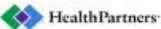




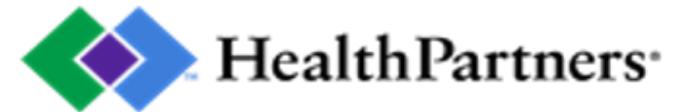
# Deeper Dive:

## How You Can Be a Vaccine Advocate 2.0

Plans Collaborative



# MN Health Plans Collaborative



# Introductions

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Please introduce yourself in the chat while you get to know Carly, Karen, and Tabitha.



**DEPARTMENT  
OF HEALTH**



# Objectives



- Understand how a vaccine decision is made.
- Develop and apply effective strategies for discussing vaccines with families.
- Further increase confidence in navigating questions or concerns from families.
- Understand how to locate and share reliable vaccine resources for families.



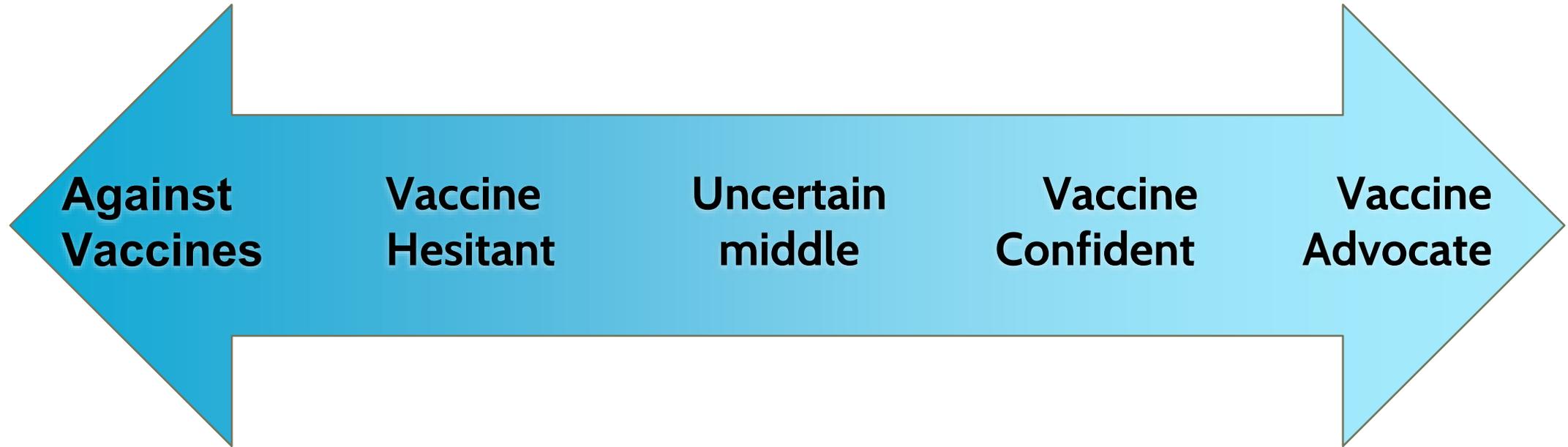


# Health Decisions

It isn't always what we assume it is



# Confidence Spectrum

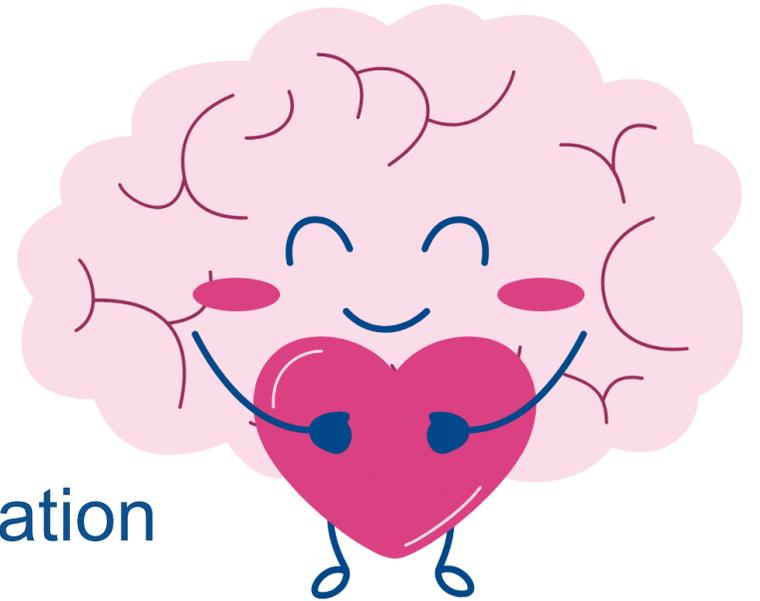


# Not Just the Facts

Vaccine decisions are shaped by:

