

## **CFAS Connects: Opportunities and Challenges in Building COVID-19 Vaccine Confidence: Seeking CFAS Feedback on an AAMC Strategic Planning Initiative**

### **Moderator:**

Nita Ahuja, MD, CFAS Chair-elect

### **Speakers:**

- Arthur Derse, MD, JD, FACEP, CFAS Ad Board Member
- Rosha McCoy, MD, FAAP, AAMC Senior Director for Advancing Clinical Leadership and Quality, PI for CDC's Vaccine Confidence Cooperative Agreement

### **Presentation from Dr. McCoy:**

- A third of American adults either believe in or are unsure about false statements about the COVID-19 vaccine.
- The level of misinformation and disinformation seems to be at an all-time high.
- Part of the AAMC's strategic plan is to enable COVID-19 vaccine access. The pandemic highlighted the existing health inequities in America and emphasized the need for us to focus on historically marginalized communities.
- The AAMC was given funding from the CDC to help increase confidence in the COVID-19 vaccines.
- This effort is guided by a multidisciplinary advisory committee with broad representation from member academic medical centers, medical schools, and community members.
- This work is helping the AAMC learn lessons to apply to broader issues of health care access and equity.
- The AAMC's cooperative agreement with the CDC focuses on three critical objectives:
  - building trust
  - empowering health care personnel
  - engaging individuals and communities disproportionately impacted by COVID-19.
- Activities so far have included:
  - The Principles of Trustworthiness Project
  - VaccineVoices.org
  - Media tours
  - Building Trust and Confidence through Partnership Grants
  - Medical education symposium on confronting health misinformation
  - AAMC Health Professions Education Curricular Innovations Grant Program: Kickstarting Strategies for Addressing Health Misinformation
  - Connected Care for COVID-19

- VaccineVoices is a place where AAMC's member institutions can find practical tools and guidance and learn from the experiences of others as they work to increase vaccine confidence among health care personnel and in their communities.
- Dr. McCoy has partnered with the AAMC's Center for Health Justice to develop the Building Trust and Confidence through Partnerships Grants Program and has awarded grants to Albert Einstein College of Medicine, Henry Ford Health System, Meharry Medical College, University of Cincinnati College of Medicine, Washington State University Elson S. Floyd College of Medicine.
- The AAMC Health Professions Education Curricular Innovations Grant Program: Kickstarting Strategies for Addressing Health Misinformation is awarding grants up to \$35,000 to support development of competency-based strategies for preparing learners to confront health misinformation and the integration of these strategies within new or existing curricula.

## Q&A:

### Discussion Questions for CFAS Reps:

1. What has your experience been related to COVID-19 vaccine response in your community?
2. What are you hearing related to vaccine hesitancy? What concerns you?
3. What approaches work best when talking to patients about the importance of getting vaccinated?
4. What is happening at your institution (or within your region) to promote vaccinations?
5. How has vaccine misinformation impacted your community and what promising strategies have you/your institution used to confront such issues?

Question: How do you keep up hope amid all the disinformation that is costing lives?

Answer: It's an amazing accomplishment that people have worked so hard to develop and deploy these vaccines in such a short amount of time – focus on that to keep hope up amid the disappointment that a preventable disease is taking lives and is being enabled by disinformation and a lack of community. It's sad that this has become so politicized.

Comment:

This information is critical and essential but it's not an information issue, it's a political issue. In Western countries, vaccination mandates have become a political issue and education alone doesn't alter political issues. Ever since former President Trump began talking about mandates, people have viewed vaccination as a personal intrusion on their freedom. I'm not sure what can be done to address this problem. We have to figure out how we respond in order to engage people to change.

Response:

Museums and libraries have used the arts to reach people on this issue and that's what we have to focus on – are there other ways to reach people that we haven't traditionally used?

Comment:

Early on it was easy to convince patients to get vaccinated. When it becomes mandated, people focus on their rights, not whether it's good for their health. As more doubts come out, I've heard convincing arguments on the other side when patients give providers interesting arguments against vaccines.

People are becoming hesitant to get their routine flu vaccines and more anti-vaxxers are popping up in reaction against the COVID-19 mandates.

Response:

It's good to be willing to hear what patients say and think. The hesitancy of some pregnant women is a good example: pregnant women weren't included in a lot of the COVID-19 clinical trials so the CDC told them to talk to their providers about the risks. Then data came out showing the benefit and we changed our messaging to show how beneficial it was for pregnant women to get vaccinated to keep themselves safe from severe COVID-19 infections.

Comment:

When I ask patients why they don't get vaccinated, they don't have great answers. Many give politically motivated answers. We must make sure education doesn't get into forcing choices. There's been occasional comments about autism and vaccines.

Response:

There was discussion about the insights in an *AAMCNews* article on a conservative Christian couple's experiences with vaccination. The woman was vaccinated, but the man wasn't, and he had a severe case and said he regretted not getting vaccinated.

