Logistics and Engagement: Next Steps in Deploying the COVID-19 Vaccine

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Program Description

After nearly a year of lockdowns, shutdowns, economic struggles, social distancing, quarantine, and social isolation, COVID-19 vaccinations are now within reach. However, this long sought-after remedy to the global pandemic does not arrive without significant logistical considerations and practice-based conundrums. COVID-19 has forced the unique merger of public health interventions within the context of traditional systems of medical care. A consequence of this merger is that healthcare entities are now left with more new questions versus clarity regarding a path forward. The logistics of vaccine deployment are hardly a straight and obvious path forward, and instead health systems have to now respond to key process-related questions connected to staffing, to economic cost, to emerging liability, to IT infrastructure builds, to supply chains and storage of the vaccine. Add to this providers have to overcome compromised mental health and entrenched distrust of healthcare. PCPs, FQHCs and other community-based programs will be on the frontlines managing these types of operational concerns to include how each will engage patients, especially those with vaccine hesitancy. ***This webinar aims to further identify and illuminate these logistical and practice-based challenges as we collectively enter this next COVID-related milestone of vaccine deployment.***

Learning Objectives

Upon completion of this training, participants will be able to:

1. Demonstrate an understanding of key considerations related to the COVID-19 vaccine.
2. Highlight potential key practice and engagement challenges related to vaccine distribution.
3. Discuss the relevant concerns and impact of vaccine distribution on historically and structurally marginalized populations.
4. Review recommendations about areas of opportunity supporting individuals and communities at large during the recovery phase of the pandemic.

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From the "Pharm"

To the "Arm"

Coordination of the process of vaccine logistics is bigger than we could have ever imagined

From the Source to the Care Setting

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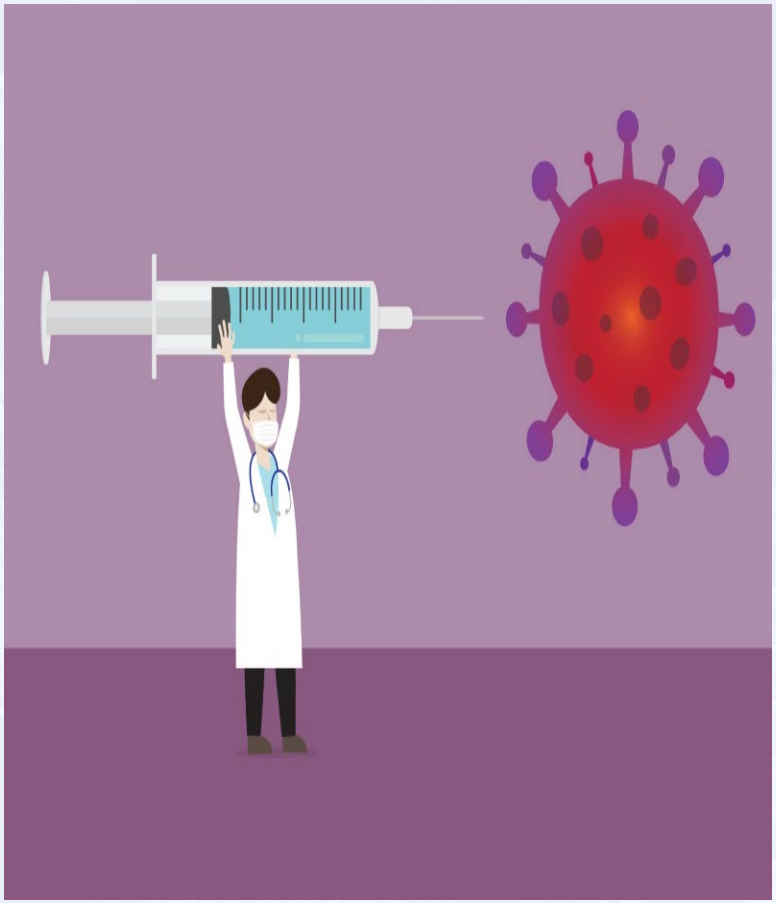
Before we begin, it is probably important to consider why distribution of this vaccine in this way is so unique. According to Michaud & Kates (2020):

- “Government-led vaccine distribution in the timeframe and at the scale being contemplated for COVID-19 has never before been done in the U.S.”
- Typically ongoing vaccination efforts are primary targeted at children not adults
- Vaccines have particular parameters around containment and require specialty supplies to maintain doses
- Most vaccines in circulation require two doses, thus tracking and record maintenance is critical
- COVID-19 vaccines are a valued and constrained resource – all of which raises the risk of fraud, theft, corruption etc.



