COVID-19 VACCINE CONFIDENCE TOOLKIT

Vaccines are a crucial tool against the deadly nature of the COVID-19 pandemic, but many people have expressed hesitancy about receiving COVID-19 vaccines. Conversations with trusted messengers, including medical providers, are a key method for helping patients make the best decision about COVID-19 vaccination.

This conversation toolkit is intended as a resource to help healthcare providers navigate discussions about COVID-19 vaccination with their patients. The toolkit provides a common framework for engaging in these important conversations, with an emphasis on listening and learning. It is not meant to be comprehensive in relation to all patient questions and should be supplemented with outside resources (e.g. UptoDate, PubMed, etc) for more specific patient inquiries.

This toolkit can be used by any member of the care team that is comfortable with the content, and teams should consider creative ways to engage patients throughout their visits to decrease time burden and share responsibility amongst providers.

**Best Practices for Having Vaccination Conversations**

- **Non-judgemental listening:** Ensuring that patients feel comfortable sharing their questions and concerns allows them to gather the information that is most personally relevant to them in making an informed decision about COVID-19 vaccination.
- **Informed decision-making:** While patients will ultimately make their own decision about whether or not to get vaccinated, clinicians can be an important resource in reaching that decision. Clinicians are trusted messengers who can provide reliable information addressing any concerns uncovered during the first part of the conversation.
- **Equity in access:** The conversation should not end if and when the patient expresses an interest in vaccination. Clinicians should help patients come up with a vaccination plan if not available on site. We encourage care teams to consider what resources they can offer patients to overcome common barriers like transportation and the digital divide in COVID-19 vaccine access.

**What’s In The Toolkit**

- **Pages 1-2:** The *conversation guide* provides clinicians with a suggested framework for structuring COVID-19 vaccination conversations and sample language. It is not intended as a script, but rather a jumping-off point, which will allow clinicians to most effectively explore and address each patient’s individual concerns.
- **Pages 3-4:** The *suggested language table* outlines potential patient questions or concerns and provides patient-friendly sample language for addressing them.
- **Page 5:** The patient-facing *handout* includes key messages about the safety, efficacy, and trustworthiness of COVID-19 vaccines in patient-friendly language. It can be shared directly with patients before, during, or after the conversation.

© 2021 Ariadne Labs: A Joint Center for Health Systems Innovation (www.ariadnelabs.org) at Brigham and Women’s Hospital and the Harvard T.H. Chan School of Public Health. Licensed under the Creative Commons Attribution-NonCommercial-ShareAlike 4.0 International License, creativecommons.org/licenses/by-nc-ka/4.0.
Additional Useful Resources

Communication Tips and Tricks


> **Communication Skills for Talking About COVID-19 Vaccines:** The Center to Advance Palliative Care published this resource which introduces key communication skills with sample language surrounding the vaccine: [https://www.capc.org/covid-19/communication-skills-for-talking-about-covid-19-vaccines/](https://www.capc.org/covid-19/communication-skills-for-talking-about-covid-19-vaccines/)

General Facts and Statistics

> **CDC Frequently Asked Questions:** The CDC has created a webpage outlining some of patients’ most common questions and helpful tips for responding - [https://www.cdc.gov/vaccines/covid-19/hcp/answering-questions.html](https://www.cdc.gov/vaccines/covid-19/hcp/answering-questions.html)


> **Covid Collaborative “It’s Up to You” Campaign:** Easy access to common questions and a vaccine finder platform produced alongside the Ad Council and CDC - [https://getvaccineanswers.org/](https://getvaccineanswers.org/)

Equity and Access

> **KFF “Greater than COVID” Campaign:** Thorough website by the Kaiser Family Foundation focused on information sharing for Black patients through media with additional links to general vaccine information, locations, and commonly asked questions - [https://www.greaterthancovid.org/](https://www.greaterthancovid.org/)

