

VACCINE HESITANCY TOOLKIT



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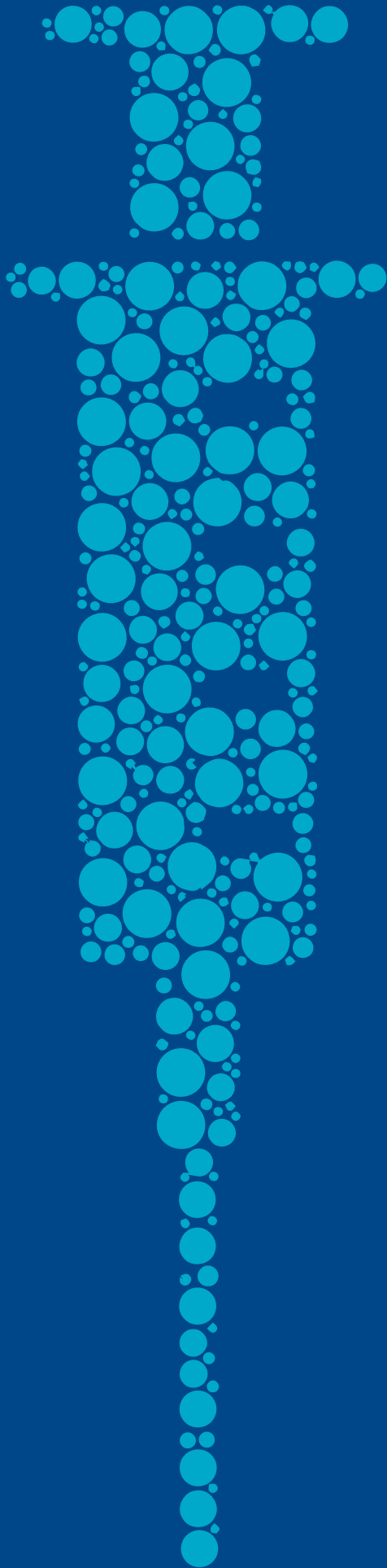


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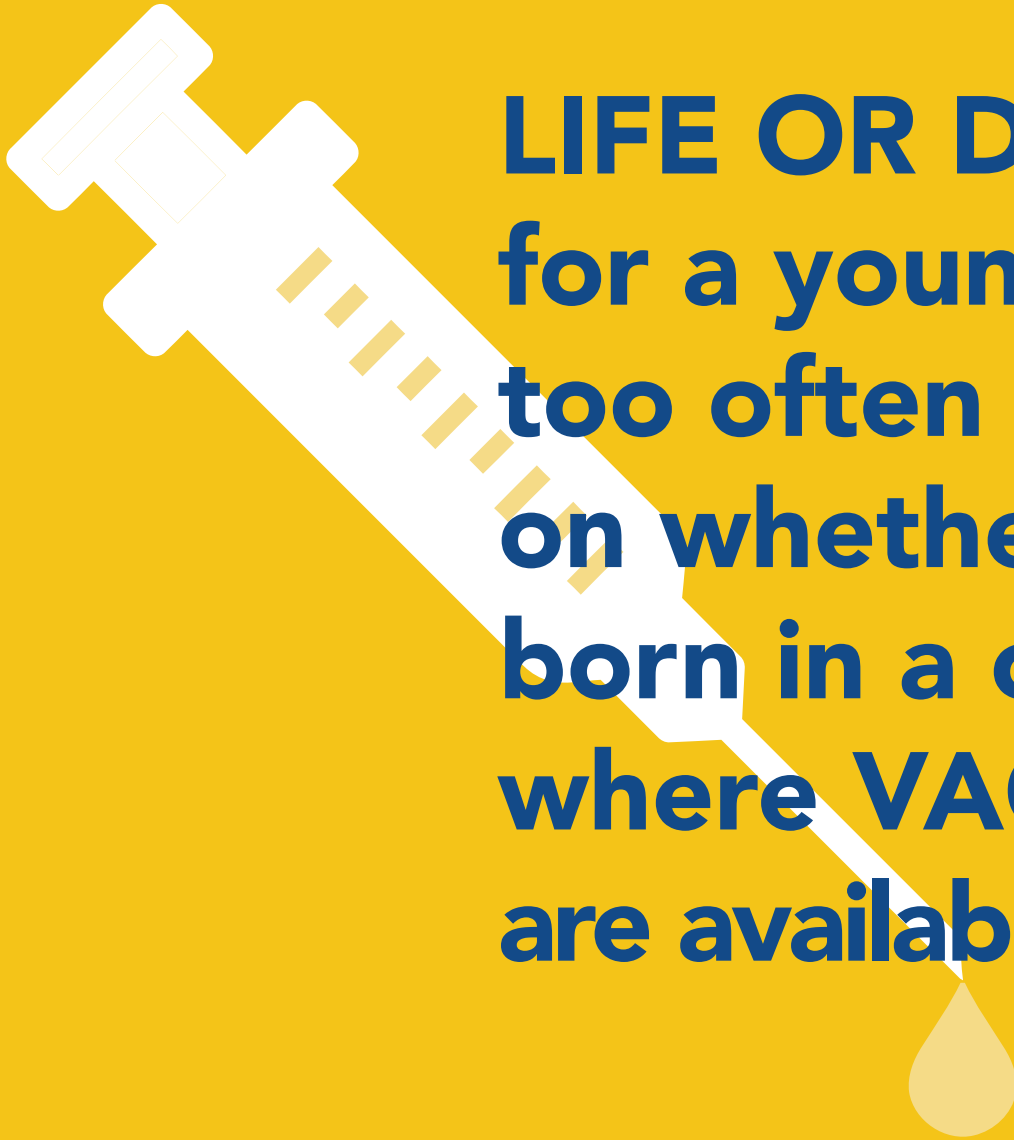
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**LIFE OR DEATH
for a young child
too often depends
on whether he is
born in a country
where VACCINES
are available or not.**

- Nelson Mandela

Introduction: why you make a difference

Forty years ago vaccine hesitancy was something we rarely saw. Today, vaccine hesitancy is on most people's minds. Being close to a vaccine hesitant person can be emotional and conversations can be uncomfortable, which is why we often avoid them.

But we shouldn't.

Nothing changes on its own. We have to be part of the change. And by being willing to have these conversations, we can save lives. We know that's a pretty heady statement but it's true. Vaccines save 42,000 lives in the United States every year. If you could reach just one person through a conversation wouldn't you do it?

Those who oppose vaccines are actually a very small group, but they are much louder than those who support vaccines are. That means when someone has legitimate questions about vaccines, they are more likely to hear from someone unsupportive of vaccines than someone who can share the benefits of vaccination. We need to change that. And the best way to do that is to engage in the conversation.

