

A user's guide: How to talk to those hesitant about the Covid-19 vaccine

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A medical professional prepares consent forms before administering a Covid-19 vaccine at the Louisville Urban League in Kentucky. *Jon Cherry/Getty Images*

As the Covid vaccine supply increases throughout the U.S., the next hurdle to reaching herd immunity will be convincing those who are hesitant about vaccines to receive their shots. [Surveys](#) show Black and Hispanic adults are more likely to be “waiting to see” before they get a vaccine (but are also less likely to say they definitely won’t take one than white adults).

Experts say the best way to tackle vaccine hesitancy is for people to have conversations with those they trust, whether a doctor, pastor, family member, or friend. So STAT spoke with a number of experts on the frontlines — global vaccine scholars, physicians tackling low vaccination rates in Black communities, and multilingual doctors who are taking matters in their own

hands to get out the word — to create this guide on how best to handle these sometimes difficult conversations. Their suggestions may surprise you.

One word of caution: be ready if the conversation gets emotional. Issues about vaccines often center more on anxieties than facts, said Heidi Larson, an anthropologist at the London School of Hygiene and Tropical Medicine and global vaccine expert. “This can be a messy, emotional, difficult space.”

Shoot for the middle

Pick your battles. Some people are dead-set against receiving any vaccines and unlikely to change their minds. But there are also plenty of people in the middle, the so-called “vaccine hesitant,” who may just want more information or be waiting until more people they know are vaccinated before they step up. Kaiser Family Foundation surveys show 22% of people they polled recently are in this “wait and see” category (55% have already received the vaccine or will get it as soon as they can, 15% say they definitely won’t take it, and 7% say they’ll only take it if required). It’s this “wait and see” group that’s most worth focusing your efforts on.

“There are some people that aren’t going to change their minds no matter what, so focus more on the so-called movable middle,” said Larson, who previously headed global vaccine communications for UNICEF and now directs the Vaccine Confidence Project. “You might think of it as your swing vote — any political strategist will tell you that getting as much of the swing vote as you can is what’s important. It can also make people more resilient to the predatory behavior of anti-vax groups.”

Have a conversation

Don’t lecture your family and friends, and don’t assume you know what their concerns are. Make sure to listen.

“Try to address their concerns, not what you assume are their concerns,” said Jorge Moreno, an internist and assistant professor at the Yale University School of Medicine. While you may be thinking people are ensnared in the darkest of conspiracy theories, many may have concerns that are much simpler to address. For Moreno, who even had to convince his mother the vaccine was safe, many questions he’s received have centered around side effects, and whether they might make people too sick to work. A Carnegie Mellon University [survey](#) released this week showed 70% of vaccine-hesitant people were concerned about side effects.

“Let people know it’s OK to have questions and that having concerns is legitimate,” added Reed Tuckson, the former public health commissioner for Washington, D.C., and a founding member of the Black Coalition Against Covid, which co-developed a campaign called “[The Conversation: Between Us, About Us](#),” with the Kaiser Family Foundation and public health advocate Rhea Boyd, to provide Black families credible vaccine information. “Letting people have a safe space to have this conversation is essential,” he said. “Wagging your finger against someone is not very useful.”

Speak people’s language. Literally

Moreno has spent much of the year treating coronavirus patients, either in his primary care practice, or in the Covid-19 units of Yale New Haven Hospital. In early January, once it became clear that vaccines were on the way, Moreno couldn’t find information to share with Spanish-speaking patients. “I saw a lot of information online, some of it good, some of it bad, but everything was in English,” he said. “I felt that was a disservice, especially for our older citizens — the ones we were supposed to be vaccinating.”

Moreno created [a YouTube video](#), describing the vaccine and his own experience with being vaccinated, in Spanish. “I thought this was just going to be viewed a few times, but then it got picked up,” he said. His hospital has

since asked him to make more videos, and reliable vaccine information in different languages is increasingly becoming available from government agencies such as the Centers for Disease Control and Prevention, which created [this PDF about “las vacunas”](#); the Food and Drug Administration, which has vaccine information in [more than 20 languages](#), including Arabic, Cherokee, and Gujarati; and the [World Health Organization](#), whose website translates Covid-19 information into six languages.

Understand the doubts

Vaccine hesitancy in the Latino community has been of particular concern because inoculation rates are low and misinformation in Spanish — that the vaccines contain microchips, for example, or will alter DNA, or are part of satanic rituals — is spreading through Facebook posts and WhatsApp private messages. Especially worrisome to many Hispanic people are false rumors that the vaccine may impair fertility, which is a painful issue for Latino communities that have experienced a [history of sterilizations](#) performed without consent.

“The fertility question keeps coming up, and a lot of people believe the myth that undocumented people can’t get the vaccine,” said Moreno, who has spoken at two forums at churches about the vaccines. Others ask if they can get the vaccine if they don’t have insurance. (They can.) “Everyone has a different question. You just have to listen to those questions and get to the root cause of their doubts.”

Don’t get bogged down

“A key is to keep it simple,” said Boyd, who is a pediatrician with the Palo Alto Medical Foundation. “If people think they might get Covid from the vaccines, it’s because they don’t understand it’s not a live vaccine.” (None of the vaccines authorized for use in the United States contains any [live virus](#).) “If people are asking about the costs, it’s clear they don’t understand the

vaccines are free.”

