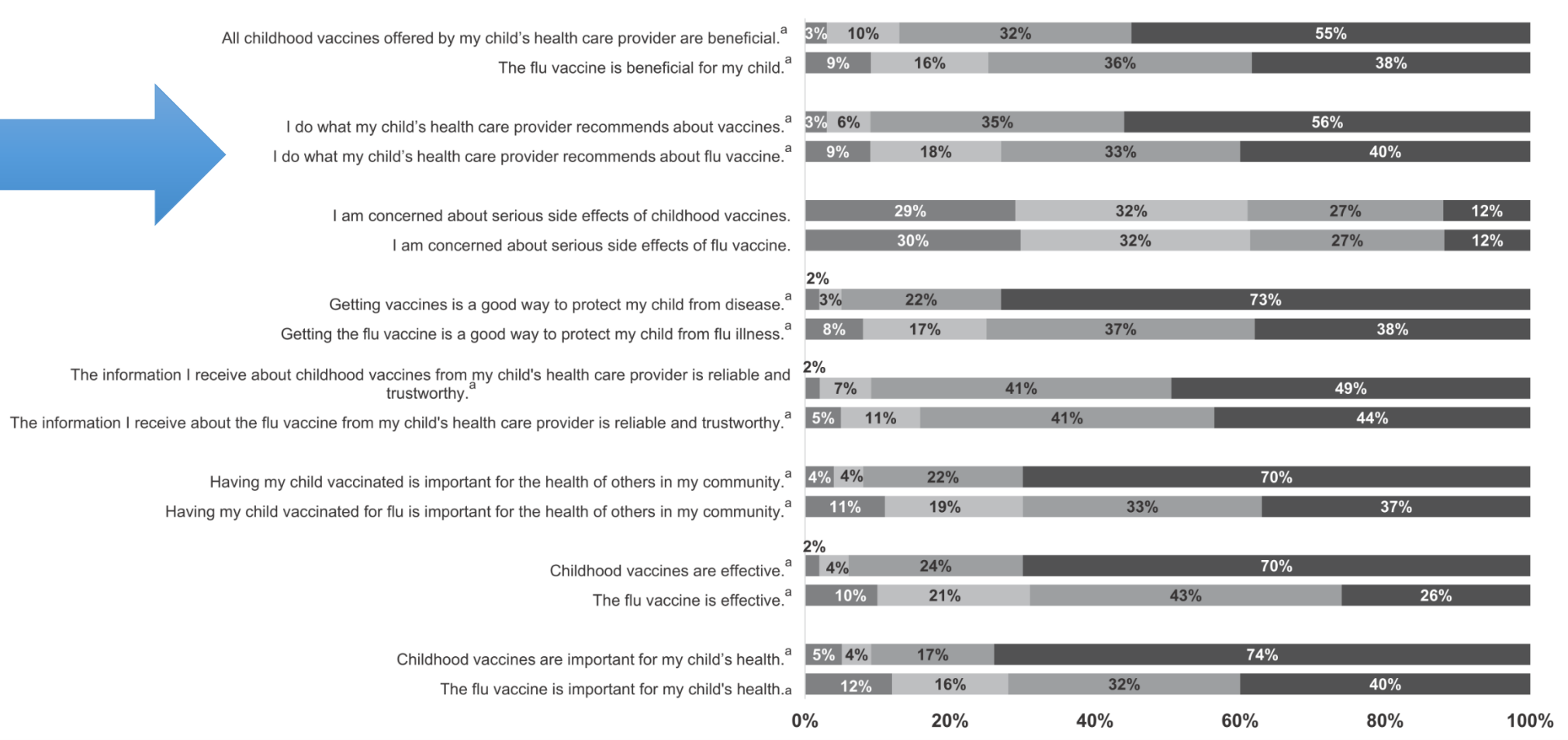


FIGURE 1
Results of modified VHS for influenza vaccine (8 item) compared with modified VHS for childhood vaccines (8 items). ^a All questions are significant ($P < .0001$) except for “I am concerned about serious side effects of childhood vaccines” ($P = .18$).

Source: Kempe A, Saville AW, Albertin C, et al. Parental Hesitancy About Routine Childhood and Influenza Vaccinations: A National Survey. Pediatrics. 2020;146(1):e201938 52

PCPs = Most Important Resource

Encouraging Vaccine Confidence in Clinical Practice Settings



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The authors have no conflicts of interest to report.

