Abstract

On April 6, 2021, a distinguished group of physicians, public health professionals, healthcare workers, and communications experts from around the world came together for a virtual collaboration as it relates to COVID-19 vaccine trust. Organized by a team from Harvard’s National Preparedness Leadership Initiative, this online Zoom meeting discussed what we know for sure as it relates to vaccine hesitancy and ways in which we can reduce hesitancy across healthcare workers who have yet to receive the vaccine and for those healthcare workers in the Black, Indigenous, and People of Color (BIPOC). Professionals attending this meeting had the ability to openly discuss missed opportunities in COVID-19 vaccine communications and ways where we can work together to strengthen vaccine trust in a safe space, with all participants following the Chatham House rule. Four groups of two breakout sessions were held among participants where shared ideas could flow more freely. Special thanks to Dr. Noni McDonald, a vaccine confidence expert, for helping facilitate this meeting.

https://Covid19VaccineTrust.com/
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Community Collaborative: Group Recaps

Conspiracy Theorists

**What do you suggest that leaders do more or less of, when listening to healthcare workers?**

Leaders tend to stigmatize and disrespect those that believe in conspiracy theories. The message comes across through verbal and non-verbal cues, so it is important for leaders to be aware of their body language, listen intently, and be respectful regardless of whether they share the same viewpoint. This population may be ashamed to voice their opinions or ask questions related to vaccines for fear of stigma.

Prior to engaging with team members that believe in conspiracy theories, leaders must conduct some level of self-reflection, introspection, and attempt to empathize genuinely; this is required in order to properly prepare to truly listen without conflating their conscious or unconscious bias into someone else’s perspective. Emotions are important in dealing with belief systems, so leaders must keep negative emotions in check as well as understand the emotions and body language of the other person.

Stories and testimonials can be effective means to help build trust and lower vaccine hesitancy in this group. Stories let the audience do the heavy lifting themselves, which reduces the burden of proof for the leader attempting to build trust. Approach the audience with curiosity and openness by asking “how come” vs. “why.”

**What key messages would resonate with this audience? How?**

Conspiracy theorists must feel that vaccinations are about choice, and not about being forced to get vaccinated. This can be achieved through more one-on-one discussions and storytelling as opposed to a town hall. Heightened tension and volatility surrounding vaccine hesitancy can make it difficult to address beyond one-on-one conversations. Another method is to divide groups into smaller audiences and develop targeted messages.

Infographics can be used to help debunk vaccine myths in a non-embarrassing way. You should have standard rebuttals at the ready for the most common hesitancy issues. You can also educate on the methods of conspiracy building through game play to allow others to see how conspiracy theories work (e.g., www.getbadnews.com).
What should we avoid doing in working with hesitancy in this population?

Mandates may increase hesitancy in those that are susceptible to conspiracy theories because it will denigrate and disallow the perception of choice. Employers should not make it hard to get immunized. Allowing employees time off in support of vaccination appoints is an example of a helpful gesture.

What can leaders do to assist organizations in this challenge?

Group discussions designed to build vaccine trust such as town hall sessions can be helpful; however, one-on-one conversations with peers and other healthcare workers are beneficial as well. Whether a large group or a one-on-one discussion, it is important to allow people to ponder and draw their own conclusions as opposed to bombarding them with facts and statistics. Personal belief can often be more influential than science for some people as it relates to vaccine hesitancy. Acknowledge truths, without buying into the conspiracy.

Build a team of people within an organization who are helping with positively influencing vaccine trust discussions and continue to expand the “debunking army.” The goal should be to convert conspiracy theorists to influential champions that many people trust because informal leaders can be effective. Competency is not enough, and caring is not enough alone.

Black, Indigenous, and People of Color (BIPOC) Healthcare Workers

What do we know for sure about this priority group based on your experience?

