



## Who will benefit from this guide?

This guide is meant for healthcare professionals who may encounter questions or concerns from clients/patients regarding the COVID-19 vaccines. These professionals may include: nurses, medical assistants, front desk staff, patient service representatives, call center staff, health coaches, care coordinators, pharmacists, physicians, nurse practitioners, or physician assistants.

## Where will these conversations take place?

These conversations can take place across a variety of settings:



Call centers



Front desk



Exam room



In the community

## How should I talk to patients about the COVID-19 vaccines?

1

**Initiate the conversation using presumptive language:** Presumptive language is a linguistic approach that presumes a patient will vaccinate. Initiating a vaccine conversation with presumptive language has been proven to increase vaccine acceptance.

2

**Use Motivational Interviewing to guide the conversation:** Motivational interviewing (MI) is a patient-centered method for enhancing intrinsic motivation to change health behavior by exploring and resolving ambivalence.

3

**Use Therapeutic Use of Self to drive connection:** Therapeutic Use of Self is a framework for using self-disclosure or personal experience as a way to drive connection and provide space for unconditional positive regard.

4

**Prepare for decline:** Despite your efforts, some patients may still choose to decline the vaccine. Maintain an open and accepting attitude and prepare to engage with the patient the next time you see them.



## 1. Initiate the conversation using presumptive language

Presumptive language is a linguistic approach that presumes a patient will vaccinate. Initiating a vaccine conversation with presumptive language has been proven to increase vaccine acceptance.

### **Try asking questions like:**

When is your COVID-19 vaccine appointment?  
Let's schedule your COVID-19 vaccine appointment

### **Avoid asking questions like:**

What are you thinking about the COVID-19 vaccine?  
Are you still declining the COVID-19 vaccine?

## 2. Use **Motivational Interviewing** to guide the conversation

Motivational interviewing (MI) is a patient-centered method for enhancing intrinsic motivation to change health behavior by exploring and resolving ambivalence. MI is now being applied to help healthcare workers address vaccine hesitancy.

### **Implementing MI through OARS:**

**Open-ended questions** explore the client's perspective and ideas about change, build a collaborative relationship, and strategically guide the conversation. Ask things like:

- *How can I help you with understanding more about the vaccine?*
- *What are some of the good things about getting the vaccine?*
- *What are some of the not-so-good things about getting the vaccine?*

**Affirmations** are non-judgemental and help to express empathy, reduce defensiveness, and highlight a patient's strengths and abilities.

- *You are really trying hard to make the best decision*
- *I appreciate you being open to talk about this*
- *Thanks for coming in today*

**Reflective listening** lets the patient know they are heard and you are interested in understanding their perspective

- *It sounds like...*
- *I noticed you paused there.*
- *You said that it's really important for you to...*

**Summarize** your conversation at the end of your discussion to ensure you understand the patient accurately and the patient feels heard.

- *Let's go over what we've talked about so far*
- *You just described your plan. We are always here to help in any way. Do you have any other questions before you leave today?*



### 3. Use Therapeutic Use of Self to drive connection

Therapeutic Use of Self is a framework for using self-disclosure or personal experience as a way to drive connection and provide space for unconditional positive regard. Many patients may ask you about your personal experience with the vaccine: Have you received the vaccine? Did you feel sick after getting the vaccine?

**Here are some tips for making the most out of these questions:**

- Be honest! It is okay to admit that you got sick after receiving the vaccine
- Remind the patient that all individuals respond differently and you are only sharing your personal experience
- It is also okay to share your own ambivalence with getting vaccinated. Remember to focus on connection, building the relationship, and your concern for that person.
- If you are not a clinical team member, refer them to speak with their clinical provider with specific questions about side effects and health concerns

### 4. Prepare for decline

- Let them know that even though they declined now, it will still be available to them
- Offer educational materials to take with them
- Relax, you've done your best
- Try again the next time you interact with them



# Answering the tough questions - COVID-19 vaccines

## What is in the vaccine? Does it contain active coronavirus?

### The vaccine does NOT contain:

- Viral DNA
- Preservatives
- Blood products
- Fetal material
- Microchips
- Antibiotics

### The Pfizer/Moderna vaccines DO contain:

- mRNA (instructions to tell our immune system how to recognize and fight off COVID-19)
- Fat molecules (to help carry the mRNA into the body)
- Tiny salt molecules (to keep the vaccine at the same concentration as the body)
- Tiny sugar molecules (to prevent the fat molecules from sticking together)

### The Johnson & Johnson vaccine DOES contain:

- Recombinant, replication-incompetent adenovirus (not active virus)
- Tiny salt molecules (to keep the vaccine at the same concentration as the body)

## How does the vaccine work?

The Pfizer and Moderna vaccines work through something called mRNA. Our bodies are made up of proteins and mRNA is the “recipe” for these proteins. It is like a strand of letters that tells the body which proteins to make. The vaccine injects these letters, or mRNA, like alphabet soup. The body then takes this alphabet soup and starts making sense of it and turning it into protein (exactly what the body normally does with mRNA!) The protein that is created is the spike protein from the surface of the coronavirus (NOT active virus). The body recognizes that this protein is not part of itself and will recruit cells to start printing out wanted signs: Wanted Dead or Alive, Coronavirus Spike Protein! The body continues to print out these signs until there are enough hanging around the body so that if/when the actual coronavirus tries to enter, the body recognizes it as an intruder and destroys it before it is able to actually infect our cells.