So let's get started! This toolkit will help you talk with the vaccine-hesitant and make these conversations less emotionally charged and awkward.

Here are the first two things we want you to remember:

- We all want to do what's best for the children we love.
- It's okay to have questions.

If you remember those two things and nothing else, you'll do great. But we hope you continue to read on because we have some fabulous information and techniques to help you navigate these conversations.

Thank you for taking the time to join in this effort! Who knows, you might just save a life!



History: A short but spectacular history of vaccines

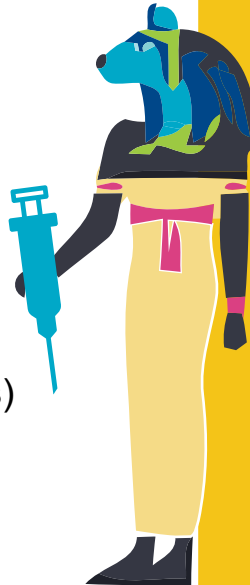
Vaccines are so commonplace today that we sometimes forget what it took to get us where we are now. Fear not, we are going to give you the lowdown on the history of vaccines.

Most of us think about vaccines as a 20th century science but it's been around for thousands of years. Did you know that variolation was recorded as early as the 11th century in China? The Egyptians were using variolation to protect people by the 13th century, and West and North Africa started using variolation in the 17th century.

More than 100 years of science

Immunization, as we know it, is more than 100 years old. Louis Pasteur, the grandfather of microbiology, also created the very first lab-produced vaccine - in 1879! It was a vaccine to prevent a disease called chicken cholera.

But it was Edward Jenner who really advanced how we thought about vaccines. Jenner realized that exposure to cowpox (a virus similar smallpox but rarely serious) could protect someone from getting smallpox. During Jenner's time smallpox killed 10-20% of the population.



GROSS
but
TRUE

Variolation used a small pox scab from an infected person to help protect others from smallpox.

This was the earliest form of immunization.

Thankfully, immunization has evolved. Today's vaccines are much safer and more effective than variolation.

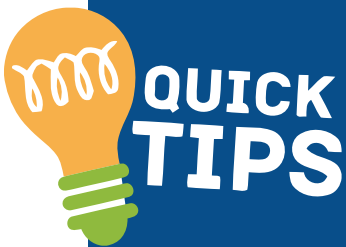




Successes that rocked our world!

Almost 150 years after Jenner's discovery, vaccines have changed the world as we know it including:

- **Eradicating smallpox from the face of the earth.**
Smallpox was killing people as early as 1100 BCE and remained a frightening and deadly disease for more than 3 thousand years. In the 100 years before it was eradicated, it is estimated that smallpox killed half a billion people. Thanks to the smallpox vaccine, smallpox is no longer a threat.
- **Decreasing the number of children who die before their 5th birthday.**
In 2015 Researchers looked at 149 national level health surveys that included 1 million children from 62 countries to see if vaccines reduced childhood death. What they found is one of the strongest cases for vaccines: when the children in a community are fully vaccinated, that community has a 24% decrease in deaths in children under 5 years old.
- **Preventing deadly diseases, EVEN cancer!**
We often talk about the advances that medicine has made in treating cancer but what about preventing it altogether? Did you know that there are vaccines that do just that? The HPV vaccine targets high-risk Human papillomavirus strains that are responsible for almost all cervical cancers and linked to some throat, anal, and other cancers. Hepatitis B vaccines help prevent infections that lead to liver cancer.



Some parents are reluctant to give their child a vaccine for a sexually transmitted infection so young. But the vaccine works best when given before someone is sexually active, specifically between 11 - 13 years old.



Vaccine Overview: Development & Safety

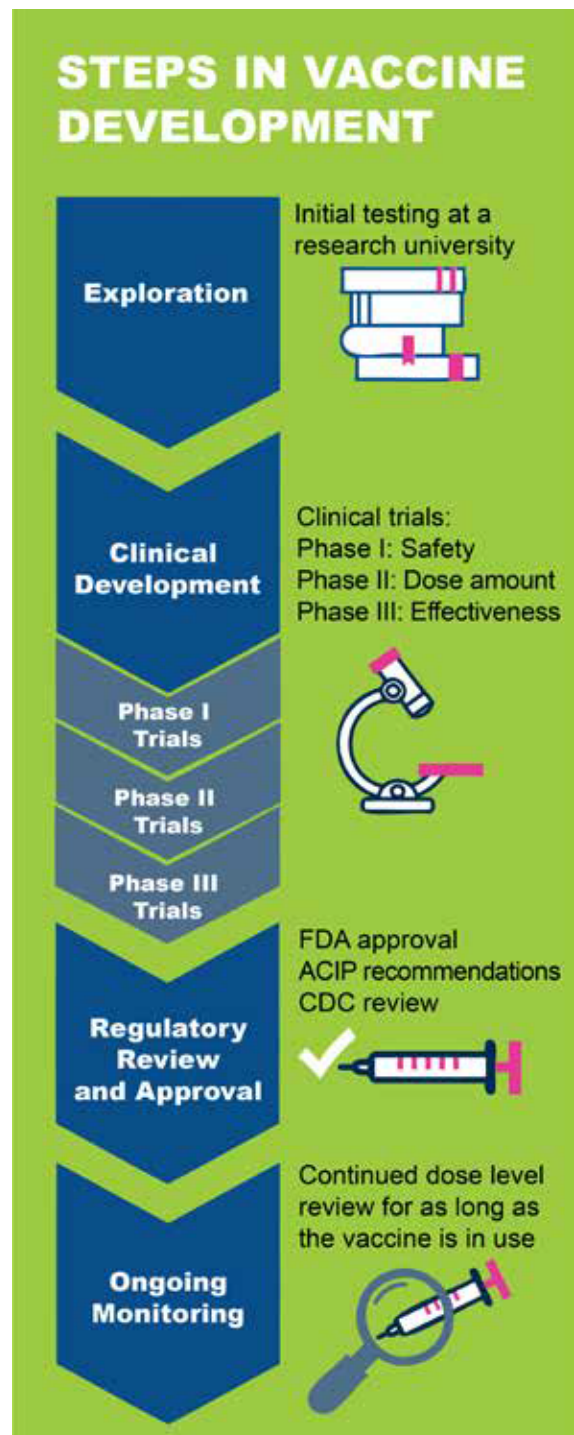
Many people have questions about how vaccines are developed, especially as emergency vaccines come on the market. Here's what you need to know about vaccine development.