Hesitancy in the BIPOC population is derived from three main components: Access, Beliefs (communities or religious groups) and Lack of Confidence (ABC) = Hesitancy. This population may have lost trust based on prior experiences (individual and systemic). They may also have a lack of trust in other systems, government, health care, law enforcement. Some may be vaccinated but did not share. Many racialized communities work in precarious, low income jobs, and feel afraid to take time off. There may be side effects to prioritization (should another group be first). There may be a lack of access to information due to lack of literacy or internet access (for example, relying on Whatsapp, Facebook, word of mouth from relatives/family friends sharing links). This population may feel like they have been ignored or underappreciated in the past, and now they feel pressured to get vaccinated first. This is compounded by feeling under-represented in their own fields.

When looking at BIPOC within healthcare, we must build trust with individuals of their same backgrounds in order to have fruitful conversations. Important characteristics that would help increase trust in BIPOC healthcare workers include:

- **Being approachable.** Use personalized language to make things relatable. Simplicity is key; start conversations to build relatability and trust. Share vulnerable stories to connect
- **Authenticity, transparency, and accountability.** Holding open and honest conversations will reduce mixed messaging.
- **Listen.** Pay attention to their concerns and hear them out with no interjections or trying to teach/talk down to them.
• **Power of influencer.** Make someone who is also of the BIPOC healthcare community the face of the vaccine confidence campaign. These individuals can be community leaders, people of different faiths, and people of all backgrounds.

• **Acknowledging differences in beliefs.** Displaying curiosity in people's beliefs shows you are open to hearing more/learning more about their anecdotal stories.

**It takes a lifetime to become a great listener. Based on your life experience, what do you suggest that leaders do more or less of, when listening to healthcare workers?**

Contrary to popular belief, not all healthcare workers are without a doubt confident in receiving vaccines just because they are trained and work in healthcare. People should not assume healthcare workers will trust vaccines automatically-instead, one should listen to their concerns and hear them out, with no interjections or attempts to try to teach/talk down to them.

Just like others, healthcare workers are also part of communities. This group may lack confidence and may be asking the question, “Why are we a priority now? We haven’t been before.” Leaders should message that the vaccine is not for specific people. They should focus on engaging the right people to speak to the BIPOC community in an effort to build confidence and trust. Is mass vaccination clinics the path to take? Should we focus only on the science? Herd immunity doesn’t happen overnight.

When leaders seek to become attuned to the BIPOC healthcare workers and reluctant to receive the vaccine, they should gather a subcommittee of BIPOC individuals in their organization and begin to understand their concerns. This population comprises a heterogeneous group that are indecisive in varying degrees. It is imperative that trust be built and that a “safe space” is created to have an open dialogue about their concerns. Thus, leaders should consider creating small groups with various settings for discussion. They should be reassured that their reluctance will not result in retaliation or negative repercussions. Leaders should be open-minded and unbiased when trying to understand the concerns of this population. In fact, it would be helpful if questions were developed and reviewed by this population prior to having a dialogue with them.

**What key messages would resonate with this audience? How?**

Key messaging for the BIPOC population should be audience specific. Community events would resonate with this group. They must recognize they have a right to choose. Those helping to make decisions should make those decisions based on the right information. The messaging should not allude to the vaccine being a forced choice. Wording is very important. Certain words should be intentionally avoided (i.e. compliance; **persuasion**). Science has to catch up with the community.

For this population, systemic racism and discrimination play an important role in making a decision. With messaging, people should be readily available to answer questions; Relationships should be established. The messaging should not just be “Get Vaccinated.” Some messaging may be nuanced. It is important to promote a message of education. The messaging should include small increments of passion. Reassurance builds TRUST. Consider who the messenger should be. Those hesitant should be given the time required to make an informative decision. BIPOC healthcare workers along with other workers may not feel they are getting enough information or the time to go get the vaccine. They may
be experiencing burn out or pure exhaustion. They may also feel like they are experimental. In messaging inclusion is paramount. Therefore, by training people who have personal experiences to be advocates, they will know how to speak to others. Encourage information sharing with the educators (based on group or audience)

What should we avoid doing in working with hesitancy in this population?

