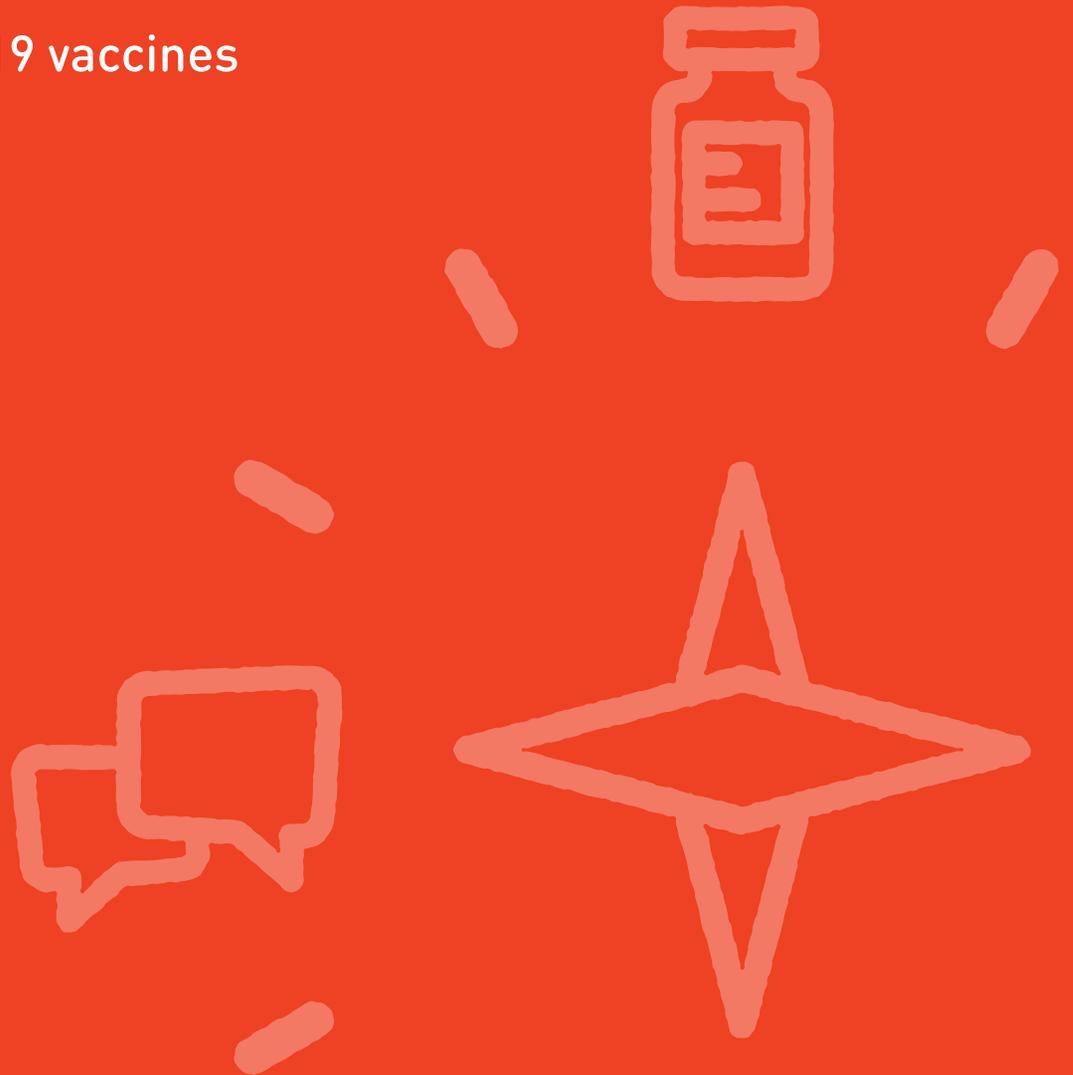


Conversation guide for FCC and FQHC workers

How to talk to others about COVID-19 vaccines

The pandemic has changed a lot about our day-to-day lives. We are told to be very careful at every turn. It makes sense then that people are being very careful with their choice to get vaccinated against COVID-19. Many people still have questions about this virus and its vaccines. One-on-one conversations between health care providers and clients/patients can help clear the air. Having these talks is one of the best ways to help people choose to get a COVID-19 vaccine. **As an FCC or FQHC worker, you are in an important position. You can guide these conversations with patients and colleagues to help them make an informed choice about getting vaccinated.**



Starting the conversation



Start from a place of genuine curiosity and empathy.

