Hello and welcome to Public Health Live. I’m Rachel Breidster and I’ll be your Moderator today. Before we get started, I would like to ask that you please fill out your online evaluation at the end of the webcast. Continuing education credits are available for a limited time after you take our short post-test, and your feedback is helpful in planning future programs. I also want to let you know that Planner Sarah Hershey’s spouse owns stock in Bristol Meyers Squibb. The other planners and presenters do not have any financial arrangements or affiliations with any commercial entities whose products, research or services may be discussed in this activity. All potential conflicts of interest have been mitigated. No commercial funding has been accepted for this activity.

As for today’s program, we will be taking your questions throughout the hour by email at: phlive.ny@gmail.com. Today’s program is entitled, Strategies for Strong Vaccine Communication, and our guest today is Dr. Manika Suryadevara, an Associate Professor of Pediatrics at SUNY Upstate Medical University in Syracuse, NY. Thank you for joining us.

**Moderator Rachel Breidster:** Good morning. Thank you so much for joining us today.

**Dr. Suryadevara:** Thank you for having me. I’m excited to be here to talk about this very important topic.

**Moderator:** It is indeed a very important topic. To get us started, can you review the objectives for today’s webcast?

**Dr. Suryadevara:** Certainly. At the end of this presentation, the audience will be able to identify three communication techniques effective with vaccine hesitant parents, explain how a presumptive vaccine recommendation increases vaccine acceptance, and describe key ways that motivational interviewing can be used in clinical practice to effectively communicate about vaccines.

**Moderator:** Terrific. Thank you. Now, can you explain the impact of vaccines on disease morbidity and how this has affected current vaccine uptake?

**Dr. Suryadevara:** Definitely. Vaccines are one of our top public health achievements. They are safe and effective in disease prevention and their effects are essentially an invisible benefit. One that we can’t fully see or appreciate in today's age. The CDC data shows that with widespread use of vaccines, we have been able to see a more than 99% decline in many vaccine preventable diseases. What that means for us today is that many providers and parents haven’t seen the potentially deadly diseases that we routinely vaccinate against. So, when disease burden is high, particularly of a severe or potentially deadly disease, there is
generally wide acceptance in the community for vaccines. As we build population immunity with high vaccination rates, you see a decline in disease burden. When we hit a low incidence of disease, parents then become more concerned about the disease, or more concerned about the vaccine rather, than the disease we are trying to prevent. This is associated with vaccine hesitancy, a decline in vaccination rates and then a resurgence in disease. This has been shown to be particularly true with measles, for example. So, communities with measles outbreaks tend to be under-vaccinated compared to communities without measles outbreaks. As health care providers, we can use this opportunity to address these vaccine concerns, using these effective communication strategies that are known to increase vaccine acceptance.

**Moderator:** Terrific. Now, that cycle that you described, certainly seems to make sense to me. Can you talk about the impact that COVID-19 has had on pediatric vaccine rates?

**Dr. Suryadevara:** So, this is an interesting finding. As we all know, in early March, there was a national emergency declared in response to the COVID-19 pandemic. And many states issued stay-at-home orders. Despite CDC guidance that we maintain well-child visits/immunization visits as normal, particularly to keep our young children fully immunized, they found that there was a significant reduction in both the number of vaccines ordered through the Vaccines for Children Program, as well as the number of measles-containing vaccines administered. Likely because there were fewer children actually coming into the office. So, following that initial decline, we had seen a slow and steady increase in both the number of vaccines ordered and the number of vaccines administered. But our numbers are still nowhere near where they were prior to the pandemic. So, what this means is right now, there are quite a few children in their communities who are susceptible to vaccine preventable diseases, increasing the risk that there are going to be outbreaks of those communities.

**Moderator:** So, the question then remains, knowing this information, what can be done to increase vaccination rates? And not just now during this pandemic, but in general?

**Dr. Suryadevara:** That’s a very big question. And first, we should understand the variables that increase vaccination. If you look at the model, you can see factors that are associated with vaccine uptake. So, on one side of the model you see practical issues and logistical issues, a lot of which we are dealing with now. How do we immunize our children now when their parents are afraid to bring them into the office? That is a big barrier. Even for families who accept vaccines. The other side of the model refers to a parent’s motivation to vaccinate their children. And this is influenced by a whole variety of factors in itself. And here comes the question, how do we communicate with parents aren’t motivated to vaccinate their children? And these are questions that we hope to address today.

**Moderator:** So, breaking this down a little bit and starting with the idea of vaccinations during the pandemic, is there any guidance existing on how to approach this?
Dr. Suryadevara: Yes. The American Academy of Pediatrics has issued guidance regarding both routine well visits and immunizations. And with regards to the routine well visits, they stressed the importance of in person well visits, but allow for telemedicine visits, especially in locations where the telehealth systems have already been set up and successfully used. With regards to missed immunizations, it is very important that practices identify children who have missed vaccines over the past few months, and contact the families to set up an appointment to be caught up. And in these communications with the family, the practices should really spend time relaying measures that have been put into place to keep the children and their families safe during the medical visits. Because the parents need reassurance that they are not going to be exposed during the medical visits.

Dr. Suryadevara: Some of these safety measures can include separating sick visits and well visits by time of day. So, seeing well visits in the morning and sick visits only in the afternoon or by location. And practices of multiple office so they have use one office for well visits and one office for six visits, or even practices with one clinic can separate out well and six visits within office space that they have. All in all, it is very important for practices to remember that at a time when we are trying to motivate our parents to vaccinate their kids, they are also trying to facilitate vaccinations when there is fear of coming to the office. So, identifying children, contacting them proactively, and bringing them in for follow-up appointments is very important to getting our kids immunized.

