# Introduction

In the course of meeting with advisors for the Rural COVID Vaccine Hub, RTC:Rural staff made a curious discovery. After several discussions with the team of Rural Disability leaders across the Mountain West, we asked them how they would define successful COVID vaccine outreach? Their response was telling – just being able to have a conversation with someone about COVID and disability. These exercises are a direct result of local hesitance – not to get vaccinated, but to just have a conversation about it.

This conversation hesitancy is rooted in the fact that COVID is a non-issue in many rural areas. Whether this comes from COVID-fatigue, political polarization, or misinformation; many folks simply do not want to discuss COVID anymore. For rural leaders then, bringing up COVID vaccines may pose too great a risk to their position as a trusted entity, and encouraging people to get vaccinated – even people with disabilities – could result in them individually or their organization being seen by their community as complicit with mandates or being too heavy handed and restricting freedoms.

In response, we drew upon the evidence-based practices of Deep Canvassing, a technique that employs longer conversations to move opinions on social and political issues. Our goal here is to move from conversation hesitancy to Deep Conversations that open the door for respectful and meaningful dialogue within communities.

So, what is a Deep Conversation? A Deep Conversation is sharing relevant personal experiences while nonjudgmentally listening to the views expressed. We took the tools from Deep Canvassing (see resources on page 9) and applied them to dialogue with another person, because we’re not canvassing, we just want to talk to people. We want to avoid politics and share the right stories in the right way to give people the opportunity to think about things differently. To converse deeply, rather than argue, belittle, and curse, you Affirm, Bridge, and Connect. This uses two strategies outlined by the researchers: narrative persuasion and high-quality listening. Narrative persuasion is how stories change the way we think about things, and high-quality listening shows that you care about what is being said. These strategies – in combination – are how we find common ground and collaborative solutions.

But without the two-way exchange of stories, this won’t work! [Research shows](https://www.cambridge.org/core/journals/american-political-science-review/article/reducing-exclusionary-attitudes-through-interpersonal-conversation-evidence-from-three-field-experiments/4AA5B97806A4CAFBAB0651F5DAD8F223) that conversations without the nonjudgmental exchange of narratives (sharing stories) did not move anyone to support the “Other” group. Put together listening and sharing stories, and you have a deep conversation based on genuine curiosity of another person’s perspective and experience.

That is the challenge, and the opportunity, of these exercises. Think about a time when you were placed in a position to have a conversation with a person you would have never chosen for yourself, and walked away actually liking them; or at least respecting them as a person rather than seeing them as an enemy or adversary. Think about what a pleasant surprise that was, and how it made you think we’re really not all that far apart from each other. That’s what we’re trying to do with Deep Conversations: build mutual trust, seek unbiased understanding, acknowledge our interconnectedness, and expand our perspective.

To do so, we need to practice. We have created two activities to help guide and teach us, one centered on sharing stories and one on nonjudgmental communication. This approach has the potential to be a valuable tool for having tough conversations on a variety of disability issues, but for now our current focus is COVID vaccines and the exercises have been framed around that topic.

How to Use This Guide

We designed these materials to explore the intersection of COVID-19 and disability. Specifically, we developed them for community organizations working with people with disabilities to help guide the facilitation of deep conversation exercises, so people can learn and practice having these conversations together before having them with other community members. Depending on the size of your group, you may want to divide into smaller breakout groups of 5-10 people to facilitate discussion. We suggest that one person acts as the overall facilitator, and if you choose to use small groups, to assign a facilitator to each group who can help guide the exercise and deliver the prompts.

These can be challenging discussions, so the facilitators should preferably be a person or people with experience or training in facilitation, working with diverse groups, conducting community outreach, or having difficult conversations. The facilitator should ensure all participants have the opportunity to participate and be able to appropriately identify when to allow a conversation to continue, when to prompt, and when to redirect.

