

Navigating Parental Hesitancy

Vaccines have been proven a major public health success, eliminating some childhood diseases from the United States and significantly reducing the incidence of many others. Despite this success, and perhaps sometimes because of it, some parents have concerns about the necessity and safety of vaccines and are reluctant to have their children vaccinated. Pediatricians report that parental vaccine hesitancy is one of the most common barrier to vaccinating patients. Despite the development of many methods to talk to parents about vaccines and research to determine what is most effective, no clear answer prevails. This resource is meant to inform you of what we know about communicating with parents and what information is still lacking, and options for addressing hesitancy in the practice.

What we know about vaccine-hesitant parents

Parents want to do what is best for their child, even those who question the safety or efficacy or vaccines. While every parent is different and not all methods of communicating work for every parent or physician, below is a brief review of parental immunization attitudes.

Types of parental immunization attitudes:¹

Parent Type	Belief about vaccines	Percentage of Parents
Immunization Advocates	Strongly agree vaccines are necessary and safe	33%
Go Along to Get Alongs	Agree vaccines are necessary and safe	26%
Health Advocate	Agree vaccines are necessary but are less sure about their safety	25%
Fence-sitters	Who slightly agree that vaccines are necessary and safe	13%
Worrieds	Slightly disagree that vaccines are necessary and strongly disagree that vaccines are safe	3%

Parents are requesting delayed vaccines

- In a 2013 AAP Periodic Survey, 87% of pediatricians reported encountering parents who delayed vaccines. This has increased since 2006, when 74.6% of pediatricians reported such requests.²
- In a typical month, virtually all pediatricians will encounter a request for a vaccine delay.³

¹ Gust, et al. *American Journal of Health Behavior*, 2005. <http://www.ncbi.nlm.nih.gov/pubmed/15604052>

² AAP Periodic Survey of Fellows #84. 2013. <https://www.aap.org/en-us/professional-resources/Research/pediatrician-surveys/pages/Periodic-Survey-List-of-Surveys-and-Summary-of-Findings.aspx>

³ Kempe, et al. *Pediatrics*, 2015. <http://pediatrics.aappublications.org/content/135/4/666.full?sid=e5e319be-0e28-4c5f-acdd-97a7003435b2>

Parents trust the advice of their pediatricians

- A 2010 study by Moseley, Freed, and Goold found that 98% of parents surveyed followed the advice of their pediatrician. Of these, nearly 95% reported following their pediatrician's advice completely.⁴
 - Mothers were the second best sources of information for parents in this study. Less than 27% of respondents who reported taking their mother's advice followed in completely.
- Confidence in pediatricians' advice about vaccine is correlated with parents' acceptance of vaccines⁵
 - Nearly 97% of parents who accepted vaccines reported trusting their pediatrician's advice about vaccines.
 - 69% of parents who delayed vaccines reported trusting their pediatrician's advice about vaccines.
 - Only 38% of parents who refused vaccines reported trusting their pediatrician's advice.
- All types of parents perceived that the pediatrician discussed the benefits of vaccines more than the risks.
 - Of the three groups of parents reported that benefits of vaccines were discussed:
 - Nearly 89% (parent who refused vaccines)
 - 90% (parents who delayed vaccines)
 - 76% (parents who accepted vaccines)
 - Of the parent groups reporting that risks of vaccines were discussed:
 - Nearly 27% (parents who refused vaccines)
 - Nearly 42% (parents who delayed vaccines)
 - 51% (parents who accepted vaccines)

Other information about parent decision-making behaviors

- Parents begin making decisions about their child's vaccines before the child is born (during or before pregnancy)¹
 - Parents who refused or delayed vaccinations were at least twice as likely to report that they thought about vaccines before their child was born.¹

What have we learned about pro-vaccine messages:

- Pro-vaccines messages don't always work as intended.⁶
 - The effectiveness of messages may depend on the receiver's attitude of the message.
 - Corrective messages were found to clarify misperceptions about some vaccine side effects, but actually reduced intent to vaccinate among parents.

⁴ Moseley KL, Freed, GL, Goold, SD. *Clinical Pediatrics*, 2010. <http://www.ncbi.nlm.nih.gov/pubmed/20837618>

⁵ Glantz, et al. *Academic Pediatrics*, 2013. <http://www.ncbi.nlm.nih.gov/pubmed/24011751>

⁶ Nyahn, B, Reifler, J, Richey, S, Freed, GL. *Pediatrics*, 2014.