Question:

Do we need to increase our dose of correct information by finding creative new ways to communicate the truth?

Answer:

The Ad Council was supposed to do something big on this front but that never materialized. We keep seeing data that a person's personal physician is their best source of information. It takes nuanced conversations from the right people to convince people who are skeptical of COVID-19 vaccines. CMS is going to start reimbursing providers for doing "vaccine counseling" to encourage them to promote vaccinations.

Comment:

The problem has been our politicians and leaders who have confused the population. For example, people in a certain region may struggle with knowing whether or not they have to wear masks. Certain politicians say and push different things. Our population is getting very angry because of this confusion. People are getting fired who refuse to be vaccinated. We have whole populations who are livid about how they've been treated. The politicians need to be educated and get on the same page.

Response:

Federalism makes it difficult to get everyone across various localities to do the same thing.

Comment:

The challenge comes in defending the translation of facts to policy. We need to differentiate between where we can disagree and where the facts are too clear for disagreement.

Comment:

One challenge is that the data tends to lag and that's hard to explain to members of the public for why certain public health recommendations change. Some patients don't trust us because they've seen different messaging around masking, for example. But these recommendations have changed because of new data. One thing that's been distorted is the numbers of deaths that have been reported to VAERS, not all of them are caused by the vaccines but it looks like that to someone who doesn't know better.

Comment:

People are worried about vaccine side effects and can't take time off work to deal with those side effects – how do we help these people? There's an article in VaccineVoices on how to establish relationships with migrant farmers to get them vaccinated through trusted voices. We have to understand the issue people are dealing with. A lot of the building trust grants are going to faith communities such as Black churches who can be trusted messengers in their communities.

Comment:

A lot of people don't know how civics works with regard to who makes the decisions on the local level. We need to educate people on civics because it seems like nobody knows who to listen to.

Response:

Our hope is that people keep listening to their health care providers. We need to stay focused on “why should I get the vaccine” and talk to your doctor about any concerns. We have a project called Connected Care for COVID, which helps primary care doctors talk to their patients and give them helpful and accurate information.

We are looking for information about people who are working on addressing misinformation for our grant program and we're trying to find best practices. We're also looking for creative solutions we might be missing and populations we're not thinking about.

### Chat:

If you're interested in joining the CFAS Advocacy Committee, please email [aberry@aamc.org](mailto:aberry@aamc.org) to be added to the committee roster.

Resources:

<https://www.vaccinevoices.org/>

<https://www.vaccinevoices.org/resources/video/harvard-doctor-and-medical-student-bring-covid-19-vaccines-directly-their-patients>

<https://www.aamchealthjustice.org/our-work/grants-program>

<https://www.vaccinevoices.org/resources/article/call-proposals-aamc-health-professions-education-curricular-innovations-grant-program>

<https://www.vaccinevoices.org/resources/video/conservative-christian-couple-talks-about-covid-and-vaccines>

<https://www.vaccinevoices.org/resources/article/how-one-academic-center-was-able-vaccinate-96-migrant-farm-workers-eastern-north-carolina>

<https://www.vaccinevoices.org/resources/article/call-proposals-aamc-health-professions-education-curricular-innovations-grant-program>

Discussion Questions:

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Question: How do we manage the tension between differences of opinions among scientists and physicians, which is interpreted as 'misinformation' if it goes against mainstream opinion?

I have been very impressed by the power of trust in the primary care setting, where people often have avoided vaccine until they can talk to us because we took care of them through various other things. Framing I find helpful includes emphasis on the seriousness of my concern for their health but not urgency (pushing), commitment to making sure their questions are answered, and to providing accurate information sources.

It is about building trust.

I don't think there is one unifying message to counteract the misinformation and disinformation.

The challenge I have found is that individuals are not persuadable by facts. Many just will dismiss it as untrue if it doesn't align with their views. As a non-clinician I am so appreciative of the one-on-one efforts you are undertaking with your patients.

Quick refreshers on motivational interviewing skills may be of value, including for non-medical trusted community members—the focus on eliciting values, goals, seeking permission to share information, etc. Patients know and worry about misinformation, and appreciate being offered the amount of information they want.

It's time, on a lot of issues today, to emphasize common interests and concerns while we demonstrate value and respect for our differences.

Great point...outreach to marginalized and underrepresented communities is key.

For Dr. McCoy: what can CFAS and CFAS' representative members do to facilitate your team's efforts?

Great points on how our interactions with our patients are a teaching moment.

One argument we hear lately a great deal is that there are thousands coming across the border without vaccination or accountability, yet US residents are forced to vaccinate to enter the country after travel abroad, and many may lose their jobs because they are not vaccinated. It would be great to have physicians/scholars visit the news channels that support the anti-vaccination movement to present the important case for vaccination and answer questions.

Call for Proposals: AAMC Health Professions Education Curricular Innovations Grant Program

**CFAS Spring Meeting: April 11-13, noon - 4 p.m. Eastern, each day...**