Communicating Effectively With Vaccine-Hesitant Parents

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A growing issue that pediatricians and other pediatric healthcare providers encounter is parents who are hesitant to allow their children to have some or all recommended vaccinations, or who would prefer to delay one or more vaccinations. A survey conducted by the American Academy of Pediatrics (AAP) in 2013 showed that 87 percent of pediatricians had encountered parents who refused a vaccine — an uptick of 12 percent since 2006.¹

One highly publicized reason for vaccine hesitancy is fear that vaccines cause or contribute to autism. Yet, this is not the only reason that some parents hesitate to immunize their children. Research shows that vaccine-hesitant parents are diverse, and numerous concerns and beliefs contribute to their hesitancy. Examples of barriers to vaccination include:²

- Concerns about adverse reactions
- Fears about causing a child pain
- Unease about the number of vaccinations required
- Concerns about vaccine additives
- Lack of awareness about the severity of the diseases being prevented
- Apprehension related to the thoroughness of vaccine research
- Concerns about freedom of choice and freedom of religion
- Distrust of the government, pharmaceutical companies, and healthcare officials
- Concerns about vaccine effectiveness
Further, vaccine-hesitant parents may have “varying degrees of indecision about specific vaccines or about vaccinations in general.” Because of the complexity involved in these issues, pediatricians and other pediatric providers might have to spend time educating, raising awareness, providing guidance, and possibly navigating difficult or even contentious conversations with their patients’ parents.

Pediatric healthcare providers might feel frustrated because of the propagation of misinformation and the time commitment required to discuss vaccination concerns during already-busy schedules. However, recent disease outbreaks of measles, whooping cough, mumps, and other contagious illnesses highlight the importance of these conversations.

The fact that many parents consider their children’s healthcare providers a trusted source of information about vaccines and seriously consider their providers’ recommendations when making vaccination decisions for their children further emphasize the value of these interactions.

**Strategies for Improving Communication With Vaccine-Hesitant Parents**

Pediatricians, nurse practitioners, physician assistants, nurses, and other clinical staff can employ numerous strategies, as described below, to improve communication with vaccine-hesitant parents and nurture a collaborative and patient-centered relationship.

**Listen and Acknowledge**

Parents who feel like their pediatric providers are listening to their concerns, acknowledging potential worries, and respecting their points of view are generally more likely to listen to their providers’ recommendations. Yet, communication issues continue to be problematic in pediatrics and many other healthcare specialties.

A recent study showed that doctors interrupt or redirect patients within 11 seconds of telling their stories. These interruptions can impede efforts to gather sufficient patient information, and they can make parents feel disrespected and ignored. To prevent dysfunctional communication, sit down with the parents to discuss their child’s care, allow adequate time for dialogue, and repeat important information to confirm that you understand their concerns and points of view.
Additionally, be aware of how nonverbal communication can affect the provider-parent encounter. Fidgeting, avoiding eye contact, or constantly looking at a computer screen might be construed as dismissive. Certain facial expressions might be considered judgmental (e.g., raising eyebrows, smirking, or head shaking), which may cause parents to withhold concerns or be less willing to listen to the provider’s advice or guidance.

**Provide Information in Plain Language**

Many of the misconceptions about vaccines highlight issues related to health literacy and patient (or, in this case, parent) comprehension of health information. People of all ages, races, cultures, incomes, and educational levels struggle with health literacy, and many adults have trouble understanding and using the health information that is routinely available in healthcare facilities. Language barriers, cultural values, religious beliefs, and other factors also might hinder the communication process and understanding.

To address these issues, use layman’s terms and avoid medical jargon when discussing vaccinations with parents. Present the most important information first, and gauge parental understanding using a technique such as “teach-back” or “repeat-back” to ensure that parents completely understand clinical information and recommendations. As appropriate, personalize written educational materials based on health literacy needs, specific concern, and cultural and/or religious beliefs. Many professional associations, healthcare organizations, and government agencies — such as the AAP, HealthyChildren.org, the Immunization Action Coalition, and the Centers for Disease Control and Prevention (CDC) — offer free plain-language materials about vaccines.

Remember that the principles of plain language focus on communication that is clear, concise, and logically organized. Plain language is not “dumbing down” information, and the tone of communication should not sound condescending.