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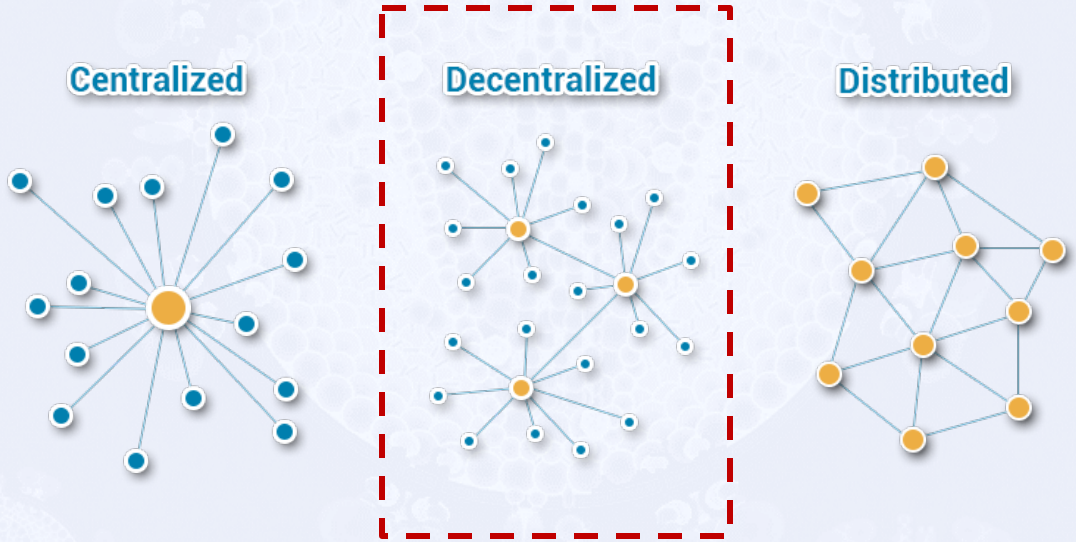
Efficient *and* ***equitable*** *distribution of the COVID-19 vaccine will be made all the more difficult simply because of the nature and design of the US healthcare system.*



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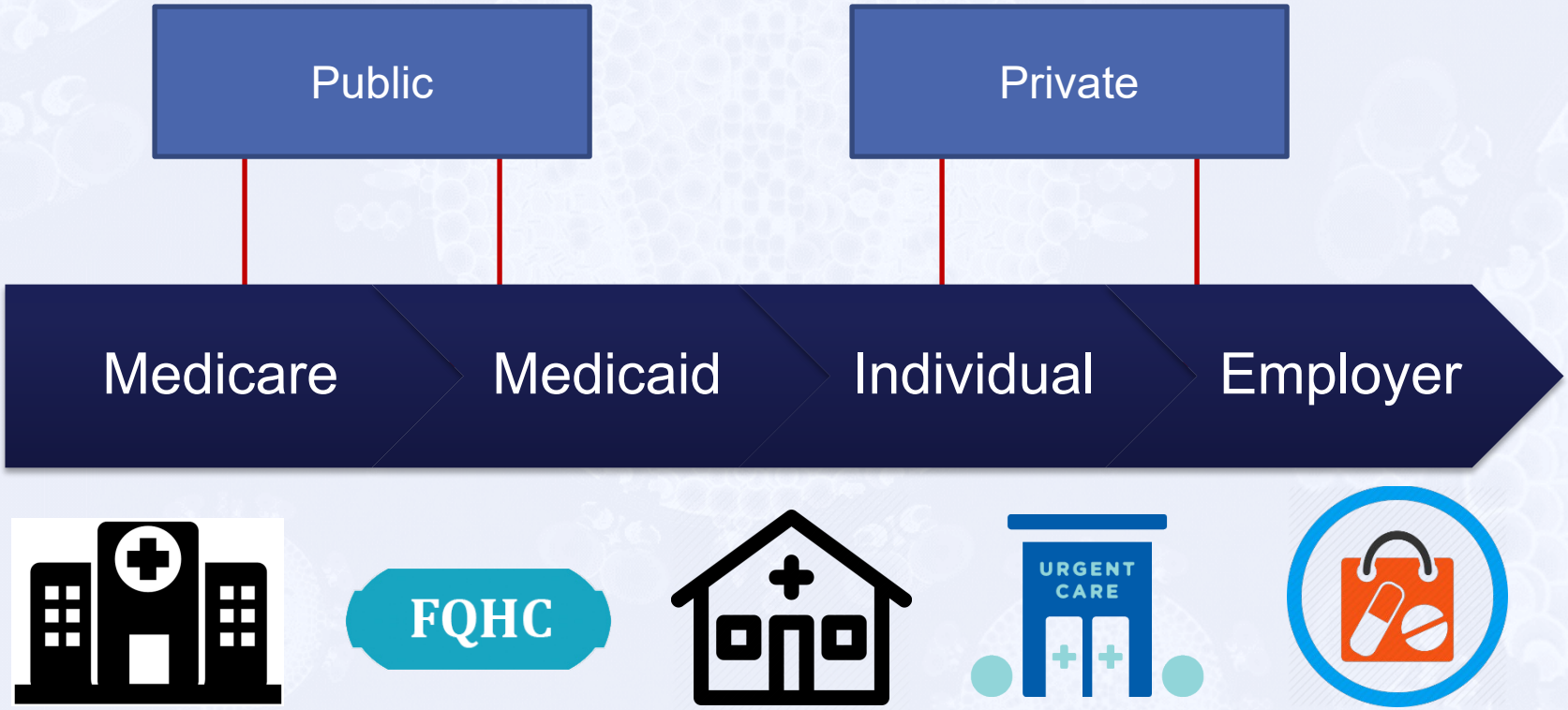
Adding to this complexity, the US healthcare system is a fusion of a myriad of intersecting private and public entities, payers, and stakeholders.