When working with the BIPOC, it is important to understand the root of the hesitancy. A big mistake is thinking healthcare workers wouldn’t be hesitant -- because that is a separate issue. The treatment or the time that these individuals should get vaccinated should not be forced when they are having to work. Information sharing doesn’t cease after vaccination occurs. Commitment and relationship must be sustainable. It is important to pay attention to the things we should stop doing as well. Avoid moving too fast with this population. Consider different strategies and understand structural barriers; Does this population have paid sick leave. Look at the whole experience

Recognize mistakes that were made
- To not have roll-out/information on separate issue on their own
- We don’t have “good” information
- A journalistic spin on media coverage on vaccine information
- Scientists could not find the information they want
- Gaps in information released to doctors and scientists
- Gaps to not include pregnant woman in original data-- would refer to doctors-- doctor’s don’t have data -- this idea of passing over women as second class
- Such little thought in communications around that as if racialized groups weren’t historically discriminated against beforehand

What can leaders do to assist organizations in this challenge?

To assist organizations in this challenge leaders should get educators to address communities. Recognize BIPOC communities and have them address why they are hesitant. Leaders can look at others who are already doing this work and determine how they can leverage and complement and amplify the work that is already being done. Share the data and be as transparent as possible to reduce hesitation.

Leaders should encourage religious sectors and others to be involved. Leaders should foster partnerships and create a shared approach. Leaders can help organizations to redefine goals. The primary goal may not be to increase quantity, but to inform decision making. Populations are diverse and different segments require different strategies. Leaders should help organizations identify where the expertise is in the community (i.e. hospitals).

Bottom line, leaders should: LISTEN. BUILD TRUST. COLLABORATE

Non-Traditional Healthcare Workers

As a priority group, what do we know for sure?
The “non-traditional” healthcare workers group is hard to define and there is disagreement on which professional groups are traditional vs. non-traditional.

Common value in the “natural medicine” group is the value of “being natural,” which is difficult to reconcile with “vaccines.”

Many in the “non-traditional” healthcare workers group are “pro public health and taking a lot of heat.”

Many within the “non-traditional” group describe mistrust with traditional healthcare and report feeling discouraged about their role in reducing vaccine hesitancy because they are “outside the health care system.”

Vaccine hesitancy among direct healthcare support workers is difficult to assess due to language barriers, e.g., for many English is not a first language.

Many “non-traditional” healthcare workers believe there is not enough science and are not willing to take “a chance” on a vaccine that they believe may be detrimental to them in the long run.

Some “non-traditional” healthcare workers tend to be in the younger age bracket and may not be easily persuaded due to at times lack of life experience. This can be a difficult group to speak to and must be handled with care.

**How do we listen to healthcare workers best?**

Do not talk down to groups of the healthcare community, e.g., avoid “punching down.”

Frame the narrative as “we are all in this together” and avoid discussions in the political extremes.

Willingness to listen to your critics through dialogue.

Open ended discussions.

Allow greater empowerment by governing groups. For example, licensing and other regulatory boards/entities governing “non-traditional” health care workers are perceived as restricting messaging about the importance of COVID-19 vaccines.

Have Q&A sessions with physicians where the healthcare workers can ask questions in an environment where they will not feel scrutinized.

Depending on the work facility, have a secured location where healthcare workers can write down thoughts, concerns and or ask questions in confidence. Periodically sending out internal memos to the healthcare workers answering the questions anonymously, and letting others know of concerns that have been brought up.
Key Messages that Resonate

Non-traditional health care practitioners should continue to prioritize and put emphasis on long-term health and preventing disability. Reducing vaccine hesitancy is a key step towards long-term health and avoidance of COVID-19 related disability.

We are all in this together. Messaging should be similar across disciplines and governing/regulatory entities, public health, and other governmental organizations.

Many segments of healthcare, e.g., EMS, need “solid writing.” One observation: clear, concise, and matter of fact written communication regarding the vaccines will reduce hesitancy.

Actions for Leaders

Encourage and trust the process, specifically challenging beliefs about being “healthy” as it relates to vaccine hesitancy. For example, by putting greater emphasis on long term health and avoidance of disability and the role vaccines play in both.

