

Toolkit to Address Staff Vaccine Hesitancy

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Contents

Introduction:.....	1
If concern is about side effects:	1
If concern is about vaccine safety:.....	2
If concern is pregnancy effects and infertility:.....	2
If concern is cultural—For Black Communities:	3
If concern is cultural—For Hispanic Communities:	4
If concern is cultural—For Native Americans:.....	4
If concern is cultural—For Hmong Communities:	5
If concern is distrust of medical profession:	5
If concern is religious:	5
If concern is that they already have had COVID: (From Kari E).....	5
If concern is about COVID-19 vaccine in general:	6

Introduction:

For some people, the general COVID-19 vaccine information sessions will not provide them enough information to agree to vaccination. Having individual conversations is a helpful way to get to the root of their concerns. It could be misinformation from social media, personal health concerns, cultural reasons, distrust of the medical profession, religious affiliation, or a host of other concerns.

It’s best not to assume you know why the person is making their decision. Consider a technique called the “5 Whys” and ask a series of questions starting with why—such as “Why are you concerned about taking the vaccine?” and continuing to ask “why” to learn more about their views and issues.

We have gathered information that you can provide to staff, once you’ve determined their specific individual concern. Building trust is a key component for vaccine acceptance. A step in that direction is trying to understand their decision from their perspective.

Here are some facts, resources, and perspectives to help in your conversations. If you would like to talk about a specific situation, please contact Kari Everson, LeadingAge Minnesota, Director of Clinical Care and Nurse Consultant at keverson@leadingagemn.org or 651-380-2032.

If concern is about side effects:

- For most people, the vaccine causes mild effects that go away in a few days.
- Some common side effects are muscle aches, tiredness, headaches, or maybe a fever.

- The COVID-19 cannot give you the COVID-19 disease.
- The CDC is tracking side effects through a new patient rating tool for the COVID-19 vaccine. It's called V-Safe and is a smartphone app. Reference: <https://www.cdc.gov/coronavirus/2019-ncov/vaccines/safety/vsafe.html>
- Serious side effects like an allergic reactions: Vaccine clinics are requiring people receiving the vaccine to wait 15-30 minutes before leaving, in order to monitor for serious reactions.
- Source: <https://www.health.state.mn.us/diseases/coronavirus/vaccine/basics.html#effects>

If concern is about vaccine safety:

- These vaccines got a jump start from previous research, so that phase of vaccine development happened more quickly with the COVID-19 vaccine.
- The federal government provided funding to vaccine manufacturers to remove the financial barrier to costly clinical trials and to start making vaccine supply prior to approval.
- Vaccines only receives Emergency Use Authorization (EUA) if research shows that it is safe and that it works effectively and that research is reviewed by a committee of scientists and physicians not associated with the production of the vaccine.
- Source: <https://www.health.state.mn.us/diseases/coronavirus/vaxprocess.pdf>

If concern is pregnancy effects and infertility:

- Consult with your health care professional about your specific situation.
- From MDH: The first vaccine studies are usually done with groups that are at highest risk for the disease, or who will get very sick if they get the disease. Then the studies are expanded to other groups such as pregnant people and people who are immunocompromised (cannot easily fight off a disease). For COVID-19 vaccine, studies focused on non-pregnant adults ages 18 years and older at first (16 years and older for Pfizer). Vaccine manufacturers have started expanding their research to other groups of people as they get more data from the first part of their studies. <https://www.health.state.mn.us/diseases/coronavirus/vaccine/basics.html#make>
- From the Society for Maternal-Fetal Medicine <https://www.sfm.org/covid19> According to Hugh Taylor, MD, President of the American Society for Reproductive Medicine, there is no data to suggest that vaccination impacts future fertility. Because the approved COVID-19 vaccines do not use a live virus, they are not thought to cause an increased risk of infertility, first- or second-trimester loss, stillbirth, or congenital abnormalities. While pregnant people were not allowed to take part in the clinical trials for the COVID-19 vaccines, many healthcare workers who are pregnant or lactating have received the vaccine and have registered for a COVID-19 vaccine registry so that scientists can better understand the impacts of COVID-19 vaccination on pregnancy.

If concern is cultural—For Black Communities:

- Black Community COVID-19 Hotline: 612-254-1145: Sponsored by the African American Leadership Forum and the Phyllis Wheatley Center. Staffed to questions about COVID-19 and provide connections to resources.
- Recording of [Should I Get The COVID-19 Vaccine? Questions Answered For The African American Community](#).