Moderator: Terrific. Thank you. Now, we have recently heard from Dr. Cynthia Rand, an Associate Professor of Pediatrics at the University of Rochester Medical Center, about how she has been using telemedicine during the COVID crisis.

Rollin-video/Dr. Rand: I work at the Golisano Children’s Hospital Pediatric Practice. And, we are located adjacent to Strong Memorial Hospital in Rochester, New York. Due to COVID, we started doing telemedicine visits more often than we had previously. We used to do telemedicine only at school-based locations or in day care centers. And we started doing tellehome, or telemedicine visits in people's homes. We use Zoom software to do so. And, it has worked out well for certain things. So, we know we can't give vaccines via telemedicine. So, we use it for things that are appropriate. So, it works really well for social and behavioral problems. We are seeing a lot of patients for their ADHD follow-up as well as for their asthma follow-up to address their asthma symptoms. And, we can do visits for things like rashes, where we can see pictures of a rash on telemedicine, for other common complaints. But then other things need to have an in-person physical exam...certain things like abdominal pain, or a well-child visit. Initially, we were doing some history via telemedicine. And getting all the information that we would need about a patient. But then, having them come back into the office for the physical exam and for any immunizations.

Moderator: It is great to hear the different approaches on how we are adapting to be able to meet people's needs and bring people when they need to come in, but be able to practice medicine in a tele- setting when that is appropriate. So, moving on to the motivation side of that model you were discussing. What influences vaccine acceptance and hesitancy? And how do we approach this?
**Dr. Suryadevara:** That’s a very complicated question. Vaccine hesitancy is influenced by so many things. Personal beliefs, experiences, perceived social norms, and there is no one-size-fits-all with regards to vaccine hesitancy. When you look at vaccine attitudes, you see this wide spectrum. From families who accept all vaccines, families who accept some vaccines and decline others. Maybe they accept all vaccines and then just want it on an alternative schedule, or refuse all vaccines outright. These vaccine attitudes, it is important to remember, can vary by vaccine. They can vary by child. And, even most importantly, these vaccine attitudes can change over time, especially as the perceived social norms within one community may change over time. So, as such, there is no one-way that can address vaccine hesitancy in full. So, each conversation needs to really be tailored to the individual parent’s beliefs, concerns, and experiences to really get to the bottom of where the hesitancy is coming from.

**Moderator:** Certainly. I think your point that they can change over time is something that is really important factor for us to take into account. I know in my own perceptions of things, sometimes I think that the way somebody thinks today is the way they will continue to think. So, are there some key aspects to keep in mind then, when you are communicating with people about vaccines?

**Dr. Suryadevara:** Yes. Our communication skills are crucial to getting children immunized. When done poorly, these discussions can enhance parental vaccine hesitancy. But when done effectively, we can even encourage parents who are not motivated to vaccinate their kids to immunize them. So, key things to remember. It is not just what we say, but how we say it. So, making and maintaining eye contact, avoiding judgmental gestures like eye rolling and head shaking, and minimizing distractions. All of these show that this topic is important to us and deserves our full attention. And then, provider vaccine confidence also is reflected in this discussion and will also positively impact vaccine acceptance.

**Moderator:** So, what are the key things to remember before you start the conversation about vaccines with parents?

**Dr. Suryadevara:** Healthcare providers are still consistently cited as one of the most reliable sources of information, so they should use this opportunity to build rapport, to open and honest discussion, and understand that questions about vaccines don't reflect mistrust on the part of the provider. And that this is important for providers to show how strongly they believe in vaccines.

**Moderator:** So, is there anything that providers should be doing beforehand to prepare for vaccine conversations?

**Dr. Suryadevara:** Prior to even discussing vaccines with the parents, it is important for providers to have a good background in, you know, the vaccine development process, vaccine safety and efficacy information, about the diseases the vaccines are targeted to prevent, and just overall benefits and risks of vaccinations. Having this baseline knowledge will help the provider deliver a strong vaccine recommendation and then confidently answer questions from the parents about vaccines. All of which are associated with increased vaccine uptake.
**Moderator:** That make sense to me. Now, as a provider, is there a place that they can find more information on these topics if they need to brush up a little bit?

**Dr. Suryadevara:** The CDC has great resources for this exact thing. They have information regarding, you know, vaccine development, how vaccines are made, vaccine safety and efficacy, based by vaccine. There is information on pediatric vaccines and adolescent vaccines. There is even printable resources for the office, which is very helpful for practices to have. And then they have tips on how to answer questions from parents. They will provide responses that, you know, providers can use in their discussions with the parents. And all of this is available on the CDC [web]site.

**Moderator:** Terrific. Thank you. Now, the University at Albany Center for Public Health Continuing Education recently expanded the VaccinateNY webpage to include a Vaccine Communication Toolkit. This Toolkit provides resources for providers to use in their practices. Let's take a look.

**CPHCE’s Sue Brooks:** The University at Albany Center for Public Health Continuing Education, in collaboration with the New York State Department of Health Bureau Of Immunization, has developed this electronic toolkit to assist providers with their vaccine-related communications with parents, and to provide resources and tools to enhance their practice systems. Visit the website, www.vaccinateNY.org. The Vaccine Communication Toolkit is the first tile on this page. Click through to the Toolkit, and you will find three tiles of vaccine communication tools: Printable Resources To Share With Parents And Colleagues; Apps For Parents And Practices; and Online Communication Resources. From this page, you can sign up to be notified when resources in the toolkit are updated by filling out the quick form. You can view the Toolkit Description Flyer. We encourage you to download and share this flyer with your colleagues so they can also access this online Vaccine Communication Toolkit. There is also a link to provide feedback on this toolkit. We welcome your input.