Model for others. Providers can share their own vaccine stories and how vaccines play a role in staying healthy.

Create messaging and venues to resolve perceived conflict between “traditional” vs “non-traditional” medicine. Perceived and actual conflicts between professional groups hinder effective vaccine messaging.

Frequent communication targeting “non-traditional” health care workers, e.g., nightly calls about vaccine safety. Professional organizations representing “non-traditional” health care workers may be perceived as change managers.

Checking in periodically on those who may be hesitant without making them feel segregated in an attempt to see how they are doing and maybe giving them the support they need.

Leading by example following guidelines as well as make yourself approachable in case those who may be on the fence can come to you if need be.

As a leader it is important to let those you are leading know why you choose to get vaccinated, this may change the views of some.
In this toolkit you will find:

- Resources to Address Vaccine Hesitancy
- Dear Colleague Letter
- COVID-19 Vaccine Social Media Toolkit for Healthcare Workers
  - Social Media templates
  - Social Cards
  - Infographics
- #VaccineTrust Graphics
- Additional Resources
  - CDC Social Media Toolkit: COVID-19 Vaccines
  - CDC COVID-19 Vaccination Toolkits
  - COVID-19 Resources for Healthcare Providers
  - COVID-19 vaccines (who.int)
  - Vaccines for COVID-19: Shipments and deliveries - Canada.ca
Resources to Address Vaccine Hesitancy

➢ Motivational Interviewing Resources for Vaccine Hesitancy

https://res.cloudinary.com/psychwire/image/upload/v1619416971/eWorkshops/addressingVaccineHesitancy/Motivational_interviewing_A_powerful_tool_to_address.pdf

➢ Article that highlights Motivational Interviewing (MI) best practice & vaccine hesitancy.

https://www.statnews.com/2019/08/05/the-vaccine-whisperers-counselors-gently-engage-new-parents-before-their-doubts-harden-into-certainty/

➢ Article that highlights MI approaches for parents with vaccine hesitancy.


➢ Opinion article by an organizational psychologist about targeting motivation when dealing with MI.


➢ Article about use of MI techniques for HPV vaccine hesitancy.

https://pediatrics.aappublications.org/content/133/4/e835

➢ Study testing the effectiveness of messages designed to reduce vaccine misperceptions and increase vaccination rates for measles-mumps-rubella (MMR).

https://res.cloudinary.com/psychwire/image/upload/v1619564529/eWorkshops/addressingVaccineHesitancy/VACCINE-COMMUNICATION-HANDBOOK.pdf

➢ This handbook is for journalists, doctors, nurses, policy makers, researchers, teachers, students, parents – in short, it’s for everyone who wants to know more: about the COVID-19 vaccines, how to talk to others about them, how to challenge misinformation about the vaccines.

https://psychwire.com/motivational-interviewing/resources

➢ Comprehensive website with basic MI resources.

https://psychwire.com/motivational-interviewing/training-approach
Dear Colleague Letter

I’m reaching out to you today to offer insight into dealing with the COVID-19 pandemic for your team with regards to vaccination. We understand that there might have been hesitancy around the COVID-19 vaccine, but we want to provide you with the latest information to give you the confidence you need to get you vaccinated.

COVID-19 vaccines are safe, effective, and offer the strongest protection against the virus. Over 302 million doses of COVID-19 vaccine have been given in the United States from December 14, 2020, through June 7, 2021.

Although vaccination is the surest way to protect yourself and your community against the virus, there is still a small chance you could get COVID-19 even after vaccination. However, there is help. Monoclonal antibodies (mAbs) can keep COVID-positive patients out of the hospital and free of any complications if given early (within the first ten days of symptoms). mAbs are made in a lab and given to people directly through an intravenous (IV) infusion, find the nearest distribution center to you here. These treatments are available free of charge to requesting sites.

Although these treatments are experimental, they have received Emergency Use Authorization (EUA) from the FDA, and more than 553,000 people have been treated with mAbs and nearly 1 million doses have been shipped nationwide.

