Staged Reopening & Vaccine Hesitancy

March 11, 2021

Deb Peartree, Senior Consultant
Joshua Rubin, Principal
AGENDA

+ Staged Reopening
+ Managing Staff
  + Vaccine Hesitancy
  + Supervision Issues
+ Discussion
+ Next steps
IN ORDER FOR A PROGRAM TO OPEN

The government permits

The agency is ready

The program is appropriate

Staff are available

Clients can attend
VACCINATION & REOPENING

+ Vaccination is the way forward in supporting a re-opening strategy.

+ There are 2 ways to get there:
  + Vaccinate all staff
  + Vaccinate all clients and the community

+ Challenges:
  + Herd or population immunity targets vary from 70% to 90%, but is really unknown
    + There is no vaccine for children yet, must rely on adults
  + Vaccine supply continues to be limited
THREE VACCINES ARE CURRENTLY AVAILABLE UNDER EUA

1. Pfizer/BioNTech: 2 doses given at least 21 days apart
2. Moderna: 2 doses given at least 28 days apart

All 3 underwent rigorous clinical trials among people with diverse backgrounds

Clinical trial data show all 3 are safe and effective at preventing COVID-19

It is unknown how long protection might last
VACCINATION OPPORTUNITIES

+ The vaccine is especially important to those working in client-facing roles, yet 28% say they want to wait and see*

+ Staff need to share their concerns, ask questions and get information so they can make good decisions about being vaccinated for themselves

+ Some people will not be able to be vaccinated and may need special consideration

<table>
<thead>
<tr>
<th>Do Not Wait</th>
<th>Be Credible</th>
<th>Be Clear</th>
<th>Empathize</th>
<th>Acknowledge Uncertainty</th>
</tr>
</thead>
<tbody>
<tr>
<td>Once formed, attitudes are hard to change</td>
<td>Consistency and transparency sharing what is known and not known and emerging information</td>
<td>Avoid jargon and tailor to literacy level of target audience</td>
<td>Show empathy and respect, ensure people feel their concerns were heard and are respected</td>
<td>Manage expectations by noting how fast information is coming and don’t over-promise</td>
</tr>
</tbody>
</table>

National Academy of Science: Strategies for Building Confidence in the COVID-19 Vaccines, February 2021
VACCINE HESITANCY: WHAT DO NATIONAL SURVEYS SAY?

- 59% - worried about possible side effects
- 55% - lack of trust in government to ensure safety & effectiveness
- 53% - concern that the vaccine is too new
- 51% - concern over the role of politics in the development process
- 43% - risks of COVID-19 are being exaggerated
- 37% - don’t trust vaccines in general
- 33% - don’t trust the health care system
- 27% - worried they may get COVID-19 from the vaccine
- 20% - don’t think they are at risk of getting sick from the virus

VACCINE HESITANCY: WHAT DOES THE LITERATURE SAY?

- Vaccine hesitancy is not the same as being anti-vaccination
- Medical racism has left significant scars; we need to build trust
- In uncertain and uncontrollable situations, people focus on reducing negative emotions … *frame vaccination as a concrete, actionable strategy to reduce COVID-19 risk*
  - Highlight feelings of control over reducing COVID-19 risk
  - May require communicating the risk of contracting COVID-19
- **Harm reduction** is an evidence-based public health strategy that was developed in the fight against AIDS and works for vaccination efforts as well.
- Acknowledge fears, anger and negative emotions
- Emphasize stringent safety and efficacy standards of vaccine development process
- **Elicit positive emotions** toward helping one’s community restore health & wellbeing
- Raise awareness of manipulation of negative emotions by disinformation campaigns
  - Social media’s influence on vaccine hesitancy & compromise of public confidence
<table>
<thead>
<tr>
<th>COMMUNICATION STRATEGIES TO PROMOTE VACCINE ACCEPTANCE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Meet People Where They Are &amp; Don’t Try to Persuade Everyone</td>
</tr>
<tr>
<td>Avoid Repeating False Claims – Emphasize Facts Instead</td>
</tr>
<tr>
<td>Tailor Messages to Specific Audiences Down to the Individual Level</td>
</tr>
<tr>
<td>Adapt Messaging as Circumstances Change</td>
</tr>
<tr>
<td>Respond to Adverse Events in a Transparent, Timely Manner</td>
</tr>
<tr>
<td>Identify Trusted Messengers to Deliver Messages</td>
</tr>
<tr>
<td>Emphasize Support for Vaccination Instead of Focusing on Naysayers</td>
</tr>
<tr>
<td>Leverage Trusted Vaccine Endorsers</td>
</tr>
<tr>
<td>Pay Attention to Delivery Details That Also Convey Information – User Experience</td>
</tr>
</tbody>
</table>

National Academy of Science: Strategies for Building Confidence in the COVID-19 Vaccines, February 2021
VACCINE HESITANCY: POTENTIAL STRATEGIES

1. **“Ask-a-Nurse/Doctor”** info-sessions with small groups
2. **Personal story**: Vaccinated individual shares their story with small group
3. **One-on-one conversations**
4. **Outreach materials**: For employees; for clients/patients
5. **Conversations with residents/clients**
6. **Motivational Interviewing session for staff**: How to use MI to support COVID safety and vaccination

What’s missing? What can make it easier for personal and small group sessions? How do we build trust? How do we infuse the evidence-base into our response?
VACCINE HESITANCY: WHAT REASONS ARE PEOPLE GIVING?