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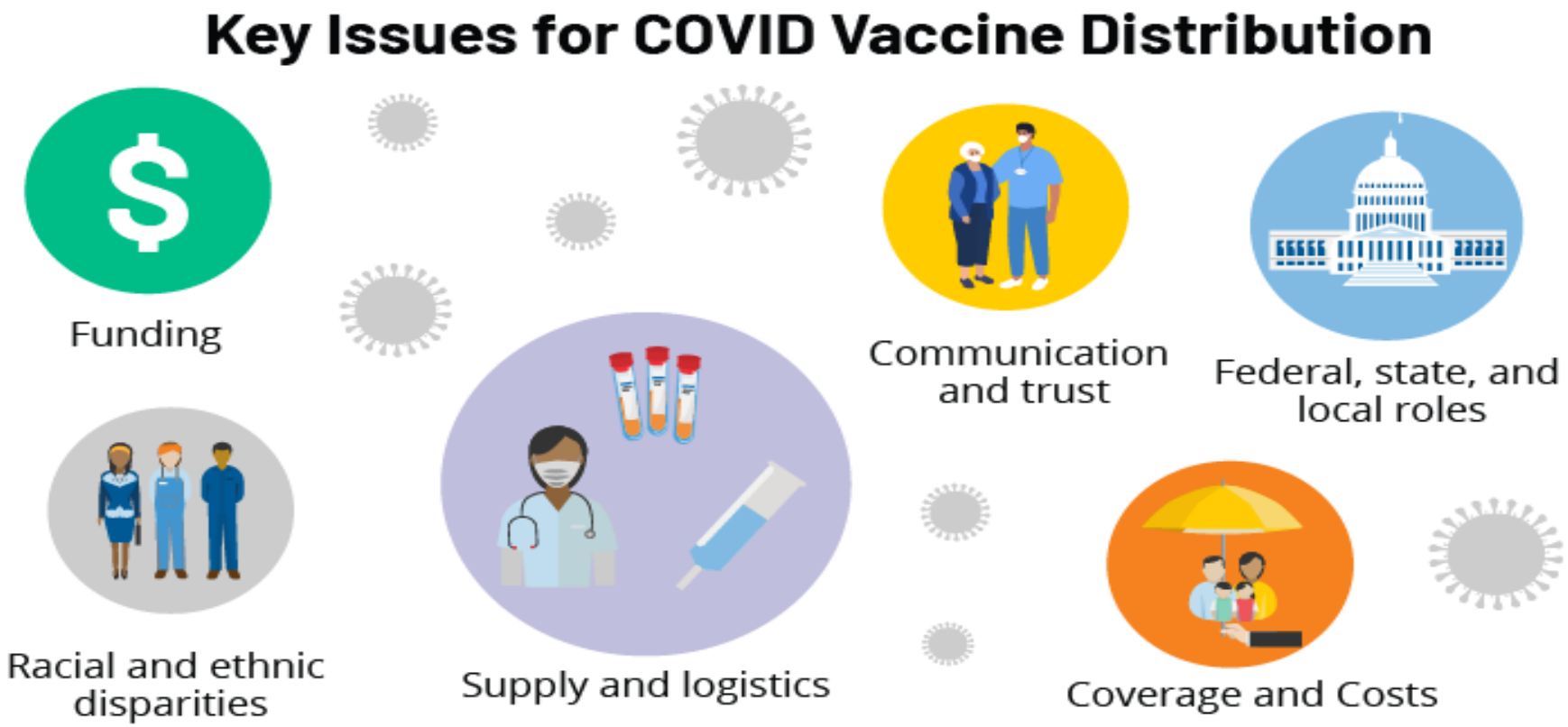