> **DHHS “We Can Do This” Campaign:** Information dissemination campaign aimed at providing underserved communities with resources based on the target community (e.g. patients from minoritized races, rural patients, faith-based groups, etc). Resources are filterable by language, topic area, and format - [https://wecandothis.hhs.gov/](https://wecandothis.hhs.gov/)

> **NIH Resources to Share:** Filterable multilingual resources including handouts, infographics, videos, and fact sheets across COVID-19 related topics for public display or individual dissemination - [https://covid19community.nih.gov/communication-resources](https://covid19community.nih.gov/communication-resources)

COVID-19 VACCINE CONVERSATION GUIDE

SET UP

1 Begin the conversation by **asking permission** to discuss the vaccine.

   “I'd like to talk to you today about getting the COVID-19 vaccine. Would that be OK with you?”

2 If permission is received, elicit the patient’s initial feelings about the vaccine.

   “Many people are talking about the vaccines, and they are an important topic. I myself fully support the vaccine and [have received or will receive] it myself. How are you feeling about getting the vaccine?”

If permission is NOT received, keep the option for further conversation about the vaccine open.

   “It's OK that you don’t want to talk about this now. We can check in again during our next visit, and you’re always welcome to send me a message before that if you would like to talk.”

3 Pause and give room for the patient to explain. If they plan to get the vaccine, you can encourage their decision and move on to the Tips for Following up on the Conversation to assist with planning. If not, frame yourself as a resource and move on to LISTEN & LEARN.

   “I’m glad you want to receive the vaccine. Let’s make a plan for how you’re going to do that.”
   “Taking the vaccine will be your choice. I may not have all the answers to your questions right now, but I can share what I know and look into the questions I cannot answer right now.”

LISTEN & LEARN

1 Elicit your patient’s **goals and priorities** around vaccination.

   “What are you most looking forward to, once we are more protected from COVID-19?”

2 Elicit your patient’s **concerns or questions** about vaccination.

   “What is your understanding of the COVID-19 vaccines?”
   “What questions do you have about the COVID-19 vaccines?”
   “What concerns do you have about the COVID-19 vaccines?”

SHARE & CONVERSE

1 Summarize your patient’s **goals or priorities**.

   “I heard you say…”
   “You seem to be excited about…”

2 Summarize your patient’s **questions or concerns**.

   “It sounds like you have questions about…
   …Several of my patients have had similar questions.”

3 Use lay-friendly language to answer your patient’s concerns or questions.

   See Suggested Language for Responding to Patient Questions (p. 3-4).

Remember: it is **OK to not have all the answers in the moment**. Just as with other patient inquiries, you should feel empowered to use your preferred outside resources to gather the latest facts or statistics.
TIPS FOR PREPARING FOR THE CONVERSATION

> Identify how patients can schedule their vaccine appointments at your practice or at a community site
> If available, review the patient's medical history to understand any underlying medical conditions, allergies, etc.

TIPS FOR FOLLOWING UP ON THE CONVERSATION

Try Saying...

For patients interested in scheduling their vaccine appointment, make a plan for vaccination.

> “I want to make sure you can get vaccinated with few challenges.”
> “Do you know where you can get vaccinated?”
> “Do you know how to make your appointment?”

Connect the patient to scheduling support, if possible.

> “Do you need help with transportation to your appointment? Do you have friends or family who can help you?”

Connect the patient to transportation assistance, if possible.

> “Is there someone else who you might be able to get to go with you and get a vaccine or someone you could teach about the vaccine and its value?”

> “As with other vaccines, a small number of people will get temporary reactions as the body builds immunity, so I want to make sure you have information about this. These reactions, such as fatigue, aches, and mild fever, can make working or taking care of others more difficult, so it may be helpful to plan ahead.”

For patients who are not yet ready to schedule their vaccination, encourage continued conversation.

“I understand this is your decision and want you to know I am here as a continued resource.”

Consider assessing how to maintain patient inquiry beyond the clinic setting:

> “Do you have someone you trust who got the vaccine? If yes, have you discussed your concerns with them?”

