



Moving to COVID-19 Vaccine Acceptance- *Minority and Special Populations*

The following evidence-based patient-centered communication approaches build trust, promote strong clinician-patient relationships, and support engagement in self-care. Please refer to the accompanying fact sheet for additional information about this topic.

Core Principles of Veteran-Centered Communication

- Emphasize and support the patient's central role in managing their health
- Honor patient preferences for involvement in care and decision making
- Apply Motivational Interviewing (MI) Spirit: **PACE**
 - **Partnership** – embrace a collaborative, non-coercive approach
 - **Acceptance** – respect autonomy, without judgement
 - **Compassion** – actively promote the patient's welfare, with empathy
 - **Evoking** – seek to understand; tap into the patient's motivation; ask more than tell

Key Patient-Centered Communication Strategies to Support Behavior Change

1. Ask permission to discuss the topic
2. Explore patient's understanding, beliefs, experience and readiness
3. Support and affirm interest, benefits, past success
4. Share information (with permission) and check for understanding,
5. Confirm next steps and plans, including follow-up

Additional Considerations for Racial/Ethnic Minorities and other Special Populations

- Be ready to address information directed for special populations based on health conditions, such as Veterans with spinal cord injury, that put Veterans at higher risk. Be ready if a Veteran, is a member of a population that is at higher risk of COVID-19 infection to address concerns about the vaccine's safety or other reasons that they are not interested in speaking about the COVID-19 vaccine. Veterans from these populations are more likely to express a need for information about safety and effectiveness, and whether the trials that led to authorization or approval of a vaccine included people like them.
- Clinicians might want to explore the 'why' a Veteran might not want to receive a COVID-19 vaccine. See the fact sheet for examples of common concerns for not wanting to discuss or accept the vaccine as well as facts that may be shared, with permission, to respond to concerns. Common concerns include:
 - *I am worried about how fast it was made. It can't be good.*
 - *It's not going to work with that new "Super Virus" (the variants)*
 - *I don't want the vaccine to alter my DNA.*
 - *The vaccine wasn't tested in enough people like me*



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Please refer to accompanying fact sheet for additional information about how to address vaccine concerns.

- Acceptance among minority populations is related to believing they have the information they need regarding vaccine safety and effectiveness.
- Acceptance for the COVID vaccine appears to be lowest among Black respondents, highest among Asian respondents.
- Acceptance of the COVID vaccine appears to be greater with higher socioeconomic status.
- Acceptance for the COVID vaccine is greater in individuals with history of influenza vaccination and higher perceived risk for getting COVID-19.
- Acceptance for the COVID vaccine is greater when the person's healthcare provider recommends the vaccine.

Application to COVID-19 Vaccine Acceptance

1. Ask Permission to discuss COVID-19 vaccination

- *May I talk with you about the COVID-19 vaccine(s)?*
 - **If yes, continue to Step 2.**
 - **If no,** you can say, *I am committed to helping patients stay well and avoid getting the coronavirus. I am here to support you and can help you get a COVID-19 vaccine when you are ready.*

2. Explore readiness and experience (ask **ANY of the following questions):**

- *What do you know about the benefits of the COVID-19 vaccine? What do you need to know to feel confident the vaccine is effective?*
- *What is your understanding about YOUR risks of getting COVID-19?*
- *What are you currently doing to help you (and your family, friends) avoid getting infected with the coronavirus?*
- *How important is it to you to avoid getting infected with the coronavirus? What makes it important? What would it take to make it even more important?*
- *What do you need to know to feel more confident about accepting the COVID-19 vaccine?*

3. Support and Affirm **ANY expressed interest, benefits, current/past success and respond to concerns with empathy.**

- ◆ *I'm glad to hear that you have been taking steps to protect yourself and others from getting COVID-19.*
- ◆ *It's good that you have chosen to be vaccinated for flu in the past.*
- ◆ *It's great that you have taken other steps to stay healthy during this pandemic.*

So, you are open to learning more about the vaccine so you can share this information with your family.



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If specific concerns are raised: *I hear your concerns and can appreciate how that can make it harder to have trust in the vaccine* (See Fact Sheet on following pages for additional consideration)

NOTE – If the patient spontaneously expresses readiness to receive a COVID-19 vaccine, move directly to Step 5.