**Printable Resources To Share With Parents And Colleagues:** This section includes key printable resources that providers can share with parents to help them understand vaccine safety and schedules, as well as those that can be posted within offices and practices with easy-to-view infographics. Use the Table of Contents to quickly navigate to the section of interest. When you click a link, such as After The Shots, What To Do If Your Child Has Discomfort, on a desktop computer, it [the document] will pop up in a separate window. On a mobile tablet or phone, it will automatically download the PDF file to your device. Using the Useful Links box, you can navigate to each page in the Toolkit, return to the Toolkit's main page, or return to the VaccinateNY.org home page.

**Apps For Parents And Practices:** This section includes online apps and resources that may be provided to parents to help them understand vaccines, their safety and efficacy, and vaccine schedules. Click Vaccine Schedules, and you will be directed to download the app from the app store over Google Play, depending on the type of device you are using.
Online Communication Resources: This section includes online resources that providers may find helpful to build their skills, and share with colleagues to improve immunization systems and practices within their offices. Once again, you can use the Table of Contents to quickly navigate to the section of interest. Provider communication aids includes the video, How I Recommend Vaccinations. Clicking it will open a new tab on your desktop or mobile device. You can then scroll through the series of videos provided by CDC. Also highlighted in the provider communication aid section is the Public Health Live! webcast Strengthening Vaccine Confident In Pediatric Practice. We encourage you to watch this archived webcast to expand your knowledge and confidence in recognizing common parent concerns regarding vaccines, the importance of a strong provider a recommendation, and basic techniques to address parent concerns.

Moderator: That's a terrific resource that physicians and other practitioners have at their disposal to use. Now, is there something that you would say that a practice can do as a whole to really promote the message of vaccines?

Dr. Suryadevara: Yes. So, practices should really work on creating a culture of immunization within the office. What you don't want to have happen is as the provider is recommending a vaccine to a parent for their child, and the parent has heard negative messaging somewhere else in the office, that really sends mixed messages to the parent. So, this can happen you know, if they are in the waiting room and someone at the front desk mentions to a coworker something negative about vaccines, not realizing that the parents are within earshot. Or, if the nurse says to the parents, my daughter never got that vaccine, or something as simple as one provider in the practice strongly recommending a vaccine that another provider in the practice doesn't recommend at all. And this all sends mixed messages to the parents and impacts vaccine uptake negatively.

So what can be done is a practice-wide education, including everyone in the office from the front desk staff all the way to the providers, really emphasizing the importance of timely vaccinations for all children in the practice. And, using this opportunity to discuss the way that everyone can participate in promoting vaccines. So, this lets everyone be on board, on the same page, sending a single, consistent message to the families.

And there is no reinventing the wheel with this. The CDC has a slide deck template, just for this particular purpose and can be modified by practices to fit the workflow that they have. So, this is very important for practices to do. In addition, practices can develop an immunization policy, and then disseminate this policy to the practice staff and their parents. Again, sending the message that vaccines are important to us and we believe strongly in them.

And assigning a vaccine champion. This is huge. This is a single team of people who are responsible for staying up-to-date with the ever-changing vaccine recommendations and the vaccine schedules, ensuring that vaccines are ordered and administered appropriately, and then bringing vaccine issues to the forefront, whether it be daily huddles or team meetings. And this is really known to be associated with vaccine uptake in the practice. Also lastly, but equally important, having readily available written resources for parents. Particularly those who have
questions. You can provide the information verbally, but it is also important for them to have information they can take home and read and review and call back with questions if they need.

**Moderator:** Absolutely. Think we have all been to a doctor appointment where we leave there and completely forget 90% of what was said to us. So, having those materials available is terrific. Now, say the doctors have done their preparation, they are ready to move up to addressing these issues with parents during the visits. How should providers bring up vaccines? Particularly when they think that the family is going through to refuse or wanting to put off vaccinations?

**Dr. Suryadevara:** Right. The first step in the discussion is the initiation of the discussion. And this should happen ideally by the provider in the form of a recommendation. And this recommendation should be delivered in the same way to each eligible patient, regardless of whether we think they are going to refuse or have questions or be hesitant. You know, it has been well described that providers overestimate parental vaccine hesitancy, and this is information that’s supported by the fact that parents that are asked why are your children not vaccinated or why didn’t they receive this particular vaccine, the most common responses lack of provider vaccine recommendations. So, really, it is our responsibility to ensure that we recommend a vaccine to the parents regardless of what we anticipate the response will be. So, step one. Assume all parents will accept vaccines and recommend vaccines to each child the same way.

**Moderator:** Now, I have heard this described before as being a presumptive recommendation. Is that correct?

**Dr. Suryadevara:** That is exactly it. There are two ways to recommend vaccines. One, the participatory recommendations, is more of an ask: “What are your thoughts? Are you planning on vaccinating?” This style of vaccination - has been shown to be less effective in getting children immunized. But what you are referring to is the style we should be using - a presumptive vaccine recommendation. This is a declaration of what to do today: “Okay your child needs vaccines to prevent tetanus, HPV-cancers and meningitis today.” Or, “Your child is due for measles, mumps, rubella and chickenpox vaccines today.” And like we mentioned previously, this assumes the parents are all going to accept vaccines.

**Moderator:** So when using that presumptive vaccine recommendation, is that successful in working to get children immunized?

**Dr. Suryadevara:** That’s a great question. Studies have looked at parent-provider encounters where vaccines are discussed and have found that when families receive a participatory recommendation, they are less likely to accept vaccines, when compared to those families who receive a presumptive recommendation. Now, when you look specifically at the vaccine hesitancy families, this finding still holds true. So, this one study found that 89% of vaccine hesitant families who received a participatory recommendation went on to decline vaccines. But less than a third of these families who received a presumptive vaccine recommendation decline vaccines. And, this finding that using the presumptive recommendation can motivate even vaccine hesitant families to vaccinate their children has been duplicated in subsequent studies after this.
**Moderator:** So, it certainly seems to support your statement that we should assume that our families are willing and that you know, perhaps the reason that folks are not getting vaccinated is because the provider is not bringing it up, or the style in which they are bringing it up. So, explain to me a bit about why presumptive vaccine recommendations would work to increase vaccine acceptance?