Vaccine Development

Vaccine development is a closely monitored and rigorous process. All vaccines, even accelerated vaccines, must adhere to all the safety and ethical protocols. Important things to know about vaccine development:

- Vaccines have been studied for more than 100 years.
- Vaccine development is NOT started from scratch - It builds on a strong foundation of what is already known to work and be safe
- Scientists understand short- and long-term side effects because:
 - 99.99% of short-term side effects are seen within weeks of vaccination
 - Most long-term side effects are found around 45 days after vaccination

Vaccines are literally the most researched and monitored health interventions in medicine. You can be confident in their effectiveness in preventing dangerous diseases AND their safety.



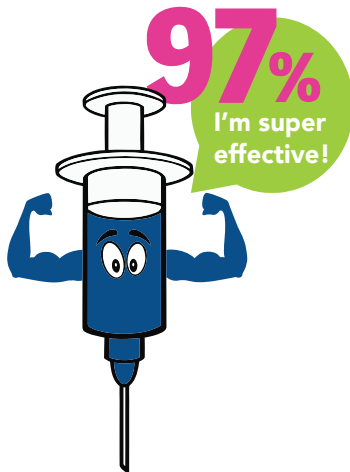
Vaccine Effectiveness

Vaccines have single handedly saved billions of lives. Need proof? Consider measles, one of the most contagious disease on earth.

- Measles is so contagious that if one person with measles is in a room with 10 unvaccinated people, 9 of them will get sick.
- Before the vaccine, in the US alone, there were between 3 and 4 million cases of measles each year.
- In 2019, there were over 200,000 deaths from measles worldwide in areas with low vaccine rates.

Did you know...

Vaccines prevented at least 10 million deaths between 2010 and 2015 and save about 42,000 lives in the U.S. every year.



The good news?

The measles vaccine works! When children get both doses of the measles vaccine 97% of them will not get measles.

The bad news?

The U.S. actually eliminated measles in 2000 but because of vaccine hesitancy, cases have been increasing year by year. During the US 2018-19 measles outbreak, there were over 1,200 cases – across 31 states. Most cases were in people who were not vaccinated.

Measles is not the only disease that can be brought under control by vaccines. It was a vaccine that finally brought the 2014-15 West African Ebola outbreak under control. For as frightening as Ebola was, just five years later COVID-19 made the world stand still. As of August 2021, 203 million people in the world have gotten COVID-19 – but vaccines are on the scene and as more people get vaccinated, fewer are dying from COVID.



Vaccine Safety

Vaccines are some of the most researched medical interventions on earth. We have been researching vaccines for more than 100 years. And billions of children have been safely protected from serious diseases in that 100 years.

By the time a vaccine is approved and at your doctor or pharmacy it has gone through a rigorous process to make sure it works and is safe. This process can take years and thousands of hours of scientific study. It includes:



Clinical Trial Data: There are usually thousands of people enrolled in clinical trials so there is a LOT of data focused on safety. For instance, Pfizer enrolled 43,661 people in its COVID-19 vaccine clinical trial.



FDA Review and Licensure / Emergency Use Authorization: If a vaccine is found to be safe and effective during the clinical development phase, it is reviewed by the Food and Drug Administration (FDA) for use in the general public. The FDA will only approve a vaccine if it is safe, effective, and the benefits outweigh any risks. Almost every country in the world has an equivalent to the United State's FDA, which means vaccine data are reviewed by dozens of regulatory bodies around the world for safety and effectiveness.



ACIP Review and Guidance: Once a vaccine is licensed and approved for use, the Advisory Committee on Immunization Practices (ACIP) reviews all the data and provides guidance on how a vaccine should be used.

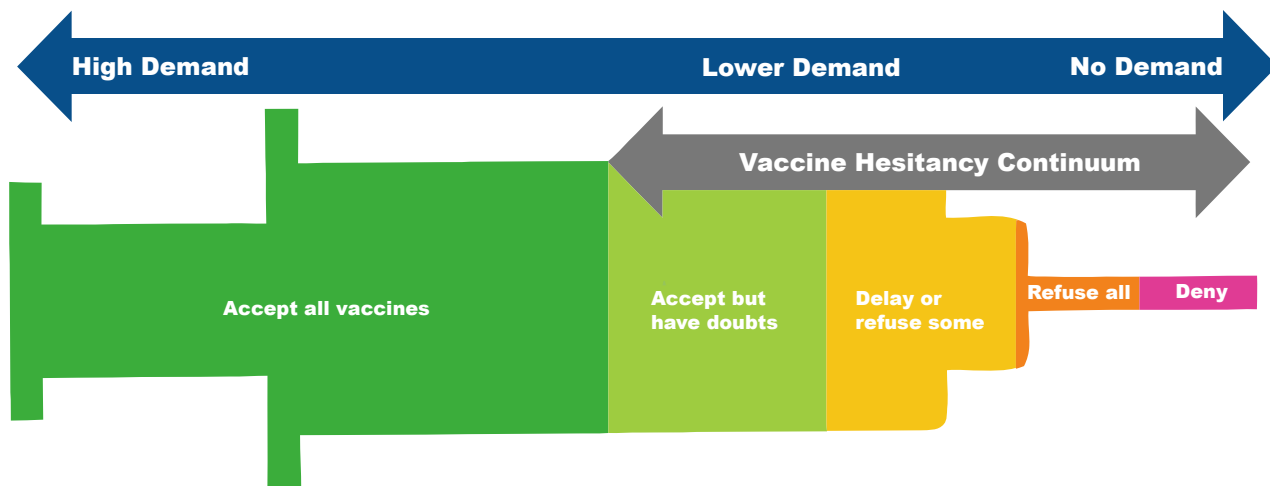


Understanding vaccine hesitancy

So here's the reality - we all start in the same place: We have loved ones we want to protect. We need to remember that commonality. Vaccine hesitancy starts with a question. The encounters along our way to finding answers are what form our opinions about vaccines.

Vaccine Hesitancy Continuum

Vaccine hesitancy is not an all-or-nothing scenario. In fact, it's most frequently a space of confusion and questions than adamant beliefs. The people who accept vaccines but have doubts or who delay or refuse some are the people searching for answers.



It's important to recognize the vaccine hesitancy continuum and know where someone is on it so you know what information might be most helpful.