There are several ways to practice Deep Conversations. It is up to you and your group to decide what would work best for your situation. You could divide into pairs to roleplay a conversation with a community member, like in [this video](https://www.youtube.com/watch?v=0VBowPUluPc). This is an effective way of starting conversations within your group and encouraging others to share their thoughts. Invite those who did not participate in the initial roleplay to participate in the discussion, or have another round of roleplay in which they can participate. If your group is cohesive and vocal, you may just need to start the ball rolling and let conversations take hold. Or, it may be important to send the questions to participants prior to the meeting to give people enough time to come up with responses.

How to apply what you learn from these exercises is dependent on your organization, community, and goals. You could make a concerted effort to increase your community presence in order to have these conversations, or you may decide to use the tools in your regular, everyday work and conversations. These exercises may very well identify new areas of opportunity for your organization to pursue, and they will likely help you to have more productive conversations within your group and in your community.

# Deep Conversations Facilitated Exercises

Prior to conducting these exercises, facilitators should read the Deep Conversations materials linked at the end of the document and watch the videos from Deep Canvass Institute and Leadership Lab as examples of how to have these conversations. Provide these materials to all participants, either before or after the exercises, and they can review them if they wish to learn more.

There are two exercises: Sharing your Story and Nonjudgmental Communication. These line up with the key components for Deep Conversations and will help prepare you to have these conversations with community members by practicing with your peers. The general steps for the activities are as follows:

1. Start each activity with the broad, question (in bold) about putting Deep Conversations into practice. Give participants the opportunity to respond to this.
2. Add more specific questions (sub-bullets) as needed to expand the discussion and explore different angles.
3. Depending on the group, you may need to prompt to move the discussion along, or it may gain a life of its own. Either is fine; this is taking people out of their comfort zones and you should be as understanding and accommodating as possible. Prompts are provided for both exercises.
4. Facilitators and participants keep track of discussion themes, specific stories, and feedback on these exercises
5. If using breakout groups, bring the full group back together to share what was discussed and have the opportunity for questions or comments.
6. Facilitators and participants all have the opportunity to fully express their thoughts.
7. Exercises adjourn.

## Activity 1 – Sharing Your Story

Overview

The first exercise is to start thinking about how you would have these conversations by presenting an example community conversation on COVID and disability. The group can then discuss how to approach initiating and maintaining an effective interpersonal discussion using high-quality listening and narrative engagement.

This is a big question. You may have someone in your group with an idea of where they would like to start, or you may not. The idea is to take the opportunity to share with each other, to prepare you to share with strangers. If you have an idea right off the bat, you can build from there. If you are having trouble coming up with how you would do this, use the prompts to facilitate group discussion.

Instructions

1. Ask participants how they would start a conversation about people with disabilities and COVID.
2. Write down responses shared by participants.
3. Allow people to build onto stories and share common experiences.
4. Discuss with the group:
   1. Which stories were the most powerful, and why?
   2. Who in your community would you like to hear your story?
   3. What do you want people to learn from the stories?
   4. How can you use your story?

Questions

**How would you start a conversation with a stranger about people with disabilities and COVID?**

* What experiences would you ask about?
* What would you share?
* What story would you tell?

Prompts

These are example prompts that could help set the stage for a future Deep Conversation, or help facilitate your group discussion. Feel free to share them with participants as discussion prompts during the exercise if they seem appropriate.

* What question could you ask that would lead the community member to ask why COVID can be different for people with disabilities? That is our goal.
* What story would you share to help them engage in perspective-taking? That is, how could you encourage them to try to understand someone else’s experience by recalling a similar situation from their own experience?
* Would you start by asking if they know anyone with a disability?
* Would you wade into COVID right away?
* Would you ask about how their family coped with the various stages of the pandemic?

## Activity 2 – Nonjudgmental Communication

Overview

The second activity is an exercise in nonjudgmental communication and high-quality listening. This means accepting and trying to really understand what another person is saying. It involves reflecting on your own state of mind to put aside your own personal thoughts and feelings to understand another person. It is listening without judgment and having a respectful two-way conversation.