4. Share Information (with permission) (See Fact Sheet for additional considerations)

- ♦ **Ask permission to share information about COVID-19 vaccines**
 - *May I share some information about the COVID-19 vaccines?*
- ♦ **If yes, share information about the potential benefits of receiving a COVID-19 vaccine (supplement with handout, if available):**
 - *The risk of having a severe case of COVID-19 is greater for individuals from certain communities, those with preexisting health conditions and those who are older.*
 - **COVID-19 vaccines work for people from a broad range of communities, including people of color (See fact sheet below for data from clinical trials).**
 - **Reduced risk of getting a COVID-related illness**
 - **Reduced risk of getting very sick, having to be hospitalized and dying**
 - **Reduced likelihood you will spread infection to others**
 - *It is critically important for everyone to do their part to prevent spreading COVID-19 to others*
 - *When applicable - I appreciate all you are already doing to both stay safe and protect others from getting infected with the coronavirus.*

Bottom Line: Vaccination with a COVID-19 vaccine is safe and effective and, along with other methods (like wearing masks, physical distancing, washing hands), provides protection against getting or transmitting the virus.

5. Confirm Next Steps

- ♦ Would you like to get the vaccine today (or when it can be arranged)?
 - If yes, share information about options and arrange vaccination
- ♦ **If Veteran declines vaccination, do ANY of the following:**
 - Ask if there is any other information they would like to receive.
 - Assure them we will provide vaccination later if now is not the right time. Let the patient know, *"We are ready to help you when you are ready."*
 - Let the patient know you will ask about their interest in vaccination at a subsequent visit, and the team will be happy to help them get it at any point.



Minority and Special Populations Considerations

Fact Sheet

Summary

The following fact sheet accompanies the Moving to COVID-19 Vaccine Acceptance Tool to provide additional talking points and background information for clinicians speaking to Veterans, including members of minority groups, who may be hesitant about accepting a COVID-19 vaccine.

Background: Why Some Populations May Be More Hesitant to Trust the COVID-19 Vaccine?

There is data demonstrating that individuals who have experienced discrimination, felt marginalized, and who are aware of historical breaches of informed consent are less likely to trust the health care system and its providers. This leads to a reduction in health care utilization as well as decreased quality and effectiveness of health care.

Additionally, Pew Research, from Sept 2020 indicated that Black respondents and those with lower socioeconomic status tend to have lower COVID-19 vaccine acceptance rates. Acceptance for the COVID-19 vaccine is greater in individuals with history of influenza vaccination, higher COVID-19 risk perception, and if their healthcare provider recommended the vaccine. The NAACP found that for both Black and Latinx Americans, confidence in vaccine safety and effectiveness are the number one predictors of vaccine intention, making building trust in these areas vital.

The Kaiser Family Foundation surveyed minority populations and found that these individuals feel that they are not getting the information they need, or don't trust the accuracy of the information they are getting, suggesting asking directly about concerns and beliefs is very important and also asking, "What information do you need to help you feel more confident in the vaccine's safety?....in its effectiveness?"

These results are similar to the responses people gave when asked if they would receive the H1N1 vaccine. African American/Black participants were less likely than Whites to be vaccinated with the H1N1 vaccine. Latino participants were less likely to report being vaccinated than Whites and individuals with low-socioeconomic status were less likely to be vaccinated.

Debunking Common COVID-19 Vaccine Myths

If a Veteran, especially if they are a member of a population that is at higher risk of COVID-19 infection, states concerns about the vaccine's safety or other reasons that they are not interested in talking about the COVID-19 vaccine, providers might want to explore the 'why' a Veteran prefers not to address this topic. After validating their concerns using an empathic, non-judgmental approach, asking permission to share information may open dialogue to explore these concerns in greater detail.

Some examples of reasons for not wanting to discuss the vaccine and a counterpoint to these concerns follow. Though these are framed as "myths", clinicians who seek to understand Veterans or employees' concerns should avoid using the term "myths" in these conversations, as this may be perceived as confrontational or non-empathic. Instead, apply the principles featured in the Moving to COVID-19 Vaccine Acceptance tool by seeking to understand the



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individual's beliefs, ideas and concerns, and responding with empathy, compassion and support while also seeking to correct misunderstanding and provide accurate information in a sensitive and non-judgmental way

The following information is derived from the Centers for Disease Control and Prevention (CDC), Johns Hopkins, the Mayo Clinic, the National Medical Association and other respected health organizations.

MYTH: “Vaccines were not tested on minorities in the clinical trials.”

Fact: *False.* In clinical trials, COVID-19 vaccines authorized by the FDA under the EUA were tested and effective in diverse groups of people across all age, gender, racial and ethnic backgrounds. About 30% of U.S. participants were Hispanic, African- American, Asian or Native American and about half were older adults. There were no significant safety concerns identified in these or any other groups. Specific demographic information for clinical trials can be found here for [Janssen](#), [Moderna](#), and [Pfizer-BioNTech](#).