Source: Adapted from the Kaiser Family Foundation

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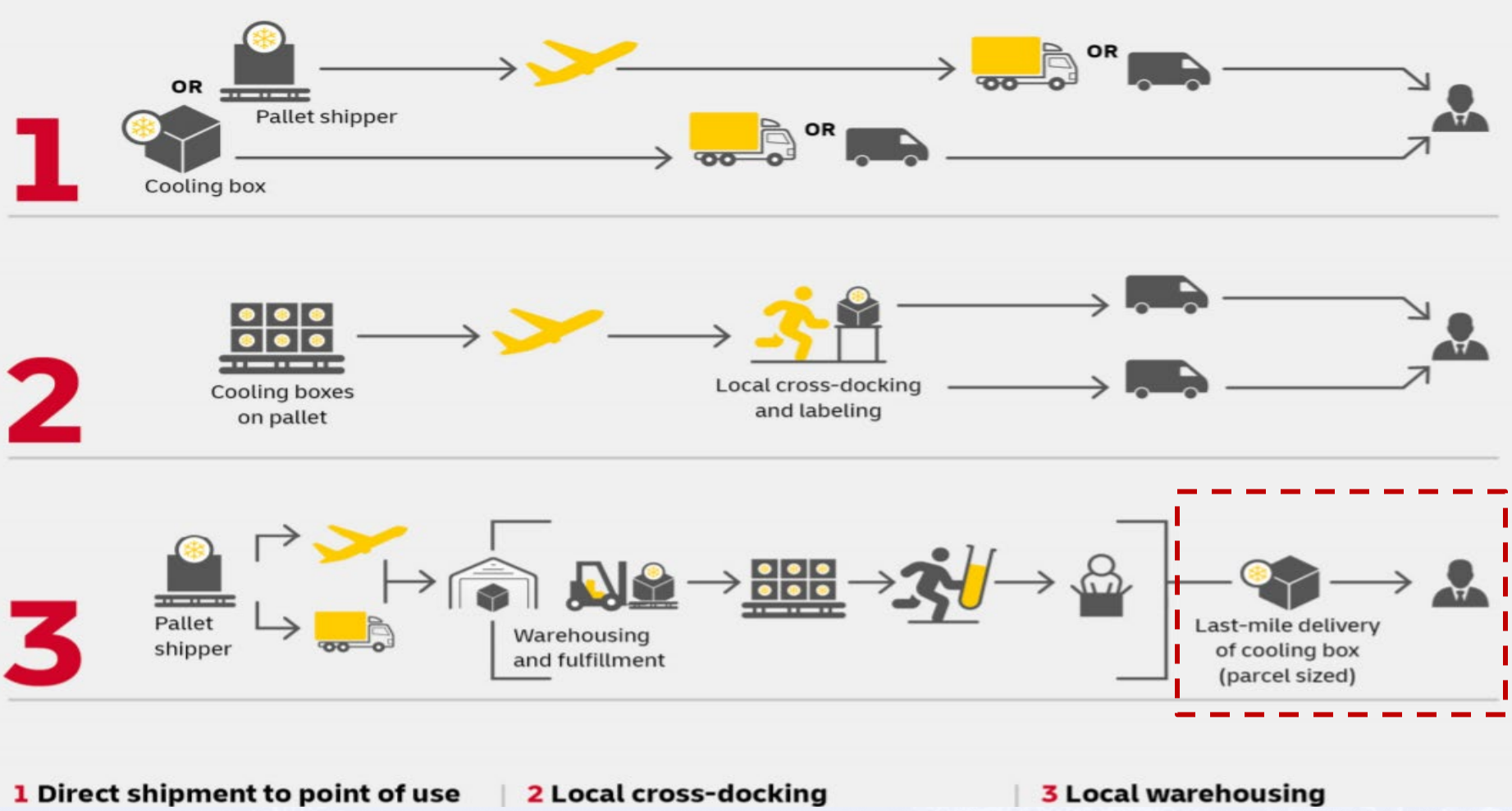

