

4sight Health Roundup Podcast
How to Stop Childhood Vaccine Rates From Dropping
6/5/25

David Burda:

Welcome to the 4sight Health Roundup podcast, 4sight Health podcast series for healthcare revolutionaries; outcomes matter, customers count, and value rules. Hello again, everyone. This is Dave Burda, news editor at 4sight Health. It is Thursday, June 5th, tomorrow June 6th is the 81st anniversary of the D-Day landing by Allied Forces in Normandy, France that eventually freed Europe and US by extension of fascism. I visited Normandy last year after the 80th anniversary of D-Day. Every American should visit if they can. You'll never be the same. It makes what's happening in this country right now even more shameful. Adding to that shame is the anti-vaccine movement. That's what we're gonna talk about on today's show. Thanks to a new study on vaccine rates sharing. Their take on the new study are Dave Johnson, founder and CEO 4sight Health, and Julie Murchinson partner at Transformation Capital. Hi Dave. Hi, Julie. How you two doing this morning, Dave?

David W. Johnson:

We're doing great. Terry and I are in West Michigan setting up the new condo. It's like being back in college again. Complete with a U-Haul van and lots of pizza. By the way, Dave the wrench I described in our team call this week to lift heavy boxes in and out of the van.

Burda:

Yeah?

Johnson:

Works like a charm. Somewhere in the cosmos. Archimedes is smiling.

Burda:

Ah, it's all about the levers. Right? All about the levers. Yeah's. Right. Great. Thanks, Dave. Julie, how are you?

Julie Murchinson:

I'm great. At home. Sun's out. Kids are home dog's happy? Everyone's good.

Burda:

All right. Life is good. That, that's great. All right. Before we talk about vaccines, let's talk about your vaccine schedule. Dave, a man of your age is supposed to get a few different vaccines. Are you up to date?

Johnson:

I'm up to date on all the big ones. Next one up is a flu shot. And just so you both know, when it comes to vaccines, I follow the science.

Burda:

Right? A man of science. That's wonderful. Julie, I never ask a woman her age. But are you up to date on all your vaccines?

Murchinson:

4sight Health Roundup Podcast
How to Stop Childhood Vaccine Rates From Dropping
6/5/25

I am. Thanks to my friends at One Medical who keep track of it and remind me. But I have to say, I had to fill out a form for my son this weekend with him, by the way, he had to fill it out with me. But, you know, those forms that make you enter the vaccine date into every field, I mean, oh my God. So it just reminds me how behind we are in vaccines <laugh>, data management.

Burda:

Yeah. No, I couldn't agree more. My shingles and pneumonia vaccines are on board. In fact, I got my vaccine for pneumonia yesterday. Right? So, one and done. And I'm protected from viral pneumonia for the rest of my life. So I have, I have yet to get my RSV vaccine, and it's on my to-do list. Okay. We ended last week's show with you both commenting on vaccine news. Dave, you mentioned HH canceling the \$600 million contract with Moderna to develop a bird flu vaccine. And Julie, you mentioned HHS secretary, RFK Junior, saying that the CDC no longer would recommend COVID vaccines for healthy children and pregnant women WTF. So we're really picking up where we left off thanks to a new study. Let me tell you about it and then get your reaction. Researchers from Johns Hopkins did the study, which came out Monday in JAMA. They looked at MMR vaccine rates in 2066 counties in 33 states. That's the two dose vaccine set you get to prevent measles, mumps, and rubella. Rubella is the German measles. You get the first dose when you're about one in the second dose when you were about six. The researchers compared the vaccine rate from the 2017-18 school year before the pandemic with the vaccine rate from the 2023-24 school year after the pandemic. Here's what they found. The county level average vaccine rate dropped from 93.9% to 91.3%. 78% of the counties reported a drop in their vaccine rate, and the vaccine rate increased in only four of the 33 states, California, Connecticut, Maine, and New York. Not exactly a good report card to bring home to your parents. You'd think vaccine rates would go up after a deadly pandemic. Dave, the study didn't offer any explanations of why how would you explain it? What's the long-term public health impact, and what can private sector providers do to reverse this trend?

Johnson:

Well, first off, how would I explain the drop in vaccine rates? Have either of you seen the 2006 satirical sci-fi movie Idiocracy, that stars Owen Wilson and Maya Rudolph?

Burda:

I have not.

Murchinson:

I have not.