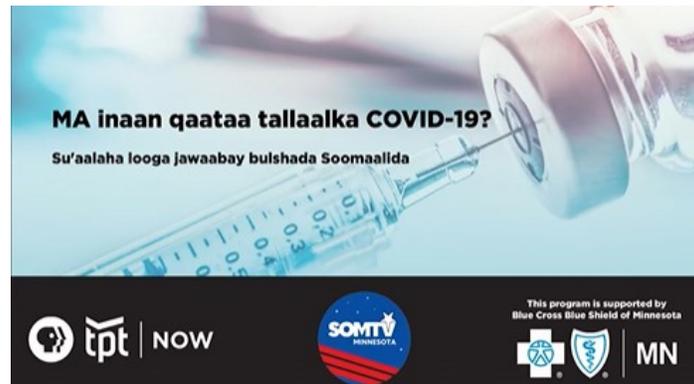
- [Article by Dr. Nathan Chomllo, African American Physician from Minnesota, who participated in a COVID-19 Vaccine Trial](#)
- **People of African Descent:** The National Medical Association, a professional and scientific organization representing the interests of more than 50,000 African American physicians and the patients they serve, created its own COVID-19 Task Force on Vaccines and Therapeutics to advise NMA members, healthcare partners and patient constituents about the safety and efficacy of COVID-19 vaccines and treatments.

Findings include: The task force reviewed the clinical trial data in search of differences in health outcomes that would place the Black community at higher risk of unfavorable outcomes from the vaccine and [determined the following:](#)

- Ten percent of people who enrolled in both the Pfizer and Moderna clinical trials were Black, equaling more than 4,400 and 3,000 people, respectively.
- Both the percentage and number of Black people enrolled are sufficient to have confidence in health outcomes of the clinical trials.
- Persons receiving the vaccine were > 94% less likely to develop COVID-19 infection as compared to the placebo group.
- Efficacy and safety were observed and consistent across age, gender, race, ethnicity and adults over 65 years of age.

The task force review also included questions about safety of vaccine administration in special populations, such as persons with sickle cell disease or sickle cell trait, HIV, and autoimmune diseases like systemic lupus erythematosus that disproportionately impact Black populations. In general, persons with chronic diseases that are controlled, and stable do qualify for receiving the vaccines. Consultation with one's healthcare provider beforehand is advisable.

- Recording of [Should I Get The COVID-19 Vaccine? Questions Answered for the Somali-American Community](#)



If concern is cultural—For Hispanic Communities:

- Recording of [Should I Get The COVID-19 Vaccine? Questions Answered for the Latinx Community](#)



If concern is cultural—For Native Americans:

- Recording of [a panel discussion from Ampers Radio](#): Panel members include Dr. Antony Stately (Ojibwe and Oneida), Dr. Mary Owen, MD (Tlingit), Briana Michels (Mille Lacs Band of Ojibwe) and Kelly Miller (Mille Lacs Band of Ojibwe)

If concern is cultural—For Hmong Communities:

- Recording of [Should I Get The COVID-19 Vaccine? Questions Answered for the Hmong Community](#)



If concern is distrust of medical profession:

- Talk with a healthcare professional that you trust and who has been involved in the vaccine development process such as clinical trials.
- Educate yourself about who is an expert in your community who can provide assurance about the COVID-19 vaccine. Ask that expert about how the vaccine was developed, how the government funding sped up the process, and the benefit of the vaccine vs. the risk of getting the disease.
- Learn about who was involved in the clinical trials and vaccine development. Learn more about the work taking place at the VRC at <https://www.niaid.nih.gov/about/vrc>

If concern is religious:

- Consider speaking with a spiritual leader in your community
- Several religious communities have spoken out in support of vaccination and organized their communities to encourage others to receive the COVID-19 vaccination.

If concern is that they already have had COVID:

- Research tells us people who have already had COVID-19 should still be vaccinated.
- If you have completed your 10-day (20-day for immune compromised or severely ill people) and your symptoms have improved, it is safe to receive COVID-19 vaccine.
- It is unclear if having COVID-19 provides long-term immunity to re-infection; therefore, receiving a COVID-19 vaccination, even after you had COVID-19, is recommended.

If concern is about COVID-19 vaccine in general:

- [Addressing Common Concerns Regarding COVID-19 Vaccine](#), featuring Lynn Bahta, RN, MPH, CPH