Common causes of hesitancy

Hesitancy comes in all shapes and sizes, but there are generally four main causes:

1. Negative Healthcare Experience:

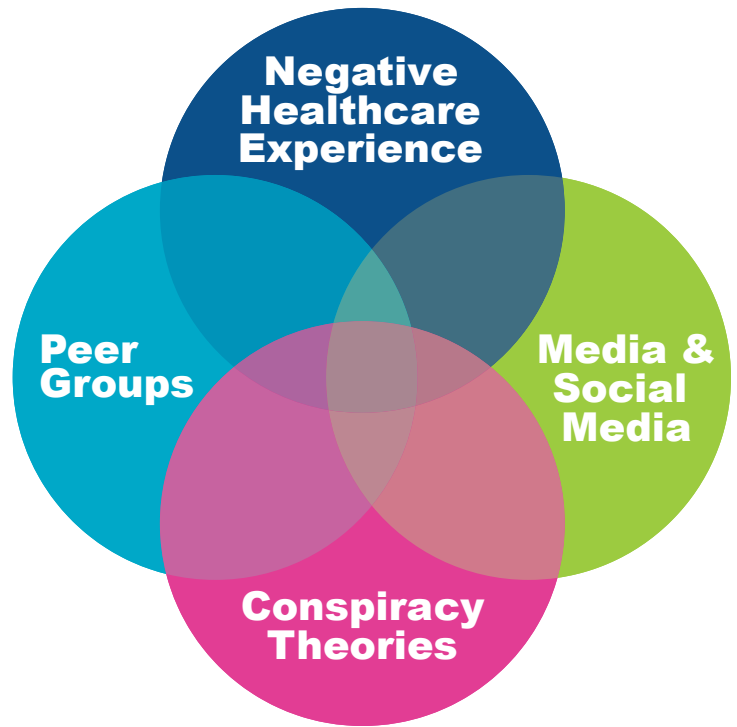
Not all providers are well versed in addressing family concerns. Combine that with the fact that providers have less and less time to spend with patients, and we can sometimes leave a doctor's office feeling like our concerns were not taken seriously. This can lead to looking elsewhere for answers.

BIG TAKEAWAY: If someone feels unheard by their healthcare provider, help them to have conversations with their healthcare provider. Most healthcare providers genuinely want to help their patients, but sometimes communication can be an issue. If communication does not improve the situation, encourage them to find a healthcare provider who is a better communication fit for them and can take the time to help them better understand vaccines.

2. Peer Groups:

It's human nature to want to feel like we belong. We are all influenced by our friends and family. So when an individual has people in their life who are not supportive of vaccines, it's natural for that person to start to question vaccines as well.

BIG TAKEAWAY: Remember, the voices you hear are simply the loudest voices, not necessarily the majority voice. Often the vaccine conversation is led by a small, but vocal group who do not support vaccines. In order for the conversation to represent the majority, we need to be vocal! It's time we start normalizing talking about the benefits of immunization. We can be the peers people listen to!



3. Conspiracy Theories: Conspiracy theories may seem SO far-fetched to you that you cannot understand how anyone would believe them, but conspiracy theories are about much more than the actual theory itself. Conspiracy theories have a very strong emotional component to them and most experts agree that they stem from feelings of resentment and anger over injustices - whether real or perceived.

BIG TAKEAWAY: Stay calm and don't be dismissive. Remember, these conspiracy theories are very real for the people who believe them. Instead, encourage critical thinking. Jovan Byford, a psychologist who is an expert in conspiracy theories notes that:

Many people who believe in conspiracy theories see themselves as healthy sceptics and self-taught researchers into complex issues. Present this as something that, in principle, you value and share. Your aim is not to make them less curious or skeptical, but to change what they are curious about, or skeptical of.

Ask questions and be patient. Conspiracy theorists do not believe these things overnight and you aren't going to change thinking overnight either.

4. Media and Social Media: Yikes. Where to start on this one. Social media is probably the single biggest driver of vaccine hesitancy today. But both traditional and social media play a role in sowing seeds of doubt and amplifying misinformation.

BIG TAKEAWAY: You can share credible information on social media. The more truthful information shared, the less space for mis- and disinformation to take hold. But another great technique is to encourage someone to “unplug” and have an actual conversation. Our peers are influential, our personal stories are impactful, and our friendship is important. Use those connections to help a person get information beyond their Facebook feed.



How people make decisions

We all think we are independent, rational decision makers, but in truth, we're not. There are five major factors in how we make our decisions. As we talk with people who are hesitant about vaccines, we should keep these factors in mind.

1. Emotions

We're all ruled a little bit by our hearts rather than just our heads. And that's okay. Emotions are important - it's how we connect to others.

What emotions mean for vaccine decisions

Vaccines are about the health and safety of our families. Our families are dear to us, and that means vaccinating can be a very emotional decision. We need to understand and respect that. The facts are not enough on their own to make a decision about vaccines. We need to acknowledge and address the emotions that are driving vaccine decisions.

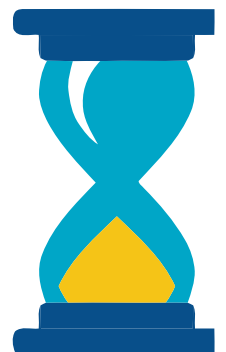


2. Time

We often hear someone say "I need more time to make this decision." But actually, they don't. They really, really don't. Research shows that too much time actually decreases confidence. So the longer time it takes someone to make a choice, the less confident they are with their decision.

What time means for vaccine decisions

We need to make sure someone's questions are answered quickly, directly, clearly, and compassionately. The longer a person struggles with a vaccine decision the more confusing and less confident they will feel.

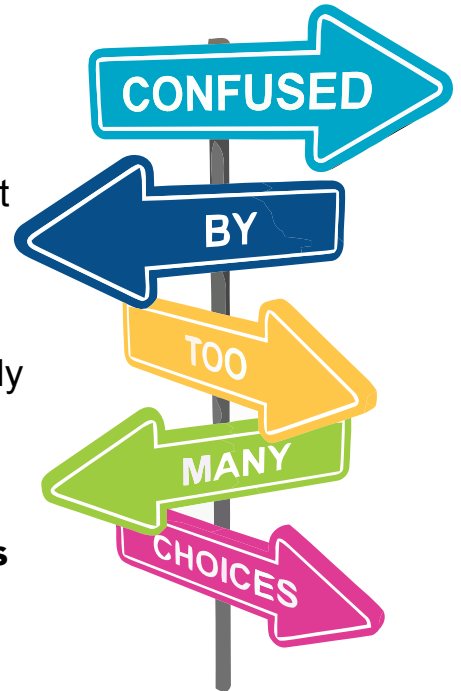


3. Options

More is not always better. Research has shown that too many options can overwhelm people. “Choice overload” occurs when there are so many choices and an equally overwhelming number of outcomes from the decision. Too many options can be mentally draining because each choice must be weighed before making a decision.

What option-overload means for vaccine decisions

Instead of addressing a menu of options and concerns, try to get someone to pinpoint their biggest one and help them with that one issue.