**Dr. Suryadevara:** I think for many families, vaccines are a complicated issue. Especially if they are hearing negative messaging on media, or negative stories within their community. And those stories within the community have a long-lasting effect on parent, parental decision-making. So, what presumptive vaccine recommendations do, is they act as a clear-cut, strong guidance for the families. They keep the idea simple, and they normalize it. This is something that providers use routinely every day to keep our children healthy. This normalization of vaccines is especially important for those families who perceive that the social norm is non-vaccination. So, by showing the medical professions strongly believes this, do this every day, acts as a normalization for these families, and allows more comfort in vaccination.

**Moderator:** Certainly. Thank you. Now, after the provider makes a strong presumptive recommendation, parents will either accept the vaccine or express concerns. How do you respond to parents who are concerned about vaccines, even after you have made that presumptive recommendation?

**Dr. Suryadevara:** Right. So, the easy way out would be to move on to a different topic and okay, they already said no. But in reality, if a provider still stands by the strong recommendation, even if parents are expressing initial resistance, they are still more likely to get those children immunized. So - “I strongly believe that these vaccines are important for your child's health.” You can add in a personal anecdote – “I believe so strongly in these vaccines that I vaccinated my own children against these infections.” Really, to show that this is important, and even though the parents are concerned, you still believe that this is important for their child.

**Moderator:** What else should providers keep in mind when they are talking with parents?

**Dr. Suryadevara:** Questions about vaccines does not equal refusal, it doesn’t mean the parents are going to say no. They are just looking for information from us. As providers, we can use this opportunity to you know, address some of the concerns behind their hesitancy. But we should do so cautiously. You know, our first instinct when a parent says I’m not going to get this vaccine because of x, y, and z and the information they give us back is scientifically incorrect, our first instinct is to say, “Let me correct what you're saying. This is the real scientific information. Here's all the data to support why I’m recommending vaccine.” But this approach may backfire on us. Studies have shown that purely corrective messaging may reduce vaccine misperceptions by hesitant families. But it also reduces intention to vaccinate. That is not the direction we are trying to head into.

**Moderator:** Another approach would be to bring light to the disease that the vaccine is targeted to prevent. Talk about disease severity. What clinical
presentation may develop. And then come around to countering the misperception in a nonthreatening not overwhelming manner.

**Dr. Suryadevara**: Sure. Another approach should be the CASE approach.

**Moderator**: Let me just interrupt for one minute before we discuss the CASE approach, because you shared so much information that I want to remind our audience that if you have questions for our speaker, you may email them to us at phlive.ny@gmail.com at any time during the webcast.

**Moderator**: Talking about that CASE approach, which I have heard about before, can you tell me a bit more about that method and how that works to address hesitation more successfully?

**Dr. Suryadevara**: The CASE approach is a great approach, particularly for parents who would benefit from the scientific information. And the CASE approach can be remembered using the acronym CASE. C = for corroborate or acknowledge the parents concern. A = for about me. Where did I get my scientific information from? S = is science. What does the science say? And then E = explain and advise. Based on the science, how do I ... now what do I recommend for the child? So, for example, say I have done a well visit, I have an 11-year-old boy and I recommend the adolescent vaccines, including the HPV vaccine. The mom says, “No, we can't get that for him today. He is way too young for that.” I could respond by acknowledging concern, “I understand why you may say that. Many parents have that reaction when I tell them the child is due for the HPV vaccine.” And then move on to what I know, where I got my information, “You know, I read a lot about the HPV vaccine - the cancer it causes - sorry, the cancer it prevents, and the recommendation to give it at this young age. And it is important to know that the vaccine works better in the younger adolescents than the older adolescents. So, based on this information, I strongly recommend that we start the vaccine series for your child today. If he starts today he will only need two vaccines. If you wait a few years to get that same protection, he will need three vaccines.” So, in that manner, you can acknowledge the concerns, address the science behind the information, and really explain why we are offering vaccines now, if that is the main concern of the parents.

**Moderator**: I imagine for a lot of parents, that is really what they are looking for. Just a little more information about what we are doing and why we are doing it. So, let's hear again from Dr. Cynthia Rand, who will explain how she approaches vaccine communication.

**Dr. Rand**: I think it varies from region to region across New York State and across the country to have patients who are vaccine hesitant. The questions I commonly get are about using what I consider an alternative schedule or spacing out vaccines. Another concern can come up is about the issue related to autism, specifically for the MMR vaccine, that has been inappropriately propagated in some media. Those are the most common [concerns]. The other issue is, there is a lot of hesitancy related to flu vaccination, as well as for adolescents, the HPV vaccine. I always start with what I call a presumptive recommendation. Instead of asking, would you like to get a flu shot? I would say, you are due for a flu vaccine. Because that makes it, first
formal. We do recommend it for everybody. So, I want to make sure that they know that this is the standard recommendation that I expect patients to be vaccinated to protect them.

**Dr. Rand to Parent:** “I am so glad Eleanor is healthy – she’s growing really well. Today she is due for her two months shots – this includes the dTap, polio and hepatitis B, that all come in one shot. Two shots prevent that prevent ear infections and meningitis we call HIB and pneumococcal and then one liquid that prevents a stomach virus called rotavirus. Do you have any questions before Sarah, the nurse, comes in?”

