

Purpose

This guide offers approaches and illustrative examples for preparation, delivery, and navigation of small group discussions (recommended 1-5 people to facilitate greatest engagement) with servicemembers reluctant or indifferent to accepting the vaccine. The guide promotes an open dialogue regarding vaccine hesitancy and complacency by addressing concerns, building trust, and boosting vaccine confidence.

Key considerations

Vaccine reluctance affects every demographic segment. Consideration for individual beliefs and perceptions will help guide the discussion, anticipate reactions, and manage behaviors. People who are hesitant or indifferent about the vaccine share common concerns and impressions:



The science was rushed and insufficiently tested prior to approval



There exists a potential for serious side effects and unknown health risks



Women will experience negative impacts on fertility



Severity of the virus has been exaggerated



The government is attempting to indoctrinate instead of educate



Politicians and other authorities are pushing their own agenda and eroding public trust



Young, healthy people are not at risk for contracting COVID-19

Preparation

Below are actions you can take in advance to ensure you are prepared to facilitate a productive conversation:

- ^a **Gauge your audience:** understanding participant attitudes, values, and viewpoints will better orient you and help tailor your approach
- ^a **Assess your environment:** determine when and where (e.g., in-person or virtual) you want to have the conversation
- ^a **Recognize the goal:** set your intentions for the discussion and what you aim to achieve
- ^a **Expect resistance:** anticipate challenging personalities, active detractors, and opposition to the facts
- ^a **Consider a vaccinated peer:** inviting a once hesitant servicemember may enlighten and encourage others through shared experience
- ^a **Review relevant information and supporting material:** leverage the resources at the bottom of this guide to secure a baseline knowledge and current understanding of the subject matter

Navigating the conversation

Your goal as conversation lead is to be an informed, objective, and trusted adviser. Consider aligning your approach to the following recommendations during small group or one-on-one interactions:

Do	Do not
Allow servicemembers to ultimately make their own choice about receiving the COVID vaccine	Aggressively push servicemembers to agree with your opinion or to receive the vaccine
Invite open dialogue, listen before responding, and demonstrate a willingness to learn other perspectives	Ask questions or make assumptions that might violate personal or professional boundaries
Be authentic, empathetic, thoughtful, and curious	Abandon the conversation for any misdirected emotions or pass judgment on shared sentiments
Share personal stories to connect to your audience	Rely solely on reiterating canned information, without tailoring it to the audience and personalizing it
Anticipate a range of emotions including frustration, agitation, and apprehension	Be defensive or argue with your audience
Be constructive – lean on evidence rooted in science, combat false information, and disarm conspiracy theories	Escalate any perceived tensions or conflicts

Consider your audience. You may encounter a range of temperaments and should adapt accordingly:

Personality	Strategy
Domineering types verbally dominate the discussion	Set ground rules at the start of the discussion, including to “share airtime”
Ramblers disrupt or derail the conversation	Encourage ramblers to summarize thoughts into succinct points and limit interruptions of others
Contrarians both advocate for and challenge popular opinion	Invite contrarians to expand on viewpoints and ideas
Side-trackers encourage unrelated topics of discussion	Offer addressing the topic at a later time, or revisiting during another discussion
Silent types share perspectives only when self-assured	Suggest written responses to questions either during or after the conversation

Example talking points

1. Introduce the discussion:

“Receiving the COVID-19 vaccine is a personal choice, but I want to make sure that you have the latest and most accurate information surrounding it to make an informed decision for yourself, your families, and your unit. Additionally, recent CDC guidance states that if you are fully vaccinated, you no longer have to wear a mask in public (subject to state/local and business rules), demonstrating the effectiveness of the vaccines.”

2. Offer novel information to engage your audience:

“There are new COVID-19 variants around the globe which spread more easily than the original strain, and preliminary evidence shows the potential for more severe disease. Two variants of concern are those reported in UK and India, which have been declared a global concern by the World Health Organization (WHO). This tells us that there is potential for a second wave of COVID-19, and we would witness increased death, sickness, and potential shut-downs.”

3. Provide a personal or emotionally engaging story to connect your audience, such as:

- *Why you received the vaccine;*
- *Personal story of the adverse effects of COVID-19 or the short-term effects of the vaccine; and/or,*
- *Example of someone who originally did not want to get the vaccine, but changed their mind*

4. Encourage participants to share why they do not plan to receive the vaccine (leverage the table below for suggested responses to common concerns and questions)

