

When talking with shelter guests or colleagues about COVID-19 vaccination, here are some things to keep in mind.¹

1. **Learn what you can about the facts and common myths around the COVID vaccine.**
Consult our other documents (FAQ, mythbusters, etc.). Many people have the same set of questions about the vaccine, and it can be helpful to have answers at the ready!
2. **Ask open-ended questions. Listen to people and validate their concerns.**
Ask people how they're doing, and how they're feeling about the vaccine. By opening the conversation to their thoughts and feelings, you can build trust and tailor your conversation to their concerns.
3. **Keep in mind some very key public health messages, like:**
 - a. **Vaccination can help protect you and your community from COVID.**
 - i. Including disease, hospitalization, severe complications, and even death
 - b. **The vaccines have been shown to be safe and effective.** COVID-19 vaccines have gone through the same trials as other approved vaccines. The COVID-19 vaccines have met the high safety standards these trials set.
 - i. More than 70,000 people took the different COVID-19 vaccines as part of clinical trials. In addition, the clinical trials included 10 percent Black and 13 percent Hispanic/Latinx participants, which means vaccine safety was tested within a diverse group. There were no major safety concerns in any of the trials.
 - ii. Locally, hundreds of health care workers at Boston Health Care for the Homeless have already been successfully vaccinated, and thousands at BMC and other local health centers.
 - c. **Because you are sleeping or working in a shelter like this, you are at greater risk of getting COVID.** For this reason, you are entitled to get the vaccine before many other groups of people.
 - d. **If you already had COVID, you should still get vaccinated.** But if you had it within the past 90 days, you should wait until those 90 days are up before you get vaccinated, because you already have some protection right now from natural immunity.
 - e. **This vaccine is not currently mandatory for shelter staff or guests;** we want you to make the decision that feels right for you.
 - f. **You cannot get COVID-19 from the vaccine.** The vaccine doesn't actually contain the virus that causes COVID-19. The vaccine also does not alter or enter your DNA.
 - g. **The vaccine requires two doses, spaced about a month apart.** If you don't get your second dose, you won't be as well-protected from COVID-19 as you could be.
 - h. **It's still important to wear a mask and practice social distancing.**

¹ This document draws extensively from advice given in multiple other sources, including <https://www.bmc.org/covid-19-vaccine> and "How to talk with your patients about the COVID-19 vaccine" by David C. Henderson of Boston Medical Center

4. Remind people that this vaccination, while new, is similar in many ways to other successful and routine vaccinations.

This vaccine has been shown to be very safe. Just like the flu shot, there are some people who will have reactions or side effects. They might feel a little under the weather the day or two after vaccination. Side effects might include headaches, fatigue, chills, and soreness at the injection site. A small number of participants had a fever. A very small number of people, as with any vaccine, may have allergic reactions; people should talk with the vaccinator or their doctor about their medical history, including whether they've had reactions to vaccines in the past. Clinical staff are trained to respond to those.

5. Empower people to consider multiple perspectives and make this decision on their own.

Shelter guests will likely want to know what YOU think of the vaccine. Consider sharing your own thoughts. People should be empowered to consider the facts and make the best choice for themselves and the people around them. They should also talk to their doctor about their concerns.

If you are NOT planning to get the vaccine, please consider sharing that you're weighing the different factors, and that you know a lot of other people who have gotten to "yes." Please also consider identifying someone else within your staff who you know is either (1) getting the vaccine, or (2) has already been vaccinated. By sharing that person's viewpoint, too, the shelter guest can hear another perspective and consider their options to arrive at a decision that is right for them.

Many people are concerned about being a "guinea pig." Let them know that, in addition to the 70,000+ people who were already vaccinated as part of these clinical trials, there have also been thousands of health care workers, first responders, and people in long term care facilities who have already been successfully vaccinated. Shelter guests, while prioritized for vaccination, are not the first to be vaccinated.

6. Avoid pressuring people.

Don't be insistent. It's not productive and will likely shut down conversation. Try to talk to people honestly about what they're thinking and feeling, and address their fears and concerns. Remind them also that if they just aren't ready today, it's good to "keep the door open." They can choose to be vaccinated another day.

7. Acknowledge their realities.

"Not only has this pandemic disproportionately impacted people of color, but many of these people also harbor some distrust of the healthcare system after decades of mistreatment by the medical community at large. It's important to acknowledge these realities — not shut them down. Do not try to fight or defend the history of mistreatment." (Henderson) Historical events like the Tuskegee Study give people of color completely understandable reasons for being

hesitant. At the same time, these sorts of injustices have given rise to greater protections and checks within our health care system to ensure information is shared transparently and abuses can be averted in the future. We have things nowadays like informed consent processes and also specific groups or entities that monitor the safety of public health efforts. Important to note, these vaccine trials also included representation from diverse racial and ethnic groups, and in fact the vaccine itself was developed with contributions from a Black female lead scientist.

We should also keep in mind that people of color are more likely to die from COVID. People who identify as Black or African American, for example, are at more than 3 times greater risk of death from COVID than white people. Similarly, people who identify as Hispanic or Latinx are at nearly 3 times greater risk of death from COVID. Racism itself can actually impede people from getting the vaccine.

8. Acknowledge concerns around how quickly this vaccine was developed.

While it's true that this vaccine was ready quickly, it's actually not new: Moderna (the company that makes our vaccine) had already been working on this vaccine technology. They also chose to use this particular mRNA technology because it is more efficacious and its development is faster than with other vaccine technologies. Also, because this was a public health emergency, an enormous amount of attention and investment went into working on this vaccine. Under normal circumstances, we wouldn't have so many people contributing to get this effort done quickly. The other helpful thing about using mRNA technology is that if the COVID virus changes over time, we can adjust the vaccine more quickly than with other kinds of vaccines, to adapt to the changing virus.