For more information about health literacy and plain language, visit plainlanguage.gov and the CDC’s Health Literacy Basics webpage.
**Try Communication Techniques**

*The Presumptive Approach*

One communication method that has proven effective with vaccine-hesitant parents is taking a presumptive approach rather than a participatory approach. A presumptive approach assumes that parents are planning to accept vaccine recommendations, which most do.⁷ Inform the parents about what shots are scheduled for that visit rather than initiating a broad discussion regarding their thoughts on vaccines. The CDC offers the following examples:⁸

- **Say:** “Your child needs three shots today.”
- **Don’t say:** “What do you want to do about shots?”
- **Say:** “Your child needs DTaP, Hib, and Hepatitis B shots today.”
- **Don’t say:** “Have you thought about the shots your child needs today?”

Although the presumptive communication method has proven effective, a clinical report from the AAP cautions that this approach might not work well with all parents; thus, pediatric providers should use the presumptive approach based on their own judgment and experience with patients and their parents.⁹

*The CASE Approach*

Another communication model that pediatric providers can use to communicate with parents who have concerns about vaccines is CASE, which was developed by the cofounder and president of the Autism Science Foundation. Likened to an “elevator speech,” CASE has been noted as a rapid, useful technique for addressing parental vaccine concerns.¹⁰ The acronym CASE stands for:¹¹

- **Corroborate:** Acknowledge the parents’ concern and find some point on which you can agree. Set the tone for a respectful, successful talk.
  - For example: “I understand why you are so concerned about this vaccine. There is a lot of conflicting information in the media. Let’s talk about it more because we both want what is best for your child.”
• **About Me:** Describe what you have done to build your knowledge base and expertise.
  ▪ For example: “Because of the concerns my patients’ parents have, I’ve kept up with the latest research on these issues. As a pediatrician, I’m dedicated to understanding vaccine benefits and risks and have followed these issues for many years.”

• **Science:** Describe what the science says.
  ▪ For example: “Like any treatment, vaccines are not without risks, but no evidence shows that they contribute to autism. Also, vaccinations are the best way to prevent your child from getting some serious diseases.”

• **Explain/Advise:** Give your advice based on the science.
  ▪ For example: “Based on the research and benefits versus risks, I recommend your child receive these vaccinations on schedule.”

An article about implementing the CASE approach notes that this technique helps pediatric providers connect emotionally with parents. Rather than immediately opposing their viewpoint, which may seem dismissive, challenging, or arrogant, the provider acknowledges the validity of the parents’ concerns and finds common ground on which to build an effective partnership.12

**Discuss Benefits and Risks**

Discussing benefits and risks of proposed treatments, therapies, or medications — including vaccinations — is an essential part of educating parents and involving them in their children’s care. Pediatric providers should make parents aware of potential adverse outcomes related to vaccinations (e.g., allergic reactions, fever, rash, soreness, headaches, tiredness, etc.) as well as the beneficial aspects of immunizations.

For parents who have concerns or are hesitant to vaccinate their children, pediatric providers can provide more in-depth information, such as how vaccines work (including the concept of herd immunity), how vaccines are tested and monitored for safety, and the rationale behind the recommended childhood immunization schedule. AAP recommends talking to parents about the successes of vaccines rather than focusing on the number of deaths from lack of
immunization, noting “Parents often are more likely to be persuaded by stories and anecdotes about the successes of vaccines. Personal examples of children who were sick with vaccine-preventable illnesses can be much more effective than simply reading the numbers of children infected with a disease each year. . .”13

Written educational materials also can help raise awareness and reinforce essential information about vaccinations. Federal law requires that healthcare staff provide Vaccine Information Statements (VISs) to patients, parents, or legal guardians before each dose of certain vaccines.14 In addition to the provision of VISs, pediatric providers can also direct parents to educational print and digital materials about vaccines from credible sources, such as the AAP, the CDC, the National Academy of Medicine, and the Institute for Vaccine Safety.