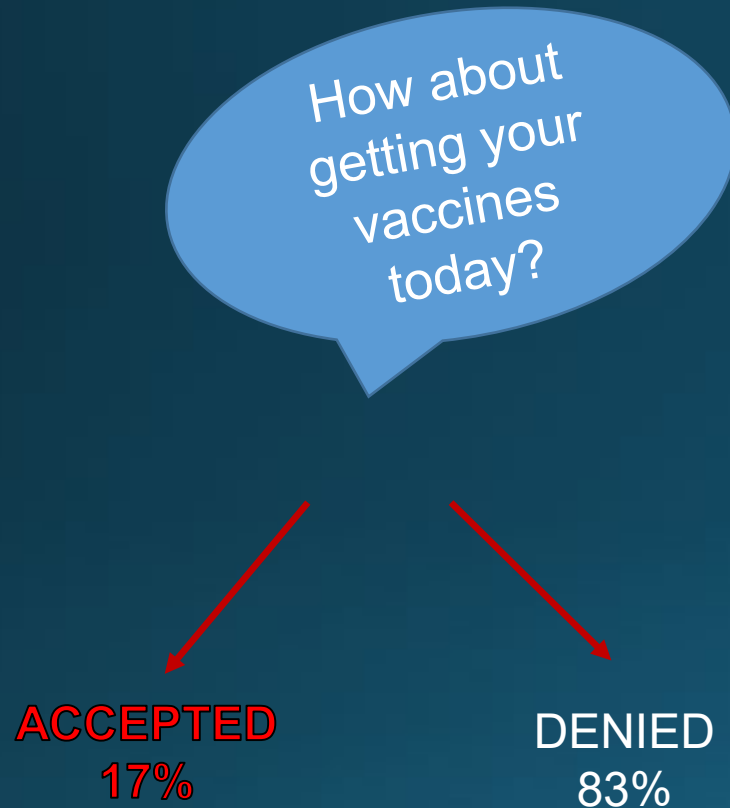
Address correspondence to Jesse Hackell, MD, FAAP, Pomona Pediatrics, 4C Medical Park Drive, Pomona, NY 10970 (e-mail: runhack@aol.com).

Received for publication August 3, 2020; accepted October 31, 2020.

It is important to remember that, in numerous studies, parents continue to believe that a caring and concerned pediatrician is still the most important source for information regarding their children's health.^{3–5}

Approaches to Vaccine Discussions

Participatory Language



Presumptive Language



Use Empathetic Responses Cautiously

~~I understand
why you might
think that.~~

~~Many people
feel the way
you do.~~

Instead, use reflective language

“It seems like you are worried about.....”



C-A-S-E Method

- A model for talking to parents that starts from a place of empathy and understanding
- A mnemonic to organize a rapid, useful response
- Built on connection while keeping communication short and focused
- Draws from Aristotelian teaching on rhetoric
- Created by Alison Singer, MD
 - President, Autism Science Foundation
 - As taught by Dr. Robert Jacobson, MD Mayo Clinic

Source:

[https://www.mayoclinicproceedings.org/article/S0025-6196\(15\)00719-3/pdf](https://www.mayoclinicproceedings.org/article/S0025-6196(15)00719-3/pdf) EPIC 2023

C-A-S-E Acronym

- **C**orroborate- Develop shared understanding
- **A**bout Me- Describe what you have done to build your knowledge base and expertise
- **S**cience- summarize the science underlying recommendations
- **E**xplain/Advise- Explain your advice to patient, based on the science

Corroborate

- Acknowledge the parents' concern; find some point on which you can agree; set the tone for a respectful, successful talk; stay calm/avoid urgency.
- “What is your main concern?”
 - Don't permit a vague refusal
 - Make the parent get specific
 - Emotionally connect and help the parent feel heard
- Then:
 - “That's a valid concern”
 - “When I heard that, I sought out answers myself”
 - “We both want your child to be free of illness and injury”
 - “We both want to avoid unnecessary medications and their side effects”

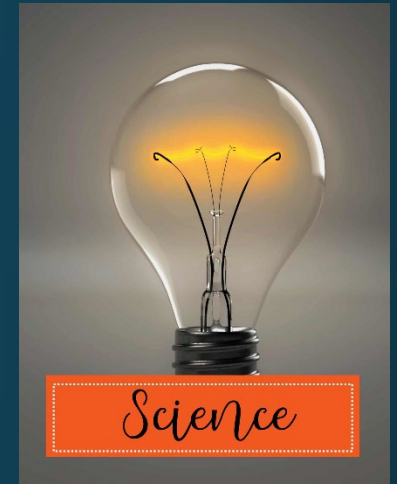


About Me



- Describe what you have done to build your knowledge base and expertise
 - “One of the areas where I read a great deal is about infections, immunity, and vaccination”
 - “I’ve been studying pediatrics now for *X* years and I’m committed to your child’s health”
 - “Vaccinations represent a major part of my professional effort as your child’s pediatrician”

Science



- Relate what the science says:
 - “Vaccines are better studied than any other medicine I prescribe or test I order”
 - “Each vaccine is safer than any medicine I prescribe”
 - “Vaccines are not fool-proof but they are the most effective means to prevent certain injuries and illnesses”
 - “The decision what to give when is based on the vaccine’s effectiveness, safety, and specific need for the child at that particular age”