Don't focus on science

This is a corollary to keeping it simple. You could talk about mRNA, spike proteins, and viral vectors until the cows come home, but that knowledge might not be the best thing to draw on when you're talking to people who are vaccine hesitant.

“Facts by themselves rarely do anything, and sometimes they aggravate the situation because people feel like you are not listening to their concerns,” Larson said. As she wrote in “Stuck,” her recent book about vaccine rumors, “Science alone is not going to change the mind of those with strong beliefs.”

What might work instead, at least for some, is appealing to altruism — that getting vaccinated will help protect your family and community by getting us closer to herd immunity. Said Larson: “Some people are more willing to take the vaccine if you say, ‘It’s not for you, it’s for your grandmother,’ or ‘It’s for those you work with.’”

Talk about safety

Remind people that the vaccines have been tested on tens of thousands of people — and on a diverse range of people. When the vaccine was approved, Moreno wondered whether it had been tested on Hispanic people like himself. “In Pfizer and Moderna [clinical trials] combined, there were 10,000 Hispanic people tested, and the vaccines were shown to be safe in all ethnicities,” he said he discovered. “Many of my patients didn’t know this.”

More than 6,000 Black volunteers were enrolled in the two trials. And of the nearly 45,000 people enrolled in Phase 3 trials for the Johnson & Johnson vaccine, 15% were Hispanic and 13% were Black.

Crowdsource

Polls show people's hesitation is diminishing as they see more and more people they know get vaccinated. Boyd said her relatives were very much in the camp that was "wait and see" and turned to her as the doctor in the family. "They didn't want to be first in line. They wanted other people to go first, but once I could share data that millions of people had taken it safely, it became easier," she said. "With every additional poll, the number of people in the 'I'm waiting to see' category gets smaller."

Don't use blame

"Looking down your nose at someone is just not going to work," Tuckson said. "Making people feel guilty and making people feel stupid about asking questions are two definite nos."

Instead, show empathy. "No matter what, this is a brand-new virus and these are brand-new vaccines. It's reasonable for people to have concerns," said Larson. "Take a deep breath and just hear people out. Everyone's had a rough year one way or another. People are worn down, and we need to help each other."

Use humor

Dry lectures are definitely not going to work. Use humor to lighten the situation and make it easier for people to open up. Boyd looked to comedian W. Kamau Bell, whose easygoing, funny questions — like discussing if turning into a vampire or a zombie might be a side effect, or if only "NASCAR white folks" were part of the clinical trial process — created an inviting environment for the serious information from physicians that follows. A number of doctors are taking to YouTube to spread vaccine information with silly remixes of the "Hamilton" song "I'm Not Throwing Away My Shot."

Understand mistrust

Many Black Americans have a distrust of the medical system because of the

racism they have encountered from health professionals; public health officials fear this is leading to suspicion about Covid vaccines. Lingering mistrust, Tuckson said, is something Black physicians are uniquely suited to battle. "We can say, 'I understand you. I am from the same place as you are. I have the same anger and frustration as you do. But these are safe and effective vaccines that are critical for our survival,'" he said.

Talk about religion

Some people are hesitant because the use of fetal cells in the production of some vaccines — though not in the vaccines themselves — creates moral concerns for those opposed to abortion. This is an issue for the J&J vaccine, which used cell lines that originated from fetal cells during research and production. While the Vatican has called the vaccines "morally acceptable," the United States Conference of Catholic Bishops recommended people avoid the J&J vaccine if possible. (Moderna and Pfizer vaccines both used fetal cell lines in their early testing but not their development.)

The pope received a Pfizer vaccine on Jan. 13. "He's told Catholics it's their moral obligation to be vaccinated," Moreno said. As supplies increase, many people may be able to avoid this issue by choosing which vaccine they receive.

Get personal

Nothing works as well as sharing personal experiences. In her book, Larson recounts the story of Ethan Lindenberger, a teen from Ohio whose story went viral when he joined a Reddit group asking where he could be vaccinated since he had turned 18 and no longer had to follow his parents' anti-vax views. "People can just ask, 'How did it go for you?' and they'll get more comfortable," said Boyd. Many physicians are avidly sharing their vaccine experiences on social media and even on live broadcasts, hoping that it will help persuade others to get vaccinated.

Be patient

It may take several conversations before someone is ready to be vaccinated. You may have to keep answering questions and have several conversations. "I haven't been 100% successful," Moreno said. "I'm very passionate about this and I want people to get vaccinated, but I don't want to force them."

Offer to help

For many people, it may not be vaccine hesitancy holding them back, but an inability to navigate the complex vaccination landscape. Boyd argues that low rates of vaccination among Black populations may be more a matter of access than hesitancy, and it's true that well-heeled and well-connected white people have been taking vaccine spots at distribution sites set up in lower-income communities of color. So offer to help. "If you're young and know computers, sign them up," said Moreno. "Give them a ride to the vaccination center."

Focus on the future

If all else fails, the best strategy may be to focus on what herd immunity could offer: a path back to normalcy. Larson suggests asking: "Do you really want to stay in this mess forever?" Adds Tuckson: "I ask people, 'Would you like to have Christmas and Thanksgiving in person? Do you want your daughter to graduate in person, or your son to be able to have a wedding? Would you like your life back?'"