This is where the [Affirm, Bridge, and Connect](https://youtu.be/CmZ_P9KhA1o) strategy comes into play. Affirming is finding something to validate about the other person or their viewpoint, which builds mutual trust. Bridging is how you show that you care about what they are saying, by using words like “and”, “also”, and “the way I see it” rather than negating language like “yeah, but”. Connecting is where you tell your story and communicate your perspective, likely related to real lived experience with disability. Using this strategy enables a conversation to be an effective tool for understanding how another person sees the world, and allows the opportunity to speak to each other’s shared moral values in the story you share.

Instructions

1. Ask participants to share some statements that you might hear, and have likely already heard, about COVID, vaccines, and people with disabilities.
   1. We have included some actual statements we have heard or read and have presented them verbatim. People may not want to share right away. If the conversation lags, use these examples to initiate discussion.
   2. Facilitators should be prepared to acknowledge statements shared by participants and may need to respond to emotional replies and discussion.
2. Write down responses shared by participants, and add from the list of examples as needed.
3. Look at the statements and spend a few minutes as a group thinking about and discussing what assumptions and judgments are involved with these statements.
4. Allow people the opportunity to share and bond about mutual experiences if they arise.
5. Ask participants to be aware of how many of these thoughts are objective or factual versus how many are based on subjective or unfounded assumptions, judgments, or dismissals such as “you’re just a sheep/socialist/fool/coward/etc.”

Questions:

**What are some comments you have heard about people with disabilities and COVID or vaccines?**

* What assumptions or judgments are involved with these statements?
* How many of these are objective or factual?
* How many are based on subjective assumptions or judgments?

Prompts

These are example prompts that could be used during a Deep Conversation. Feel free to share them with participants, or to use them as discussion prompts during the exercise if they seem appropriate.

* When was a time someone showed you compassion when you really needed it?
* Was there ever a time you felt discriminated against, or ignored? What was it like?
* Have you ever spoken about COVID vaccines with a person with a disability?
* Do you think you would still feel the same way if you had a disability?

Example Statements

(These do not in any way reflect our views and we apologize in advance for any offense, but feel that we need to be transparent about what the possible reactions might be. The additional resources have examples of this also, related to other marginalized groups.)