- fear and uncertainty
- trust (or mistrust)
- stories from friends/family/social media
- past experiences with healthcare
- feeling overwhelmed by too much information
- cultural influences

**If we only give facts, we may miss what's really driving the decision**



# Pressure Backfires

People are more likely to agree when it is their decision

- Pressure can trigger “digging in,” even when the person cares about health
- People are more motivated when the choice feels like their decision
- Our goal isn’t to force agreement — it’s to keep the door open



# What's Their Reason?



People are more persuaded by what they hear themselves say

**Vaccine conversations go better when someone talks about:**

- what they want (e.g., “I want my baby healthy”)
- what matters to them (e.g., “I want to be a good parent”)
- what worries them (e.g., “I’m scared of regret”)

**Our job is to make space for their reasons to come out**



# What Shapes Vaccine Decisions



## Factors in vaccine decision-making

- “Could this happen to me?” (Perceived **susceptibility**)
- “How bad would it be?” (Perceived **severity**)
- “Would this actually help?” (Perceived **benefits**)
- “What’s in the way?” (Perceived **barriers**) — pain, cost, fear, time, side effects
- “Can I do it?” (**Self-efficacy**) — confidence to follow through
- “Why now?” (**Cues to action**) — reminders, a trusted recommendation, news, an outbreak



# The Stages of Vaccine Readiness

People move through stages of readiness:

- not considering vaccination
- thinking about it
- preparing
- taking action
- maintaining confidence over time

People may move **forward and backward** depending on new experiences

**Our job is to meet people where they are**



# Advancing Our 4-A Skills



These theories fit with our 4-A Method

- Ask (what they're thinking and feeling)
- Acknowledge (what makes sense in their concern)
- Affirm (their values, intentions, effort)
- Answer (share info with permission, without pressure)





# Reflective Listening

building empathy by hearing someone



# Reflective Listening



**Showing you understand before you respond**

It helps people feel:

- heard
- respected
- less defensive



It prevents the conversation from turning into a debate



# Reflective Listening In Action



## How it works

- Name the feeling: “That sounds stressful/scary/overwhelming.”
- Summarize the concern: “So your main worry is \_\_\_\_.”
- Check accuracy: “Did I get that right?”
- Slow down the pace: pause, let them confirm or correct

## Why it works

- Builds trust by showing you’re listening with empathy



# Helpful Phrases



## Reflect the concern

- “It sounds like your biggest worry is \_\_\_\_.”
- “What I’m hearing is that you’re concerned about \_\_\_\_.”
- “So the part that feels most risky to you is \_\_\_\_.”

## Reflect the emotion

- “That sounds really stressful.”
- “I can see why that would feel scary.”
- “It makes sense that you’d feel overwhelmed.”



# Reflections Give Them Power



## Check you got it right

- “Did I get that right?”
- “Am I understanding you correctly?”
- “Is there anything I’m missing?”

## Invite them to keep talking

- “Tell me more about what led you to that.”
- “What have you heard that stuck with you most?”
- “What would help you feel more confident?”





# Revisiting the 4-As

Ask, Acknowledge, Affirm, Answer



# Refresher: the VFV method



Remember to do 4-A:

- ASK** → Ask open-ended questions that help you learn more about their concerns
- ACKNOWLEDGE** → Recognize that the person you're talking to already has knowledge, and acknowledge points of agreement on facts.
- AFFIRM** → Support them on their path to finding answers about their health
- ANSWER** → Get permission to share what information that may address their concerns



# Ask



Probe deeper to build trust and learn more about the concern:

- How do you usually feel when you get vaccinated?
- What have you heard about the flu vaccine that makes you concerned?
- How could you plan ahead to time the flu shot to make it less disruptive?