Common questions and suggested responses

Concern or question	Suggested response
Group population: Hesitant (e.g., side effects, safety, politics)	
I don't want to experience side effects; and/or I'm nervous the effects of the vaccine will be worse than getting COVID-19.	<ul style="list-style-type: none"> • <i>“The risks of COVID-19 infection are vastly higher than risks associated with the vaccine. For those that recover from COVID-19, there is the potential for long-term/ongoing problems. Some experience a general feeling of being unwell long after recovery (fatigue, cough, difficulty breathing, chest-pain, etc.), or worse, they may incur damage to their heart, lungs, and/or brain or have blood clots. Much is still unknown about how COVID-19 will affect people over time, but research is ongoing.”</i> • <i>“Although the vaccines are very effective, it is possible to contract COVID-19 after being vaccinated, but those that do, typically have less severe symptoms.”</i>
The vaccine was developed too quickly to be safe.	<ul style="list-style-type: none"> • <i>“Vaccine trials were thorough, including 30k participants with people from diverse backgrounds/ethnicities for each vaccine. This is much larger than normal drug testing standards (normally a few hundred to a few thousand participants).”</i> • <i>“Research was already underway to prevent past coronavirus diseases, which provided a jump start to COVID-19 vaccine development.”</i> • <i>“Majority of healthcare professionals took the vaccine as soon as it was approved and available.”</i>

Concern or question	Suggested response
Group population: Hesitant (e.g., side effects, safety, politics)	
Is the J&J vaccine safe?	<ul style="list-style-type: none"> “The potential benefits and risks of the J&J vaccine were weighed, and FDA determined that the benefits of the J&J vaccine in preventing hospitalizations and deaths far exceeded the risk of harm. The chances for a person vaccinated with J&J vaccine to have a serious blood clot is less than one in 300,000. However, if you are at risk of blood clots, doctors recommend receiving the Moderna or Pfizer vaccine.”
I've heard that you can get COVID-19 from the vaccine.	<ul style="list-style-type: none"> “COVID-19 vaccines do not contain the live virus.”
I don't want the vaccine to alter my DNA. I'll let my natural immune system do its job.	<ul style="list-style-type: none"> “The COVID-19 vaccine primes your immune system to fight the virus. None of the approved vaccines change your DNA.” “Early evidence suggests natural immunity from COVID-19 may not last long. The vaccine may help you develop a more lasting immune response and protect against some variants.”
Will the COVID-19 vaccine affect my or my spouse's ability to have children; and/or, is it safe for those who are pregnant?	<ul style="list-style-type: none"> “Pregnant people are more likely to get severely ill with COVID-19 compared with non-pregnant people and are at increased risk of preterm birth. Based on how these vaccines work in the body, experts believe they are unlikely to pose a risk for people who are pregnant and/or breastfeeding. However, there are currently limited data on the safety of COVID-19 vaccines in pregnant people or those breastfeeding.”
Any concern about politics or the government's involvement	<ul style="list-style-type: none"> “Yes, this has become a political subject. Would it be okay if I share what I know about the vaccine? I've looked at the results, and the vaccine really does protect people from COVID-19, politics aside.”
Group population: Unconcerned (e.g., complacent)	
If I have had COVID-19, shouldn't I have immunity?	<ul style="list-style-type: none"> “Research has not proven how long immunity lasts after having COVID-19. There have been cases of patients who have contracted COVID-19 twice.”
I'm young, healthy, and not high-risk, why do I need to be vaccinated?	<ul style="list-style-type: none"> “The more people that get vaccinated, the faster we can reach herd immunity, which will help open the economy and get lives back to normal. Herd immunity occurs when a large portion of a community becomes immune to a disease, making the spread of the disease from person to person unlikely. As a result, the whole community becomes protected – not just those who are immune.” “Getting the COVID-19 vaccine not only protects you, it will also protect the people you care about including your family and friends and those who cannot get the vaccine yet (due to underlying medical conditions, or young children for whom the vaccine is not yet approved).”
COVID-19 isn't more dangerous than the flu. I never get the flu vaccine, so why would I get the COVID-19 vaccine?	<ul style="list-style-type: none"> “The 2017-2018 flu season was the worst in the last 10 years, resulting in 61,000 American deaths. COVID-19 has killed more than 500,000 Americans. Additionally, there may be long term consequences from the virus that we are not yet aware.”

Additional resources	Where to get the vaccine
<ul style="list-style-type: none"> TRICARE: Official COVID-19 vaccine resources. tricare.mil/covidvaccine CDC: COVID-19 guidance and resources, updated continuously. http://www.cdc.gov/coronavirus/2019-ncov/vaccines/index.html MHS: COVID-19 toolkit for servicemembers. http://www.health.mil/CommanderToolkit American Red Cross: COVID-19 specific resources and support for military families. https://www.redcross.org/about-us/our-work/military-families.html 	<p>To make your vaccine appointment, visit: www.TRICARE.mil/VaccineAppointments</p> <p>SCAN THIS!</p> 

Source list			
<ul style="list-style-type: none"> health.mil cdc.gov 	<ul style="list-style-type: none"> International Journal of Environmental Research and Public Health 	<ul style="list-style-type: none"> mayoclinic.org New England Journal of Medicine 	<ul style="list-style-type: none"> who.int