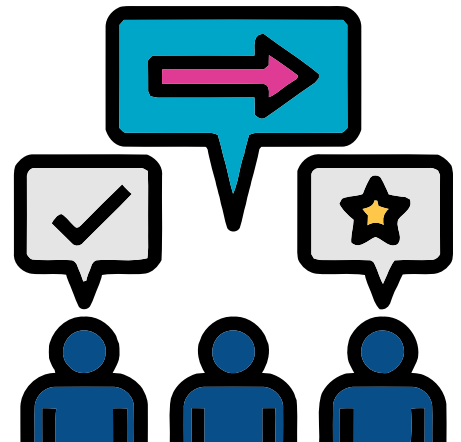


4. Social norms:

Social norms are the behaviors, attitudes, and beliefs a community or society determines are acceptable. They are, more often than not, unwritten but powerful tools in decision making. For example, in the US, unless a movie theater is crowded we don't sit next to strangers. It's not a law or even something we teach our kids, it's just a social norm. Yet most of us conform to it.

What social norms means for vaccine decisions

Vaccinating our families is actually already a social norm - most of us do it. But if we were more vocal about vaccinations as a norm, our voices could become a positive tool in decision making. Find opportunities to praise vaccination behavior and reinforce it as a positive social norm.



5. Herd mentality

The groups we belong to are important to us - we trust and love those in our circle. So it's no surprise that we often conform to the groups to which we belong. That herd mentality can be both positive or negative depending on the behaviors and beliefs of our groups.



What herd mentality means for vaccine decisions

Herd mentality in groups that are not supportive of vaccines is very common. There is an expectation of conformity in beliefs. If you have loved ones that are part of a group that doesn't support vaccinations, you can help to broaden their circle to include those with more supportive perspectives.

Talking about vaccines...

MORE OF THIS

Safety of self
.....

Families
.....

Safety

LESS OF THAT

Responsibility to others
.....

Community
.....

Security



Talking with vaccine-hesitant people

This is the section of the toolkit where the “rubber meets the road” and we provide practical steps to help guide conversations with vaccine-hesitant people. But before we get into the nuts and bolts...

Some things to remember

- 1. Don't let the perfect be the enemy of the good.**
Yes, you are going to make mistakes. You might be frustrated or worried you've misstepped. It's okay! As long as you are honest and kind, you'll do fine.
- 2. What you think of as “convincing” can seem like “coercion” to the other person.** So tread lightly. Listen carefully, Assure people you are not trying to make their decisions for them but are trying to give them accurate information to help them make their own decisions.
- 3. Encourage questions!** Many people feel like they are not “allowed” to ask questions because “the science is settled.” And while the science is settled about vaccines, it doesn't mean we can ask questions to better understand it.
- 4. Behaviors change attitudes faster than attitudes change behaviors.** People make unconscious decisions to trust us (or not) based on how we say something, more than what we say. So be a role model for trustworthy behavior. Listen - no seriously, really listen. You're having a conversation, not giving a speech. Be informed and supportive. Be an ally.
- 5. It's a journey, not a destination.** Not every vaccine-hesitant person is a refuser - in fact, most are not. They have questions that need answers and that can take time. Conversations about vaccines are not a “one and done.” It takes time, so be patient, have realistic expectations, and don't push too hard.

Yes, you should talk to a vaccine hesitant person!

We used to think it was better to let them find their own way so it doesn't feel like we're pushing.

But they are looking for answers. Let's make sure they get the facts!



How to frame the conversation

When talking with a vaccine-hesitant person, here's an evidence-based but simple step-by-step guide to help you:

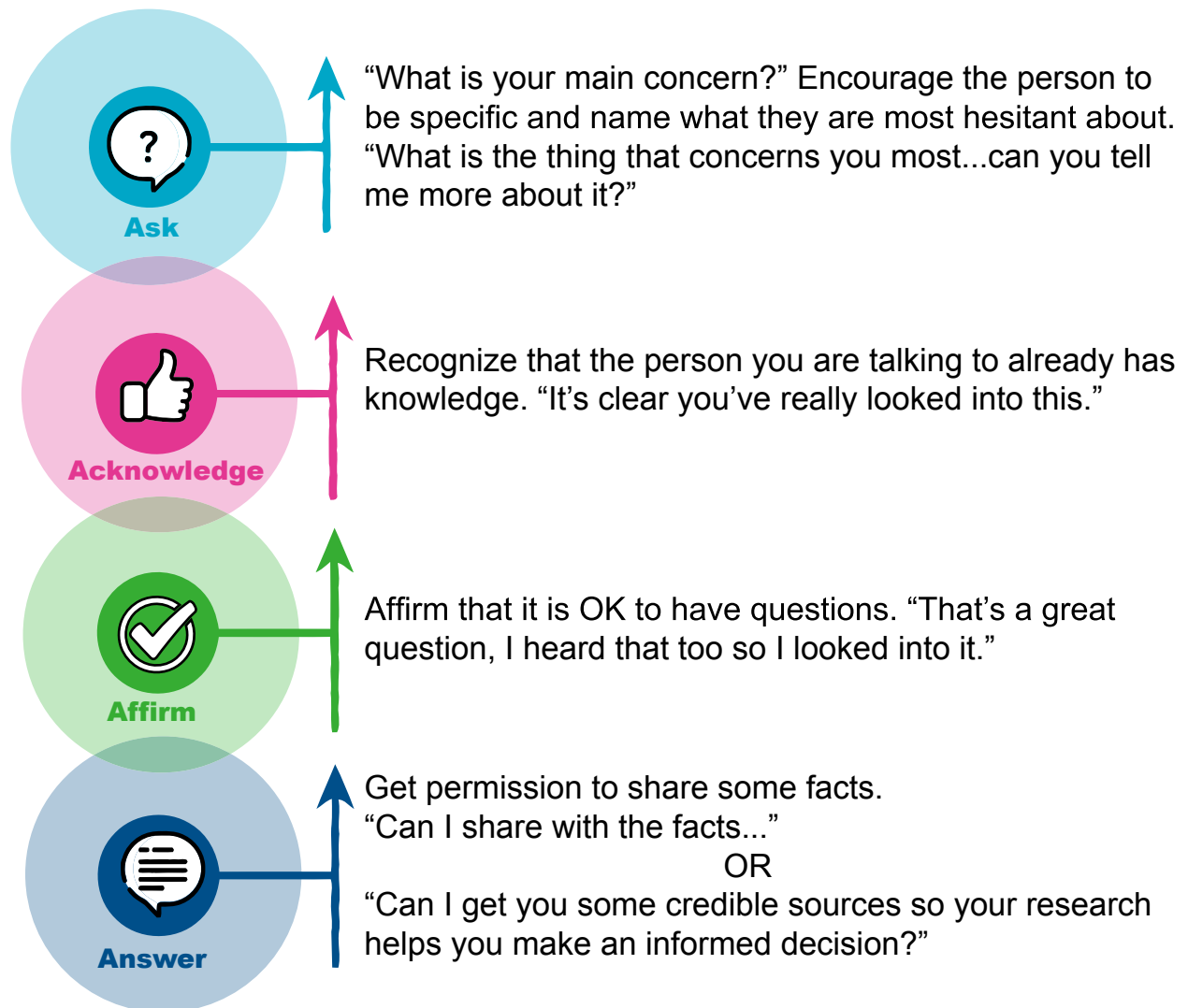
- 1. Set the stage.** Create a safe space where a person feels comfortable being honest. This means:
 - **Be empathetic:** Put yourself in the other person's shoes. It helps to better understand where they are coming from.
 - **Avoid conflict:** You can politely disagree but don't debate or start a fight.
 - **Be an active listener:** If you're thinking about what to say next, you're not listening and could miss something important.
- 2. Ask someone to name their single biggest concern or fear.** It helps to narrow down what is really bothering someone.
- 3. Validate, don't berate.** Validate by acknowledging someone's fears and concerns. Don't judge. Be respectful. Encourage questions!
- 4. Ask open-ended questions.** If you ask a yes/no question, you'll get yes or no as an answer. But if you ask open-ended questions, you have an opportunity to listen and learn more.
- 5. Ask permission before giving information.** A person needs to feel in control so offer information but do not assume they want your help. It's their choice.
- 6. Reinforce that the person already knows things and makes good choices:** Build on what they know and be vocal in your belief in their ability to make good decisions for themselves and their family.