* “Vaccines are only about government control and don’t help anyone.”
* Sample responses:
  + Well, I don’t know about the government control, but I know a lot of people that vaccines have helped. Not everyone can make a purely personal choice, because there are a lot of different reasons for being for or against vaccination.
  + Do you really think vaccines don’t help anyone?
  + Just the COVID vaccine, or all vaccines?
  + **Would there be any circumstances where you would consider getting vaccinated? What would it be?**
  + Some people with disabilities are concerned that vaccines won’t help because of conditions associated with their disability.
    - This is partly due to myths like:
      * People with spinal cord injuries dying from the vaccine.
      * People who are immunocompromised should not get the vaccine
      * We don’t know if vaccines work for people with disabilities (e.g. so I am going to wait for more data on people like me).
    - And realities like:
      * Not having ASL interpreters on site at vaccine clinics
      * Lack of home delivery of vaccines by health departments
      * Lack of transportation to vaccination sites
      * Potential for side effects, but no PCA hours to help
    - The government could do a lot more to help people with disabilities. If the vaccines are about government control, they aren’t controlling much for us!
* “Getting vaccinated is my personal choice.”
* Sample responses:
  + Absolutely, we each make the choice on vaccination for ourselves based on our personal circumstances.
    - How did you go about making the decision for yourself?
    - Was it a family discussion, or are there specific reasons that you did not want to receive the vaccine?
  + Choice is hugely important for people with disabilities, because self-determination is often much more challenging. Unfortunately, sometimes this means it is harder for people with disabilities to make a personal choice to receive services and supports. For example:
    - If I ask my PCA to help me get a vaccine, I’m afraid they will quit.
    - If I ask my nurse or PCA to get a vaccine, I’m afraid they will quit or retaliate against me.
  + Do you know someone who made a different personal vaccine choice? Did you ask them about their reasons?
  + **What would be the circumstances where you would consider getting vaccinated?**
* “I don’t like being told what to do with my body.”
* Sample responses:
  + Yes, I don’t think anybody does. Unfortunately, not everyone is able to make such a stand based solely on what they think or believe. Some people with disabilities have physical and/or health conditions that kind of make the decision for them.
    - What do you think it would be like to not be able to make the choice for yourself?
  + People with disabilities can relate to this. Very few people understand how complex body function can be in relation to a disability, and we’re not always fully included in public health messaging. Most people with disabilities rely on trusted messengers like doctors or peer support people to help them make these decisions.
    - Who are your trusted messengers that helped you make your decision?
  + What shaped your views on this?
  + Do you think that is reason enough to put others at risk?
  + **What would be the circumstances where you would consider getting vaccinated?**
* “You can get COVID even if you have been vaccinated. Vaccines don’t help.”
* Sample responses:
  + That’s true that you can still get COVID after the vaccines. I know several really high-risk people who contracted COVID after getting vaccinated. But you know what? Every one of them told me that they don’t know if they would have made it without the protection from the vaccine. It sure seems like they help, at least a little bit! Don’t you think?
  + Yes, there are a lot of unknowns. Some people with disabilities have had a lot of exposure they couldn’t avoid. I have heard others saying that they wish there was more research on vaccinations for people with disabilities or other underlying conditions that put them at higher risk. We don’t know a lot about how other health conditions increase the risk for severe COVID that leads to hospitalization or worse.
  + Vaccines are not a cure, but they do help prevent the worst outcomes from COVID, like hospitalizations and death. A vaccine won’t stop COVID, but it will reduce your risk. Maybe think of it like a seat belt – it doesn’t prevent a car accident, but it can help save your life.
* “You already can’t do stuff, so COVID restrictions and mandates don’t affect you.”
* Sample responses
  + Did you know that a lot of people with disabilities have jobs and are active in their communities?
  + If anything, the mandates were even harder for people with disabilities! Many people with disabilities can have challenges getting around. Businesses closing or losing employees made it harder to get what they need every day, which can be a really big deal depending on their disability. Plus, it can be more difficult for many people with disabilities to adapt to new ways of doing things.
    - What was the biggest challenge you experienced as a result of the restrictions?
    - (now imagine having to manage that with a wheelchair/with blindness/only with assistance from someone else)
  + Lockdowns were terrible for many people with disabilities. What I have heard was the biggest challenge of people with disabilities was the fear of contracting COVID. Preexisting conditions make an unknown disease way more dangerous. So, many people with disabilities had to stay home regardless of mandates because it was too unsafe for them to be around potentially unvaccinated people.
  + They affected people with disabilities even more than others. Especially in rural areas and small towns, people would know in their circle of friends and family if anyone had COVID-19, and would just not see them until they were better. Same with vaccinations -people with disabilities need to be so careful they often end up not being able to see anyone, for one reason or another.
    - Either they get vaccinated and rely on others doing so, or they don’t feel the need to get vaccinated because they already don’t see anyone.
    - But the result is often the same - it’s been doubly restrictive for a lot of people with disabilities.
* “This is about my personal freedom, not disabled people.”
* Sample responses:
  + Yes, I think it is about all of our personal freedoms! Including people with disabilities. That is precisely what this is about – encouraging each person’s individual freedom.
    - Do you think it is worthwhile for each of us to help encourage personal freedom of others?
  + Yes, people with disabilities really want personal freedom, too! Sometimes we just need a little more perspective from others to allow them the ability to fully participate in life and their communities.
    - Have you ever helped someone do something they really wanted to do, but couldn’t do on their own?
    - What did that mean to them? How did it make you feel?
* “Why should I care about the handicapped?”
* Sample responses
  + There are a lot more people with disabilities than you might think – around 20-25% of the population. The odds are that there might be at least one that you care about already.
    - Who do you know with some kind of disability?
  + You care about your community, right? You want your town to prosper and for everyone to have a job and participate. Families with a person with a disability are at huge risk of deep poverty. It’s not just the humanitarian thing to do, it’s good economics to make sure everyone can participate. Don’t you think?
  + Because over 60 million people in the United States have a disability?
    - That number goes up as we age. Do you think your opinion might change as you get older?
  + If you had a child with a disability, what would you tell someone who said they didn’t care about your child?