# What Asking Does



You're learning which belief is driving hesitation:

- “Could this happen to me?” (risk)
- “How bad would it be?” (severity)
- “Would it help?” (benefits)
- “What’s in the way?” (barriers)

You're checking readiness (not ready vs. considering vs. ready soon)

You're asking open-ended questions that invite the full story

- Avoid rapid-fire questions that feel like an interrogation



# Use Reflective Listening Here



Reflective listening helps you get the right concern

## It sounds like:

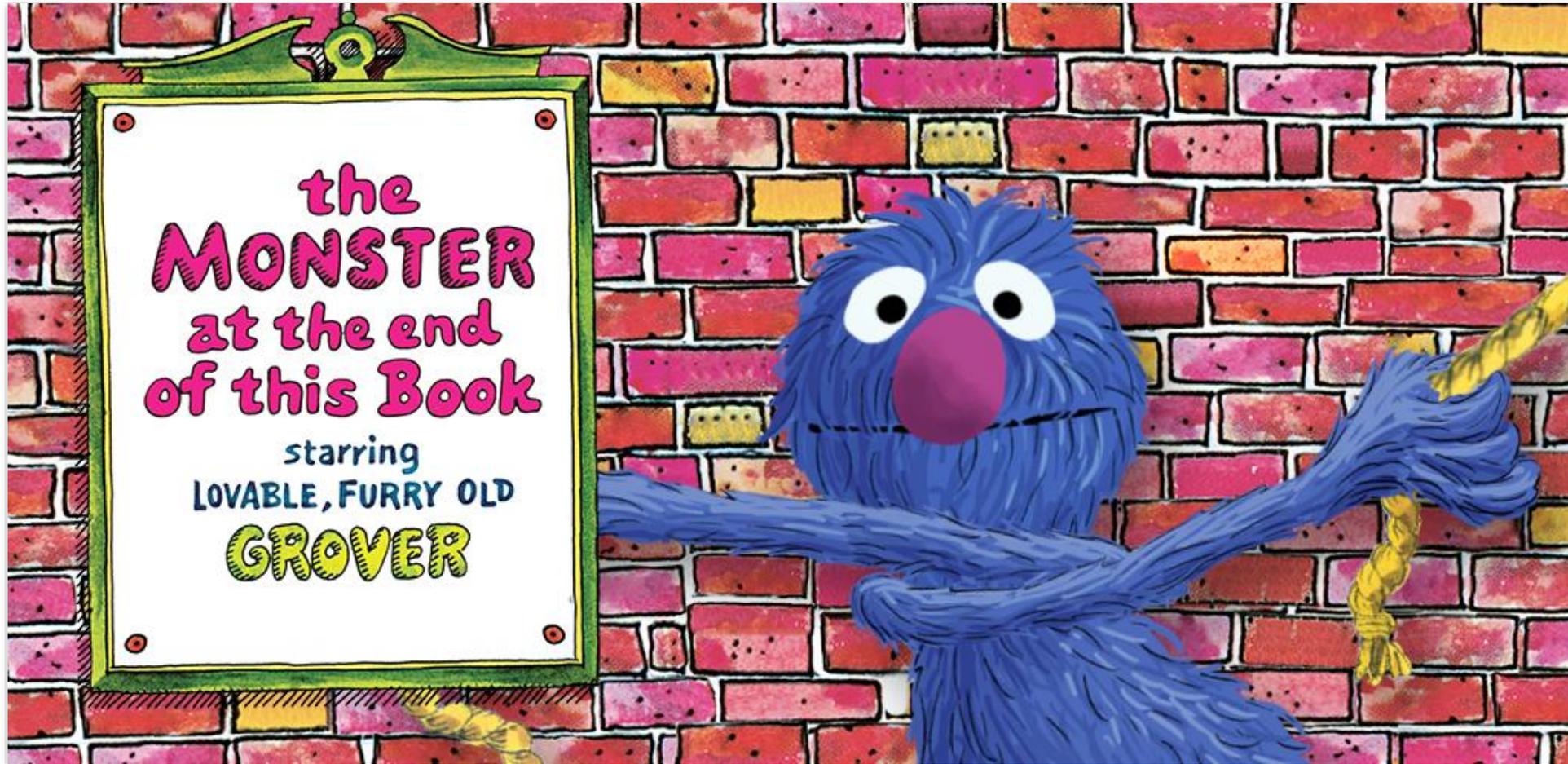
- “So you’re worried about side effects more than the disease itself.”
- “It sounds like trust is the biggest issue, not the vaccine schedule.”

## End reflections with a check:

- “Did I get that right?”