To conclude, we want to continuously offer the latest information and insight as it relates to medical advances in the fight against COVID-19. For the latest information, please visit www.cdc.gov/coronavirus and COMBATCOVID.HHS.GOV.

Sincerely,

Your Name
Position
Company Name
COVID-19 Vaccine Social Media Toolkit for Healthcare Workers

Shipments of the COVID-19 vaccine are being administered in all parts of the world. While vaccination gives us hope that the pandemic will end, we need populations of every kind to take the vaccine when it becomes available to them and to continue taking public health precautions.

You will find sample graphics and messages that you can share on your social media channels to help combat misinformation around the new COVID-19 vaccine and help the public understand what actions they need to take to protect their health and the health of those around them at www.COVID19VaccineTrust.com.

For more social media resources for COVID-19 vaccines, visit CDC.gov. Make sure you’re also following guidance from your state’s Health Authority.

Vaccinations give us hope

Instagram:
While vaccination gives us hope the pandemic will end, we can’t let our guard down just yet. Protect your health and the health of your loved ones by taking these simple steps.

Instagram Spanish:
Si bien la vacunación nos da esperanzas de que la la pandemia terminará, no podemos bajar la guardia solo todavía. Proteja su salud y la salud de su ser querido unos tomando estos sencillos pasos.

Twitter:
While vaccination gives us hope the pandemic will end, we can’t let our guard down just yet. Protect your health and the health of your loved ones by taking these simple steps. #VaccinesWork

Twitter Spanish:
Si bien la vacunación nos da esperanzas de que la pandemia terminará, no podemos bajar la guardia solo todavía. Proteja su salud y la salud de su ser querido unos tomando estos sencillos pasos.

#VaccinesWork

**COVID-19 vaccines are safe**

**Instagram:**

Vaccines to protect against COVID-19 have been developed with unprecedented speed, and we know for some healthcare workers that’s raised concerns about safety. Like any vaccine, COVID-19 vaccines have been carefully evaluated through clinical trials and have met safety standards before being approved by the FDA.

**Instagram Spanish:**

Vacunas para proteger contra el COVID-19 han sido desarrollado con una velocidad sin precedentes, y sabemos para algunos trabajadores de la salud eso ha planteado preocupaciones sobre la seguridad. Como cualquier vacuna, las vacunas contra el COVID-19 han sido cuidadosamente evaluado a través de ensayos clínicos y han cumplido con la seguridad estándares antes de ser aprobados por la FDA.

**Twitter:**

#Vaccines to protect against #COVID19 have been developed with unprecedented speed, and we know for some of you that’s raised concerns about safety. Like any vaccine, COVID-19 vaccines must meet safety standards before being approved by the @US_FDA.

**Twitter Spanish:**

#Vaccines para proteger contra #COVID19 se han desarrollado con una rapidez sin precedentes, y sabemos que para algunos de ustedes eso ha planteado preocupaciones sobre la seguridad. Como cualquier vacuna, covid-19 las vacunas deben cumplir con las normas de seguridad antes de ser aprobadas por el @US_FDA.
mRNA vaccines are safe and effective

**Instagram:**

We want to be clear: mRNA vaccines, like the current COVID-19 vaccines, will not affect your DNA. Many healthcare workers have a chance to save lives by taking the vaccine. Protect yourself and your loved ones by taking it as soon as you can.

**Instagram Spanish:**

Queremos ser claros: las vacunas de ARNm, como la actual Vacunas covid-19, no afectarán a su ADN. Muchos trabajadores de la salud tienen la oportunidad de salvar vidas al tomar la vacuna. Protéjase a sí mismo y a sus seres queridos tomándolo tan pronto como pueda.

**Twitter:**

Vaccines, like the ones developed for COVID-19, underwent rigorous testing to ensure they’re safe and effective. Healthcare workers have a chance to save lives by taking the vaccine. Protect yourself and your loved ones by taking it as soon as you can.