And then, I elicit what their specific concern is. So, if the patient does have a concern, I ask them, “Can you tell me a little bit more about why you are worried?” In that way I know that I am addressing their exact concern, and not launching into a discussion about something else that they were not concerned about to begin with.

**Parent:** “I am worried about giving too many shots at once. It seems like you could overwhelm her immune system. I was thinking about spacing them out a bit.”

**Dr. Rand:** “I can understand that you are worried. It can seem like a lot at one time. And you and I both want to keep Eleanor healthy and safe.”

Then I ask if it's okay if I share what I know about it, because I don't want to seem that I am making them feel that they haven't gathered information appropriately. Lots of parents really do a lot of information gathering, and I don't want to dismiss the information that they have gathered, generally, in terms of their approach. But I do want to ask, is it okay if I let you know what I know about it, because I want to make sure that they are looking to reputable sources for their information. And then usually, they will say yes, because I’m just asking to share information.

**Dr. Rand:** “Is it okay if I share with you why we group them this way?”

**Parent:** “Sure, that's fine.”

**Dr. Rand:** And then I share information specific to their concerns, so for instance, the flu vaccine can’t cause the flu, but you can sometimes feel a little achy the next day and sometimes a little tired or fatigued. And that is your immune system responding to the vaccine. So, validating that concern - that it isn’t out of nowhere.

**Dr. Rand:** “Babies’ immune systems can handle many more germs than they will ever get from vaccines. Skipping any of these vaccines leaves babies vulnerable to disease when they are most likely to have serious complications. The schedule is based both on how babies’ immune system responds to vaccine, and how likely they are to be exposed. Does this make sense?

**Parent:** I guess so.
**Dr. Rand:** I would feel a lot better if Eleanor were protected as soon as she can be. What do you think?

**Parent:** How about we do two today and the other one next week?

**Dr. Rand:** That's up to you. We do know that giving vaccines on more days gives babies even more stress whereas doing them all at once decreases a number of times they need to be stressed. It is also more convenient for you.

**Parent:** All right. Let's just to them all today. Thanks for explaining this to me.

**Dr. Rand:** Don't feel that they are challenging your authority. We don't think about this as a paternalistic relationship anymore. It is really that you are advising the parents really about how to best care for their child and keep their child healthy. So, I would first make sure they are starting with that presumptive recommendation and second, addressing the specific concern. And the other is to keep it brief. We don't have a lot of time in the office. So, you give a few pointers after you ask permission, and then, you also mention if you haven't changed someone's mind, that you're going to follow up and ask them again the next time you see them.

**Moderator:** I think it was really helpful to see that interaction, because I believe that's a really common occurrence that happens within those normal vaccine recommendation visits. So, that was terrific to see. Now, you mentioned the CASE approach that might be beneficial for parents who are looking for more science, more data, more explanation. What about motivational interviewing? Can you tell us about that approach?

**Dr. Suryadevara:** Yes. Motivational interviewing is a patient-centered or a family-centered, collaborative approach, intended to explore and strengthen one's motivation to change behavior. And this approach has been effective in changing a variety of behaviors. Specifically, alcohol use, substance use, and even diabetes management, just to name a few. Now, this approach is based on the relationship between the provider and the parent that allows the provider to delve deeper into the vaccine hesitancy concerns, again, in a nonthreatening, non-confrontational way that uses empathy, understanding and acknowledgment. And one key point of motivational interviewing is the understanding of autonomous decision-making on the part of parents. Parents want to be able to make this decision for their child without feeling forced into it. So, that is where this approach may allow parents to collect the information, see your side of it, as well as feel that they are the ones making the decision for the child.

**Moderator:** Sure. Now, what are some techniques that are used in that motivational interviewing approach?

**Dr. Suryadevara:** First, the principles. A key principles of motivational interviewing is empathy - reflective listening on the part of the provider. You saw in Dr. Rand's clinical experience, asking about, you know, permission, asking for permission to discuss concerns and share information. And then, identifying discrepancies
between parent goals and parent behaviors. So, for example, if a parent wants to keep their child healthy and protect them from getting sick, but then, declines vaccinations, you know, there is a discrepancy in there because how can we keep them from not getting these severe vaccine preventable diseases if we don't immunize? So, trying to identify these discrepancies and try to get them to be more coordinated.

**Moderator:** Sure.

**Dr. Suryadevara:** And then a technique that we can use for motivational interviewing can be remembered that the acronym OARS. Start with Open-ended questions, [Provide] Affirmation or Acknowledgment of the concerns, then Reflection, and Summary. For example, I have just recommended the flu vaccine for one of my patients. And the parents don't readily respond - they don't seem to be on board. I can start that conversation using an open-ended question: “You know, you seem reluctant to give him the flu shot. Would you mind sharing your concerns with me?” So, if the family says, “He always gets sick with the flu vaccine, we're just not going to give him the flu vaccine this year” – this is a common response that we hear when we recommend the flu vaccine.

**Moderator:** Okay. So, how would you respond to somebody who gives you that response?

**Dr. Suryadevara:** Right. Affirmation and Reflection – “I understand that you're concerned about him getting the flu vaccine. Can I share some information with you about this that may explain this?” And I have never had anyone say no, you can't share me any information with me. And here you can provide any sort of information that you feel would be helpful for your parent. We give the flu vaccine around the same time that it is cold and flu season. So, while kids are going to get sick from the cold season, it is not really related to the flu vaccine, for example. And in the meantime, identifying the discrepancy between the parent goal and the parents’ behavior. “I know you really want to keep your child healthy, but how can we prevent him from getting the flu, which we which may make him very, very sick, may take him to the hospital when we don't vaccinate him - one vaccines are the best method of flu prevention we have.”