1 Direct shipment to point of use | **2** Local cross-docking | **3** Local warehousing

Source: Adapted from DHL Infographic Sample

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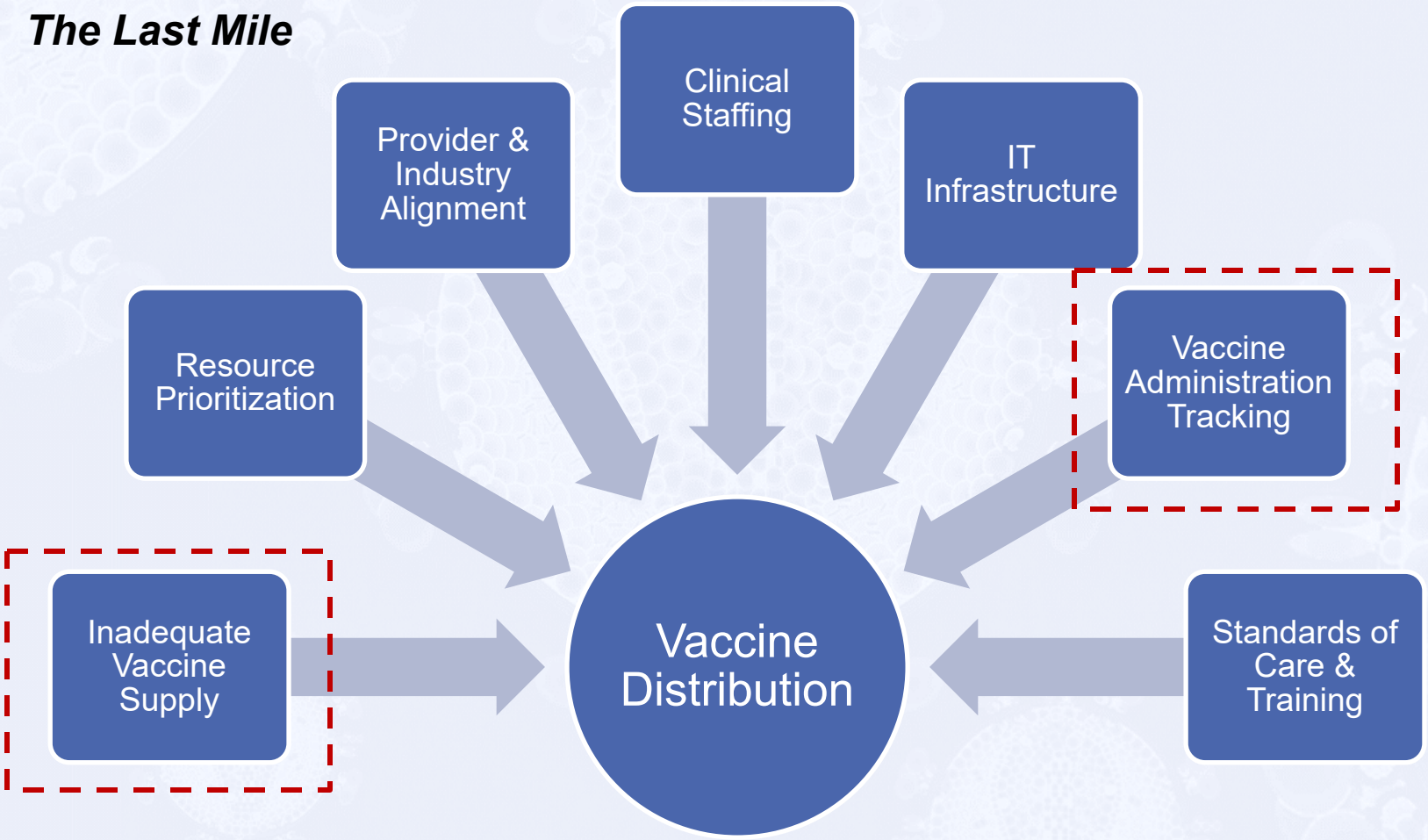
The Last Mile



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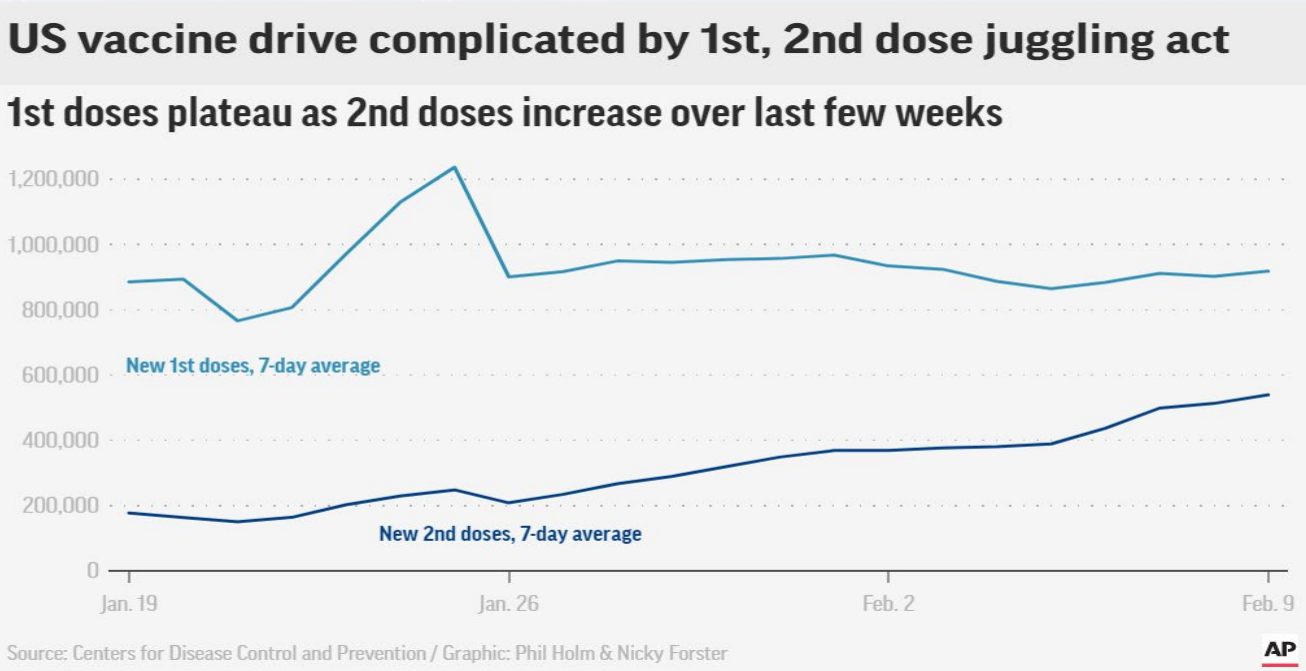