Responses we have heard:

1. I don’t trust it’s safe
2. I have a special condition and worry it will hurt me
3. I am worried about side effects
4. I haven’t gotten COVID-19 yet, so why should I?
5. I don’t want the vaccine to give me COVID-19
6. There isn’t enough vaccine. I shouldn’t get mine if others I love can’t

Other reasons you’ve heard?
SUPERVISION ISSUES

Employers may have questions about requiring employees to be vaccinated, what they should do for those who cannot be vaccinated, & how to address reasonable accommodation requirements

See Equal Employment Opportunity Commission pandemic-specific links:


See CDC guidance for Workplaces & Businesses:


See US DOL Occupational Safety & Health Administration Coronavirus guidance:

+ https://www.osha.gov/coronavirus
CONTACT US

JOSHUA RUBIN
Principal
649.590.0233
jrubin@healthmanagement.com
www.healthmanagement.com
@Medicaidgeek

DEB PEARTREE
Senior Consultant
518.801.0008
dpeartree@healthmanagement.com
www.healthmanagement.com

HEALTH MANAGEMENT ASSOCIATES
APPENDIX: FACT-BASED RESPONSES TO COMMON CONCERNS
1. I DON'T TRUST ITS SAFE

Four Phases of Clinical Trials

Phase 1
20-100 Healthy Volunteers

Researchers try to answer these questions:
- Is this vaccine safe?
- Are there any serious side effects?
- How does the vaccine dose relate to any side effects?
- Is the vaccine causing an immune response?

Phase 2
Several Hundred Volunteers

Researchers try to answer these questions:
- What are the most common short-term side effects?
- What’s the body’s immune response?
- Are there signs that the vaccine is protective?

Phase 3
1000+ Volunteers

Researchers try to answer these questions:
- How do disease rates compare between people who get the vaccine and those who do not?
- How well can the vaccine protect people from disease?

Phase 4
Vaccine is Approved

Researchers try to answer these questions:
- FDA approves a vaccine only if it’s safe, effective, and benefits outweigh the risks.
- Researchers continue to collect data on the vaccine’s long-term benefits and side effects.

National Institutes of Health: Understanding Clinical Trials [https://covid19community.nih.gov/resources/understanding-clinical-trials](https://covid19community.nih.gov/resources/understanding-clinical-trials)
1. I DON’T TRUST IT’S SAFE

### Clinical Trials

<table>
<thead>
<tr>
<th><strong>Pfizer/BioNTech</strong></th>
<th><strong>Moderna</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>45,302 enrolled as of 12/21/20</td>
<td>30,000 enrolled as of 11/30/20</td>
</tr>
<tr>
<td>43,125 received 2nd dose</td>
<td>89 clinical sites</td>
</tr>
<tr>
<td>150 clinical sites in 6 countries</td>
<td>32 U.S. states</td>
</tr>
<tr>
<td>39 U.S. states</td>
<td>Racial/ethnic distribution</td>
</tr>
<tr>
<td>Racial/ethnic distribution in US</td>
<td>20% - Hispanic</td>
</tr>
<tr>
<td>13% - Hispanic</td>
<td>10% - African American</td>
</tr>
<tr>
<td>10% - African American</td>
<td>4% - Asian</td>
</tr>
<tr>
<td>6% - Asian</td>
<td>3% - All others</td>
</tr>
<tr>
<td>1.3% - Native American</td>
<td>64% ages 45 and older</td>
</tr>
<tr>
<td>56% ages 18-55</td>
<td>39% ages 45-64</td>
</tr>
<tr>
<td>40% ages 56+</td>
<td>25% ages 65+</td>
</tr>
</tbody>
</table>


For more information, visit [www.clinicaltrials.gov](http://www.clinicaltrials.gov)
Clinical Trials

Johnson & Johnson Janssen

39,321 enrolled as of 1/22/21

Clinical sites in 8 countries:
- Latin America - 6
- North America - 1 (U.S.)
- South Africa - 1

Racial/ethnic distribution in US
- 45.3% - Hispanic
- 19.4% - African American
- 9.5% - Native American
- 3.3% - Asian

66.5% ages 18-59
33.5% ages 60+
39.9% with one or more comorbidity

Source: https://www.fda.gov/media/146217/download
For more information, visit www.clinicaltrials.gov
2. I HAVE A SPECIAL CONDITION & WORRY IT WILL HURT ME

• All 3 vaccines were tested with people with medical conditions due to the risk of severe illness if these people were to become infected with COVID-19.
• People with underlying medical conditions, including autoimmune conditions who do not have contraindications may receive the vaccine.
• Contraindications do exist for some people
• If you are concerned, you should check with your health care provider.

https://www.cdc.gov/vaccines/covid-19/info-by-product/clinical-considerations.html
3. I AM WORRIED ABOUT SIDE EFFECTS

Most people do not have serious problems after being vaccinated.