If someone believes that you are trying to talk to them only to argue, then they may not be as willing to speak openly about their concerns. Listen from a non-judgmental point of view with a goal of understanding their perspective.

Begin by focusing on their feelings about the vaccine and their decision to get it.

To start the conversation, you can ask if they have gotten the COVID-19 vaccine and/or how they are feeling about it. Doing so will help you connect with them on a personal level and build rapport.

- *If this is not your first conversation with this person (if they are a long-time patient, a co-worker you see often, etc.), you can gently check in to see if their feelings have changed about getting the vaccine. Focus on understanding their current feelings.*

Encourage their questions.

Make them feel like it's a safe space to voice concerns and ask questions. Treat their questions with respect. Additionally, respond to their concerns with phrases that show them empathy like, "This is clearly a really important issue for you." or "These are really legitimate concerns."

During the conversation



Ask open-ended questions.

These questions cannot be answered with simply a “yes” or “no.” These questions allow your patients or colleagues to fully express their thoughts, helping you to understand their story.

An example of this would be, “What concerns do you have about the COVID-19 vaccine?”



Listen to understand, not just to answer.

In many daily conversations, people only listen to others long enough to think of what they want to say next. They’re so focused on what they want to say that they ignore what the other person is saying. When talking to others about COVID-19 vaccines, focus on them instead. Try to fully understand their point of view. If you disagree with or don’t understand something that they’ve said, ask them for more details. For example, “Could you tell me more about that?”



Do not claim to be an expert in knowing what is right or wrong.

Even though you work in a healthcare setting, each person’s situation is different. Acknowledge that you do not know everything about their situation or how they have been impacted by COVID-19 and that you are only a resource to provide the accurate information that you do have.



Ask permission to share information with them.

Asking your patient or colleague if you can share information with them, may make them more willing to listen. They won’t feel pressured by receiving unwanted information. After you get their permission, you can direct them to trusted sources, such as the local health department website or their own doctor, nurse, or pharmacist.

Additionally, here are ways you can respond if they have questions about:

Quick development of the vaccine

Scientists were able to make COVID-19 vaccines so quickly because they had decades of research to build on and a lot of resources at their disposal. Due to the EUA, manufacturers could mass produce vaccines while they awaited approval, and regulators brought the review of these vaccine applications right to the top of their to-do lists. This teamwork allowed COVID-19 vaccines to be developed, tested, and authorized in record time.

Already having been exposed to the COVID-19 virus

Even if you've previously had COVID-19, it is recommended that you get vaccinated. Some studies show that vaccination strongly boosts protection in people who've contracted COVID-19 in the past. If you currently have COVID-19, you can get a vaccine as soon as your isolation ends. However, if you were treated for COVID-19 with antibodies or 'convalescent plasma,' you should wait 90 days before getting a COVID-19 vaccine.

Vaccine side effects

None of the authorized COVID-19 vaccines in the U.S. contain a live virus that causes COVID-19, so they cannot make you sick with the disease. These vaccines teach your cells how to make proteins that look like the virus. You might experience some symptoms (like a fever) as your immune system responds to these new proteins, but it is just training to fight a real virus if it's ever exposed to it!

Current or future pregnancies

Women who are pregnant are shown to be at higher risk for complications from COVID-19. Getting a COVID-19 vaccine during pregnancy can protect you from severe illness related to COVID-19. If you are pregnant, the CDC recommends that you receive a COVID-19 vaccine.

If you are planning to or considering becoming pregnant in the future, there is no data that the COVID-19 vaccines cause any problems with pregnancy, including the development of the placenta. In addition, there is no evidence that fertility problems are a side effect of any vaccine, including COVID-19 vaccines.

Logistical barriers like not knowing where to go or not having a way to get there

If your clinic is a vaccination site: Offer to walk them to the vaccination site within your clinic.

If your clinic is not a vaccination site: Offer to help them search for a vaccination site using [vaccines.gov/search](https://www.vaccines.gov/search).

Conflicts with pro-life ideologies

The COVID-19 vaccines do not contain any aborted fetal cells. While the vaccines were tested using fetal cell lines, those are cells grown in a laboratory and are thousands of generations removed from the original fetal tissue. The cell lines do not contain any tissue from a fetus.

Being healthy / low perceived risk of COVID-19 complications

Even if you are in a lower risk group of experiencing severe COVID-19 complications, getting the vaccine protects you from emerging variants and long-term disease effects. It also prevents you from spreading it to your friends and family who might be more vulnerable.