<http://pediatrics.aappublications.org/content/early/2014/02/25/peds.2013-2365>

What has been learned about messages that attempt to increase awareness of the dangers of vaccine-preventable diseases:

- Presenting information about the dangers of disease actually increased misperceptions about vaccines.⁶

Models for addressing vaccine hesitancy:

Several models have been identified to help pediatricians and other vaccine-providers navigate parent questions about vaccines. These have not been proven to be effective; more information is needed about their effectiveness, but they can be tried in practice.

Presumptive Vs. Participatory Recommendations

Researchers found that pediatricians who provided a "presumptive recommendation" – informing parents that shots are due, rather than a "participatory recommendation" – asking what the parent thinks about shots, were more likely to see parents accept vaccines.⁷

Participatory recommendations include:

- "Do you want to vaccinate your child today?"
- "What do you think about vaccines?"
- "Would you like to hear about the vaccines we offer for today's visit?"

Presumptive recommendations include:

- "Today your child is due for 2 vaccines. We will be giving MMR and Varicella."
- "It's time for an annual influenza vaccine. Your child is old enough to receive either the inactivated shot or the live nasal spray."

CASE⁸

CASE is an acronym for Corroborate, About Me, Science, Explain/Advise. The model suggests a conversation that includes the following:

- **Corroborate:** Acknowledge the parents' concern and find some point on which you can agree. Set the tone for a respectful, successful talk.
- **About Me:** Describe what you have done to build your knowledge base and expertise.
- **Science:** Describe what the science says.
- **Explain/Advise:** Give your advice to patient, based on the science.

One way to use the CASE is modeled below.

Parent Question:

Do vaccines cause autism?

CASE Response:

- **Corroborate:** I understand why you might think this. There is a lot of information online and in the news about vaccines and autism.

⁷ Opel, et al. *Pediatrics*, 2013. <http://pediatrics.aappublications.org/content/early/2013/10/30/peds.2013-2037.abstract>.

⁸ Singer, Alison. Autism Science Foundation. <http://www.autismsciencefoundation.org/>

- **About Me:** I like to make sure that I always have the most up-to-date information on this topic so I can inform families about what we do know about vaccines and autism, so I've researched this thoroughly.
- **Science:** The scientific evidence does not show any link between vaccines and autism. There have been several studies that have looked for a connection, but none has been seen. The CDC, the AAP, the National Institutes for Health, and the Institute of Medicine agree that vaccines do not cause autism.
- **Explain/Advise:** But vaccines are critical to maintaining health and wellbeing. They prevent diseases that cause real harm. Choosing not to vaccinate does not protect children from autism, but it does leave them vulnerable to diseases. I would recommend that your child receive these vaccines today.

Why don't we know more about what works?

The decision to vaccinate is complicated and personal to many. Since parents have such different ideas about vaccines as well as different backgrounds and different personalities, there is not likely going to be one message that fits all. Research (such as the table above that identifies different groups of parents and how they tend to think about vaccines) is helpful for us to better understand parents, but doesn't provide all the answers. Some communication models and specific messages have been tested, but most remain untested because such projects require significant resources, including funds that aren't available for every message or model. Messages that have been tested haven't shown a level of effectiveness that warrants a recommendation for their widespread use. Message testing will continue as resources allow and may yield more clear answers in the coming years.

With so few answers, what can pediatricians and other vaccine-providers try?

- Pediatricians should continue to dialogue with parents and keep the conversation about vaccines going.
 - Decisions about vaccines are not made at one point in time (or in one clinical encounter). They often begin even before a pregnancy, and continue throughout a child's life.
 - Absolute vaccine refusers most often will not be convinced to vaccinate. Carefully consider how much time to spend discussing vaccines with these parents.
- Pediatricians should make a strong recommendation for all vaccines. A strong recommendation can make some parents more likely to accept a vaccine.
 - Be respectful of parents' concerns and values, balance this respect with strong recommendations to avoid pushing too hard.
- It is important to have office staff support your vaccination efforts. Train them on what to say or not to say to parents.
- It may be wise to conduct your own small tests with messages about vaccines in your practice. This is especially true before talking with resistant or skeptical parents.⁴
 - The [Community of Immunizers](#) provides a practice improvement project that may help you conduct these tests.
- Different types of messages work better for different types of parents. It is important to assess beliefs before selecting a message to provide to parents.