# STAY WHERE YOU ARE



# Scenario 1:



## Daycare Pickup

- Two parents are talking at daycare pickup. One parent is new to the area, juggling a job transition, and trying to get childcare lined up fast. They just received an email from daycare about immunization records and deadlines.

## Prompt:

- “I hate how daycare basically forces vaccines. It makes me not want to do it even more.”

## What questions do you ask?

- Come up with a few questions that could reveal their motivations.



# Acknowledge

Build on agreement and common purpose:

- You're right. Some people do feel a little tired and worn out after getting the flu shot.



# What Acknowledging Does



Acknowledging reduces resistance so people can think more clearly

- It helps with ambivalence (mixed feelings are normal)
- It keeps the conversation from becoming a debate (which increases refusal)

You're showing acceptance so they don't have to "fight" you



# How to Acknowledge



Acknowledge what's true or understandable:

- “You’re right — side effects can happen.”
- “It’s hard to know what to trust right now.”
- “A lot of people feel overwhelmed by conflicting information.”

What to avoid:

- “That’s ridiculous.”
- “You’re wrong.”
- “Stop believing everything online.”



# Scenario 2:



## A Mother is Unsure About Vaccines

- A Saturday playdate at a park. One mother's baby is 2 months old and has a pediatrician appointment coming up. She has been up at night scrolling through parenting forums and saw a post about "too many too soon." She's anxious and sleep-deprived.

### Prompt:

- "It just feels like babies get way too many vaccines too fast. Their bodies are tiny."

### Ask + Acknowledge

- What can you ask the mother and acknowledge about her concerns?