MYTH: “COVID-19 vaccination is like the abuses at Tuskegee.”

Fact: *No.* After the Tuskegee Study, the government changed its research practices to prevent a repeat of the mistakes made in Tuskegee. The highest ethical standards were used in the trials of the COVID-19 vaccines. A major issue in Tuskegee was a lack of transparency and consent. VA is making every effort to be transparent and give you all the information on the vaccines so you can make an informed choice. VA's primary goal is to ensure we provide safe healthcare.

MYTH: “Current COVID-19 vaccines will not work against the new variants.”

Fact: *No.* Experts believe—and some research shows—that current vaccines offer some protection against the new COVID-19 variants. Vaccine boosters are being developed to further enhance this protection.

MYTH: “COVID-19 vaccines are unsafe because they were developed so quickly.”

Fact: *No.* COVID-19 vaccines were authorized under the U.S. Food and Drug Administration's Emergency Use Authorization (EUA). An EUA includes the same steps taken in full-term clinical trials—including testing the vaccine on thousands of human participants—only with a consolidated timeline. Independent groups such as the National Medical Association, the leading professional society of African American doctors, have reviewed trial results to ensure vaccine safety.

MYTH: “I can't spread COVID-19 after I get the vaccine.”

Fact: *We still need more information.* Getting the COVID-19 vaccine prevents you from getting severely ill and dying. There is some information now that COVID-19 vaccines can prevent infection without symptoms, which is promising because it means the vaccines may prevent spread. However, more information is needed on whether people who have been vaccinated can still carry and transmit the virus.

MYTH: “I'm younger and won't get sick so I don't need the vaccine.”

Fact: *False.* CDC data suggests that the virus is affecting younger age groups at an increasing rate. Young Blacks and Hispanics are more at risk than Caucasians due to racial health inequities and social determinants of health. Plus, getting vaccinated helps promote community



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immunity, which makes it hard for the disease to spread from person to person, and protects those who cannot be vaccinated.

MYTH: “COVID-19 vaccines are not safe if I am or plan to get pregnant”

Fact: No. People who are or want to get pregnant in the future may receive the COVID-19 vaccine. Pregnant people are at an increased risk for severe illness from COVID-19 and death, compared to non-pregnant people. Additionally, pregnant people with COVID-19 might be at increased risk for other adverse outcomes, such as preterm birth (delivering the baby earlier than 37 weeks). There is currently no evidence that antibodies formed from COVID-19 vaccination cause any problems with pregnancy, including the development of the placenta. In addition, there is no evidence suggesting that fertility problems are a side effect of ANY vaccine. Scientists study every vaccine carefully for side effects immediately and for years afterward.

MYTH: “COVID-19 vaccines are not safe if I am breastfeeding”

Fact: No. COVID-19 vaccines are being offered to breastfeeding women. Although no safety data exists about the use of the vaccine in those breastfeeding, there is no evidence that the vaccine is harmful to breastfeeding women or their babies. You do not have to delay or stop breastfeeding to get the vaccine.

MYTH: “The Janssen COVID-19 Vaccine used fetal cell lines to develop the vaccine”

Fact: Yes. Fetal fibroblast cell lines were used in the research and development of the Janssen COVID-19 Vaccine. No fetal tissue is present in the vaccine product but there is a possibility of extremely small amounts of cell fragments in the vaccine. Veterans are encouraged to discuss this concern with a trusted clergy member or VA chaplain to explore religion-based questions and concerns.

For Additional Information

Centers for Disease Control and Prevention: Myths and Facts about COVID-19 Vaccines

<https://www.cdc.gov/coronavirus/2019-ncov/vaccines/facts.html>

Pew Research. “U.S. Public Now Divided Over Whether to Get COVID-19 Vaccine: Concerns about the safety and effectiveness of possible vaccine, pace of approval process.” September 17, 2020.

https://www.pewresearch.org/science/wp-content/uploads/sites/16/2020/09/PS_2020.09.17_COVID-19-Vaccine_FINAL.pdf

NAACP Coronavirus Vaccine Hesitancy in Black and Latinx Communities -

<https://www.covidcollaborative.us/content/vaccine-treatments/coronavirus-vaccine-hesitancy-in-black-and-latinx-communities>

KFF surveys - [KFF - Health Policy Analysis, Polling and Journalism](#) - [KFF COVID-19 Vaccine Monitor Dashboard](#) | KFF