**COVID-19 Vaccines: How Do We Know They Are Safe? | April 2, 2021 - YouTube**

**Spanish Twitter:**

Las vacunas, como las desarrolladas para el COVID-19, se sometieron a rigurosas pruebas para garantizar son seguros y eficaces. Los trabajadores de la salud tienen una oportunidad de salvar vidas tomando la vacuna. Protéjase y sus seres queridos tomándolo tan pronto como sea posible.

[https://www.youtube.com/watch?v=AcAe_gBFiNI](https://www.youtube.com/watch?v=AcAe_gBFiNI)

**Vaccines undergo rigorous testing**

**Instagram:**

Vaccines, like the ones developed for COVID-19, underwent rigorous testing to ensure they’re safe and effective. Healthcare workers have a chance to save lives by taking the vaccine. Protect yourself and your loved ones by taking it as soon as you can.
Instagram Spanish:

Las vacunas, como las desarrolladas para el COVID-19, se sometieron a rigurosas pruebas para garantizar son seguros y eficaces. Los trabajadores de la salud tienen una oportunidad de salvar vidas tomando la vacuna. Protéjase y sus seres queridos tomando lo tan pronto como sea posible.

Twitter:

Vaccines, like the ones being developed for #COVID19, underwent rigorous testing to ensure they're safe and effective. Healthcare workers have a chance to save lives by taking the vaccine. Protect yourself and your loved ones by taking it as soon as you can.

Twitter Spanish:

Las vacunas, como las que se están desarrollando para #COVID19, se sometieron a rigurosas pruebas para garantizar que sean seguras y efectivas. Trabajadores de la salud tener la oportunidad de salvar vidas tomando la vacuna. Protéjase a sí mismo y a sus seres queridos tomando lo tan pronto como puedas.

Talking About COVID-19 Vaccination: Safe, Effective and Free

The COVID-19 vaccines are the safest and most effective way to protect yourself and your loved ones and get back to the people and things we miss the most.

It’s normal to have questions about COVID-19 vaccines. It’s important to get your questions answered.

- The COVID-19 vaccines were developed and tested in real-life scientific studies with tens of thousands of people around the world from many ethnic and cultural backgrounds.
- Research and testing have shown that the vaccines are very effective at stopping COVID-19, and safe for your body.
- While you may experience side effects after getting the vaccine, vaccination will allow you to avoid serious illness and help protect your loved ones.
Doctors and medical scientists say the vaccine is the safest and most effective way to stop the spread of the virus.

- The COVID-19 vaccines are an important new tool that will help us stop the virus.
- The vaccine teaches our immune system how to respond to the virus, activating the body’s natural defense system to stop the disease.
- Thousands of doctors and nurses lined up to get a vaccine because it protects people from this deadly virus.

Vaccines are free and available to anyone age 12 or older.

- Anyone age 12 and over can get a COVID-19 vaccine for free.
- You do not need insurance. Vaccines are available regardless of immigration status.
- Find out how to get your vaccine at www.vaccine.gov

When enough people get a vaccine, we will be able to get back to the people and activities we miss the most.

- We all want to get back to doing the things we miss and seeing the people we love.
- Getting vaccinated is a way to keep ourselves, our families, and our communities safe from the virus.

COVID-19 Vaccine Social Cards

Find COVID-19 Vaccines

www.vaccines.gov
1-800-232-0233

www.covid19vaccinetrust.com
Who can get COVID-19 vaccine first?

- People who treat or support people at-risk for COVID-19
  - That means health care workers, along with staff and residents at nursing facilities — will have first access to the vaccines.

Quién puede recibir la vacuna COVID-19 primero?

- Personas que tratan o supportan a personas en riesgo de contraer COVID-19
  - Eso significa trabajadores de la salud, junto con el personal y los residentes de los centros de enfermería.

www.covid19vaccinetrust.com
After getting a COVID-19 vaccine, you might have side effects.
This often means the vaccine is working to keep your body healthy.

www.covid19vaccinetrust.com

Después de recibir la vacuna COVID-19, es posible que tenga efectos secundarios.
Esto a menudo significa que la vacuna está funcionando para mantener su cuerpo sano.