7. Be patient: Changing a deeply held belief can take time. Be patient with the person and recognize the process is a journey, not a destination. If you sense the person is not ready, let it go. It's better to preserve the relationship and give the person some space to feel comfortable coming back later.

We know this seems like a lot, so we've boiled it down to the 4-A Approach. This approach helps families feel respected and heard, and empowers them to make positive health decisions

Four steps. Easy to remember. Winner winner, chicken dinner! Here it is...

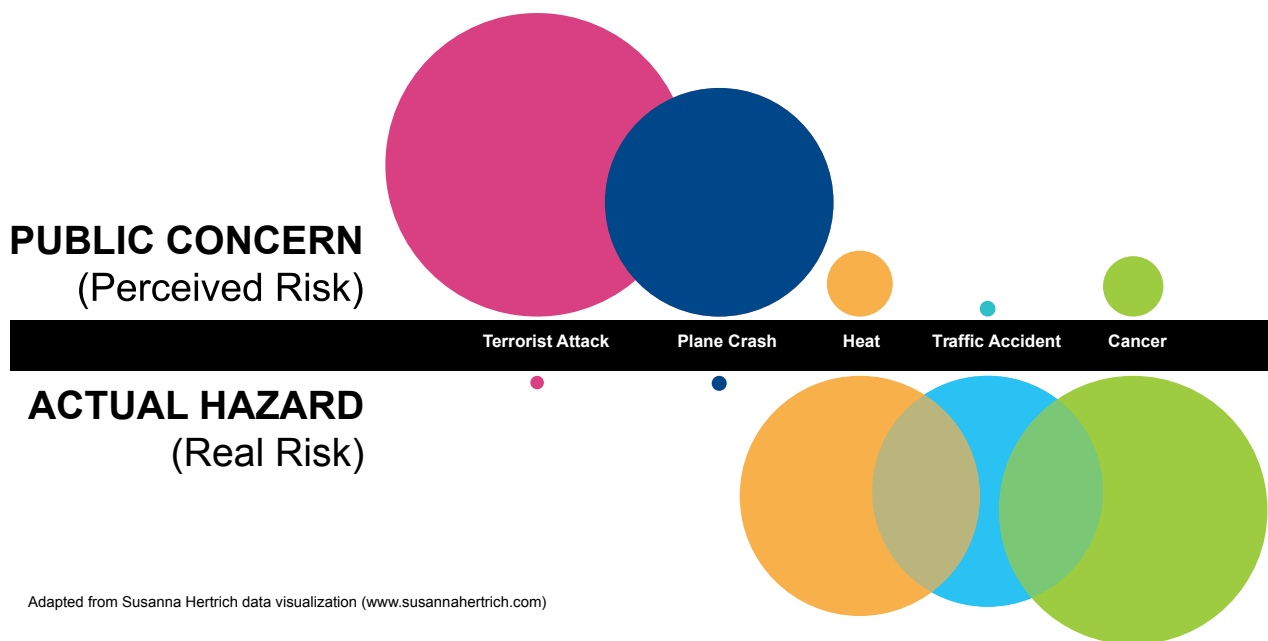


Understanding risk perception

Studies show that fear is an important motivator in our behavior. We are much more likely to do (or not do) something if we fear it.

Figuring out how risky something is not easy for most of us. And generally, we don't get it right. We worry about things we fear, even if they are unlikely to happen, and underestimate the risk of things we should be worried about because they don't seem as scary to us.

And here, risk perception plays into vaccine hesitancy. Risk perception should be our ally. After all the evidence is clear, the risks associated with a disease are FAR greater than the risks associated with a vaccine.



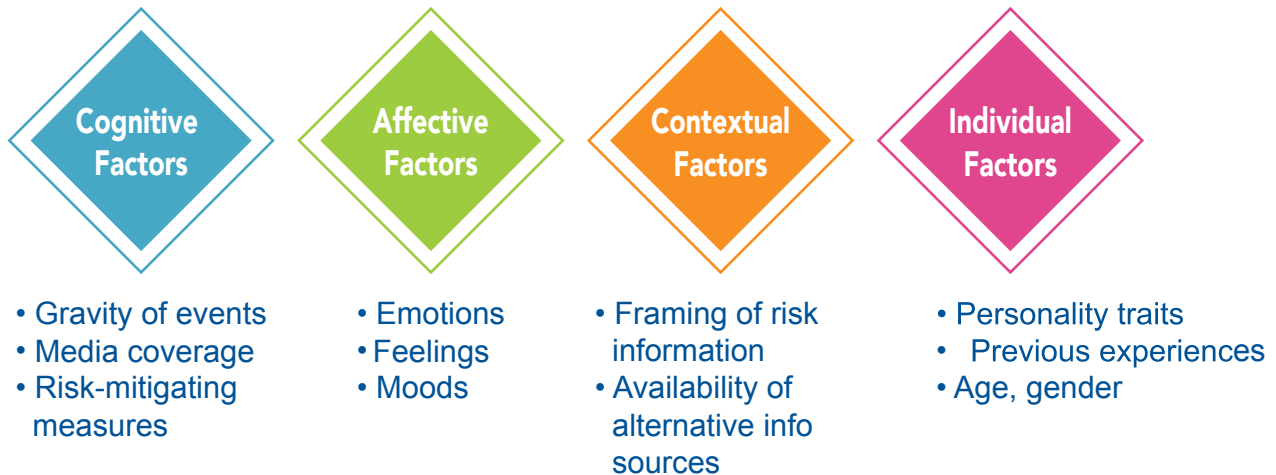
Adapted from Susanna Hertrich data visualization (www.susannahertrich.com)

But the problem is that we're terrible at understanding risk. Not just with vaccines. In general, we're just really bad at determining what's a real risk and what isn't. Don't believe us, take a look at the figure above: people are far more concerned about a terrorist attack than a traffic accident. Yet we are significantly more likely to be injured in a traffic accident than be a victim of a terrorist attack



The reason we get risk perception so wrong is that a lot of factors contribute to how risky we think something is. It depends on how the media covers something, our moods, and even our personality traits.