**Moderator:** What's the best closing argument so to speak when you're having this kind of interaction with someone?

**Dr. Suryadevara:** So, you want to include your strong recommendation, maybe add a personal anecdote in there, and ultimately, leave it up to the parents, supporting the autonomous decision-making. “I vaccinate my children against the flu every year. I strongly recommend the flu vaccine to keep your son healthy this winter season.” You know, what do you think about this? I bring it back into their court.

**Moderator:** Sure. So, let's review the communication skills that we have discussed so far. What are the key points that you would hope that folks are taking away from this conversation?
**Dr. Suryadevara:** One of the main points is, listen to what the parents are saying. The parents have concerns and they want to be heard. So, listen and acknowledge that these are the concerns. Provide them information, in terms that they will understand. And this is both in verbal counseling, and in written material that they can take home and review. And again, recognize that it is, you know, their role in this decision-making process, and just like we want to do what is best for them, they also want to do what is best for the child, so, we need to work together to make sure that we are going along the same lines.

**Moderator:** Thank you. And coming back to the fact that some parents continue to have that hesitancy about vaccines. What are some of the best practices that you would advise for communicating?

**Dr. Suryadevara:** Tailoring each response to what the individual parent needs is very important. And then, sometimes parents are just going to refuse, or still have persistent questions and not be ready to vaccinate at that moment. It is important to always keep that door open for discussion. You know, I have had families refuse vaccines over and over until one day they accept vaccines. You never want to close that door. If we look in the chart and see they refuse vaccines in the past and say oh, they're going to refuse them now. I'm behind, I've got a lot of patients. I don't have time for discussion and we don't recommend vaccine. We may have lost an opportunity to vaccinate a child. So, always keep the door open. Tell parents, okay, I understand that you refuse, but at the next visit we will bring up the topic again so that they are aware that this is an important topic to be discussed at every visit. And then at each visit, initiate the vaccine discussion again in the same manner.

**Moderator:** Thank you. So, before we take questions from the audience, let's review what we have covered so far today about communicating with parents about vaccines. What are the key points of today's discussion that you really want folks to focus on when remembering today's show?

**Dr. Suryadevara:** The first, you really want the practice to send a consistent message to the families. Whether it be as they are walking into the office, as they are getting roomed, when they are leaving, you really want the practice to be sending a consistent message. This is what we call build a culture of immunization. So, having that practice wide education, developing immunization policies, having a vaccine champion, all fits under holding a culture of immunization and that is very important for families to get that message.

Also, initiate the vaccine discussion. Do so using a presumptive recommendation, and even if you are getting resistance, we should still maintain our strong presumptive recommendation. And then, if there still is resistance, there are multiple techniques that can be used, depending on the needs of the parents. This can be the CASE approach or motivational interviewing, and just remember that these approaches need to be tailored to an individual family. And we can use the same approach with three families in a row and get three completely different responses. So, it is a learning game. And remember that each positive step, whether it is a family who had never listened to a vaccine discussion and are now able to listen to the family vaccine discussion. That's a success. Each positive step is a success.
**Moderator:** Terrific. Thank you. We've got a few questions that have come in from our audience. I would like to start with the first one that we will address – it comes from Patricia Kirschenbaum. She asks, can you give us some examples of language that reflect participatory recommendations?

**Dr. Suryadevara:** Okay. So, participatory recommendation is “Your child needs the tetanus meningitis vaccine for school. We will give it today. You could get the HPV vaccine. If that is something you're interested in. Just let me know what you think about that?” That would be a participatory recommendation. Another participatory recommendation is if you have a toddler in and say, “Oh, so, have you thought about vaccines? Get the MMR and chickenpox vaccine today? What are your thoughts? Is that something you're interested in doing?” That is a participatory vaccine recommendation. The message that sends is, you know, these are some options available. You can select them or if not, you don't have to.

There was one study which looked at parents responses to presumptive or participatory vaccine recommendations, particularly with the HPV recommendation. And something that sticks out in my mind is one parent’s response which was that it was like asking if I wanted coffee or tea – you know, I don’t know, should I get one or the other? Or, as a provider, we have the information to say that this is beneficial for your child and we strongly recommend it, and presenting a vaccine recommendation that way. Definitely sends the correct message to the parent.

**Moderator:** Terrific, thank you. I can say as a patient, I am definitely looking to my doctors to tell me this is what you need. I'm not a doctor. I am coming to you to give me the information to help me make those decisions.

**Dr. Suryadevara:** Right.

**Moderator:** Another question, what are your thoughts regarding asking parents to sign a declination to vaccinate form if they do not want to vaccinate their child?

**Dr. Suryadevara:** I think it’s important to ask families to sign a declination of vaccine form. Again it goes along with sending that consistent message. If I recommend – I think you should vaccinate your child today and they say no and I move on to a different topic, it must not have been that big of a deal, so I think the parents are getting the wrong message. Whereas, if I recommend we vaccinate your child with these vaccines today and you say no, and I say, “Well, I really believe strongly these vaccines are going to help your child. I believe so strongly that I need you to sign this form saying that I explained it to you how strongly I thought that it would help your child and you are still declining.” I think it just sends the message of we believe vaccines are important for your child. It is not a topic I want to just brush over and move on from.

**Moderator:** Thank you. The next question that has come in, how do you address concerns about allergies to vaccinations?

**Dr. Suryadevara:** So, it is important to really get a good history from the parents. And then, determine whether what they are telling you really is an allergy to vaccines. Because there are some contraindications to vaccines. You know, it is a medical contraindication if they really have a severe anaphylactic reaction to a
vaccine. So, it is important to really get the full history, and make that determination of, yes it is a medical contraindication to vaccine or not and then have that discussion with the family based on the information you collect.