• Sore arm
• Joint pain
• Headache
• Fever (less common)
• Muscle aches
• Tiredness
• Chills

• Brazo adolorido
• Dolor en las articulaciones
• Dolor de cabeza
• Fiebre (menos común)
• Dolores musculares
• Cansancio
• Escalofríos
What happens after I get the vaccine?

- Even after you get the vaccine, you may still be able to spread COVID-19. So, keep following safety steps to protect yourself and your loved ones:
  - Wear a mask or face covering
  - Stay away from others if you’re sick
  - Wash your hands often
  - Stay 6 feet apart from people you don’t live with
  - Avoid crowds
  - Keep gatherings small and outdoors when possible

Qué sucede después de recibir la vacuna?

- Incluso después de recibir la vacuna, es posible que aún pueda contagiar el COVID-19. Por lo tanto, siga los pasos de seguridad para protegerse a sí mismo y a sus seres queridos:
  - Use una máscara o cubierta facial
  - Manténgase alejado de los demás si está enfermo
  - Lávase las manos con frecuencia
  - Manténgase a 6 pies de distancia de las personas con las que no vive
  - Evitar aglomeraciones
  - Mantenga las reuniones pequeñas y al aire libre cuando sea posible
Emerging Themes & Messages

You have the time to make an informed choice about this decision for you, your family, and community. We are here to help together as a diverse community of professionals.

Every one of us matters. This is not over until it is over for everyone. You are valuable to us, your family, your community, and the world.

Share your concerns. We are open to any question. Let’s develop a lasting relationship of open, honest information sharing, transparency, and understanding now. It won’t end when you are vaccinated.

Systemic racism and discrimination is real and present today. We appreciate this impacts many of your choices (including this one). How can we help?

#TrustVaccine - Collaborative approaches to vaccine hesitancy
# Be a great listener

What do leaders need to do when listening?

- Learn from natural leaders.
- Create a group of trusted peers.
- Partner with them to elevate their voices.
- Acknowledge lived experiences and history of your audience - fears, tensions, and evoked emotions.
- Acknowledge where they are now through story telling.
- Listen intently and respectfully, especially to your critics.
- Be curious, open-minded and meet people where they are.
- Ask open questions, like “how come?”
- Offer one-on-one discussion.

#TrustVaccine - Collaborative approaches to vaccine hesitancy
Our priority healthcare worker groups

What did our groups tell us about themselves?

Those embracing conspiracy theories
Considerable stigma, disrespected  
Assumed to be anti-science  
Belief more influential than science  
Minimize loss over maximize gains

Black, Indigenous, People of Colour
Rich personal and professional histories  
Regional variations raises questions  
Never prioritized until now. why?  
Long history of prior experience  
Some in precarious jobs, low income  
Do not have paid sick leave always!

Non-traditional healthcare workers
Incredibly diverse ill-defined group with many governance bodies  
*Othering*, feeling outside leads to mistrust and non-partnership  
Governing bodies prevent endorsements of vaccines  
Many champions and many hesitant; more look hesitant but may not be

#TrustVaccine - Collaborative approaches to vaccine hesitancy
Leader lessons

Empower influencers, both within and outside organizations. Develop partnerships with trusted community groups (e.g. religious.)

Address convenience barriers rapidly and creatively. Make getting the vaccine easy for every individual.

Offer clarity of mission: Every individual makes an informed decision and is respected as a person.

Care about individuals within diverse groups. Seek to understand what each individual needs and values. Don’t contribute to pre-existing stigma of groups.

Choose trusted and patient messengers with clear language who listen! Choose scientists & communicators.

Find local champions who are vaccinated and are hesitant to act as powerful messengers.

#TrustVaccine - Collaborative approaches to vaccine hesitancy
Leader lessons


Lead well.