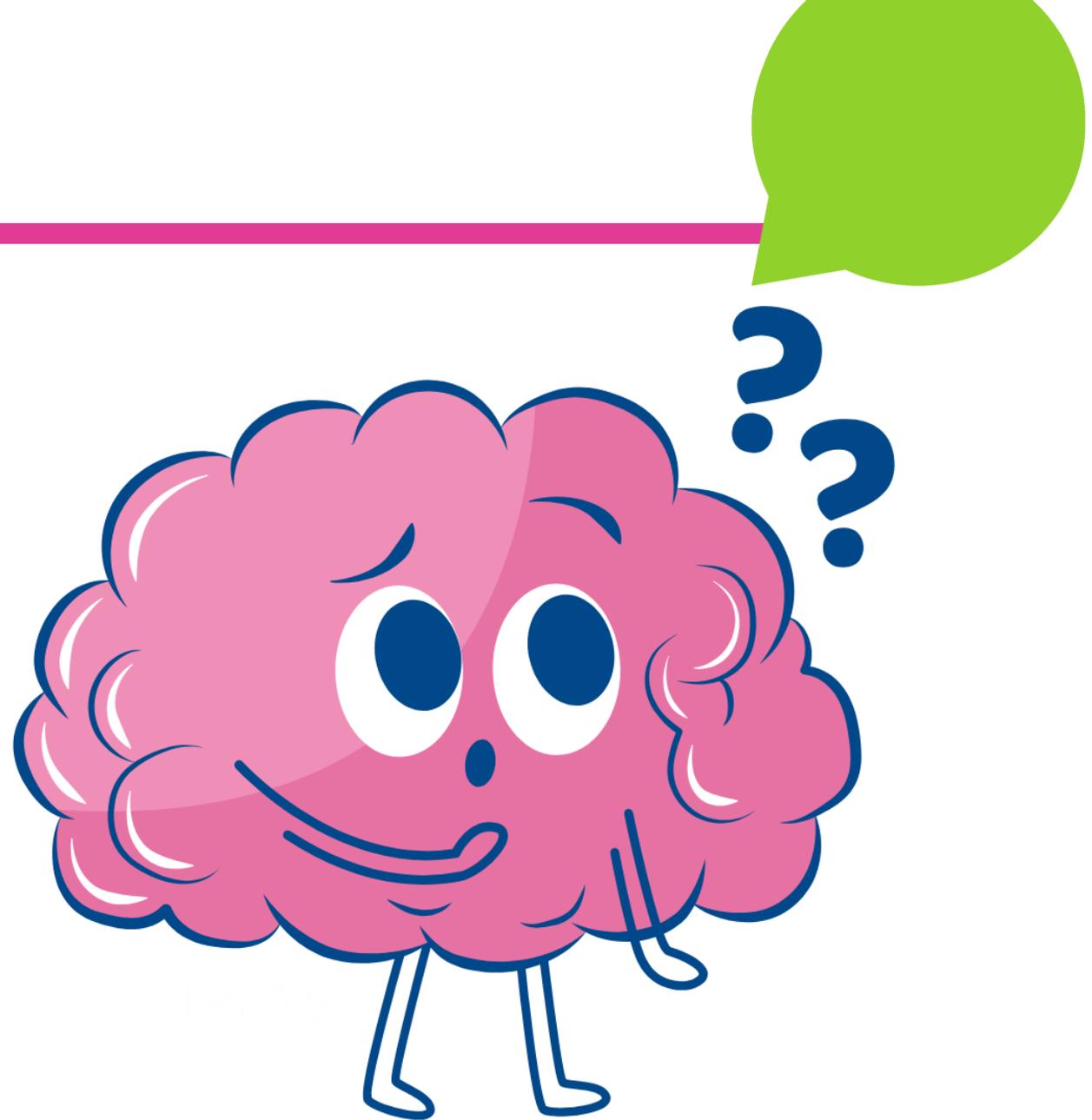


# Affirm

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Affirm their feelings and their journey to get answers:

- It's good to ask questions and talk about these things.
- It's normal to want to avoid things that will make us feel unwell.



# What to Affirm



## You can affirm:

- values (“You want to keep your family healthy.”)
- intentions (“You’re trying to do the right thing.”)
- effort (“You’ve been looking into this a lot.”)
- strengths (“You’re asking good questions.”)

## And you’re **NOT** affirming:

- misinformation
- conspiracy claims
- harmful advice



# Scenario 3:



## Online Rumors

- A parent sees a viral video on TikTok where someone claims their child “changed overnight after vaccines.” The comments are intense and emotional and they have a pediatrician visit next week. They message a friend privately because they’re embarrassed to ask.

## Prompt:

- I keep seeing these stories about kids changing after vaccines. I’m terrified of autism.”

## Ask, Acknowledge, Affirm

- What questions will lead you to acknowledge and affirm this parent’s journey?



# Pause for permission

This is sometimes referred to as **ask-offer-ask**:

- Would it be okay for me to share some reasons I get the flu shot?
- I looked into this, too. Do you want to know what I found out?
- I am not sure why this happens. Would it be okay for me to look into this?



# Answer



Presume that they know something about the issue, but not enough information about it:

- Even though the flu vaccine might make me feel a little tired afterwards, I know it can protect me from getting very sick from the flu, and that's a trade off I am willing to make.
- I learned that when our immune system responds to something new, we can feel the effects. With the flu vaccine, it's a little bit of tired. With the flu, it can be a lot of fever, body aches, coughing, and misery.



# Possible follow-up

Re-engage the person to elicit their opinions:

- Does my reasoning make sense to you?
- Do you have any new thoughts about the vaccine?
- Do you have additional questions?



# Your Answers Matter



“Answer” is where you address the specific belief that’s stuck:

- barriers (“Here’s what side effects usually look like...”)
- benefits (“Here’s what it protects against...”)
- risk/severity (“Here’s why doctors worry about this illness...”)

**The goal is to make the next step feel doable and worth it**



# When You Don't Know the Answer



Be honest (don't fake it)

- “I don't know the exact answer to that.”
- “I'm hearing that you want reliable information, not guesses.”
- “I don't want to give you incorrect information.”

Ask permission to follow up or look it up

- “Would it be okay if I looked that up and got back to you?”
- “Do you want me to look into what my sources say about it?”



# A Full 4-A Conversation



# AAP schedule

**Table 1** Recommended Child and Adolescent Immunization Schedule for Ages 18 Years or Younger, United States, 2026

These recommendations must be read with the **Notes** that follow. For those who fall behind or start late, provide catch-up vaccination at the earliest opportunity as indicated by the outlined purple bars. To determine minimum intervals between doses, see the catch-up schedule (Table 2).