Encourage and Be Prepared for Questions
Pediatric providers should encourage parents to ask questions and request clarification about immunizations, and providers should be prepared to answer parents’ questions about the safety, efficacy, and necessity of vaccinations. The CDC notes that parents might have specific questions related to:15

- The vaccine schedule and number of vaccinations
- The dangers of vaccinating infants
- Known and unknown short-term and long-term side effects of vaccines
- The correlation between vaccines and serious conditions
- Vaccine dosages
- Natural immunity versus immunization

To assist in answering these questions, the CDC has developed a resource for healthcare providers called Preparing for Vaccine Questions Parents May Ask. Additionally, AAP offers a factsheet titled Preteen Immunization: Addressing Common Concerns.

Pediatric providers also should be prepared to discuss state laws related to vaccination for childcare or school entry as well as the purpose of these laws (e.g., to prevent the spread of
harmful diseases among members of the same population and to protect individuals who are unvaccinated due to medical reasons or who have compromised immune system.)

Although all 50 states, the District of Columbia, and Puerto Rico require proof of immunization for childcare and school attendance, state laws vary as to potential medical and nonmedical exceptions to vaccination requirements. Providers should be prepared to answer questions parents might have about state-specific regulations.

**What If Parents Refuse or Delay Recommended Vaccinations?**

Even after using the strategies described herein, some pediatric providers will encounter parents who refuse some or all vaccinations or do not want to follow the recommended immunization schedule. When these situations occur, the following guidance can help pediatric providers promote ongoing communication and collaboration with parents and reduce potential liability risks.

- Document all conversations about the risks and benefits of vaccinations and the provision of VISs and other educational materials in the patient’s health record.
- Consider using an informed refusal form to document each time parents refuse a vaccination for their child. See the AAP’s sample Refusal to Vaccinate form.
- Continue discussions about the importance of vaccinations, safety considerations, and parental concerns at subsequent patient visits. Provide strong, consistent recommendations during each conversation.
- Educate parents about the signs and symptoms of vaccine-preventable diseases and the steps they should take if their child becomes sick.
- Inform parents about their responsibilities to their child and others if they refuse or delay vaccinations (e.g., informing healthcare personnel, childcare providers, and schools about the child’s vaccine status). Consider using CDC’s educational handout, *If You Choose Not to Vaccinate Your Child, Understand the Risks and Responsibilities.*
- Discuss any extra precautions that parents need to take before bringing their child to the pediatric practice or another healthcare facility (e.g., notifying staff in advance).
- Put a flag or electronic alert on the records of patients whose parents have refused or delayed vaccinations. Alerts can serve as an indication to have a follow-up discussion about vaccinations and provide a reminder to the provider about the patient’s vaccine status if he/she presents with an illness.

Some pediatric providers may ultimately decide to dismiss patients whose parents refuse or delay some or all vaccinations. Pediatricians and professional organizations continue to debate the benefits versus potential adverse outcomes of this approach. Although the AAP recognizes patient dismissal as an acceptable option, it recommends that pediatric providers not make this decision without serious and diligent deliberation. Further, the AAP states “the same legal and ethical constraints exist to dismissal for any permissible reason, including failure to vaccinate. Dismissal must be conducted in a manner consistent with applicable state laws prohibiting abandonment of patients.”

For more guidance related to dismissing patients, see MedPro’s *Terminating a Provider-Patient Relationship* guideline.

**In Summary**

Research shows that pediatricians and other pediatric providers will likely encounter vaccine-hesitant parents during the course of their practice. Although these parents might have questions about the safety, efficacy, and necessity of vaccinations, their hesitancy does not necessarily indicate a refusal to vaccinate.

Pediatric providers should consider various approaches and strategies for communicating with vaccine-hesitant parents in a clear, respectful way. Doing so will help strengthen the provider-parent partnership and support developing collaborative treatment goals for pediatric patients.
Endnotes


2 Ibid.

3 Ibid.


7 Centers for Disease Control and Prevention, Talking with parents about vaccines for infants.

8 Ibid.

9 Edwards, Countering vaccine hesitancy.


13 Edwards, Countering vaccine hesitancy.


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16 AAP Committee on Practice and Ambulatory Medicine, AAP Committee on Infectious Diseases, AAP Committee on State Government Affairs, AAP Council on School Health, AAP Section on Administration and Practice Management. (2016). Medical versus nonmedical immunization exemptions for child care and school attendance. *Pediatrics, 138*(3), e20162145

17 Edwards, Countering vaccine hesitancy.