In the Johnson & Johnson vaccine, protein material is transported in a non-active adenovirus. This is so that it is allowed past our body’s natural checkpoints and is able to enter the cells. Once there, it reveals its true identity — a spike protein. The body recognizes that this protein is not part of itself and will recruit cells to start printing out wanted signs: Wanted Dead or Alive, Coronavirus Spike Protein! The body continues to print out these signs until there are enough hanging around the body so that if/when the actual coronavirus tries to enter, the body recognizes it as an intruder and destroys it before it is able to actually infect our cells.

## How effective are the vaccines?

All three available COVID-19 vaccines are highly effective.<sup>1</sup>

Pfizer is 95% protective after 14 days; this lasts for up to 6 months

Moderna is 93% protective after 14 days; this lasts for up to 6 months

Johnson & Johnson is 100% protective after 2 months

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1 See appendix A



## How were the vaccines made so quickly?

Coronaviruses generally are not new viruses — COVID-19 is just a new type of coronavirus that emerged. These types of viruses have been studied for years (SARS, MERS). When this new type emerged, scientists from all around the world started working together to focus on this specific type. This meant that there were hundreds of vaccines being developed and tested at the same time — something that typically does not happen. This, combined with newer vaccine technology and extreme amounts of funding, meant that scientists were able to find the best vaccines more efficiently than some older vaccines we hear about.

This does NOT mean that steps were skipped. Neither the development nor the testing of these vaccines was rushed.

## Will I get sick after the vaccine?

Some people feel achy, tired, or sore after getting their vaccine. Some people may even have a fever. These are all signs that the body's immune system is revving up and reacting to the vaccine in order to make antibodies. This is a good thing and is not caused by any actual virus. However, everyone reacts differently and it does not mean that you will definitely get sick. Some people don't have any side effects. The vaccine is still working in those people too.

### Hand off specific clinical questions to their healthcare provider:

*I don't know all the ins and outs but I'm sure Dr. X can answer those questions. In fact, Dr. X helped me/ I've seen how they have answered these questions or others.*

## Have you gotten the vaccine? Did you get sick after getting the vaccine?

Be honest in sharing your experience. If you did get the vaccine and did have side effects, you could say something like:

*After my second dose, the following day, I had some symptoms. I was feeling a little achy and tired. My arm was tender too. But I knew that all those things may happen so I wasn't alarmed when I started to feel them. Those symptoms were letting me know that my immune system was revving up and reacting. That's a good thing! After that day I was feeling good again. The symptoms were gone.*

It's also okay to share your own ambivalence with getting vaccinated. Remember to focus on connection, building the relationship and your concern for that person. If they are asking you, it's probably because they trust you which is a great foundation to build on!

## What are the long-term effects associated with the vaccine? Has it been studied long enough?

While the COVID-19 vaccines are new, the field of vaccinology is decades old. Throughout these many years of research on many different vaccines, we know that vaccine side effects typically occur within 2 months. Anything past 2 months is unlikely to be associated with the vaccine.

Considering that the COVID-19 vaccine study participants enrolled in July 2020 and the vaccine was approved for use in December 2020, it is unlikely that there will be any additional side effects than those we are already aware of.



You can also share with the patient the most up-to-date number of people who have been vaccinated in the US or in the world so far for reassurance.

### **Can I get the vaccine if I have X medical condition?**

Refer all clinical questions to a primary care provider or other clinician who can accurately answer these types of questions.

### **Can I get vaccinated if I am an undocumented immigrant?**

Yes! You should not be required to prove citizenship, show identification, or have insurance in order to get vaccinated. However, you can always call ahead to double check what your site is collecting.

### **Do I have to pay for the vaccine?**

No, the state and federal government should cover the cost of the vaccine. Your site may request insurance information so they can get reimbursed for the administration of the vaccine, but it should not be required or lead to any co-pay. However, you can always call ahead to double check what your site is collecting.

