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Addressing COVID-19 Vaccine Hesitancy

Brookfield Family Practice, Brookfield, CT

Aram Garewal

January 2021

Project Mentor: Dr. Laurie Schedgick-Davis

COVID Vaccine Hesitancy Statistics

- National Statistics as of December 2020, based on Kaiser Family Foundation's Vaccine tracker³:
 - 27% of the public remains vaccine hesitant, saying they probably or definitely would not get a COVID-19 vaccine even if it were available for free and deemed safe by scientists
 - Vaccine hesitancy is highest among Republicans (42%), those aged 30-49 (36%), and rural residents (35%)
 - 35% of Black adults say they definitely or probably would not get vaccinated, as do one third of those who say they have been deemed essential workers (33%) and three in ten (29%) of those who work in a health care delivery setting
 - Reasons for hesitancy worries are due to possible side effects (59% cite this as a major reason), lack of trust in the government to ensure the vaccines' safety and effectiveness (55%), concerns that the vaccine is too new (53%), and concerns over the role of politics in the development process (51%)
- These statistics indicate a grave need for education over the efficacy and safety behind mRNA vaccines

Public Health Costs of COVID Vaccination

- Based on data from the Kaiser Family Foundation⁷, Operation Warp Speed and government funding is estimated at 10 billion dollars for COVID-19 vaccine research, development, and distribution
- Access to COVID-19 vaccines would be greatly enhanced if available at no-cost to individuals or covered by insurance
- The federal government has taken steps to address this issue, with advance purchasing of millions of doses of COVID-19 vaccines
- Legislative requirements have been passed to provide no-cost COVID-19 vaccines under private insurance, Medicaid, and Medicare
- Limitations and gaps remain - individuals may still face cost and barriers to access for vaccination (Schwartz, Karen.)

Community Perspective

- Two interviews were conducted with local healthcare providers in Brookfield, CT
- Both physicians expressed serious concern of COVID-19 vaccine hesitancy in local community due to the rural setting of Brookfield
- Recent meeting with healthcare providers at Brookfield Family practice cited additional concern for hesitancy among black patients in surrounding community
- Distribution and access to vaccines remain a huge question
- Patient advocacy and education are potential solutions to address problem

Intervention and Methodology

- Intervention: Educational handout was created to explain mRNA vaccine technology, efficacy, and safety in lay terms for the general public
- Methodology: Educational handout will be provided to patients in clinic to address questions and concerns about the COVID-19 vaccine
- References for the handout clearly defined so that patients can further read about the topic
- The goal is to help educate patients on the science behind mRNA vaccines and hopefully reduce hesitancy about the vaccine in the local Brookfield community

Results

- Handout presented to Brookfield Family practice providers
- Administrators plan on distributing handout throughout clinic for patient education
- “Extremely pertinent and should be very helpful for patients who are vaccine hesitant” - Primary Care Physician
- “I have concerns about vaccination hesitancy, especially among the black community. Educational handouts, like this one, can help reduce concerns and make a significant difference going forward” – Primary Care Physician

Evaluation of effectiveness and limitations

- Initial review of the handout by providers at Brookfield Family Practice were positive
- The team seemed enthusiastic to distribute the handout to patients who had questions regarding the efficacy and safety of COVID-19 vaccines
- To evaluate for effectiveness of the handout:
 - An initial survey would be created that would assess a patient's overall hesitancy towards the COVID-19 vaccine and reasons for their hesitancy
 - A survey after reading the handout would evaluate patient understanding of mRNA vaccines, and assess whether a patient's hesitancy has changed or whether they are more willing to receive a vaccine
- Implementation of a pre- and post-survey could not be accomplished during this rotation, but would provide data to measure whether education on vaccines affects hesitancy
- One limitation for this handout is the lack of data on long term efficacy and safety

Recommendations for future interventions/projects

- Recommendations for future projects involving COVID-19 vaccination would be to implement a quantitative assessment to examine whether an educational handout could impact hesitancy
- A pre-and-post survey would be one possible quantitative measurement
- Another potential future project would be to create an updated version of an educational handout on COVID-19 vaccines with more data on long-term efficacy and safety
- This potential idea would be important if there is a need for further vaccination against COVID-19 in the future

References

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