

# **Leaders' Vaccine Confidence Dialogue Training**

## **Purpose**

- To support conversations within RHY programs related to the latest COVID-related developments
- To prepare programs on conversations on vaccine confidence and how to facilitate conversations with staff and program participants

#### **Outline**

The goals of this workshop plan are twofold:

- It aims to facilitate **dialogue** about COVID-19 vaccines around safety and efficacy.
- It is intended to be used in organizations and/or communities that serve unhoused youth to move us toward **health equity and vaccine confidence**.
  - o **CULTURAL ENERGIZER** (15 minutes-Main Room)
  - o **CRITICAL CONCEPTS** (10 minutes-Breakout)
  - o **COMMUNITY DIALOGUE ACTIVITY** (30 minutes-Breakout)
  - o **CONCLUSIVE DIALOGUE** (10 minutes-Main Room)

# **Workshop Materials**

- A.C.T. I: Scenarios Handout
- Handout: Common Concerns
- Handout: How Do the COVID-19 Vaccines Work?
- Handout: A Year Later What You Need to Know Now About COVID-19

# **Cultural Energizer**

(15 minutes)

#### • Land Acknowledgement

- o This is a way that people insert an awareness of Indigenous presence and land rights in everyday life. To find out which land you are on and more information about this, check out https://native-land.ca
- Part 1: Who's in the room? (on Zoom, answer in the chat if you comfortable)
  - o Name
  - Pronouns
  - o Indigenous Land, City, State
  - o Ancestor who inspires you to pursue this work
  - Organization(s)

#### • Part 2: Community Agreements

- We acknowledge and respect that in our group, there are differing political analyses, theories of change, and organizational structures. We ask ourselves: Where are we aligned and how could we build together?
- We recognize that this is not a whole space. There are people, voices, and perspectives missing. We will hold ourselves accountable as a network to bring more voices into these spaces.
- We recognize that in the non-profit sector, there can be competition, gate-keeping, centering of the wrong voices, and replication of power inequities. We strive to refrain from these actions in this space.
- We don't have it all figured out, but we are committed to coming together and learning as we go.
- We emphasize relationship-building especially in this moment of crisis. We agree to move only at the speed of trust.
- We commit to bringing our whole selves and fostering a brave space.
- o What happens here, stays here. What's learned here, leaves here.
  - Adapted from Adrienne Maree Brown's Emergent Strategy
  - Ask participants: Do you have anything that you want to add?
- Part 3: Facilitator Positive Procedures
- Part 4: Go over Purpose of this workshop.

# **Critical Concepts**

(10 minutes)

# Here are some concepts that can help frame the discussion:

#### Variants:

Slightly different types of the virus that have the chance to develop every time a new person is infected, i.e., each time the virus is copied.

- Variants that are more effective at making new people sick are more likely to be successful
- Variants are generally more infectious (i.e., people who have those variants are more contagious to others); some variants are more likely to make you very sick or die

## **Vaccine Hesitancy:**

Delaying or refusing a vaccine despite it being available.

- It can look like:
  - Not getting a vaccine because one does not have a way to get one's questions answered--some people have easier access to trusted authorities than others.
  - o Perceiving risk due to one's own health status.

- Only contraindications are known allergies to specific components of a vaccine, and age.
- Mistrust of the vaccine development process: of pharmaceutical companies or actors involved, of the speed at which a vaccine was developed, of racism inherent to these systems.
- Perceiving the risk of the vaccine as being greater than the risk of not getting the vaccine
- o Being an anti-vaxxer: refusing all vaccines on principle
- Refusing a vaccine in response to the arguments of influential leaders, one's political party, or social
- o Refusing a vaccine because people in one's social network are vaccine hesitant
- It not the same as not getting a vaccine because it is not available or because there are too many physical or financial obstacles to getting a vaccine, for example not getting a vaccine because of:
  - Lack of transportation or transportation cost (not being able to drive to the Oakland Coliseum or being afraid to take public transportation to a public site)
  - Not getting a vaccine because one is being asked for documentation: an ID or insurance card
  - Not getting a vaccine because one does not have access to or the skills to schedule an appointment online
  - Not getting a vaccine because one does not understand English or one has limited literacy skills.

