

VACCINE UPDATE FOR PROVIDERS



KEEPING YOU UP TO DATE ON VACCINE-RELATED ISSUES EVERY MONTH

8 TIPS FOR STANDARDIZING THE APPROACH TO VACCINE CONVERSATIONS

Originally published in Vaccine Education Center's Vaccine Update, March 27, 2025

Given the quantity of vaccine-related topics in the news these days, we decided to switch things up for the March “From the media” story by sharing the essence of our response to a healthcare provider who contacted us for ideas and information related to practice-level efforts to standardize their approach to vaccine conversations in the current media environment. We hope you will find these tips to be helpful for both one-on-one patient conversations and standardizing practice-level approaches to vaccine conversations.

Tip #1: Personal interactions are critical.

Whatever your approach, it is important to realize that the personal interaction is critical — even if in the short window allowed by appointment slots. One of the reasons that anti-vaccine messaging has gained momentum is because people feel heard and supported in their shared concerns. The good news here is that most families trust their healthcare providers, so you and your team have opportunities for your message to be valued and positively received as long as people feel they are being heard and respected in their concerns.

Tip #2: Expect questions.

When thinking about families and vaccine decisions, think about a bell-shaped curve where the tails represent the extremely positive and negative viewpoints about vaccines. The remaining 75% to 90% of people are in the middle. They are not anti-vaccine; they are not even necessarily vaccine hesitant. They are just looking for answers to their concerns or explanations related to something they have heard. If you and your team go into every interaction expecting questions, it will help you mentally reframe the questions as coming from the large middle rather than from an anti-vaccine, or even vaccine-hesitant, parent or patient.

Tip #3: Vaccines are still the social norm.

Talk with families about the fact that vaccines continue to be the social norm — most families still vaccinate. National Immunization Survey (NIS) data indicate that 99% of kids get at least some vaccines by 24 months of age. (See table 1, “no vaccinations” data.)

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Tip #4: Share your vetted vaccine information.

You can also discuss the fact that your team reviews vaccine information as well, not only for your patients but because you are giving vaccines to your own families. Consider providing a short list of resources that you have found to be helpful and accurate during your vetting process; this does two things. First, it demonstrates that you, like them, approach vaccine information with a healthy skepticism. Second, it gives them a list of places that you know have accurate information rather than having them “Google” it. You can also consider providing this list on your website or in new patient packets. We have a large list of websites that can help with building your own practice’s short list. Of note, some families will not accept information from the CDC; this may change if they think the new leaders are more trustworthy, but you will want to consider your families and the current information climate when you create your list.

Tip #5: No one resource will work for everyone.

Because people have different questions, as well as different preexisting filters related to vaccines, a single resource is not going to work for everyone. If you provide a single piece of information to all families, this could make some feel as though their concerns are not being heard or are being dismissed. It could also result in them still having questions even after viewing the resource. One option to address this would be to consider sharing a general, yet comprehensive resource, like a website or a mobile app, where they can navigate around to get their own answers. However, even if you do this, you will still want to ensure that they have an opportunity to ask outstanding questions or get reassurance from your team (see Tip #1).

Tip #6: Consider other ways to address questions.

If the length of appointments does not easily lend itself to vaccine conversations, consider offering other opportunities for families to get their questions answered. This plan could include multiple providers working together to spread the effort across team members. Some ideas include offering vaccine-specific office hours, hosting periodic town halls or virtual sessions, or having an electronic means to submit questions, such as via email or a website form. You could also share other sources where vaccine questions can get answered. For example, the VEC’s website and mobile app give people opportunities to email us questions, and we answer them. However, if you suggest other sources for getting questions answered, it is important to still follow up and avail yourself and your team for addressing questions because their trusted relationship is with you.

Tip #7: Don’t forget about VIS.

As you are aware, Vaccine Information Statements (VISs) are legally required before any vaccinations. So, even as you consider your approach, be sure these are still part of the process.

Tip #8: Create a practice-level vaccine policy.

You can find sample policies and templates on the Immunize.org website, including a record of vaccine declination and sample vaccine policy statement.

See a copy of this
article online for
links to resources.