This is the leadership challenge of our time.
Additional Resources

For more the latest information on COVID-19 vaccines, we suggest you review the following sites in addition to your local state/jurisdiction guidance:

CDC

- CDC Social Media Toolkit: COVID-19 Vaccines
- CDC COVID-19 Vaccination Toolkits
- COVID-19 Vaccination Toolkits for Healthcare Teams

HHS

- COVID-19 Resources for Healthcare Providers
- HUD/HHS COVID-19 Vaccination Toolkit

Kaiser Family Foundation

- COVID-19 Dashboard- Data Polls

National Institutes of Health

- COVID-19 Vaccination Communication

Public Health Canada

- Vaccines for COVID-19: Shipments and deliveries - Canada.ca

Public Health Institute

- A Communicator's Guide to COVID-19 Vaccination
- Communicating about the COVID-19 Vaccines: Guidance and Sample Messages for Public Health Practitioners

WHO

- COVID-19 vaccines (who.int)
Appendix A: April 6, 2021 Group Collaborative Agenda

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<thead>
<tr>
<th>Time</th>
<th>Topic</th>
<th>Presenter</th>
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<tbody>
<tr>
<td>1130h</td>
<td>Welcome &amp; Ground Rules</td>
<td>A. Healey</td>
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<tr>
<td>1200h</td>
<td>Our Challenge and How We Will Meet It</td>
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<tr>
<td>1230h</td>
<td>From the Experts</td>
<td>Curated Video and Participant Sharing</td>
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<td></td>
<td>Before we look at the science, we will hear the stories from</td>
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<td></td>
<td>hesitant healthcare workers that define our audiences.</td>
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<tr>
<td>1250h</td>
<td>Breakout Work - What do we know for sure?</td>
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<tr>
<td></td>
<td>What do we know for sure about these priority groups that isn’t</td>
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<td></td>
<td>expressed here?</td>
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<tr>
<td>1305h</td>
<td>Plenary Report Back (3 minutes for each group)</td>
<td>Group Reporters</td>
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<tr>
<td></td>
<td>What are the top two most important characteristics of the priority</td>
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<td></td>
<td>group?</td>
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<tr>
<td>1320h</td>
<td>Stand up and Stretch</td>
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<tr>
<td></td>
<td>From the Scientists</td>
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<td>In just 8 minutes each, we will hear the highlights from key areas</td>
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<td></td>
<td>of knowledge.</td>
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<tr>
<td>1325h</td>
<td>The high points of COVID-19 vaccine science (the vaccine scientists)</td>
<td>S. Vohra</td>
</tr>
<tr>
<td></td>
<td>How we change human behavior (the behavioral scientists)</td>
<td>K. Peters</td>
</tr>
<tr>
<td></td>
<td>How do we change hearts and minds (the communication experts)</td>
<td>S. Soltis, J. West</td>
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<tr>
<td></td>
<td>Invited Comments - Group Chat, Discussion</td>
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<td></td>
<td>Based on what we learned from the focus groups, what comes to mind</td>
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<td></td>
<td>as you hear about the science?</td>
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<tr>
<td>1415h</td>
<td>Screen Break <strong>15 minutes</strong></td>
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<tr>
<td>1430h</td>
<td>Breakout Work - Reducing Hesitancy</td>
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<td></td>
<td>It takes a lifetime to become a great listener. Based on your life</td>
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<td></td>
<td>experience, what do you suggest that leaders do more or less of,</td>
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<td></td>
<td>when listening to healthcare workers?</td>
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<td></td>
<td>What key messages would resonate with this audience? How?</td>
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<td></td>
<td>What should we avoid doing in working with hesitancy in this</td>
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<td></td>
<td>population?</td>
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<tr>
<td></td>
<td>What can leaders do to assist organizations in this challenge?</td>
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<tr>
<td>1530h</td>
<td>Plenary Report Back</td>
<td>Group Reporters</td>
</tr>
<tr>
<td>Time</td>
<td>Session Title</td>
<td>Presenter</td>
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<tr>
<td>1550h</td>
<td>Concluding Thoughts and Promises of Follow Up - What we will do next!</td>
<td>N. MacDonald</td>
</tr>
<tr>
<td>1600h</td>
<td>Adjournment</td>
<td>A. Risman</td>
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#VACCINETRUST

## Appendix B: Participant Grid

<table>
<thead>
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<th>Name</th>
<th>Email</th>
<th>Notes</th>
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