For more information on Deep Conversations, contact:

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# Deep Conversation Resources

* Joshua L. Kalla & David E. Broockman: [Reducing Exclusionary Attitudes through Interpersonal Conversation: Evidence from Three Field Experiments](https://www.cambridge.org/core/journals/american-political-science-review/article/reducing-exclusionary-attitudes-through-interpersonal-conversation-evidence-from-three-field-experiments/4AA5B97806A4CAFBAB0651F5DAD8F223/share/e0daeef3010c1ee77a7b10d603eafac028bd40a7)
  + “I think in today’s world, many communities have a call-out culture,” says David Broockman, a UC Berkeley political scientist who has run these experiments with Josh Kalla, a political scientist at Yale University. “Twitter is obviously full of the notion that what we should do is condemn those who disagree with us. What we can now say experimentally, the key to the success of these conversations is doing the exact opposite of that.”
  + It was an important study: Not only has social science found very few strategies that work, in experiments, to change minds on issues of prejudice, but even fewer tests of those strategies have occurred in the real world.
* [New Conversation Initiative](https://www.newconvo.org/)
  + [Deep Canvas Institute](https://deepcanvass.org/): a training and capacity development program designed to get the core tools and skills of deep canvassing into the hands of many more individual volunteers, advocacy organizations, and campaigns than has ever been possible before.
  + Video: [Deep Canvas Institute](https://www.youtube.com/watch?v=0DHpc5NvsLQ)
* Vox article: [How to talk someone out of bigotry](https://www.vox.com/2020/1/29/21065620/broockman-kalla-deep-canvassing)
  + Follow-up to 2016 research article: [These scientists can prove it’s possible to reduce prejudice](https://www.vox.com/2016/4/7/11380974/reduce-prejudice-science-transgender)
  + It’s a powerful idea: “Giving grace ... means being able to hear someone say something that can be hurtful, and trying to think about how to have a real conversation and connect with them.”
* NY Times article: [A New Strategy to Persuade Voters: Listen Carefully. And Don’t Hurry](https://www.nytimes.com/2021/10/20/us/politics/minneapolis-deep-canvassing.html)
  + “We’re in an era when many people think the opposition is the boogeyman,” said Steve Deline, whose New Conversation Initiative has worked with teams to lead deep canvasses on climate, immigration, jail reform and other issues. “This is giving people the space to share what they are feeling and experiencing, and not just tell them they’re wrong, but instead get to a shared place that is relatable and human.”
* NPR article: [A new way to talk about abortion? In Maine, using deep conversation to reach voters](https://www.npr.org/sections/health-shots/2021/12/17/1058106595/a-new-way-to-talk-about-abortion-in-maine-using-deep-conversation-to-reach-voter)
  + The group has added something else that's effective: moral reframing. Canvassers listen for the moral values a voter emphasizes and then incorporate those values into the story they share.
* Get Thru article: [How to Do Deep Canvassing with Phone Banks and Texting](https://www.getthru.io/blog/how-to-do-deep-canvassing-with-phone-banks-and-texting)
  + This method is **not**ideal for organizations that have a fast-approaching deadline and need to reach as many people as possible with a short, directed method, such as “get out the vote” campaigns. However, it **is**ideal for campaigns that seek to change hearts and minds in the long-term. It helps build bridges within communities and empathy towards both people and causes. It also helps campaigns learn more about how their neighbors think, which in turn reveals points of connection.
* Leadership Lab
  + Video: [Leadership LAB Conversation with a Voter about Transgender Rights](https://www.youtube.com/watch?v=2663J2d3VY4)
* Youth on Board
  + [Video Series](https://www.youtube.com/channel/UCtDklv1UQ-ucshAYPv9TYMQ/videos) on Listening Partnerships and Deep Canvassing