Constructing Confidence: Demonstrating Safety and Efficacy

- Understand and communicate the development and testing process for vaccines
 - May take 10-15 years to bring a vaccine to licensure
 - Years of testing with at least 3 levels of groups
 - Phase I---20-100 persons receive trial vaccine
 - Phase II---several hundred persons who have characteristics of those for whom the vaccine is intended
 - Phase III---hundreds to thousands receive the vaccine to test for efficacy and safety
- Data on safety and efficacy studied by FDA before licensure
 - Continue to oversee production to ensure continued safety
 - Can require manufacturers to submit samples of each vaccine for testing
- Safety and efficacy data is available and should be shared if desired PI
 - Package inserts (PI)
 - Contact with vaccine manufacturers

(1) Children's Hospital of Philadelphia Policy Lab, "Addressing Vaccine Hesitancy," Spring 2017

(2) Center for Public Health Continuing Education, "Strengthening Vaccine Confidence in Pediatric Practice," January 16, 2020 per Alix Youngblood, Emory University, December, 2019

(3) <https://www.cdc.gov/vaccines/basics/test-approve.html>

Explain/Advise



- Explain your advice to patient, based on the science
 - “That’s why I am recommending this vaccine”
 - “If this were my child, I would be vaccinating her today”
 - “I got this vaccine”
 - “I made sure my children got these vaccines”
 - “That’s why if I were you, I would be getting these vaccines for your child”

Let's Discuss: Choose a Scenario

- *“What is the best advice when you have families with the religious exception form completed and notarized, you have tried to educate them multiple times about risks and benefits of immunizations and also possible complications for being unvaccinated?”*
- *“What is the best advice when you have a pro-vaccination policy implemented and they just do not want to follow the pediatrician’s recommendations and opt for leaving the practice?”*
- Let's utilize the CASE method here

Poll 3

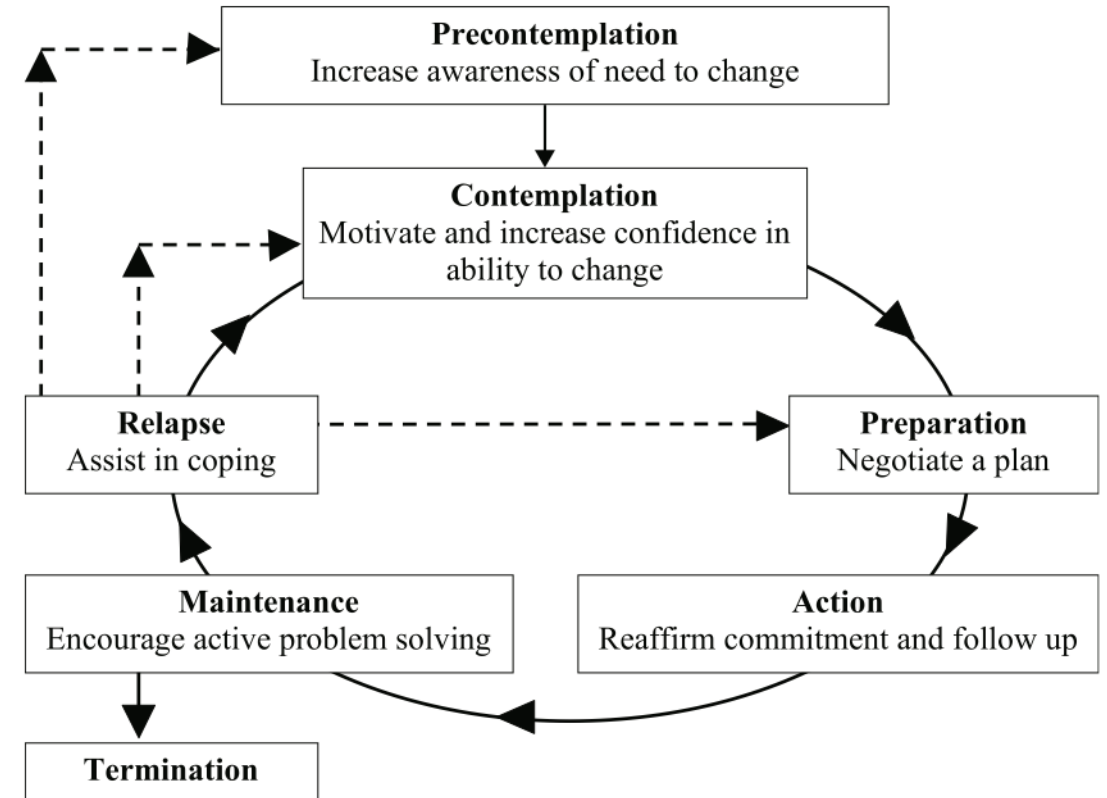
- What are other scenarios that you encounter currently in your practice, related to vaccine hesitancy?
 - Please enter them into the chat
- Discussion

Motivational Interviewing

4 Principles:

- 1) Express empathy
- 2) Develop discrepancy
- 3) Roll with resistance
- 4) Support self-efficacy

Stages of Change Model



Source:

<https://pubs.niaaa.nih.gov/publications/practitioner/youthguide/aapadol-escenthealthupdatebmi.pdf>



MI Method

- **Express Empathy (stay calm, avoid urgency)**
 - “I understand your concerns.” “I hear you’re worried about the side effects of this vaccine.”
- **Develop Discrepancy**
 - “Why am I recommending this vaccine for your child today?”
 - Ask Permission To Share More Information: “Can I share more information with you today about this vaccine?”
 - Give Strong Recommendation
- **Support Self-Efficacy**
 - “This is your decision, and I know that you want to do the best thing for them. That’s why I am recommending this vaccine be given today.”
- **Emphasize Social Norms and de-emphasize negatives**
 - “I’ve had lots of other families with these concerns. We all want to protect you child and that’s why I try to ensure that all of my patients receive this vaccine.”