"We're getting a lot of the questions from community members asking, 'Is my second dose in jeopardy?' And right now, we don't have an answer because it's all dependent on the inventory that comes in from the state," said Alfredo Pedroza, a county supervisor. (Choi & Renault, 2021).

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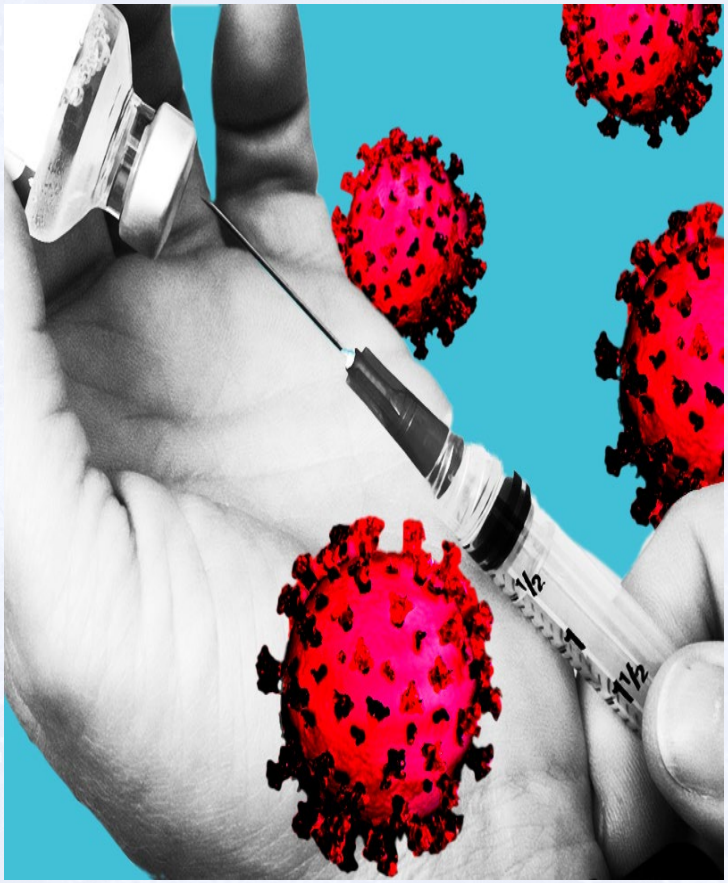
These current fundamental concerns regarding ***supply and demand*** were driven in part by absent federal funding and investment in vaccine production and complementary support for vaccine distribution. Within the context of a hybrid-based healthcare system this in turn:

- Created a *disincentive* due to financial risk for private entities to move into the space to close the gaps of vaccine production and deployment
- Taxed already constrained public resources (i.e. health departments etc.) to direct the response to the public health crisis



"And indeed it could be said that once the faintest stirring of hope became possible, the dominion of plague was ended."

— Albert Camus, The Plague

COVID-19 Vaccine

The COVID-19 vaccine is more than a faint hope, however the success of vaccine distribution is contingent upon the following:

- Providing accurate information and combatting misinformation
- Coordination among community providers to support vaccine distribution and logistics
- Ensuring low-barrier access for individuals to sign-up for vaccines (i.e. not relying on web-based sign-up)
- General restoration of public confidence in systems of care

COVID-19 Vaccine

"The distortion of facts undermines public health in several important ways: lower vaccine acceptance—resulting from misperceptions about vaccine safety and efficacy—will result in more transmissions and deaths. Weaker adherence to mask-wearing protocols will likely result in the same."