**Moderator:** Thank you. Let’s see. We have another one that has come in. For people with weak immune systems like HIV or cancer, how can we explain vaccinations?

**Dr. Suryadevara:** For people who have weakened immune systems, it is still recommended that they get vaccines based on what their immune disorder is. So, there is also information on the CDC website – it has great information about vaccines that should be used or should not be used in people with altered immune systems. So, as the provider, once you collect that information and you can see what vaccines are recommended for your patients with altered immunity, you can then provide this information to parents. But it is important to have the accurate information to be able to then provide that to the parents who are asking. And again, that CDC website has all the information that you need to answer these questions.

**Moderator:** I was going to say that, in respect your earlier comments about how you prepare for these conversations, and using that CDC resource to help.

**Dr. Suryadevara:** Exactly.

**Moderator:** Do you use a different result approach when friends and family are hesitant to vaccinate?

**Dr. Suryadevara:** I use the same approach with everybody, including friends and family. I have a lot of friends who asked my opinion about vaccines and what do you think about the flu vaccine, what you think about the HPV vaccine? And I feel that the same approach is helpful with everyone, whether it be parents or friends and family, because it sends the message that I believe strongly in this and I think it is important to protect all of our children. So, I use the same approach.

**Moderator:** All right. The next question that has come in - would you recommend the same approach for healthcare workers who refuse to vaccinate? And if not, what do you recommend?

**Dr. Suryadevara:** So, going along with how I talk to friends and family, I also use the same approach with healthcare workers, particularly healthcare workers who struggle with the flu vaccine. And it is a very important topic that you talk about - vaccinations of healthcare workers. And again, I use the same you know, presumptive recommendation. We know this is important and this is why this is important for you as an individual, important for the community where you work. So, I think it is a successful method of communication no matter who it is that you are addressing.

**Moderator:** Thank you. That consistency is key and you made that point several times throughout the show. We have another question, how are physicians encourage parents, excuse me, how can physicians encourage parents to vaccinate
children when the COVID-19 vaccine becomes available, in the wake of rapid development of this vaccine and potential adverse reactions?

**Dr. Suryadevara:** Now, that is a great question. And I think that, at this point in time, all providers are thinking about this and trying to come up with a plan. And I think what we are going to need before we can recommend vaccine is as it comes in, we are collecting safety data and efficacy data and this is the data we are going to need ourselves to be confident in with the vaccine. Then, we will be able to deliver a strong recommendation. So, I think not yet having seen the data it is hard for us to say, how we are going to convince others to get the vaccine. But as the date comes in and recommendations are made and we feel more comfortable with how the vaccine was developed and how strong the safety and efficacy data are, we will then be able to develop that, deliver that strong recommendation to the parents.

**Moderator:** That is very timely question for sure. Next, how often are the recommendations for vaccines up dated?

**Dr. Suryadevara:** So, that depends on, by vaccine, it depends by current clinical situations, what is happening in the climate today, and what vaccines are being discussed at the ACIP [Advisory Committee on Immunization Practices] meetings. That is an ever revolving, changing process. But, every few times a year they meet and discuss and then determine whether vaccine recommendations are changed. So, it is helpful to have a single person, or a team of people assigned to keep up with what happens at these ACIP meetings and the vaccine recommendations being changed to know whether to alter vaccine ordering or administration or immunization policies within the practice. And it is hard. Practices are busy, providers are busy, there is a lot going on. Patients from 0 to 18, 19, 20, 21, all with different needs. And then, to add on, well now you've got to keep up with vaccines, we got to make sure we're doing it right, using the vaccine for the right patient population, it is complicated and difficult issue. In terms of time and labor that is required for it.

That is where the benefit of having a vaccine champion, who this is what their sole job is - and you really don't want to give it to one person because when that one person is out, you don't want the practice to then be trying to figure out what that person does and where did she get her information, or his information, so by having a small team of people who are assigned to keep up with the change of recommendation and changing news that comes out for the vaccines, that will be helpful for the practice to really stay on board and make sure that they are doing the right thing that they need to do.

**Moderator:** I think we have heard that a lot in the different topics on the show - the importance of having somebody who, or somebodies who are the champions of a specific issue because practices are so busy.

**Moderator:** We have another question. How can healthcare providers reassure parents who are afraid to bring their children into the office for vaccinations because of COVID-19?
**Dr. Suryadevara:** That's a great question. And I think a lot of practices have done it differently, based on what works for their practice flow. I talked earlier about how some practices have said if you come just in the morning, they will only be well visits there. And a lot of practices have you know, kept their patients in the cars, triaged from the car - we will call you when your room is ready and they get all the information for insurance and everything while the family is in the car, and then bring the family and to the office when they can be directly roomed, really eliminating contact with people. I know, as I said earlier, some practices have put well visits in one office and sick visits in another, really to separate out the well and sick. Telemedicine is one way to go if you don't need to bring patients into the office but you can't vaccinate via telemedicine, so that leaves that as a struggle. Some practices have talked about you know, trying to meet the children where they are, so, maybe go to the parking lot and try to vaccinate there if possible. To limit exposure if parents are overly concerned. I think these are issues that can be tailored to how the practice workflow is.

And a lot of it is communication. A lot of it is just reassuring the parents that these are the measures that we have set up. Your health is in all of our best interests, and we are not going to put you in a situation that we feel is too risky. And, without knowing what measures are in place, it is a scary place to think right now, I have to go to the doctor's office? That's where all the sick people are. So, a lot of practices have already put in safe measures. They just need to relay this message to the parents.

**Moderator:** Sure. That's terrific. Thank you. Another question – I saw the resources and the Toolkit that you showed in that video. What are the resources you use routinely to communicate with parents?

