

Comfortable Vaccine Discussions, Four Easy Steps

by Guy Deyton DDS, FACD

COVID-19 has been a wearing experience for everyone. Vaccines are new and can be a perceived risk or irritant to some. Epidemiologists tell us the preferred road back to normal is through vaccine-acquired herd immunity, generally pegged at about 70-75 percent of the population. As of September 16, Missouri's full vaccination rate was 46.6 percent and there were very few unvaccinated people volunteering to be vaccinated. The question is: what can we do about it? Getting some semblance of normal depends on the answer!

It's natural for people to have questions about health and treatment risks. Complicating the hesitancy to take risks is the sheer amount of information—and misinformation—about COVID-19 vaccines. This is where you, as a trusted care provider, can help: by knowing how to start a vaccine conversation and then listening without judgment to identify a person's concerns about being vaccinated. Each person will be different. There is no cookie cutter answer to convince someone to get a COVID-19 vaccine. But it's worth trying, because reaching herd immunity to COVID-19 is the No. 1 public health objective in the U.S. today.

Step 1: Start the vaccine discussion with a permission question. "Do you mind if I ask how you feel about COVID-19 and the vaccine?" It's my experience people will respond in one of three ways:

- Some will shut down the conversation right away, saying they're tired of or irritated by the topic and don't wish to talk. I usually respond, "Fair enough. You know I care about you and your family, and I'm here if you have any questions."
- Some will say they already received the vaccine and hope to return to some form of normal soon.
- Some will say they're concerned about COVID, but still are unsure about the vaccine. I want to talk to this group.

Step 2: Listen, Listen, Listen. Usually people who want to talk will begin to talk. If they seem hesitant, I ask another permission question: "Do you mind if I ask about your vaccine concerns?" Then I really try to listen and nod my head affirmatively to let them know I'm tracking what they're saying. I let them talk until they're through. Then I try to summarize what I've heard in a sentence or two. Something like:

- "You've read some people have bad reactions to the vaccine and this worries you." ... or
- "You've heard the virus is changing and even if you get vaccinated now you might need a booster in a few months, so why not wait." ... or
- "You've heard people your age don't get very sick if they get COVID, so why bother with the vaccine."

The rule in Step 2 is I never offer my opinion until the other person feels listened to and has given permission to move to Step 3.

Step 3: Ask another permission question to move to addressing concerns. "Do you mind if share some information related to your concerns?" If it's OK to continue, the first thing I do is to re-validate their situation as they perceive it. Something like:

- “I understand it’s difficult to decide what to do because there is a lot of confusing information.” ... or
- “I understand it’s hard to balance your current risk for COVID against the risks of having to get a series of vaccine booster shots.” ... or
- “I understand it’s hard to trust the data on the number of COVID patients affected when hospitals have been given a financial incentive to classify every patient coming through their door as a COVID patient.”

This is the phase of the conversation when I offer additional information and give my opinion, specific to the concerns expressed and the person I am talking to. I always start with, “This is how I approached this question ...” Then I tell them exactly how and why I made my decision to be vaccinated. I specifically tie my reasons to the person’s expressed concerns. For example:

- “I stopped reading what non-experts said about COVID and the vaccines. It was too confusing. I went to the scientific journals where they have editorial boards to fact-check. This is what I found.” ... or
- “It is true viruses mutate, and boosters will be necessary, like the flu. But when I compared it with my chances of getting COVID and dying, I liked my chances much better with the vaccines and the boosters.” ... or
- “I also read on the internet COVID was no worse than the flu. Then I looked up the numbers. In the 2019-20 flu season, 38 million people got the flu in the U.S. and 22,000 people died. Since COVID came to the U.S., approximately 43 million people have had COVID and 666,000 have died.”

I found a COVID-19 Risk Score Calculator specific to communities and individual medical history. I use that information in this section of the discussion. Access it at 19andme.covid19.mathematica.org.

Step 4: Close with the Big 3—The Old, The Young and the ‘Dumb’. I share this as a close to our conversation:

- “There are two things I really want out of life right now: 1) To enjoy my family and extended family. 2) To keep my wits about me and not be some drooling fool stuck in a chair in a corner.
- “What really clenched my decision to get vaccinated was how getting COVID might affect my family. Older adults over 60 are at much higher risk to die of COVID. The new Delta variant is making children more vulnerable. I don’t want to be the reason parents, grandparents and young children in my family get very sick and possibly die.”
- “I also read a report in a legitimate scientific journal that stated up to 80 percent of COVID patients have significant cognitive problems even after they recover. I just don’t want to take that risk.”
- “I really would strongly advise you to get vaccinated. Outside of a very rare medical situation, I don’t think it’s worth the risk to go unvaccinated.”

You can close the conversation any way you wish. This way works for me.

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