Source: Rothwell & Desail, 2020

COVID-19 Vaccine

While the COVID-19 vaccine is giving many of us lots of hope there are still a slew of logistical challenges that we have to work through to ensure that we can get to the other side of this crisis. Two key areas to talk about today are:

- ***Vaccine hesitancy***
  - Which people and populations are expressing vaccine hesitancy and why?
- ***Vaccines distribution*** (i.e. vaccine provision, barriers to care etc.)
  - What are some barriers to delivering and receiving the vaccine?

COVID-19 Vaccine

“But while they have priority around the country, not every eligible healthcare worker actually wants to get the vaccine. A recent survey by Kaiser Family Foundation found that nearly a third probably or definitely would refuse vaccination.

[Dr. Nikhila Juvvadi, the chief clinical officer at Chicago's Loretto Hospital] Juvvadi says that, in her hospital, a lot of that hesitancy is based on minority groups' deep-rooted mistrust of vaccinations and other large-scale healthcare programs: ‘I've heard Tuskegee more times than I can count in the past month — and, you know, it's a valid, valid concern.’”

Source: All Things Considered, 2021

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In this article in the NEJM, authors Lee and Chen state that in the US "***public–private healthcare integration is a state-by-state, county-by-county improvisation***" in which patients are dependent upon providers for vaccine information. The authors go on to suggest that to solve the problem of vaccine distribution this collective system has to engage in 4 types of "***unfamiliar work***":

- Earning the trust of people
- Managing demand and immunizing people who are ready to be vaccinated
- Engaged communication with the public
- Filling the gaps resulting from a long-standing underinvestment in our public health system

From the Care Setting to the Community

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- We have the vaccines
- Each state has created their roll-out plan
- In most states, the Department of Public Health is regulating the vaccination stations
- Pharmacies are equipped to HANDLE the vaccines
- The states are at different phases of vaccinations
- Time to vaccinate the public
- What is missing in this plan?

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Validating Vaccine Hesitancy

- “One of the consequences of the COVID-19 pandemic has been to illuminate far-reaching health and socioeconomic inequalities in many countries. The pandemic's impact has fallen disproportionately on the most vulnerable individuals and along racial, ethnic, occupational, and socioecomic lines. Inequalities in people's protection from and ability to cope with this pandemic and its tremendous societal costs stress the importance and urgency of the societal changes needed to protect population health and wellbeing in the future”. (The Lancet Public Health, 2021).

- The infamous Tuskegee study was conducted by the U.S. Public Health Service from 1932 to 1972, and involved Black men who thought they were receiving free healthcare but were instead involved in a study without their knowledge or consent on the effects of untreated syphilis (Robeznieks, 2020).

- “Distrust in medicine and research may be rooted in experiences extending back to slavery and continuing to the present day.“ (Robeznieks, 2020).

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Validating Vaccine Hesitancy

- "When it comes to reaching rural residents, a large majority of rural Americans (86%) say they trust their own doctor or healthcare provider to provide reliable information about a COVID-19 vaccine. Smaller shares say they trust the FDA (68%), the CDC (66%), their local public health department (64%), Dr. Fauci (59%), or state government officials (55%)" (Kirzinger, Munana, & Brodie, 2021).

- "Vaccine hesitancy among rural residents is more than just partisanship and is strongly connected to their views of the severity of the coronavirus and the reasons for getting vaccinated. Effective messages need to be delivered by trusted messengers and take into account these strongly held beliefs in order to have successful vaccine uptake in rural America". (Kirzinger, Munana, & Brodie, 2021)

- Vaccine hesitancy isn't specific to any one segment of the population.

