Practical Approaches for Discussing COVID-19 Vaccines with Clients
Agenda

- Techniques & approaches for a productive conversation about COVID-19 vaccines
- Answering commonly asked questions – an example from our New Jersey office
- Practice answering questions
- Q&A
Type in the chat: in a few words, how do you feel when clients ask you questions about the COVID vaccine?
Common Questions, Helpful Responses
How IRC Client-Facing Staff Can Help Answer COVID-19 Vaccine Questions
RAI USA - March 2021

Many IRC staff are receiving client questions related to the COVID-19 vaccine. These questions may be in response to vaccine-related outreach and support, or they may occur during other programming and work. Staff may feel unsure about how to respond because they have not received in-depth training on the vaccine, or health-related issues may be outside their normal scope of work. This document is designed to help client-facing staff competently respond to common vaccine questions. It lists frequent questions, helpful responses, and provides additional resources to give to clients if they would like to seek out additional information independently.

Helpful Tips

- Remember, the role of IRC is to ensure that clients have accurate information from trusted sources and that they have an avenue for addressing questions and concerns so that they can make an informed decision that is best for themselves and their family. Our role is not to convince clients that they need to get the vaccine.
- Stay within your knowledge base. If you don’t know the answer to a client’s question, consider connecting the client to linguistically accurate information from trusted and vetted sources, or telling clients that you don’t currently have the answer but can get back to them.
- Let people know that having questions and concerns are normal and that you want them to have accurate information from credible sources so they can make the best decision for themselves and their family.
- If a client has incorrect information, don’t tell them that they are wrong, as that response is likely to be unproductive and discounts what may be an understandable hesitancy. Instead, empower people by pointing them to trusted and accessible sources of information so that they can make their own decisions.
- When countering misinformation, try not to repeat it. Studies have shown that repeating myths and misinformation – even when fact checking or discounting it – increases the chance that people will remember the myth or misinformation. Instead, repeat what you know to be facts and bolster these with accurate information from trusted sources.
- Make sure any information you give is linguistically accessible in the client’s preferred language and, where possible, that you offer a variety of formats – print, video, etc. – to accommodate different learning styles and literacy levels.

Understanding myths, misinformation, disinformation, and hesitancy

It is important to know that refugees and other forcibly displaced people may have lived experience or a family history that includes medical experimentation or unethical medical practice or research. This is also true for many people of color in the United States. In addition, certain bad actors may spread disinformation (intentionally manufactured incorrect information) to sow discord and distrust in a community or society.

Given this, people may have an understandable suspicion of the vaccine and the motivations behind it. IRC staff should approach myths, misinformation, and disinformation compassionately and with the intent to empower people to seek out accurate information from credible sources so they can make the best informed decision for themselves and their families.

Frequently Asked Questions

Q: How do you know the vaccine is safe?
The vaccine was tested on tens of thousands of individuals from different ethnicities and ages, and it met US Food and Drug Administration’s high scientific standards for safety, effectiveness, and manufacturing. From December 2020 to March 2021, over 109 million doses of the vaccine have been given in the United States. Its safety has been closely monitored, and there have been no serious safety concerns with the vaccines being used in the US. If you want more information, here are some resources that might be helpful.

Q: How did they make and approve the vaccine so quickly?
There are lots of different types of coronaviruses and scientists have been studying them for many years. Because of this, scientists already had lots of previous research that they could use to develop the vaccine. In addition, the government funded many companies to work in development and testing at the same time. Also, when a vaccine is normally made, it gets tested first and then large amounts of the vaccine are made. Because of the pandemic and funding from governments, scientists were able to do both at the same time. All of this allowed the development of the vaccine to go faster than usual. It is important to know that not all the vaccines that were made and tested got approved to be used. Only the vaccines that were tested and were shown to be safe were approved. If you want more information on how they made and tested the vaccine, here are some resources that might be helpful.