# **Community Dialogue Activity**

(30 minutes)

#### A.C.T. I: Vaccine Conversation Scenarios

To support conversations related to the latest COVID-related developments and prepare you for conversations on vaccine confidence and how to facilitate conversations with staff and program participants we have provided the following 'Leader's Vaccine Dialogue Training'.

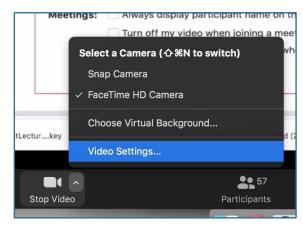
A.C.T. I is a protocol to create dialogue with staff and program participants about the vaccine and COVID-19. In this activity, there are scenarios that represent conversations that may happen from valid common concerns and recommended talking points.

For each scenario, we ask you to read the description and act out the scenario twice. The first time you will act the scenario, it will be exactly as the script is written. Then we will pause to have time for self-reflection. Then have some discussion **analyzing** how the scenario works for your program. Then we ask you to re-enact the scenario again starting off exactly the same way the script describes.

The difference in take two is that the audience members who are not acting will have the opportunity to advise (via chat) the actors on the ways they could shift the script.

The steps of this activity were created to accommodate virtual platforms. For Zoom: Go to zoom preferences and select video options and click "Hide non-video participants." This will aid the execution of the activity.

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Step 1	A.C.T. I: Vaccine Conversation Scenarios Review the (4) scenarios.
Step 2	Prioritize the Scenarios:  Present the 4 scenarios and allow the participants to vote on their top 2 choices. If time permits, cover all 4 scenarios. (You can spread this activity over multiple hours/days if time permits in your organization/community.)  Explain that though we hope to explore more than 1 scenario, because we want to make sure we can be ready to respond to the physical, mental, emotional, and spiritual elements of this work, we may only have time to work through 1 scenario.
	4 Scenarios (on slide):
	"A Conversation with Youth about Vaccine Side Effects"-It's another

	<ul> <li>day at the youth shelter. You are asking youth if they have gotten vaccinated. One says no because they are worried about vaccine side effects.</li> <li>"A Conversation between a Staff Member and Youth about Variants and Vaccine Development"- A staff member found an appointment for their youth but the youth is hesitant about getting it because it might not be effective to variants and it was made too fast for their comfort level</li> <li>"A Conversation with Provider Team and Staff Members about How to Support Youth in Getting Vaccinated"- Staff Members are feeling overwhelmed and have come to you because it's been challenging vaccinating the youth at your center.</li> <li>"A Conversation with a Staff Member and Young Person on Choosing the Right Vaccine"- A young person is ready to get the vaccine, but they have questions about how to get it and which one to</li> </ul>
	get. They have come to this staff person because they trust them.
Step 3	Read Scenario Aloud: Scenarios are in the section below. (Focus on one scenario at a time.)
	<ul> <li>For the first scenario, the facilitator will model the activity. The facilitator will be Actor 1 and they will choose a participant to partner with them and be Actor 2.</li> </ul>
Step 4	<ul> <li>Take 1: Determine who will play which role. (In scenario 1, the facilitator will be a staff member and partner will be youth 2.) Act out the scenario exactly how the Script is written. <ul> <li>Give people a chance to volunteer to be an actor and if no one volunteers call on people to see if they are willing. People should know that they can decline if they don't want to act. Have everyone mute their audio and turn off their video unless they are actingso the people who are acting are highlighted.)</li> </ul></li></ul>
Step 5	Have the group <b>Analyze</b> the scenario. Focus on analyzing why people think the way they do. <b>Do not provide solutions yet!</b>
	Self-Reflection Pause: Play a song and allow people time to reflect on the scenario. It's always good to pause and reflect before you respond. (3-5 minutes)
	Write/Journalnot in the chat boxout your thoughts/answers to the following questions: <ul> <li>How does this scenario make you feel?</li> <li>What questions do you still have after this scenario?</li> <li>What are 1 or 2 responses you could say in response to the</li> </ul>