> “I know things are fast-moving, and there is still time to think about getting the vaccine. Would you be willing to continue this conversation at our next visit?”

End the visit by reassuring the patient that you remain available to discuss vaccines at any time and look forward to seeing them at their next appointment.
**SUGGESTED LANGUAGE FOR RESPONDING TO PATIENT QUESTIONS**

<table>
<thead>
<tr>
<th>If you hear…</th>
<th>Try saying…</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do I really need to get vaccinated? COVID-19 is not that bad, right?</td>
<td>“COVID-19 is a serious, deadly disease, worse than the flu. It’s very dangerous to the elderly and to people with certain medical conditions. It has also had severe effects on communities of color due to more exposure from essential work and other factors. We all need to get vaccinated so we can stop the spread of the virus. By getting the vaccine, we can protect ourselves, our families, and our communities, especially the people most at risk.”</td>
</tr>
<tr>
<td>I’ve already had COVID-19.</td>
<td>“I’m so glad you’re doing better. We don’t know how long protection lasts after a COVID-19 infection, but we know that the protection from vaccines lasts for many months or even longer.”</td>
</tr>
<tr>
<td>Do the vaccines work? Efficacy?</td>
<td>“The vaccines give you great protection against the worst effects of COVID-19. If you get vaccinated, you are highly unlikely to end up in the hospital or die from COVID-19. Hundreds of millions of people in more than a hundred countries have received a COVID-19 vaccine. Only a handful of them have been hospitalized for COVID-19 or died from it.”</td>
</tr>
<tr>
<td>Does one work better than the other? Which vaccine is better? Pfizer, Moderna, Johnson &amp; Johnson?</td>
<td>“All the COVID-19 vaccines used in the US will give you very strong protection against severe, deadly COVID-19. Different vaccines may protect you differently from less severe cases of COVID-19, partly due to differences in when and where the vaccines were tested. The Johnson &amp; Johnson vaccine is being offered to patients again. There is an extremely rare, serious reaction (blood clots) connected to this vaccine, but only about 1 in a million people will have one. About the same number of people are struck by lightning in the US every year. Many more people get blood clots from having COVID than from getting the vaccine.”</td>
</tr>
<tr>
<td>Do vaccines work against the new variants?</td>
<td>“We are still learning how each vaccine works against each variant, but it appears that getting vaccinated will protect you against the most serious effect from all the COVID-19 variants.”</td>
</tr>
<tr>
<td>Can the vaccines give you COVID-19?</td>
<td>“The vaccines in use in the United States can’t give you COVID-19 or make you spread it to anyone else. They contain only a piece of the COVID-19 virus, not the entire virus.”</td>
</tr>
<tr>
<td>Are the vaccines safe for pregnant/breastfeeding people?</td>
<td>“Many pregnant people have been vaccinated already, and there is no evidence that the vaccines harm pregnant people, unborn babies, or breastfeeding infants. In fact, breastfeeding may pass the protection from the vaccines on to babies. We do know that pregnant people have a higher risk of developing severe illness from COVID-19, which the vaccines will protect against. Your OB-GYN, women’s health practitioner, or pediatrician may have more information.”</td>
</tr>
<tr>
<td>Side effects</td>
<td>“Some people have some short-term minor reactions to the vaccine. You might have pain, redness, or swelling around where you get the shot. You might also feel flu-like symptoms like fever, chills, tiredness, headache, muscle pain, and nausea. These reactions are normal. They’re signs that the vaccine is helping your immune system build protection against COVID-19. You can take over-the-counter pain relievers for the side effects. If those effects last more than a day or two, or if they get worse rather than better, contact your doctor.”</td>
</tr>
</tbody>
</table>
Severe or long
term side effects, allergic reactions, blood clots
“Rarely, someone can have an allergic reaction to the vaccine. Even more rarely, that reaction can be very severe. You’ll be monitored for 15-30 minutes after you get the vaccine to make sure that you can be treated right away, just in case you have a rare severe allergic reaction. It’s similar to the monitoring you would receive if you got allergy shots.”
“Severe side effects from a COVID-19 vaccine are very rare. Only about 1-2 in a million people will have one. To compare, about the same number of people are struck by lightning every year in the US.”

