Ethics, Politics, and Evidence: Reflections on Michigan’s Waiver Education Requirement

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All projects received IRB approval from relevant authorities.
What are the alternatives to Michigan’s model of reform?
Increased Efforts by Physicians?

**BUT**

• 20-40% of pediatricians dismiss (or refuse to admit) families that refuse vaccines (Flanagan-Klygis, Sharp, and Frader 2005; O’Leary et al. 2015).

• The American Academy of Pediatrics recently affirmed this practice (AAP 2016).
Eliminate Nonmedical Exemptions?

- California did this in 2015 with SB 277 (in effect in 2016).

- AMA, AAP, AAFP, ACP support eliminating nonmedical exemptions
Eliminate Nonmedical Exemptions?

BUT

• Some parents will remove children from school and daycare
• Some private schools may not enforce requirements
• Some physicians may support marginal or fraudulent *medical* exemptions; these tripled since 2015 (LA Times, 11/8/17)
• Efforts to eliminate exemptions may cultivate greater political polarization
  • California’s Senate Bill 277 passed on a near party-line vote
  • Almost all Democrats in favor, almost all Republicans opposed
California's kindergarten vaccination rates

- Measles
- Pertussis/whooping cough

98% fully immunized

Source: California Department of Public Health

Len De Groot / @latimesgraphics
Education Requirement Imposed
January 1, 2014 (AB 2109)

Nonmedical Exemptions Eliminated
January 1, 2016 (SB 277)
Eliminate Nonmedical Exemptions?

BUT

• Assembly Bill 2109 was working!
  • This law imposed an education mandate.

• If you can promote public health while protecting parent’s rights, then you should do that (as MI does, and as CA used to do)

• Burdensome education distinguishes complacent refusers from committed refusers.

• Education promotes informed consent to refuse vaccines.

What Did Michigan’s Immunization Education Requirement Accomplish?

Vaccine-preventable diseases are still with us. Immunizations are one of the most effective measures to protect children and other places where children work and play closely together.

Sections 9208 and 9211 of the Michigan Public Health Code require that a parent, guardian, or person心疼 diseases and even death. A high proportion of children must be immunized to prevent outbreaks of disease in school and other places where children work and play closely together.

have a child registered for the first time in a Michigan school and/or in 7th grade, or in a program for preschool-aged children. Meningococcal vaccine and Pneumococcal conjugate vaccine have been recommended for all children by the age of 2 years. Polio, hepatitis B, and varicella (chickenpox) have been recommended for all children by the age of 4 years. Meningococcal vaccine and Pneumococcal conjugate vaccine have been recommended for all children by the age of 2 years. Polio, hepatitis B, and varicella (chickenpox) have been recommended for all children by the age of 4 years.
Michigan’s Education Requirement Associated with Waiver Rate Decrease at County Level

Counties whose LHDs first initiated educational sessions as part of the non-medical vaccination waiver process after the December 2014 rule change were 27 times more likely to have a decreased waiver rate than those that already required educational sessions (p<0.01).

“...rates of nonmedical exemptions in states with easy exemption policies were 2.31 times as high as rates in states with difficult exemption policies.”

What Did Michigan’s Immunization Education Requirement Accomplish for People Who Attended Education Sessions?
Subsequent Immunization Behavior for Children in Oakland County (2015)

3999 children for whom parents refused at least one required vaccine at 2015 Oakland County Health Division waiver education session

657 children who subsequently (within 8-20 months) received at least one vaccine their parent refused at 2015 waiver education session

16.4% Success!!!

OR MAYBE NOT
Subsequent Immunization Behavior for Children in Oakland County (2015)

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<th># Refused</th>
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Navin, M., Wasserman, J., Bies, S., Ahmad, M. “Where are the Missing Waivers?: One Michigan Health Department’s Experience with Vaccine Waiver Education” (in preparation).
What Else Did Michigan’s Immunization Education Requirement Accomplish for People Who Attended Education Sessions?
Interviews with Waiver Educators: Their Goals

“My main goal is to establish trust, so they feel that they can trust me as an individual; as a professional. Then, maybe they’ll trust what I have to say about vaccines. So my goal is to establish trust.”

“I hope to plant a seed, that they will actually take with them and actually do some more research and open their mind up to the other side of the story. That’s my hope.”
Interviews with Waiver Educators: Their Methods

“What my reasonable expectation was at the beginning and what it is now is totally different...we felt really vigilant so we butted heads with those who are coming in also with their strong feelings and it wasn’t going to work. I could see very quickly that that approach was not going to be um positive.”
Interviews with Waiver Educators: Their Methods

“‘Listen, you’re a mom, I’m a mom. There are so many uncertainties as a parent, you are making the best decision you know how’....So I’ve just changed and I really have a soft approach, and ‘we are all in the same boat, and we’re here to help you and answer any questions’ and try to get that in that ‘we are your friends not your enemies...’”

What More Can Be Done?
Cultural Change?

• Our choices are informed by our beliefs about what people like us are doing.
• We may change people’s beliefs about vaccination by changing their beliefs about what whether people like them vaccinate.
• So, for example, we may place some hope in efforts like I Vaccinate Michigan
  • We may be especially hopeful about this campaign’s pro-vaccine parent testimonials, e.g. on YouTube and embedded in Facebook posts.
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