Vaccine and other immunizing agents	Birth	1 mos	2 mos	4 mos	6 mos	8 mos	9 mos	12 mos	15 mos	18 mos	19–23 mos	2–3 yrs	4–6 yrs	7–10 yrs	11–12 yrs	13–15 yrs	16 yrs	17–18 yrs			
Respiratory syncytial virus (RSV-mAb [nirsevimab, clesrovimab])	1 dose during RSV season depending on maternal RSV vaccination status (See Notes)					1 dose nirsevimab during RSV season (See Notes)															
Hepatitis B (HepB)	1 <sup>st</sup> dose	2 <sup>nd</sup> dose			3 <sup>rd</sup> dose																
Rotavirus (RV): RV1 (2-dose series), RVS (3-dose series)			1 <sup>st</sup> dose	2 <sup>nd</sup> dose	See Notes																
Diphtheria, tetanus, and acellular pertussis (DTaP <7 yrs)			1 <sup>st</sup> dose	2 <sup>nd</sup> dose	3 <sup>rd</sup> dose				4 <sup>th</sup> dose			5 <sup>th</sup> dose									
Haemophilus influenzae type b (Hib)			1 <sup>st</sup> dose	2 <sup>nd</sup> dose	See Notes				3 <sup>rd</sup> or 4 <sup>th</sup> dose (See Notes)												
Pneumococcal conjugate (PCV15, PCV20)			1 <sup>st</sup> dose	2 <sup>nd</sup> dose	3 <sup>rd</sup> dose				4 <sup>th</sup> dose												
Inactivated poliovirus (IPV)			1 <sup>st</sup> dose	2 <sup>nd</sup> dose	3 <sup>rd</sup> dose							4 <sup>th</sup> dose									
COVID-19 (1vCOV-mRNA, 1vCOV-aPS)						1 or more doses of 2025–2026 vaccine (See Notes)							1 or more doses of 2025–2026 vaccine (See Notes)								
Influenza						1 or 2 doses annually (See Notes)										1 dose annually (See Notes)					
Measles, mumps, and rubella (MMR)						See Notes			1 <sup>st</sup> dose			2 <sup>nd</sup> dose									
Varicella (VAR)									1 <sup>st</sup> dose			2 <sup>nd</sup> dose									
Hepatitis A (HepA)						See Notes			2-dose series (See Notes)												
Tetanus, diphtheria, and acellular pertussis (Tdap ≥7 yrs)												1 dose									
Human papillomavirus (HPV)												2-dose series	See Notes								
Meningococcal (MenACWY-CRM ≥2 mos, MenACWY-TT ≥2years)												See Notes							1 <sup>st</sup> dose	2 <sup>nd</sup> dose	
Meningococcal B (MenB-4C, MenB-FHbp)												See Notes									
Respiratory syncytial virus vaccine (RSV [Abrysvo])																			Seasonal administration during pregnancy if not previously vaccinated		
Dengue (DEN4CYD: 9–16 yrs)																			Seropositive in areas with endemic dengue (See Notes)		
Mpox																					

 Range of recommended ages for all children

 Range of recommended ages for catch-up vaccination

 Range of recommended ages for certain high-risk groups or populations

 Recommended vaccination for those who desire protection

 Recommended vaccination based on shared clinical decision-making

# Reliable resources



- 1. Minnesota Department of Health:**
  - Reliable Sources of Immunization Information ([www.health.state.mn.us/people/immunize/basics/imminfo.html](http://www.health.state.mn.us/people/immunize/basics/imminfo.html))
  - Be a vaccine advocate! (<https://www.health.state.mn.us/people/immunize/basics/beavaxadvo.pdf>)
- 2. Voices for Vaccines:** Resources ([www.voicesforvaccines.org/resources/](http://www.voicesforvaccines.org/resources/)): Vaccine Quest and Becoming Trusted Messengers
- 3. Vaccine Your Family University:** <https://vaccinateyourfamily.org/vclp/>
- 4. Immunize.org:** [LetsGetRealAboutChildhoodVaccines.org](http://LetsGetRealAboutChildhoodVaccines.org)
- 5. American Academy of Pediatrics:** <https://www.healthychildren.org/English/Pages/default.aspx>
- 6. Children's Hospital of Philadelphia Vaccine Education Center** (<https://www.chop.edu/vaccine-education-center>)





# Questions about Hep B

4-A in Action



# What it looks like

---

“I am not sure I want my baby to get a Hepatitis B vaccine because I don’t think she needs it.”



# Ask



Probe deeper to build trust and learn more about the concern:

- Are you worried about more than whether or not she needs the vaccine?
- Can you tell me more about what you know about HepB?
- What have you heard about the Hep B vaccine and Hep B?