MI: AATAC Technique

- Ask
 - About the health-related problem- “Are you aware that your child can get HPV without having sex?”
- Ask
 - What the patient/family is doing about the problem- “Are you willing to vaccinate against HPV today?”
- Tell
 - Share your recommendations- “I have some information that has helped some of my families- could I share it with you?”
- Ask
 - About the advice you just provided- “How will it feel to have your child better protected from cancer?”
- Commit
 - What will they agree to do now or in the immediate future- “Are you willing to get your child vaccinated today?”



Reframing the Conversation about Childhood and Adolescent Vaccinations

Frameworks Institute, Strategic Brief, Jan 2023, Five evidence-based recommendations

1. Talk about the benefits of vaccination for the common good.
2. Talk about improving vaccination access as a preventive public health measure.
3. Focus on how vaccines are beneficial to children's and adolescents' long-term health and wellbeing.
4. Use a computer updates metaphor to explain how the immune system improves its performance through vaccination.
5. Use a literacy metaphor to explain how the immune system learns how to respond to viruses through vaccination.



Download at: <https://www.frameworksinstitute.org/publication/reframing-the-conversation-about-child-and-adolescent-vaccinations/>



Reframing the Conversation about Childhood and Adolescent Vaccinations, Frameworks Institute, Strategic Brief

Changing the narrative:

- Shifting the focus from the individual to the collective
- Shifting the focus from vaccines fighting disease to the immune system preparing itself

“Everyone in our community deserves to be healthy, and part of being healthy means getting vaccinated. It benefits all of us if every child in our community is vaccinated, because it means that all of us are more likely to be healthy.”

“They (vaccines) are partners with the body in the vaccination process.”



Download at: <https://www.frameworksinstitute.org/publication/reframing-the-conversation-about-child-and-adolescent-vaccinations/> FPIC 2023

Examples from Frameworks Institute (2)

Instead of saying ...

It is important for you to vaccinate your child because it protects your child from catching potentially life-threatening diseases.

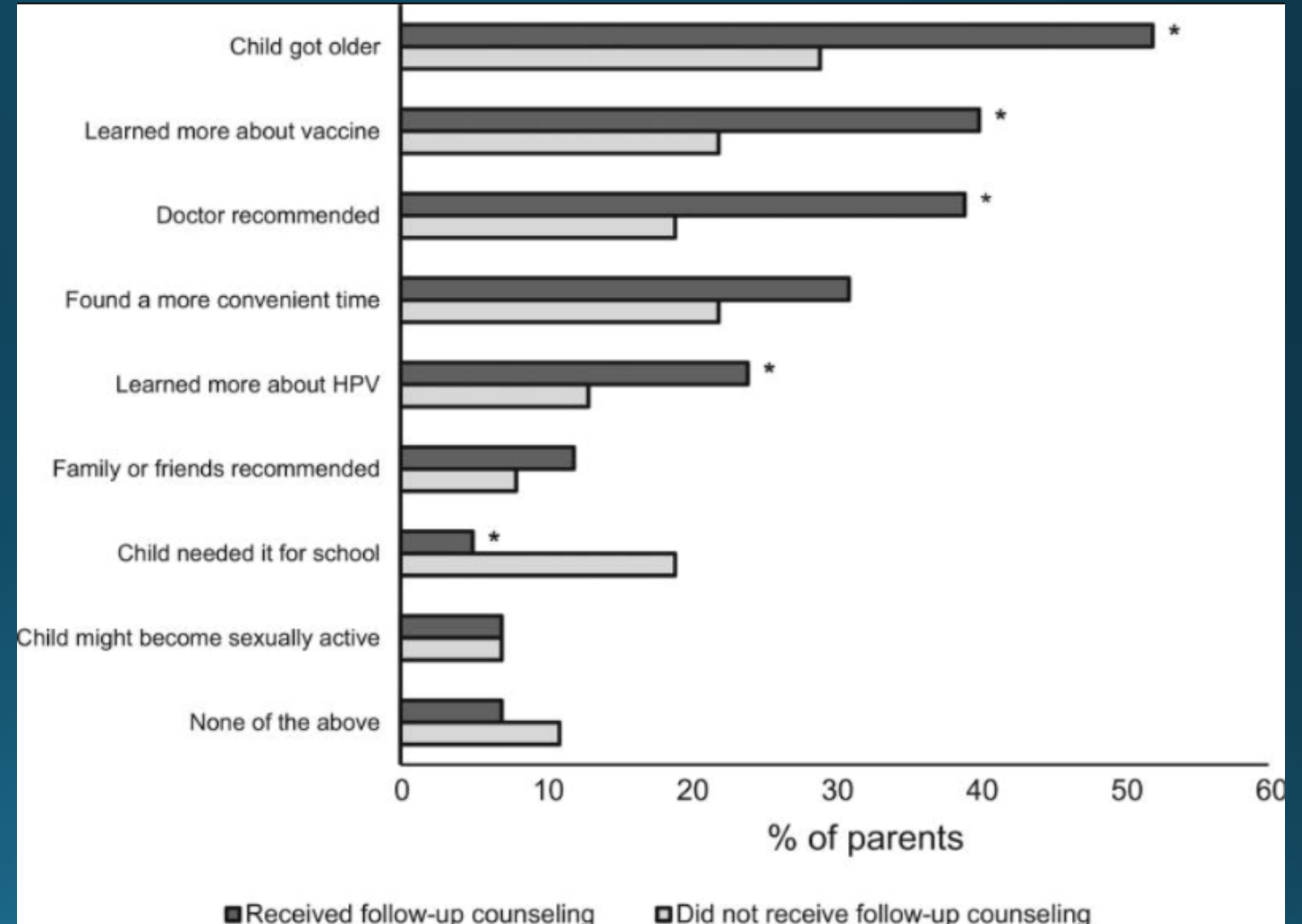
Try saying ...