	scenario that helps to move the conversation toward supporting youth get vaccinated (see suggested talking points)?
	This self-reflection pause should happen after each scenario.
	(Have everyone turn on their video function. When they want to talk, they can either raise their hand or write their answers in the chat.)
Step 6	Analysis Sharing: Facilitate a discussion (verbal and on chat) about what people answered for questions "a-c." (5 minutes)
Step 7A	Respond: Share possible responses to the scenario-refer to question "c."
	"What are 1 or 2 responses you could say in response to the scenario that helps to move the conversation towards supporting youth get vaccinated"
	Have participants either share their responses verbally or on chat AND/OR reenact the scenario (see next step for details on how to re-enact).
Step 7B	<b>Take 2:</b> Act out the same scenario with the same actors. Start out with exactly how the scenario is written.
	Have the audience members share in the chat their responses to the scenario on how the actors should <b>Respond</b> based on the discussion.
	The actors must read the chat while they are acting.
	They decide which advice to take from their audience and how to respond.
	The scenario should change according to which pieces of advice the actors decide to take. (3 minutes)
	(Choose a timer if you do not have a co-facilitator. Take 2 should be limited to 3 minutes. Have everyone mute their audio and turn off their video unless they are actingso the people who are acting are highlighted.)
Step 8	Repeat Steps 2-7 for each scenario with new volunteer actors. Try to do all four scenarios if time permits.
	(Have everyone mute their audio and turn off their video unless they are actingso the people who are acting are the focus.)

# **Scenarios**

#### Scenario A: "A Conversation with Youth about Vaccine Side Effects"

#### **Description:**

It's another day at the youth shelter. You are asking youth if they have gotten vaccinated. One says no because they are worried about vaccine side effects.

#### **Script:**

<u>Provider/Staff Member</u>: Have you all gotten vaccinated yet? <u>Youth</u>: Nah, I heard the side effects are terrible.

## **Recommended Talking Points:**

- Side effects are common concern for a lot of people. Affirm the youth's concern and say the side effects are likely a combination of history of prior exposure to other coronaviruses or to COVID-19, age, and genetics (everyone is different).
- State that side effects may last up to 48-72 hours and may interrupt your usual activities. The vaccine might give you some limited side effects but unlike an actual COVID-19 infection, the vaccine will not lead to coughing, shortness of breath, hospitalization, needing to be in an ICU, long-haul symptoms or death.
- You can explain the different treatments for side effects such as: rest, fluids, tylenol/ibuprofen (if no contraindications), compress on the arm.
- Additionally, if you don't get side effects it does not mean you are not protected.
- Reiterate that it's important for them to get vaccinated:
  - o To prevent getting hospitalized or dying from COVID-19.
  - To prevent getting sick from COVID-19.
  - $\circ$  To prevent giving COVID-19 to people you live with, work with, love, or interact with.
  - o To prevent the development of variants that may be resistant to vaccines

#### **Resources:**

- Greater Than COVID "What about side effects from the COVID vaccines"
- CDC: About COVID-19
- CDC: How COVID-19 Spreads
- CDC: Benefits of Getting a COVID-19 Vaccine



# FYSB Family & Youth Services Bureau Runaway and Homeless Youth Training & Technical Assistance Center

# SCENARIO B: "A Conversation between a Staff Member and Youth about Variants and Vaccine Development"

## **Description:**

A staff member found an appointment for their youth but the youth is hesitant about getting it because it might not be effective against variants and it was made too fast for their comfort level.