# Acknowledge

Build on their understanding:

- It's true that you tested negative for Hepatitis B, so your baby is at low risk.
- It's always your decision to vaccinate or not to vaccinate.



# Affirm

Affirm their journey to get answers:

- A lot of people have this same idea
- It seems reasonable to think about these risks
- It's completely normal to wonder what the benefits of these vaccines are



# Pause for permission



This is sometimes referred to as ask-**offer**-ask, but it is the most important part of answering a concern:

- Would it be okay for me to share some perspective about the risk of the disease for your baby?
- Would you like to discuss some of the scientific rationale for offering this vaccine?
- Can I tell you what I learned when I looked into the science surrounding this issue?



# Answer



Presume that the parent has some working knowledge on the issue, but incomplete information about it:

- Even though we test mothers for Hep B, about 1,000 babies in the U.S. get it each year, and most will have it for life, with a 90% chance of serious liver disease like cancer.
- The vaccine is well-tested and has a long history, so we know that no severe or serious side effects are associated with it.
- Even without risks for Hep B, your baby is still at higher risk from the disease than she would be from the vaccine.



# Follow Up



Once you have given them information, get their feedback about what they just heard:

- How does hearing about the risks of Hep B make you feel about the vaccine?
- Is there other information you are hoping to learn about Hep B and the vaccine?
- What do you think about my reasons for choosing this vaccine?





# Pitfalls

and how to avoid them

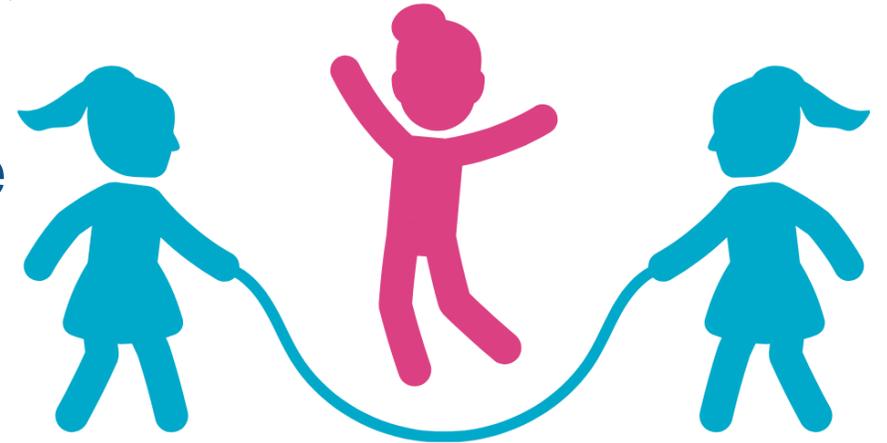


# Skipping ASK



## What it looks like:

- “Let me explain why that’s not true...”  
(before they finish)
- Answering the first concern when the real one hasn’t been said yet



## Why it backfires:

- People feel unheard and dig in harder
- You may address the wrong issue  
(and waste time)



# The Righting Reflex

## What it looks like:

- Jumping into fact correction
- “Actually...”
- “No, that’s misinformation...”

## Why it backfires:

- Turns into debate (and debates rarely change minds)
- Creates oppositional talk and loss of rapport



# Avoiding the Righting Reflex

## Resist correcting during the “Ask” phase

- Listen to learn, not to respond

## Use reflective listening and clarification

- “So it sounds like your biggest worry is... did I get that right?”

## Find common ground

- “It’s true that vaccines have side effects”



# Ping Pong Science



## What it looks like:

- They cite a claim → you counter with a study → they counter again

## Why it backfires:

- People don't make health decisions based on facts alone
- Escalates conflict and drains patience

## How to avoid it:

- Move from debate → dialogue:



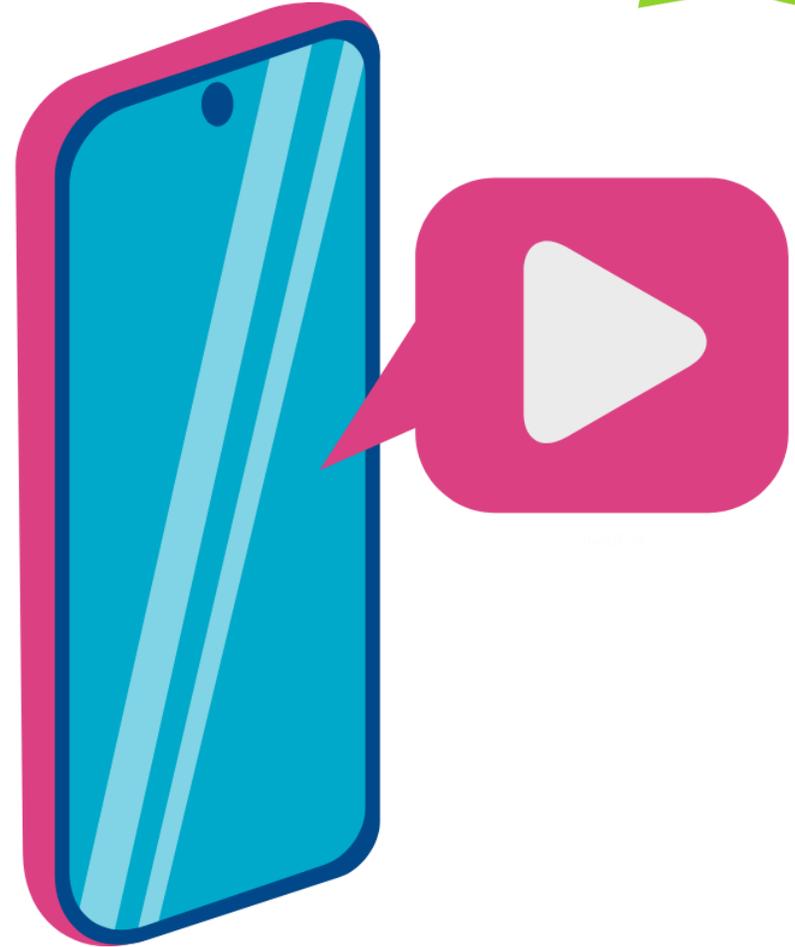
# Discrediting Their Source

## What it looks like:

- “Don’t trust the internet.”
- “Those videos aren’t reliable.”

## Why it backfires:

- They feel belittled or naïve
- It threatens their autonomy and identity as a “good parent”



# Avoid Discrediting Sources

## Acknowledge the effort:

- “You’ve clearly spent a lot of time trying to figure this out.”

## Affirm shared values:

- “It makes sense you want to protect your child.”



# Forgetting to Ask Permission

## What it looks like:

- You launch into an explanation, and they mentally check out

## Why it backfires:

- Even correct info can feel controlling
- The person may not be ready to hear it yet



# Pitfalls Cheat Sheet

**Debate starts** → **Ask:** “Help me understand what feels most risky.”

**They feel judged** → **Affirm:** “It’s okay to have questions.”

**They cite scary stories** → **Acknowledge:** “That would worry me too.”

**You want to correct misinformation** → **Permission then Answer**



# Your Goal Isn't to Win



## It's to stay in relationship

- Behavior change takes time and trust
- Success can mean:
  - They feel respected
  - They return to talk again
  - You become a trusted source
- Keep goals reasonable
- Be open to more than one conversation



# Closing With Everyone Winning

**“I don’t know. I’m just not convinced.”**

- “That’s okay. I’m really glad you told me how you’re feeling.”
- “I’m not here to pressure you. I care about you.”
- “If you ever want to talk again or want me to help sort through info, I’m here.”



# Scenario 4:



## The Soccer Sidelines

- After a middle school soccer game, parents are chatting while packing up chairs. One parent just got a school reminder about vaccines required for 7th grade. Their child rarely gets sick, and they don't see the urgency.

## Prompt:

- “My kid is healthy. I just don't think we need vaccines.”

## Ask, Acknowledge, Affirm, Answer

- Walk through all 4 As, and practice giving a resource at the end for an answer.



# **VFV Super Vax Advocate Program**



In five training sessions:

1. How to Talk About Vaccines
2. Storytelling for Social Change
3. Media & Messaging
4. Resilience for Advocates
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**[VoicesForVaccines.org/Vaccine-Advocates/](https://VoicesForVaccines.org/Vaccine-Advocates/)**



# Thank You!

[Evaluation Link](#)



**Certificate of Participation** –upon completion of Evaluation



**Recording - [Performance Improvement Project \(PIP\): Healthy Start for Minnesota Children - Stratis Health](#)**

# Thank you!

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We appreciate your participation in today's webinar!



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