Johnson:

Okay. Well, the basic story is there's a guy named Joe, who's average in every way. So average Joe, and through a whole host of things, he gets shot 500 years into the future. And society as it's evolved, rather than getting smarter, gets dumber. So there's famine, dust bowls, over commercialization, and through, again, lots of twists and turns, turns job becomes president of the United States when he recommends using water instead of Gatorade to irrigate the crops, and suddenly there's food again. In the process, average Joe becomes the world's smartest person

4sight Health Roundup Podcast
How to Stop Childhood Vaccine Rates From Dropping
6/5/25

Idiocracy, even though neither of you has seen it, has become a popular cult film like Rocky Horror Picture Show. When I read reports like this where the MMR vaccine rates are dropping fairly precipitously, I feel like we're living in a real life version of Idiocracy. It's truly scary. Dave, your second question asks about the long-term public health impact. It's horrible. We had eliminated measles by the turn of the millennium in this country, zero cases because of vaccines, and now measles is back with a vengeance. Really scary. Satire is fun. Idiocracy is fun, but it's not a constructive answer to the question of why this is happening. So here's what I think is going on. Among the deepest human needs is belonging to be an accepted member of one's community. This human need is so strong that belonging trumps beliefs see what I did there? Mm-Hmm. By the way?

Burda:
Mm-Hmm <Affirmative>. Mm-Hmm <affirmative>.

Johnson:
In a nation that's as polarized as the United States. Right now, individuals decide whether they wanna be on the red team or the blue team, and then adopt that team's views, no matter how illogical they are. So down deep, the anti-vax ideology and the decline in childhood vaccination speaks to ideology, not science. Governor Pritzker of Illinois last week gave a speech where he said the smartest people he knew were also the kindest, noting it takes intelligence and effort to overcome natural impulses to regard those who are different from us with compassion and with understanding. Very, very powerful message. Kindness ultimately wins. So, your last question regarding what providers can do to reverse the anti-vaccine trend, Dave? They have to show up. Providers have to show up. They have to keep making the pro-vaccine case until they're tired of hearing themselves speak, and they have to exercise extraordinary self-control and avoid demonizing those with wrongheaded beliefs. I don't think there's any alternative path. And whatever progress we make will be incremental.

Burda:
That last point for providers is a really tough one, right? Not to get angry at your patients who, who share a different view. Thanks, Dave. Julie, any questions for Dave?

Murchinson:
Yes, Dave, what are we gonna do, if anything, ever to normalize vaccines again?

Johnson:
Huh? Well, the, the first thing we should do is get Elon Musk to endorse MMR vaccine. <Laugh>, you know, after all, he's got 14 kids.

Murchinson:
Influencer. Yeah.

Johnson:
Yeah. And he doesn't seem to mind going against the crowd. So maybe he can be a constructive force for social change. I know I just spoke about kindness and how essential it is to moving our

4sight Health Roundup Podcast
How to Stop Childhood Vaccine Rates From Dropping
6/5/25

society forward, but we also need to call out BS loudly, consistently, and eloquently. Mistruths and lies cannot stand uncontested, but it can't stop there. My pollyanna-ish belief is that, if we can fix the US healthcare system, which is hard, but doable, we can begin to get healthier together, get our mojo back, become more united, and tackle the massive societal changes that lie before us. As that happens, we'll become purple rather than red or blue. We'll be on one team and we'll start talking to, rather than at one another. So let's fix healthcare and then fix the rest of the country, and in the process, fix ourselves.

Burda:

That's the path forward. Julie, what do you think is going on? What's the long-term public health impact and what can the private sector market do to get kids vaccinated?

Murchinson:

Well, beyond all the obvious answers, more disease and death and strain on our health system and all that; I don't think I'm hearing people use this term much anymore, but do you remember the term we used, like on the daily during COVID called herd immunity?

Burda:

Mm-Hmm. Yeah. Yeah, yeah. Yeah.

Murchinson:

I had struck that from my vocabulary for a while, but I think about it again, because you know, we're going to be eroding herd immunity for some of these diseases, which I think put communities at higher risk than, you know, the average person probably understands. And then I just think about the economic burden of, you know, people being out of work and that affecting social determinant issues that drive health down. So there's a lot of pieces that are, that seem sort of small, but could become like long tail issues, which is not great. And the private sector, I mean, there's so many things the private sector could do, right? They need to do a lot or need to, you know, take action here. The first thing I always think about as a mom is if you have to go to your doctor to get vaccines, like how many parents can't do that? Like, you, we need to take advantage of our infrastructure to have weekend hours, longer hours, pharmacies, clinics success, you know, retail clinics. But I look at how technology can be used. You know, you think about Dave, you're a One Medical patient still, right?

Johnson:

Yeah,

Murchinson:

Yeah, yeah. So, you know, you as a patient have to do the job of making sure that they know your vaccines from the beginning, but then they're keeping track of them and they're reminding you when you need a vaccine. So the nudge behavior, I think, is really powerful in terms of what digital can do. And if you just think about more active use of nudges, like any kind of notification that we get from any other app we ever sign up for it can be really powerful when it comes to you know, interacting or integrating with registries and being pushed out by payers and providers. And there's some digital health companies that do this today. If you think about like,