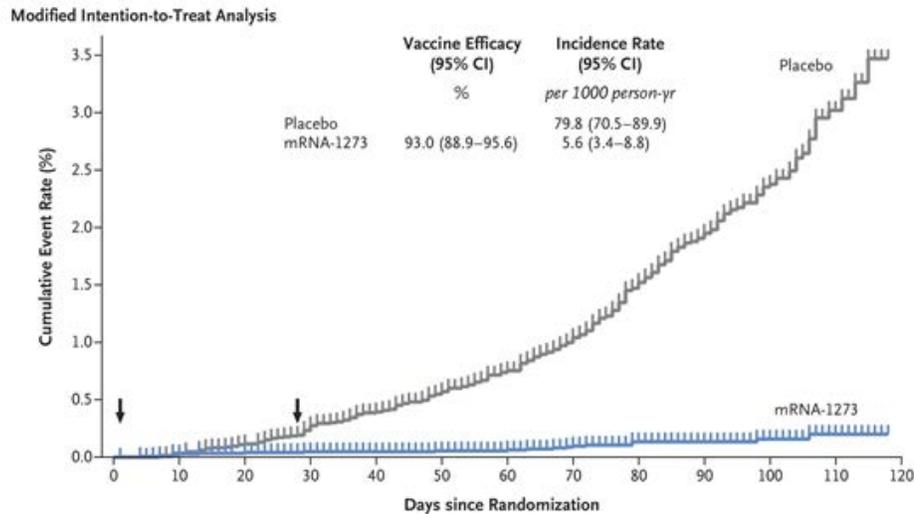
### **Question about the difference between Pfizer, Moderna and J&J?**

There have been no head-to-head studies looking at all three vaccines together. However, we know that all three vaccines are highly effective and have been thoroughly tested. Besides differences in their mechanism of action (explained above), they all perform the same job. Side effects are similar after the first shot (mostly local symptoms in 80+% of people). J&J does not have a second dose, so there may be fewer side effects due to the second dose of Pfizer and Moderna acting on an already primed immune system.



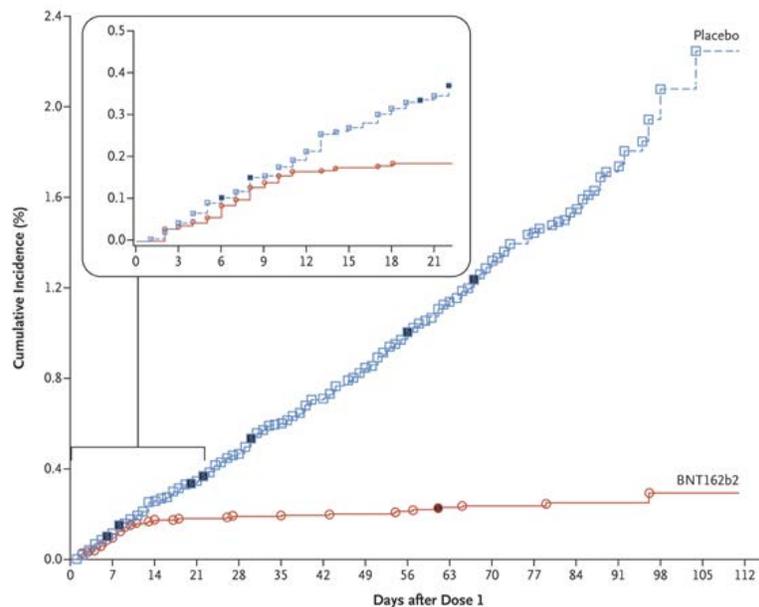
# Appendix A

You can see these trends on the graphs. The flat line represents COVID-19 detected in those individuals in the study that received a vaccine. The steep line above shows COVID-19 detected in those who did not get a vaccine. It is clear that those who received a vaccine were highly protected from contracting COVID-19.



## Moderna Efficacy

Source: Baden, L. R., El Sahly, H. M., Essink, B., Kotloff, K., Frey, S., Novak, R., . . . Zaks, T. (2021). Efficacy and safety of the mrna-1273 sars-cov-2 vaccine. *New England Journal of Medicine*, 384(5), 403-416. doi:10.1056/nejmoa2035389w



## Pfizer Efficacy

Source: Polack, F. P., Thomas, S. J., Kitchin, N., Absalon, J., Gurtman, A., Lockhart, S., . . . Gruber, W. C. (2020). Safety and efficacy of the BNT162b2 Mrna Covid-19 Vaccine. *New England Journal of Medicine*, 383(27), 2603-2615. doi:10.1056/nejmoa2034577



## About the Camden Coalition of Healthcare Providers

We are a multidisciplinary nonprofit working to improve care for people with complex health and social needs in Camden, NJ, and across the country. The Camden Coalition works to advance the field of **complex care** by implementing person-centered programs and piloting new models that address chronic illness and social barriers to health and well-being. Supported by a robust data infrastructure, cross-sector convening, and shared learning, our community-based programs deliver better care to the most vulnerable individuals **in Camden** and **regionally**.

The **National Center for Complex Health and Social Needs** (National Center), an initiative of the Camden Coalition, connects complex care practitioners with each other and supports the field with tools and resources that move complex care forward. The National Center's founding sponsors are the Atlantic Philanthropies, the Robert Wood Johnson Foundation, and AARP.