**Dr. Suryadevara:** So, I use the Redbook [report of the AAP Committee on Infectious Diseases] a lot – I can get a lot of information about the diseases and vaccines they are trying to prevent as well as the vaccines that we talked about. I use the CDC site. The CDC site that I put up in those resources, I use them almost all the time. In terms of, if I cannot figure out how to phrase something to a parent, there usually is a response there that I can look at and say okay, that actually sounds like exactly what I am trying to say in words that parents can understand better. And these questions that we asked earlier about what do we do about immune, altered immunity, how do we vaccinate against them? I use the CDC website a lot for trying to address those questions, both myself, as well as how to communicate that information to the parents. And that's why I put it in the slide deck, because it is the site I use so often that I felt like it would be important for other providers. It is easy to read, it is easy to navigate and it has a lot of very good information.

**Moderator:** Terrific. Thank you. Another question, how did you learn about motivational interviewing? Do the resources and the vaccine communication toolkit have practice examples?

**Dr. Suryadevara:** That’s a good question. I don't know if the resources and toolkit have practice examples, but there are a lot of examples online. There are a lot of classes that you can take about motivational interviewing, and a lot of videos to watch to learn about how to perfect the motivational interviewing approach. If there
is time in your very busy, busy practice, it always helps to role-play out a few times, just to make it more smooth. So, if your practice can do that and just role-play a little bit of motivational interviewing, everybody knows the common responses that parents are going to give, so it does give a little bit more comfort in how to use this technique. That is true for using any technique, whether it is the CASE approach, the motivational interviewing or, I just want to get practice answering questions that parents may ask. I mean, just role-playing out some of these allows you to really refine your answers in a way that you are comfortable with. And it is your comfort level more than anything else that determines how this interaction is going to go. If you're confident about your answers and your communication skills, that will show. And then parents will receive that information in your confident manner, and it will positively impact the response.

**Moderator:** Sure. That all make sense to me. To get it, preparing to have a difficult conversation, I practice out and anticipate those challenging answers, so, I think that's terrific advice.

**Moderator:** Another question - I am not a parent but I know parents may feel that providers are taught to promote vaccines, that they cannot be 100% sure that there will be no new discoveries in the future for a particular vaccine, and that providers are rewarded for how many kids they get to vaccinate. How do providers address these concerns?

**Dr. Suryadevara:** So, a great question. And, my first comment is, the parent is right by saying, how do we know that there is not going to be a new discovery 10 years from now about is vaccine we got today? And, how can you be sure it's 100% safe and effective. What is important addressing that is that we need to be honest. We need to have open discussions and say nothing is 100% safe, nothing is 100% effective. This is the best measure we have to keep your child healthy. If we avoided all the risks and the adverse events and things that might be determined in the future, we are no longer having an honest conversation the parents can see through that. And the key communication skill here in addressing this question is honesty. You know, these are the benefits of vaccinations. These are the risks of vaccination. This is what happened when we did not have this vaccine. This is what was happening in society. This is what is going to happen when people refuse vaccines and our vaccination rates decrease. We will bring measles for example. That is something that almost everyone in the country can relate to having heard a lot about measles which they thought they would never be exposed to. This is what would happen if your child was not immunized, gets measles. Bring it back to what we know and what we can do to prevent the infections that they have.

**Moderator:** All right. So, let me, the next question that we have, and I think this will be our last question that we have time for this morning - can you tell us more about why corrective approaches to explaining science does not work that well?

**Dr. Suryadevara:** That is also a great question. I don't have the why as to why that is, but we do have the answer to, is this what happens. Studies have shown, particularly, I have read a lot about corrective messaging with the MMR vaccine, when there was all those concerns about MMR and autism. And while we know there's no link, the parents are still citing that as the reason. And essentially, when parents are concerned about vaccines, and they give us those reasons... when we
knock those reasons down and say we have an answer for that, we have an answer for that, we have an answer for that, it is going to – maybe they will be able to correctly answer the scientific information that we are trying to relay, but it does not make them want to vaccinate. It actually pushes them to the other side. So, corrective messaging may provide the right information, but we are not using the right tactic to make them want to vaccinate. They will find another reason to say well now I’m not vaccinating because of this or not vaccinating because of that. So, it is very important not to be too pushy with all the data. Especially if that's not the underlying reason why the parents are not accepting vaccines.

So, there is definitely a lot of evidence showing that quick corrections, a quick push of data and saying, see I was right, this is what you need to do, does not work. Whereas, if you are softer about it, you really try to delve deeper into what the concerns are. And again, talking about the disease that we don't see very often that we are vaccinating against, may alter that benefit-risk perception for the disease and then for the vaccine as well. So that is a great question. But we know that purely correction is not effective. And having more of a discussion and trying to really delve deeper is what works.

**Moderator:** I think we have heard that consistently in a number of different disciplines in medicine over the recent years. So, thank you for that answer and thank you for all of the information you have shared with us today. I think this is been a very timely and very important broadcast and discussion. Thank you.

I would also like to thank you very much for joining us today, and for making us your ongoing public health resource for continuing education. Please remember to fill out your evaluations online - your feedback is always helpful to the development of our programs. Continuing education credits are available for today's program for a limited time. To obtain CNE, CME, or CHES continuing education hours, learners must visit phlive.org and complete an evaluation and posttest for today's offering. This webcast will be available on demand on our website within two weeks of today's show. Our next webcast, Breastfeeding Grand Rounds is on September 17. Upcoming topics are available at phlive.org. Information on *Public Health Live!* and other relevant health topics can be found on our CPHCE Facebook page and Twitter feed. Don't forget to like us on Facebook and follow us on Twitter to stay up-to-date. You can also let us know how you use *Public Health Live!* by taking a brief survey at phlive.org. I am Rachel Breidster, thanks for joining us on *Public Health Live!*