Ending the conversation



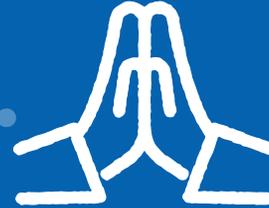
Offer to help connect them with resources.

This may include walking with them to get the vaccine in your clinic, helping them to find vaccination appointments through [vaccines.gov/search](https://www.vaccines.gov/search) or recommending others to talk to for more support.



Celebrate the consideration they are putting into this decision.

Let your patient or colleague know that you can see they are being thoughtful in their decision, and you can see that they want to make the right choice for themselves and their family.



Thank them for taking the time to speak with you.

It can be difficult to open up about what you're going through, especially if you are feeling judged for your decisions. Let them know that you appreciate them opening up and speaking to you.



Remind them that you are available to talk if they have questions in the future.

You may not be able to entirely change someone's mind with just one conversation. Remind them that you are available if they have any other questions or otherwise need support in making their decision.

Example Conversations



Below are examples of conversations between a provider and a patient around three common sources of vaccine hesitation. These conversations demonstrate Motivational Interviewing, a collaborative conversation strategy that focuses on listening and guiding a patient's curiosity so that they find their own reasons to change a behavior.

Example 1: Concerns about Safety of the COVID-19 Vaccine

Provider: As we get started today, I was wondering if you have received the COVID-19 vaccine?

Patient: No, I'm not getting it.

Provider: If you are willing to share, what are some of the reasons you are not getting the vaccine?

Patient: I think it was made too fast. There is no way it could have been tested enough in such a short time. I think they just rushed through it and I've heard of people dying after getting the shot.

Provider: So it sounds like you have concerns about the safety of the vaccine and that it was not adequately tested, am I getting that right?

Patient: Yes, I'm not going to be a guinea pig.

Provider: These are really legitimate concerns. Do you see any benefits to getting the vaccine?

Patient: I mean, I don't want COVID and I am worried that my employer could require it in the future but I guess I'll deal with that if I have to.

Provider: It sounds like being vaccinated could have some benefits for you but only if you felt sure about the safety of the vaccine. Did I get that right?

Patient: Yes, I guess I'm waiting to see what they learn once more people have it.

Provider: That makes sense. Would it be OK if I share with you a little bit about the vaccine approval process?

Example Conversations



Example #2: Concerns about COVID-19 Vaccine Side Effects

Provider: As we get started today, I was wondering if you have received the COVID-19 vaccine?

Patient: No, not yet.

Provider: It sounds to me like you've been thinking about this decision. If you are willing, would you share with me some reasons that make you not want to get vaccinated?

Patient: Everyone I know who got vaccinated felt really terrible the next day. My father-in-law was sick for three days. I don't want to feel like that.

Provider: Feeling sick is no fun. It sounds like the side effects are a major concern for you. Anything else?

Patient: I can't miss work right now so I just can't afford to be sick from the shot.

Provider: I get that. Can you think of any benefits of getting vaccinated?

Patient: I worry if I get COVID, I could give it to my kids. I don't worry about getting it but I would feel bad if I got them sick.

Provider: It sounds like vaccination would be a way to protect your family. You are right, people do have an immune response to the vaccine which doesn't always feel good. Can you think of any ways that might help you manage that if you did get vaccinated?

Patient: I guess I could schedule the vaccine the day before my day off. I'd still have trouble if I was sick for longer than that.

Provider: Yes, timing when you get the vaccine can make a big difference. It's also much easier to pick the time you want compared to scheduling vaccine appointments a few months ago. Is there any other information I can provide that would help you make a decision about the vaccine?

Example 3: Ethical Concerns about the COVID-19 Vaccine

Provider: As we get started today, I was wondering if you have received the COVID-19 vaccine?

Patient: No, I'm not getting it.

Provider: If you are willing to share, what are some of the reasons you are not getting the vaccine?

Patient: The vaccine is made with fetal cells and I am pro-life.

Provider: This is clearly a really important issue for you. Can you tell me what you've heard about the vaccines being made with fetal cells?

Patient: I just know fetal cells were used in the process to make the vaccines. That's enough for me. I don't think anything good can come from that so I definitely can't take that vaccine.

Provider: I appreciate how much you care about this issue. Could I share with you what I learned about fetal cells and the vaccine production?



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