## **Script:**

Staff Member: Hey, I just saw this appointment for the vaccine. Would you be interested in signing up?

Youth: Thanks, but I'm worried it won't be even worth it. I've been seeing on the news about the South Africa and UK variants making the vaccine useless. I also don't trust how fast they made it. So, what's the point?

## **Recommended Talking Points:**

- Affirm that their concern(s) is common from most people.
- Start by explaining the reasons why they should get the vaccine:
  - To prevent getting hospitalized or dying from COVID-19.
  - To prevent getting sick from COVID-19.
  - o To prevent giving COVID-19 to people you live with, work with, love, or interact with.
  - o To prevent the development of variants that may be resistant to vaccines.
- Explain how the vaccine was made safely and have been effective:
  - Clinical trials found that the vaccines helped prevent most people from getting COVID-19.
  - New research is suggesting that this is also true in the real world. No vaccine is 100% effective, so it is possible for some vaccinated people to be infected; however, vaccines may still protect these people from serious illness. Vaccines are most effective 2 weeks after the last (or single) dose.
  - o Over 189 million doses of COVID-19 vaccines have been administered in the U.S. as of April 2021.
  - o A very small number of people have experienced severe allergic reactions to the vaccine. As a result, you will be asked to wait at the vaccination site for 15-20 minutes after you receive the vaccine.
  - The Johnson & Johnson vaccine was put on hold from April 13 to April 23, 2021 to review a very rare blood clotting disease possibly associated with the vaccine. (TBD) This disease is incredibly rare, however, those who received the Johnson & Johnson vaccine in the prior three weeks and who have severe headache, abdominal pain, leg pain, or shortness of breath should seek medical care.
- Next start talking about what is a variant:
  - o A variant is a slightly different type of the virus that have had the chance to develop every time a new person became infected with the virus (i.e., each time the virus is copied).
  - o Variants that are more effective at making new people sick are more likely to be successful.

- Variants are generally more infectious (i.e., people who have those variants are more contagious to others); some variants are more likely to make you very sick or die.
- What do variants mean for vaccination?
  - So far, vaccines protect against hospitalizations and deaths due to variants.
  - o It is possible that a variant will be able to be resistant to vaccine.
  - The best way to prevent resistance is to prevent new infections, since each person infected has a chance for a new virus with a new mutation to develop (i.e., vaccinations and standard precautions, like mask wearing and physical distancing.)

#### **Resources:**

- Greater Than COVID "What you need to know about the COVID Vaccines and New Variants"
- HHS Video Vaccines: How Do We Know They Are Safe?
- CDC: About COVID-19
- CDC: How COVID-19 Spreads
- CDC: About the Variants of the Virus that Causes COVID-19
- CDC: Ensuring Vaccine Safety in the U.S.
- NY Times: Can the Covid Vaccine Protect Me Against Virus Variants?

# <u>SCENARIO C:</u> "A Conversation with Provider Team and Staff Members about How to Support Youth to Get Vaccinated"

## **Description:**

Staff Members are feeling overwhelmed and have come to you because it's been challenging vaccinating the youth at your center.

#### **Script:**

<u>Staff Member 1</u>: It's been so hard to try to get them to be vaccinated. I know it's important but I'm so overwhelmed and I don't know enough information when they ask questions.

<u>Staff Member 2</u>: Yeah, I agree. They don't seem interested. What can we do?

# **Recommended Talking Points:**

- Start by affirming their concerns and thank them for their hard work in these unprecedented times.
- Give them the handout about vaccines(attached) and direct them to some of the resources listed below.
- Tell them it's important to keep encouraging youth and people experiencing homelessness to get vaccinated because:
  - o PEH have a 30% greater chance of dying if infected than the housed population.
  - YEH have higher risk of conditions that put them at risk of negative outcomes, like hospitalization or death, from COVID-19 vaccination than housed youth.