Can the vaccine change my DNA? mRNA, DNA, genetic material?
“The vaccines contain only a piece of the COVID-19 virus, called the mRNA, which works in a part of the cell away from your own DNA. It can’t make any changes to your own DNA. It also breaks down quickly.”

It was rushed/too quick/I want to wait. Don’t trust the vaccine, too politicized. Government, Big Pharma?
“The vaccine technology isn’t new. The COVID-19 mRNA vaccines used in the United States are the first of their kind on the market. However, scientists have been researching that vaccine technology since the 1990s for diseases like Zika, rabies, and the flu. Companies built on this existing research to make mRNA vaccines for COVID-19. The Johnson & Johnson vaccine also uses technology that has been researched for decades and has already been used in an approved vaccine for Ebola.”
“Because the COVID-19 pandemic spread so quickly and is so dangerous, governments around the world (including the US) stepped up to fund vaccines more than they normally would. This extra funding helped scientists develop and test vaccines more efficiently while maintaining quality and safety. Working together, scientists sequenced the virus’s genome in record time. Soon after, companies started working on many possible vaccines. They were able to launch trials to test these vaccines with more than 100,000 people.”
“The US government paid companies to start making the vaccines before they were approved, so companies had doses ready to go as soon as the vaccines were approved. In particular, mRNA vaccines can be made faster than other types of vaccines.”
“There is an ongoing system in place to protect people who take the vaccine. The FDA and the CDC are closely monitoring vaccine safety. We saw the system in action when they briefly paused the use of the Johnson & Johnson vaccine and started using it again only when they confirmed it was safe.”

EUA, FDA, Approval, Authorization
“The FDA was able to authorize the vaccines so quickly because they cut out some of the red tape of the approval process without cutting out the science. The FDA also consulted with two independent groups of scientists and doctors before authorizing the vaccines.”

What’s in the vaccines? Ingredients? Trackers?
“The Pfizer-BioNTech and Moderna vaccines include a piece of the COVID-19 virus’s genetic material called mRNA. They have some fat to protect the mRNA and help it get into your cells. They also have some preservatives, including salts and sugar, to help the mRNA keep its shape.
The Johnson & Johnson vaccine uses a common cold virus that holds a piece of the COVID-19 virus’s genetic material. The cold virus has been ‘deactivated’ so it won’t make you sick. It also includes table salt and water, and a small amount of preservatives like those found in the food we eat. They help the vaccine stay stable in the vial and work well in your body.”
COVID-19 VACCINES

Getting the COVID-19 vaccine will help protect you, your family and community by stopping the spread of the virus. It will help us get back to activities like family gatherings and travel.

COVID-19 VACCINES WORK

The vaccines protect you very well against the worst effects of COVID-19. If you get the vaccine, you are very unlikely to need hospital care or die from COVID-19.

COVID-19 VACCINES ARE SAFE

Hundreds of millions of people have gotten the vaccines so far.

COVID-19 vaccines can't make you sick with COVID-19.

Some people have flu-like reactions after getting the vaccine. These reactions are normal. They mean that the vaccine is helping your body build protection against COVID-19.

Serious reactions to the vaccine are very rare (about 1 in a million). So are allergic reactions. Just in case, you will be watched for 15 minutes after receiving the vaccine. The CDC continues to check on people who get the vaccine.

COVID-19 VACCINES ARE BACKED BY SCIENCE

Medical experts have worked on the science behind the COVID-19 vaccines for many years.

Experts built on this science to make the COVID-19 vaccines quickly. Governments gave more money than usual for vaccine research. The FDA cut some red tape out of the vaccine approval process without cutting the science.

Many healthcare workers have gotten the COVID-19 vaccine. They trust the vaccine to protect themselves, their families, and their patients.