Print Resources
- Vaccine Fact Sheets from the Centers for Disease Control in English, Amharic, Arabic, Burmese, Farsi, French, Haitian Creole, Karen, Kirindywanda, Korean, Nepali, Pashto, Russian, Somali, Spanish, Simplified Chinese, Swahili (Congolese), Tagalog, Thai/Thai, Traditional Chinese, Ukrainian, Urdu, Vietnamese
- Videos Resources
  - "How We Know the Vaccine is Safe" from EBAC nonprofit in Polk County, Iowa. In Burmese, Filipino, French, Hakha China, Karen, Mon, Urdu, Spanish, Swahili

Print Resources
- "Frequently Asked Questions About How COVID-19 Vaccines Are Made" in English, Arabic, Amharic, Chinese, French, Hindi, Hmong, Karen, Lao, Nepali, Oromo, Russian, Somali, Spanish, Swahili, Vietnamese
- Videos Resources
  - "Frequently Asked Questions about How COVID-19 Vaccines Are Made" in Spanish (YouTube)
  - "How Can Vaccine and Antibody Studies Move So Quickly and Still Be Safe?" from the Washington State Department of Health in Amharic, Arabic, Burmese, Chinese (Simplified), Chinese (Traditional), Chuukese, English, English (ASL), Farsi, French, German, Hindi, Hmong, Japanese, Kareo, Khmer (Cambodian), Korean, Lao, Marshallese, Mende, Bhojpuri, Nepali, Oromo, Portuguese, Punjabi, Romanian, Russian, Samoan, Somali, Spanish, Swahili, Tagalog, Tamil, Telugu, Thai, Tagalog, Ukrainian, Urdu, Vietnamese
- Audio Resources
  - How COVID Vaccines Are Made from the WA State Department of Health in English and Spanish

CORE has additional excellent resources on COVID-19 for New Arrivals. A few are highlighted below. You can further explore CORE’s COVID-19 resources at: https://coresourceexchange.org/covid-19-resources/
  - Resettling to the US during a Pandemic – Lesson Plan
  - CARE Kit for Refugees given by IOM
  - CDC: What to Expect at Your Appointment to Get Vaccinated for COVID-19 (English), available in Korean, Spanish, Simplified Chinese, Vietnamese
Recognition of Historical Abuse and Discrimination

• Addressing discrimination, experimentation, and exploitation.

• Distrust in medicine and public health, or potential fear of targeting.

• Various cultural approaches and/or limited access to accurate information.

• Example: Tuskegee Experiment.
Tips for approaching the conversation

- The role of client-facing staff is to ensure that clients have accurate information from trusted sources.
- Stay within your knowledge base.
- Let people know that having questions and concerns are normal.
Tips for approaching the conversation

• If a client has incorrect information, don’t tell them that they are wrong. Encourage self-learning

• When countering misinformation, try not to repeat it

• Make sure any information you give is linguistically accessible
Answering commonly asked questions about the vaccine – an example from our New Jersey office
Engaging with Community Leaders

Identifying influential figures in the community

Gathering information from the leaders of what they hear from the community

Determine from community leaders what information would be helpful to their community and who they would like to hear from

Identifying the best channel of vaccine messaging communication
Practice answering questions about the vaccine
Scenario: Your client asks you "Do you think I should get a COVID vaccine? I don't think I should. The CDC says we don't have to wear masks anymore. That means COVID is over."
Type in the chat: which way would you respond?

A: That's a good question but I'm not the right person to answer this...

B: You should still get the vaccine because...

C: That's a good question. I can share with you what I know from trusted sources...
Q: Do you think I should get the vaccine?

Q: What if I'm afraid of needles?

Type in the chat: What concerns might you have with responding to these questions?
Q: Is the vaccine halal?

Type in the chat: How would you answer?
Type in the chat: What are materials you might need in answering these questions?

Q: How do you know the vaccine is safe?

Q: I have been hearing lots of things about the vaccine, like it can alter your DNA or make it so that you can't have children. Is that true?
Q: Why is everyone so interested in having refugees and immigrants get the vaccine? I worry that this is because they want to test the vaccine on us.

Type in the chat: How would you answer?
We are here to support you in getting:

- Accurate Information
- From trusted sources
- So you can make the right decisions for yourself, your family, and your community

Key Takeaways

- Non-judgmental
- Curious
- Non-coercive
- Conduit

Multiple engagements