- Begin a discussion about some best practices for your center based on what is listed:
  - Solicit youth input in designing and getting feedback on efforts.
  - o Customize approach to different subgroups of youth.
  - o Ensure eligibility of all PEH.
  - o Bring vaccines to service sites and places where YEH spend time.
  - o Collect demographic data to monitor equitable access.
  - o Provide incentives for getting vaccinated.
  - o Provide respite site for youth experiencing side effects.
  - o Provide transportation for both vaccine doses (if two).
  - o Provide several reminders (text, email, phone, outreach) for second vaccine.
  - Offer single-dose vaccine to those who prefer it, if available.
  - Enlist vaccine ambassadors.
  - o Offer opportunities to ask questions of trusted sources.
- Ask if any of these could be applied to our program and begin drafting up a process of what you can utilize in your organization.

#### **Resources:**

<u>"Bringing covid-19 vaccines to high-risk populations—like those who are homeless—requires a tailored approach"</u> (Adapted from University of California, San Francisco Benioff Homelessness and Housing Initiative.)

# <u>SCENARIO D:</u> "A Conversation with Staff Member and Young Person on Choosing the Right Vaccine"

## **Description:**

A young person is ready to get the vaccine, but they have questions about how to get it and which one to get. They have come to this staff person because they trust them.

#### Script:

Staff Member: Hey what's up?

<u>Youth</u>: Hey, I'm thinking about getting the vaccine when I'm eligible for it, but I'm not sure where to go or which one to get. I heard they don't have the J & J one anymore.

## **Recommended Talking Points:**

- Congratulate the young person on thinking about getting the vaccine and their commitment to protecting the people they love by doing so.
- Let them know that as of April 19, 2021 everyone 16 and older is eligible for the COVID-10 vaccine.
- Let them know that regardless of which vaccine, they should get to access to a vaccine as soon as possible.
  - They should get whichever vaccine they feel comfortable with.
  - All vaccines provide a high level of protection against death and hospitalization.
  - o All of the vaccines are much safer than not being vaccinated.
- Explore the vaccine handout to review the different types of vaccines and what they do.

- Work on scheduling an appointment for the vaccine with them:
  - o If you're based in CA check out: <u>www.vaccinespotter.org</u>
  - o <a href="https://vaccinefinder.org/search/">https://vaccinefinder.org/search/</a>
  - o Walmart just opened up sites--check it out
  - o Non-Kaiser members also can get the vaccine if you want to call in. It also depends who you call on the phone and the time you refresh pages

#### **Resources:**

- Greater Than COVID "Let's talk about the different COVID vaccines"
- CDC: Different COVID-19 Vaccines
- NY Times: How 9 COVID 19 Vaccines Work

More scenarios can be added based on the context of the organization or community that you are implementing this activity. Check out our Common Concerns Handout for more answers youth or staff might have questions related to the COVID-19 Vaccine.

#### **Conclusive Dialogue** (10 minutes)

- In the chat, write:
  - o 3 words that stood out
  - o 2 wonderings or challenges that you may still have
  - o 1 "whoa" that you will use immediately

# Resources

#### **Resources about COVID-19:**

- CDC: About COVID-19
- CDC: How COVID-19 Spreads
- CDC: About the Variants of the Virus that Causes COVID-19
- NY Times Article: How Coronavirus Hijacks Your Cells
- Tik Tok Video: How the mRNA vaccine works

#### **Resources about COVID-19 Vaccine:**

- CDC: Benefits of Getting a COVID-19 Vaccine
- CDC: Different COVID-19 Vaccines
- CDC: Ensuring Vaccine Safety in the U.S.
- <u>Vaccines: How Do We Know They Are Safe?</u> (Link to a video created by the CDC about vaccine safety.)

#### Find a COVID-19 Vaccine:

- Vaccine Finder
- If you're based in CA check out: www.vaccinespotter.org

#### **Activity**:

Theater of the Oppressed- Augusto Boal