Vaccination throughout childhood and adolescence is essential because it equips children's immune systems to recognize and resist disease, so they can develop and live healthy lives into adulthood.

“Getting vaccinated is like updating your computer. Vaccines are like software that contains information for our bodies to improve their performance. Just like our computers know how to detect a virus after they’ve received a software update, the body can remember how to detect and react to a virus even after the vaccine has left the body.”

If at First You Don't Succeed...

- Secondary acceptance happens.
- In a study of 494 families with history of refusal, 45% reported secondary acceptance of HPV vaccination for their children



Source: Kornides et al, 2018:
<https://pubmed.ncbi.nlm.nih.gov/29502636/>

Provider Strategies to Improve Vaccination Rates

- Strengthening vaccination recommendations
 - Increased emphasis in the practice on training re: vaccine safety and efficacy for ALL employees having patient contact
 - Having OB doctors begin the promotion of vaccines with expectant mothers, for themselves and for their newborn
 - Be alert to avoid missed opportunities
 - Decrease acceptance of alternative schedules
- Strengthening vaccine mandates
 - Eliminating nonmedical exemptions
 - Increased enforcement of state mandates by schools and childcare facilities



Improving Provider-Level Hesitancy – Systems change

- Do all members of your practice clearly communicate vaccine confidence? Any misconceptions among your staff?
 - Vaccine education training at least annually, for new hires
 - Refresher trainings
- Does your practice regularly communicate safety, efficacy, and necessity of vaccines (e.g., in patient information packet, etc.)? Do you know how to dispel myths? Does fear of controversy or time impact decisions?
 - Patient education sessions/trainings on vaccines



Improving Provider-Level Hesitancy – Systems change (2)

- Do you have policies to respond to families refusing vaccines (e.g., signed acknowledgement of the risks associated with the choice versus dismissal)?
 - Download and customize from the AAP site

Improving Provider-Level Hesitancy – Systems change (3)

- Attention to requirements of “informed refusal”
 - Explain basic facts/uses of proposed vaccine
 - Review risks of refusing the vaccine(s)
 - Discuss anticipated outcomes with and without vaccination
 - Parental/patient completion of Refusal to Vaccinate form each visit

[In search window, type in: **DPH refusal to vaccinate form**]
- Importance of documenting informed refusal to vaccinate
 - Claims of failure to warn of consequences of failing to vaccinate have resulted in successful lawsuits
 - Documented informed refusal creates a record of interaction between parents/patients and providers

(1) Children’s Hospital of Philadelphia, Vaccine Update for Healthcare Providers, “News & Views: Addressing Vaccine Hesitancy,” March 21, 2017

(2) AAP Publications, “Document informed refusal just as you would informed consent,” James P. Scibilia, M.D. FAAP, October 30, 2018

Exemption Types

- Medical

- Allowed in all states
- Must be reviewed and re-issued annually by provider if medical contraindication persists

- Religious

- Allowed in 44 states, including Georgia
- May be a higher rate of religious exemptions in states without philosophical or personal belief exemptions
- In Georgia specific form is required. Select “Schools & Childcare” from <https://dph.georgia.gov/schools-and-childcare>

- Philosophical or personal belief

- Allowed in 15 states
- May be higher rates in private schools and/or geographically clustered

Summary

- Vaccine hesitancy is common
- Non-vaccinators are uncommon
- Providers can “move the needle” and help families to overcome hesitancy with use of specific communication techniques and through adopting systems change



Summary (2)

- **Pediatric providers are who the majority of parents trust**
 - Making a strong recommendation for vaccination is key
- **Involve children and teens in the conversation**
 - Listening to and validating their concerns about the pandemic
- **Move towards health equity**
 - Ensuring that you listen to all of your patients. Ensure vaccine delivery is equitable and accessible in your practice.
- **Listen to and analyze misinformation circulating** in your community through social and traditional media monitoring.
- **Engage with and listen to your community** to identify and analyze perceptions, content gaps, information voids, and misinformation.
- **Share accurate, clear, and easy-to-find information** that addresses common questions.
- **Use trusted messengers** to boost credibility and the likelihood of being seen and believed over misinformation.