Factors that impact risk perception



What we do know is that many of us overestimate the risk of vaccines and underestimate the risk of the disease they prevent. Just as an example, many of us were really concerned about the J&J COVID-19 vaccine causing a blood clot. Some were so concerned that they chose not to get the vaccine.

But really, the risk of a blood clot after getting the J&J vaccine is only 0.0000088%. What does that mean in the real world? It means that you're more likely to be hit by a plane while sitting in your own home than getting a blood clot after getting the J&J vaccine.

You know what is risky? COVID-19.

If you're worried about blood clots, 31% of people who get severe COVID-19 will develop blood clots. So out of every 1.1 million people who get the J&J vaccine, one will get a blood clot. Out of every 1.1 million people who get severe COVID-19, 340,000 will develop a blood clot.

The greater risk is with the disease, not with the vaccine.



So how do we help people better understand risk?







Here are three ways that can help:

1 **Compare the risk to something people think is unlikely, to help them understand the real risk.** For example, the odds of being struck by lightning are one in 3,000 but the odds of a severe adverse event after vaccination are one in 1,000,000. Most of us don't worry about being struck by lightning so it doesn't make sense to worry about something that is significantly less likely to happen.

2 **Help people understand the risk of vaccinating and NOT vaccinating.** The risk of complications from a disease are always greater than the risk of an adverse event due to vaccination. This is actually built into the vaccine approval process. In order for a vaccine to be approved, the benefits of a vaccine **MUST** outweigh any potential risks.

For example, 9 out of 10 unimmunized people exposed to measles will get measles. 1 out of every 200 children with measles will develop pneumonia. And 1 out of every 1,000 children with measles will develop encephalitis. But only 1 out of every million doses of measles vaccine will result in a severe adverse event.

Chance in one million of...

dying from a car accident		9,345
dying from sunstroke		8,248
dying from choking on food		2,535
dying from COVID-19 in the U.S.		1,879
dying from a lightning strike		7
serious adverse event after receiving the COVID-19 vaccine		2-5

Source: National Safety Council and CDC





Help people reframe their fears. Remember fear is a big contributor to how risky we think something is. So when talking with someone who is fearful of the vaccine, explain why you are more fearful about the disease.

Scared of “vaccine injury”? Share the very real and far more likely risk of disease injury. For example, the risk of a vaccine-related adverse event is 1 in 1 million. The risk of dying from Tetanus is 30%. So if one million unvaccinated people got Tetanus, 300,000 would die. But if one million people were vaccinated against Tetanus, one would get a serious adverse event.

Scared of the “unknowns” around vaccine? There is a pervasive piece of disinformation that floats around the vaccine-hesitant community, and it’s that the “science is not settled” on vaccines yet.

If that were true, it would be super scary. But the reality is that we have more than a century of vaccine research under our belts. The science is settled! And because of the THOUSANDS of studies, involving MILLIONS AND MILLIONS of people, we know vaccines are a safe and effective way to protect us from deadly diseases.

What is unknown? The long-term effects of some of the emerging diseases like COVID. A year into the COVID pandemic, scientists were still discovering really alarming things, like that about a third of COVID survivors had some sort of brain injury. Fear the disease, not the well-researched vaccine that can prevent it.

The science is settled! Don’t let anyone misrepresent the facts to you...

- Vaccines have been researched for **MORE THAN A CENTURY**
- **BILLIONS** of children have safely received vaccines
- Vaccine preventable diseases are controlled **BY VACCINES**



Common hesitancy issues

You've asked permission to share with a vaccine hesitant person, and they want to hear what you have to say about their concerns. Here are some facts you might be able to use to frame risk perception and other concerns around vaccines and diseases.

Fast Facts

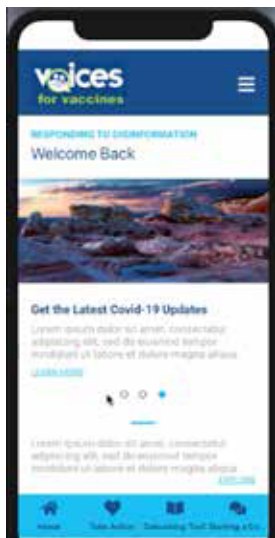
- Vaccines have been studied for more than a century. They are literally the most studied health intervention around! And because of that, we can speak very definitely and confidently about vaccines.
- Thousands of studies, involving millions of people prove that vaccines are safe and effective in preventing serious and deadly diseases.
- The science is clear - the great benefits of vaccines outweigh the very small risks associated with them.
- There is a robust safety process that starts with the development of a new vaccine and continues monitoring every single dose once a vaccine is available to the public for as long as it is in use.
- More than 170 countries have an independent group (National Immunization Technical Advisory Group or NITAG) of experts that evaluates vaccines. In the U.S., this group is known as the Advisory Committee on Immunization Practices or ACIP. NITAGs share information with each other, adding to the large amounts of safety information about vaccines.
- The scientific process for vaccine development is extremely rigorous. Tens of thousands of volunteers are involved in safety trials before a vaccine is ever delivered to a healthcare clinic and prepared for your arm.
- Scientists are experts who spend their careers focused on provable facts. Our Google searches are not equivalent to their research - so be wary of someone who wants to give you information based on "their own research" or the "research" of a non-expert.



Key Messages

- More than 100 years of research tells us that vaccines are very safe. They are so safe that, on average, there will be only one serious adverse event for every one million doses of vaccine.
- Disease-related deaths and disabilities have decreased significantly when vaccines are introduced.
- It's important to get your safety information from credible sources who have no financial gain in supporting or opposing vaccines.

Debunking Disinformaton



It can be a challenge to debunk disinformation but we've got an app for that.

Simply go to our website and download our debunking tool to help you get credible information to people with vaccine questions.

VoicesForVaccines.org/Resources

Expertise is NOT a four letter word

We're in a strange space where we both distrust experts and believe we can all be experts through a Google search. No wonder we're all a bit confused.

It's time to sing the praises of the expert again. For those of us who are not car mechanics, we can't expect to fix a transmission based on some Google searches.