some of the chronic care management companies that, you know have a stickier relationship with their patients. They're pushing out vaccine nudges, but the issue courses that these records are scattered all over the place, and even I go to CVS now, and, you know, I have to make sure that that VAX gets back to one medical for me. So this brings up for me, you know, the, the importance of that kind of PHR concept, which of course evolves every decade as we think about what that technology really means. But a patient health record or patient control, those records is important. And <laugh>, you know, when I think about startups, like there are startups now that are looking at registry automation and the power of what you could do with some of these technologies could be amazing. So I don't, you know, I don't see why we wouldn't actually try to, as private market solutions work with.... I mean, the problem is who pays for it, right? But we need to build up public health infrastructure, and there are ways to do that. I also think, by the way, that you could use all sorts of incentives to incentivize people to stay on back schedules. Like it doesn't have to just be money. You could really game-ify a bunch of stuff around this. I mean, people react to gamification in every other part of their lives, and we don't game-ify like the most critical things people need to do for their health. So I of course, believe that, you know, we need to figure out how to get on top of misinformation and social and you know, think about, okay, so could influencers like Musk be, you know, be compelling, Dave? Yeah, sure. I just also think there's a lot that, you know, we can do with the technologies we have today that we're, if we applied them in slightly different ways, it could be really powerful.

Burda:

Yeah. I was just thinking of what people have hanging on their wall, right? They'll put a baseball schedule from their favorite team. What if you had just a poster, right? With every vaccine you're supposed to get from life till death in a little box in the date where you got it. Right. You know, it's a paper solution. Don't, don't hate me for that <laugh>. Right? I was about to comment on that. Right. But it would, it would work for me. Thank you. It would, it would. Thanks, Julie. Dave, any questions for Julie?

Johnson:

You know, Julie, that was a fantastic response. And as I was listening to it, I kept wondering, how do we get anti-vax moms back, right? That they're such a powerful force for this anti-vaccine movement impart, stirred on by RFK Junior. So I'm wondering if there's a role for private foundations to flood the airwaves with public service messages that really make the case persuasively for vaccines, particularly to those moms. This is something governments usually do, you know, when every visit Canada whenever we do every third ad on TV is a public health ad. But since we can't count on our government to do the right thing here, can private organizations step up and fill the void? And maybe as importantly, will they fill that void?

Murchinson:

So the beginning of your question was a great softball; is their role? Absolutely. Will they do it? Oh, I don't know. You know, I think about foundations in a couple different ways. I mean, if you look at just how foundations function, some are very reactive, you know, philanthropists and give as that they see the need or as needs arise. Others like California Healthcare Foundation are much more strategic. And think about what is a problem and what are all the levers I can pull to solve that problem policy, you know, technology, et cetera. You know, I'd love to think that

4sight Health Roundup Podcast
How to Stop Childhood Vaccine Rates From Dropping
6/5/25

philanthropies could fill this void. They absolutely could. There's definitely the money to do that. I think some philanthropies can think a lot more creatively than others on who is the consumer really, and what do they need to hear? And also where do they need to hear it, and how it's not just about TV ads anymore. We learned that from Kamala, right? Where are philanthropies gonna enter into the podcast world? Will they enter into like, let's get really creative with our ads, quote unquote, where those go. Mm-Hmm <affirmative>. So I, I hate to say this, but I think there are some foundations that could absolutely nail it and others that would just waste a lot of money.

Burda:

My cynicism is in full bloom today. So <laugh> <laugh> Frank, frankly, I'm not sure we can do anything about it with such a high level of deliberate disinformation out there, combined with a very gullible public, with a short memory. At one point, we were averaging more than 3000 COVID deaths a day, you know, and there were a couple days where top 4,000 during the peak of the pandemic, you know, we were afraid to go outside. Now, if you go in for a COVID booster, people think you're nuts, right? So wait until the zombie apocalypse. I'm gonna be ready, <laugh>, and I'll have my wall poster vaccine schedule with me <laugh>. All right. Let's talk about what else happened in healthcare this week? Julie, what else happened that's worth noting?

Murchinson:

Well, HHS released its preliminary budget that really spoke to all the cuts and movement and reorganization that HHS would like to do if the administration gets its way. So I encourage everybody to check that out. A lot of a lot of devastation there from my perspective.

Burda:

Dave, what are, or healthcare news should people know about?

Johnson:

Well, Merrill Goozner's Gooze News commentary picked up on that theme, Julie specifically as it relates to drug development and tells a tale of two cities. So the first is the Trump administration is proposing to slash 40% of the budgets for the 26 institutes that make up the National Institutes of Health. That, that's what you were referring to. That's just the NIH. Meanwhile, in Germany, Bristol Myers Squibb struck an \$11 billion deal with the German firm, BioEnTech, to develop a drug to treat solid tumor cancers. The drug itself was developed in China using technologies invented by NIH scientists, oh, country, where art thou?

Burda:

Thanks Dave. Thanks, Julie. And that is all the time we have for today. If you'd like to learn more about the topics we discussed on today's show, please visit our website at 4sighthealth.com. You also can subscribe to the roundup on Spotify, Apple Podcast, YouTube, or wherever you listen to your favorite podcast. Don't miss another segment of the best 20 minutes in healthcare. Thanks for listening. I'm Dave Burda for 4sight Health.