Anti-Vaccine Movement

- Promotes the idea that there is less evidence of disease today and immunizations are no longer needed
- Sends confusing & conflicting information
- Uses stories, personal statements, and books to play on the emotional side of concerned parents
- Examples of a few Anti-vaccine websites



Global Vaccine Awareness League

Combat by Encouraging parents/patients to:

- Get the facts
- Consider the source
- Discuss their concerns with you

Categories of Denial Techniques by Anti-Vaccine Movement

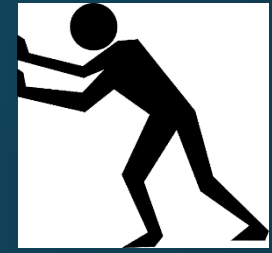
- Selectivity or “cherry-picking” data
- Relying on anecdotal evidence
- Impossible expectations re: the guarantee of a safe outcome
- Conspiracy theories
 - Promoting the idea that a large group of pro-science advocates are involved in a cover-up of negative information or outcomes from vaccination
 - Feel that such organization/agencies as the CDC and Big Pharma may be responsible for covering up information

Categories of Denial Techniques (cont'd)

- Misrepresentations or false logic
 - Inaccurate portrayal of information
 - Logical fallacies = arguments in which a conclusion doesn't follow logically from what preceded it. Example: individual making the contention joins two occasions that happen consecutively and accepts that one created or caused the other.
- Negativity bias = trusting negative information rather than positive
- Confirmation bias = tendency to search for, interpret, favor, and recall information in a way that affirms one's prior beliefs
- Fake experts
 - Disregard evidence
 - Discredit actual experts



Is the Tide Turning?



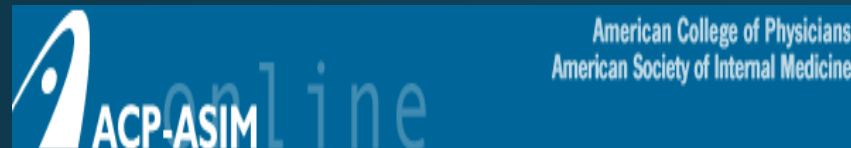
- Pushback against anti-vaccination campaigns and advocates is stronger than ever
 - Shift began with measles outbreak in southern California in 2014
 - Autism Science Foundation found recently that 85% of parents with children with ASD don't believe that vaccines caused their condition
 - Greatest pushback has been in the legal arena with repeal of religious and personal belief exemptions by states and municipalities
- Social media platforms are participating in this effort
 - Pinterest restricts vaccine research results to curb spread of false information
 - YouTube removes ads from anti-vaccine channels
 - Amazon Prime has removed anti-vaccination documentaries from its video service
 - Facebook has taken steps to curb misinformation about vaccines



Take Home Messages

- Immunization education and periodic updates are imperative for ALL staff in the practice
- Important to have a cohesive policy within the practice re: vaccines and vaccine hesitancy issues
- In August 2019, the W.H.O. listed “anti-vaccination movement” as one of the top 10 global health threats
- **Provider recommendation is key!**

Resources for Factual & Responsible Vaccine Information



www.vaccinesafetynet.org



Vaccine Confidence Resources


- Referral to IAC (Immunization Action Collation) page **www.vaccineinformation.org** citing family stories regarding VPD (Vaccine Preventable Disease) infections
- Vaccinate with Confidence (CDC program) to strengthen public trust
 - Protect communities
 - Empower families
 - Stop myths

<https://www.cdc.gov/vaccines/partners/vaccinate-with-confidence.html>

<https://www.cdc.gov/vaccines/covid-19/vaccinate-with-confidence/building-trust.html>

AAP Resources for Providers and Parents (Vaccine Campaign Toolkit)


Masks do not harm children's speech development.



Real Talk

Masks Do Not Harm Children's Speech Development


Being around adults wearing **masks doesn't delay babies' speech** or language development.



Real Talk


Being Around Adults Wearing Masks Doesn't Delay Babies' Speech

Social Media Graphics



This is Their Shot!

Select Language ▼ Select Platform ▼



The Vaccine is Here!

Select Language ▼ Select Platform ▼



THE CONVERSATION™

ABOUT THE **COVID VACCINES & KIDS**
Presented with the American Academy of Pediatrics

Pediatricians answer questions about the COVID-19 vaccines for children.



Kids & the COVID Vaccines: W. Kamau Bell Talks to Pediatricians



Which COVID vaccines are available for kids?



How were the COVID vaccines studied in kids?