Same with science. Scientists spend years learning how to rigorously conduct scientific work. And more years after that, honing their expertise about a specific area. We're just never going to know as much as them.

And that's ok.

A lot of people read journal articles and think they've learned all they need to know. But the danger is not fully understanding all the nuances. Scientists understand things like how a p-value can impact the strength of the findings. They know how to evaluate different study designs when reading the literature. And understand if a sample size is appropriate for the study objective. Most of us don't know this.

And expertise is a very specific thing. There is no expert of all things. Expertise takes so long to cultivate that people are only truly experts in one or two things. So your fabulous cardiologist is probably not a vaccine expert. And an immunologist probably isn't the best choice to learn about mental health.

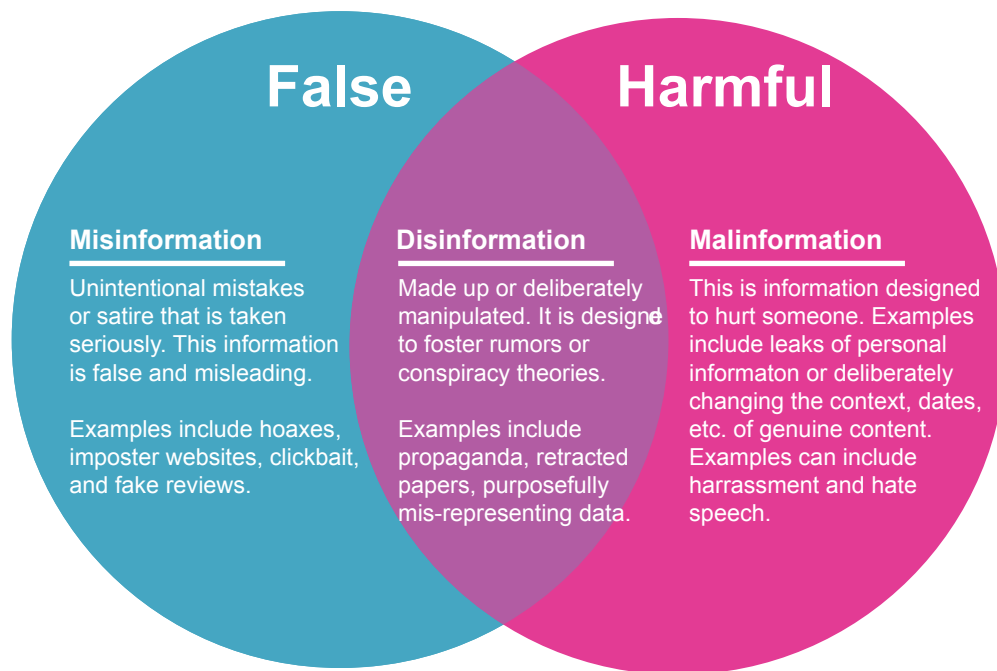
That's why expertise matters. Let's get back to listening to our mechanic for car trouble, our chiropractor for back issues, and our vaccine expert for vaccines.



Evaluating information

To begin evaluating information, it's important to understand if the information is reliable or if it is misinformation, disinformation, or malinformation. Misinformation is usually an honest mistake, a typo, or satire mistaken for fact. The more dangerous types of information are disinformation (deliberately intended to deceive), or malinformation (deliberately intended to harm).

Given that so many of us get our information from social media, being able to identify deceptive information is critically important.



Get your information from credible sources!

When it comes to your family's health, you want expert advice to ensure you are doing what is best. So who are the experts? They are the doctors, scientists, and public health professionals who have spent their careers studying vaccines. Talk to your healthcare provider and look at credible websites from legitimate sources, but be wary of individuals who are not experts. You would not let a heart surgeon repair your car's engine, or let a mechanic repair your heart, so why take chances with your child's health?



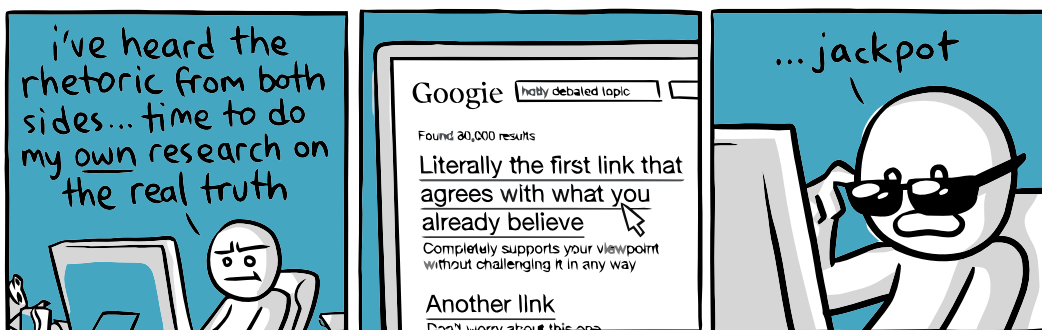
Helpful Hints

- Use Facebook and other social media for fun, not information
- Report posts that promote mis-, dis-, or malinformation
- Think critically:
 - Who is the author? What are their credentials? Are they trying to sell you something?
 - Is the content legitimate? Look at its sources – are they real? Are they credible?
 - Does it conform a little too perfectly to your beliefs? Ask yourself if you're looking for facts or for something that agrees with what you believe.

The problem with “doing my own research”

Today, we regularly hear someone say, “I don’t trust what I hear, so I do my own research.” That sounds like a great idea, right? Wrong! Unless you’re a researcher by education and experience, it’s more likely you will fall prey to confirmation bias than uncover the facts. Confirmation bias happens when we search for and recall information that confirms our existing beliefs. A trained researcher understands how to avoid different biases and is trained to follow the evidence rather than find information that supports their beliefs. Additionally, it is easy for most of us to misinterpret the data.

It’s important to be informed and to ask questions but we also need to trust the experts. If you’re not a cardiothoracic surgeon, you’re not going to learn what you need to know to fix your heart from a Google search or YouTube video. It’s the same with vaccines.



The role of storytelling in advocacy

Show don't tell!

Storytelling is critically important in talking with people about things like vaccines. That's for a number of reasons:

- Most of us are not scientists so we don't connect with the data. In fact, sometimes the data can be confusing or even scary
- We are emotional beings - our decision-making is based on the heart and the head. We need stories to help our emotional decision-making process
- It helps people relate. It's personal. It's real. It's not a bunch of numbers
- Frankly, it's just more interesting

Storytelling best practices

- Tailor it to your audience: what will resonate most with them
- Identify the purpose of the story: what is the message you want to get across
- Describe what happened instead of explaining the main lesson
- Keep it short and focused
- Make it personal: use your own experiences
- Use emotion and empathy
- Don't be the hero of the story ("and then I saved the day...")
- Practice!