Some people experience side effects mostly occurring the day after vaccination and resolve in 1-2 days.

<table>
<thead>
<tr>
<th>Side Effect</th>
<th>To Ease Discomfort</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>In the arm at site of injection</strong></td>
<td></td>
</tr>
<tr>
<td>Pain</td>
<td>Apply clean, cool, wet washcloth</td>
</tr>
<tr>
<td>Swelling</td>
<td>Use or exercise your arm</td>
</tr>
<tr>
<td>(Similar to what you may have had with prior injections)</td>
<td></td>
</tr>
<tr>
<td><strong>Throughout the body</strong></td>
<td></td>
</tr>
<tr>
<td>Fever</td>
<td>Drink plenty of fluids</td>
</tr>
<tr>
<td>Chills</td>
<td>Dress lightly</td>
</tr>
<tr>
<td>Tiredness</td>
<td></td>
</tr>
<tr>
<td>Headache</td>
<td></td>
</tr>
</tbody>
</table>

**Side effects are a sign that your immune system is doing exactly what it is supposed to do. It is working and building up protection to disease.**

The CDC is continuing to monitor. People are advised to call their doctor if side effects are worrying or do not seem to be going away after a few days.

What about allergic reactions?

- Allergic reactions NOT related to vaccines or injectable therapies, such as to food, pet, venom, environmental factors, latex, or oral medication are NOT a contraindication to vaccination – even if they were severe – but require precaution of longer monitoring time (30 minutes).
  - (A severe allergic reaction is one where you were treated with epinephrine, EpiPen or had to go to the hospital)

- Past allergic reactions to any other vaccine or injectable therapy should consult with healthcare provider

- People with severe allergic reaction (anaphylaxis) after a previous dose of mRNA COVID-19 vaccine or a component requires should NOT get the vaccine and talk your provider.

[https://www.cdc.gov/vaccines/covid-19/info-by-product/clinical-considerations.html](https://www.cdc.gov/vaccines/covid-19/info-by-product/clinical-considerations.html)
What about long-term side effects?

- COVID-19 vaccines were being tested in large clinical trials to assess their safety.
- This does take time and the risk of waiting increases the number of people who will get COVID-19.
- A system has been developed to monitor for very rare or long-term side effects. That is why safety monitoring will continue.
- CDC has an independent group of experts that reviews all the safety data as it comes in and provides regular safety updates. If a safety issue is detected, immediate action will take place to determine if the issue is related to the COVID-19 vaccine and determine the best course of action.

https://www.cdc.gov/vaccines/covid-19/info-by-product/clinical-considerations.html
4. I HAVEN’T GOTTEN COVID-19 YET, SO WHY SHOULD I?

COVID-19 has caused very serious illness and death for a lot of people.

If you get sick, you risk giving it to loved ones & you may have long-term issues after recovery.

COVID-19 Vaccination will help protect you:

- Helps your body build an immune response against the virus.
- May help keep you from getting severely ill, even if you do get COVID-19.
- Can protect you, your family, your coworkers, and clients.
5. I DON’T WANT TO GET COVID-19 FROM THE VACCINE

- Two currently available vaccines (Pfizer & Moderna) use messenger RNA to make proteins to help your body build immunity
  - mRNA give cells instructions to produce antibodies to fight the infection
- One vaccine (J&J/Janssen) uses a different virus as a vector which delivers instructions to make antibodies
  - The vector virus poses no threat of causing illness in humans
- **These vaccines CANNOT give someone COVID-19**
- It takes about 2 weeks after being fully vaccinated for the body’s immune system to be ready

JAMA. COVID-19 and mRNA Vaccines—First Large Test for a New Approach. [https://jamanetwork.com/journals/jama/fullarticle/2770485](https://jamanetwork.com/journals/jama/fullarticle/2770485)
6. CONCERN ABOUT LIMITED VACCINE

- Some people don’t feel right about being vaccinated before others they love
- By getting vaccinated to reduce the potential that you could become infected and bring COVID-19 infection to your family.
- Everyone will be provided an opportunity to receive the vaccine.
- Let’s look at how New York is prioritizing vaccinations...
6. CONCERN ABOUT LIMITED VACCINE

- New York requires the following process:
  1. Determine eligibility & schedule appointment
  2. Complete the NY COVID-19 Vaccine Form
  3. Bring proof of eligibility to your appointment
  4. Your 2\textsuperscript{nd} dose appointment is scheduled automatically

- OMH & OASAS is working to support providers through O-LOV Vaccination Program (O-Agency Link-Outreach-Vaccinate)
  - Agencies are encouraged to submit data to the NYS Multi-Agency Vaccination Data Collection System weekly
  - Data will be used to prioritize provider agencies for outreach
  - Outreach teams will support agency vaccinations of eligible staff and clients
  - See: [https://omh.ny.gov/omhweb/o-lov-covid19-vaccine/](https://omh.ny.gov/omhweb/o-lov-covid19-vaccine/)