Changing the Conversation



de Beaumont
BOLD SOLUTIONS FOR HEALTHIER COMMUNITIES.

LANGUAGE THAT WORKS TO IMPROVE VACCINE ACCEPTANCE Communications Cheat Sheet

TIPS



TAILOR YOUR MESSAGE FOR YOUR AUDIENCE. Americans' perceptions about vaccines and their safety differ by political party, race, age, and geography.



EXPLAIN THE BENEFITS OF GETTING VACCINATED, NOT JUST THE CONSEQUENCES OF NOT DOING IT. Say, "Getting the vaccine will keep you and your family safe," rather than calling it "the right thing to do." Focus on the need to return to normal and reopen the economy.



TALK ABOUT THE PEOPLE BEHIND THE VACCINE. Refer to the scientists, the health and medical experts, and the researchers – not the science, health, and pharmaceutical companies.



AVOID JUDGMENTAL LANGUAGE WHEN TALKING ABOUT OR TO PEOPLE WHO ARE CONCERNED. Acknowledge their concern or skepticism and offer to answer their questions.



USE (AND REPEAT) THE WORD "EVERY" TO EXPLAIN THE VACCINE DEVELOPMENT PROCESS. For example: "Every study, every phase, and every trial was reviewed by the FDA and a safety board."



www.changingthecovidconversation.org

Use These Words MORE:

The benefits of taking it

Getting the vaccine will keep you safe

A return to normal

Your family

Medical experts

Research

Medical researchers

Damage from lockdowns

A transparent, rigorous process

Safety

Pharmaceutical companies

Advanced/groundbreaking

Vaccination

America's leading experts

Skeptical/concerned about the vaccine

Use These Words LESS:

The consequences of not taking it

Getting the vaccine is the right thing to do

Predictability/certainty

Your community

Scientists/health experts

Discover/create/invent

Drug companies

Inability to travel easily and safely

The dollars spent; number of participants

Security

Drug companies

Historic

Injection/inoculation

The world's leading experts

Misled/confused about the vaccine

CHANGING THE COVID CONVERSATION Communications Cheat Sheet

Effective communication is always important in public health, but it's never been more important to understand the perceptions of Americans and modify your language accordingly. These recommendations are based on the "Changing the COVID Conversation" poll, conducted by Frank Luntz in partnership with the de Beaumont Foundation, Nov. 21-22, 2020. Learn more at debeaumont.org/changing-the-covid-conversation.

TIPS



FOCUS ON THE BENEFITS OF SUCCESS, NOT JUST THE CONSEQUENCES OF FAILURE.

- We understand that people are tired, but public health measures are not the enemy — they are the roadmap for a faster and more sustainable recovery.
- Scientists and medical professionals are developing and preparing to distribute a safe and effective vaccine that will help us return to normal day-to-day activities.



EMPHASIZE THAT THE SCIENCE IS SETTLED.

- The science is clear. There is no doubt that mask wearing, hand washing, and social distancing reduce the spread of COVID-19 and saves lives.



DON'T EXPECT PEOPLE TO TAKE PUBLIC HEALTH MEASURES BECAUSE IT'S GOOD FOR THEM. SPEAK TO THE CONSEQUENCES OF NOT TAKING THESE MEASURES.

- Because COVID-19 is highly infectious, one infection can quickly grow into an outbreak that could shutter a neighborhood, community, or entire city.



DON'T LET POLITICS OR PARTISANSHIP SLIP INTO YOUR MESSAGING, BECAUSE THAT WILL HARM YOUR CREDIBILITY. KEEP YOUR LANGUAGE NEUTRAL AND REPEATEDLY EMPHASIZE "EVERY" AND "ALL."

Use These Words MORE:

the pandemic

eliminate/eradicate/get rid of the virus

social distancing

an effective and safe vaccine

protocols

face masks

essential workers

personal responsibility

a stay-at-home order

public health agencies

policies that are based on facts/science/data

Use These Words LESS:

the coronavirus

defeat/crush/knock out the virus

physical distancing

a vaccine developed quickly

orders/imperatives/decrees

facial coverings

frontline workers

national duty

a government lockdown/shutdown

government health agencies

policies that are sensible/impactful/reasonable

Sample Language

SHORT: We all have a responsibility to slow the spread of COVID-19. It is imperative that we protect each other by doing things like wearing masks and practicing social distancing so we can return to a strong economy and normal day-to-day activities.

LONGER: We all want a return to normal, and we all want the economy and our schools to open. And we also want to protect our family and friends from the pandemic. Our finest medical researchers are clear: If we fail, there will be even worse consequences for our families and our economy.

We all have a personal responsibility to slow the spread of the pandemic and eliminate the virus as quickly as possible. Therefore, it's imperative that we take an effective, fact-based approach ... by doing things like wearing face masks and practicing social distancing.

Let's do what needs to be done now so we can return to a strong economy and normal day-to-day activities.



de Beaumont
BOLD SOLUTIONS FOR HEALTHIER COMMUNITIES.

SOURCE: de Beaumont

VACCINE
ACCEPTANCE is BEST
with STRONG

PROVIDER
RECOMMENDATION
&
STAFF SUPPORT *





**YOU ARE ALL PART OF THE TEAM THAT CAN
MAKE SURE YOUR PATIENTS RECEIVE THE
IMMUNIZATIONS THEY NEED!**

Extra Slides

Categorizing Vaccine-Hesitant Parents

- **Uninformed but educable**
 - Influenced by others who planted doubts about vaccine safety
 - Unsure as to accuracy of this information and seek reassurance
- **Misinformed but correctable**
 - Have heard only anti-vaccine messages, mostly from media
 - Open to pro-vaccine messages and accurate information
- **Well-read and open-minded**
 - Have researched pro- and anti-vaccine messages
 - Seek advice from HCP to assess merits of the arguments and correct context
- **Convinced and contented**
 - Strong anti-vaccine views
 - May go to their provider under pressure from others to listen to the other side
 - May change over time but chances of complete success are low
- **Committed and missionary**
 - Hold firmly entrenched anti-vaccine views
 - May try to convince the provider to agree with them

If a Parent Doesn't Say Yes Right Away*

ASK:

- Give parents a chance to ask questions and voice concerns
- Clarify and restate their concerns to make sure you understand

ACKNOWLEDGE:

- Emphasize it is the parent's decision
- Acknowledge risks and conflicting information sources
- Applaud them for wanting what is best for their child
- Be clear that you are concerned for the health of their child---not just public health safety

ADVISE:

- Allow time to discuss the pros and cons of the vaccine
- Be willing to discuss parents' ideas
- Offer written resources for parents

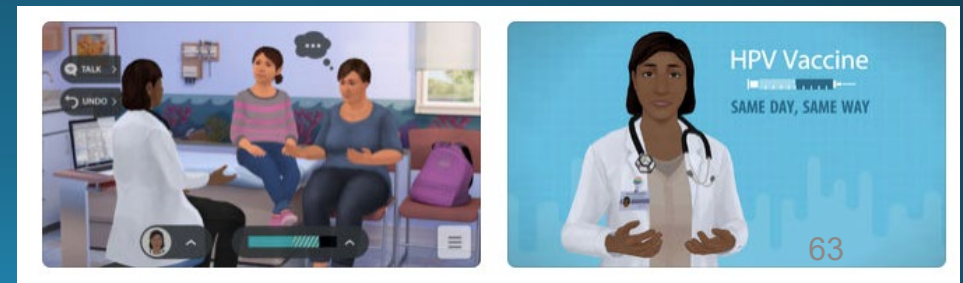
What DOES Work

- **Provider-parent communication is a key factor**
in parental decision making about childhood vaccines
 - Avoid trying to counter their belief with information about scientific studies, expert opinions and recommendations, etc. This can lead to “confirmation bias,” which somehow reinforces their misinformation.
 - Allow questions and open exchange
- **Draw attention to potential consequences of failing to vaccinate children**
 - Disease in the child with possible complications
 - Transmission of the disease to others
 - Exclusion from school by law during a VPD outbreak in a school

HPV Vaccine: Same Way, Same Day App



- Brief, interactive role-play simulation
- Designed to enhance healthcare professionals' ability to introduce HPV vaccine and address hesitant parents' concerns
- Developed by Academic Pediatric Association, American Academy of Pediatrics, and Kognito
- Free
- Available for mobile devices:
 - From the Google Play Store
https://play.google.com/store/apps/details?id=com.kognito.hpv_immunization
 - From the Apple iTunes Store
<https://itunes.apple.com/us/app/hpv-vaccine-same-way-same-day/id1356847181?mt=8>



Be sure everyone in the office understands the mission

ShotByShot.org
Stories of vaccine-preventable diseases

Home Story Gallery Share A Story Use A Story About Us Resources

Story Gallery

Cervical Cancer and HPV (human papillomavirus)



Browse Stories by:

Disease
All Diseases
Cervical Cancer and HPV
Chickenpox
Hepatitis B
Hib
Influenza
Japanese Encephalitis
Measles
Meningitis
Pertussis
Pneumococcal Disease
Polio
Rotavirus
Rubella
Shingles
Story Collections and PSAs

Age
Infant and Toddler
Early Childhood
Preteen and Teen
Young Adult
Adult

Spanish/Latino
Spanish/Latino

Written
Written

PSAs
PSAs

- Human stories often influence people more than statistics
- To understand the human stories behind HPV, listen to survivors
 - Shot By Shot
 - Unprotected People at www.immunize.org

Questions?

Contacts for more immunization information and resources!

National Center for Immunization and Respiratory Diseases, CDC

E-mail ► NIPInfo@cdc.gov

Hotline 800.CDC.INFO

Website <http://www.cdc.gov/vaccines>

Georgia Immunization Program

E-mail DPH-Immunization@dph.ga.gov

Hotline 404-657-3158

Website <http://dph.georgia.gov/immunization-section>

Immunization Action Coalition

E-mail admin@immunize.org

Phone 651.647.9009

Website www.immunize.org