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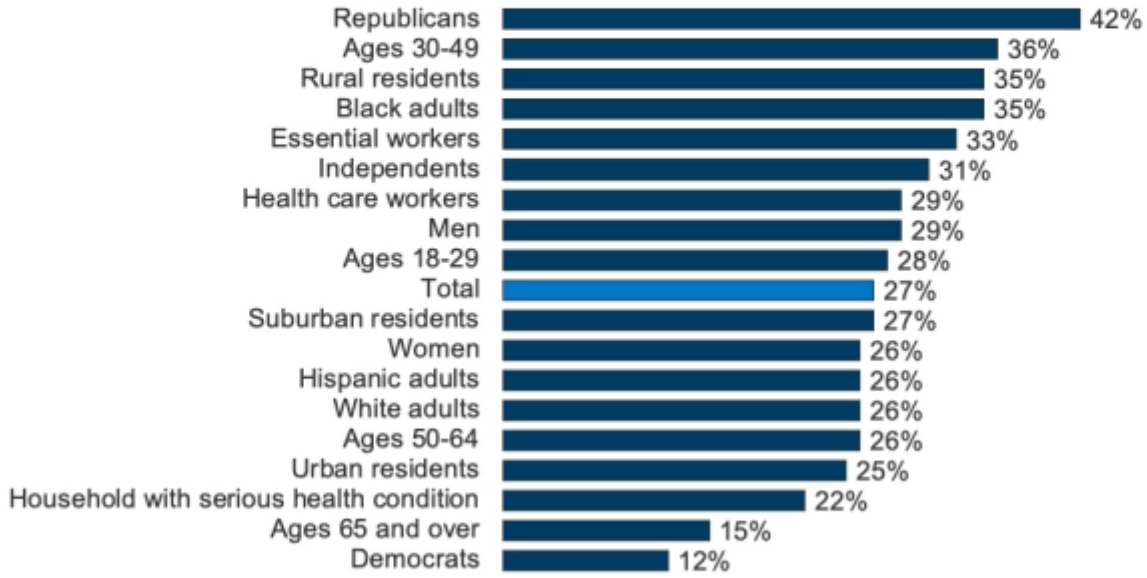
Figure 4

Which Groups Are Most Likely To Be COVID-19 Vaccine Hesitant?

Percent within each group who say, if a COVID-19 vaccine was determined to be safe by scientists and available for free to everyone who wanted it, they would **probably not get it** or **definitely not get it**:



KFF COVID-19 Vaccine Monitor

SOURCE: KFF COVID-19 Vaccine Monitor (KFF Health Tracking Poll, Nov. 30-Dec. 8, 2020). See topline for full question wording.

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Table 1: Reasons For Vaccine Hesitancy By Party Identification, Age, and Race/Ethnicity							
AMONG THOSE WHO WOULD DEFINITELY NOT OR PROBABLY NOT GET VACCINATED: Percent who say each of the following is a **major reason** why:	Total	Party ID		Age		Race/Ethnicity	
		Independent	Republican	18-49	50+	Black	White
Worried about possible side effects	59%	59%	54%	58%	63%	71%	56%
Do not trust the government to make sure the vaccine is safe and effective	55	52	56	55	53	58	54
Vaccine is too new and want to wait and see how it works for other people	53	54	41	57	46	71	48
Politics has played too much of a role in the vaccine development process	51	46	53	47	59	54	49
The risks of COVID-19 are being exaggerated	43	40	57	40	51	33	49
Don't trust vaccines in general	37	43	31	37	38	47	36
Do not trust the health care system	35	34	36	32	42	28	36
Worried that they may get COVID-19 from the vaccine	27	30	18	26	26	50	21
Don't think they are at risk of getting sick from COVID-19	20	18	23	18	26	20	19
NOTE: Sample size too small to report separately among Democrats and Hispanics who say they definitely or probably won't get vaccinated. See Appendix A for tables based on total.							

Source: KFF COVID-19 Vaccine Monitor

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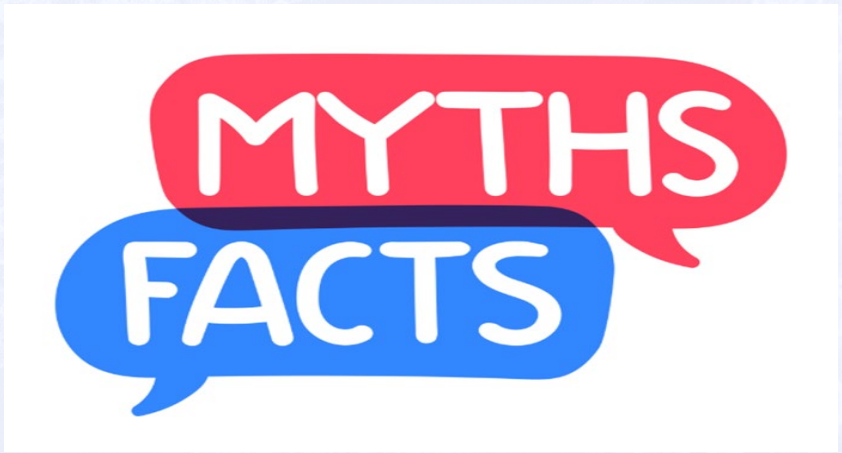
Covid-19 Vaccine Fears

- Was made too quickly to be safe!
- Is it truly necessary?
- Has gasoline in it
- Experimental
- They are giving placebos
- Only the “important” people will get the “real” vaccine
- We still have to wear masks so why chance it?
- Hospitals are always experimenting on us
- I am pregnant, so I can not get the vaccine.

What influences Fear of the COVID-19 Vaccine?



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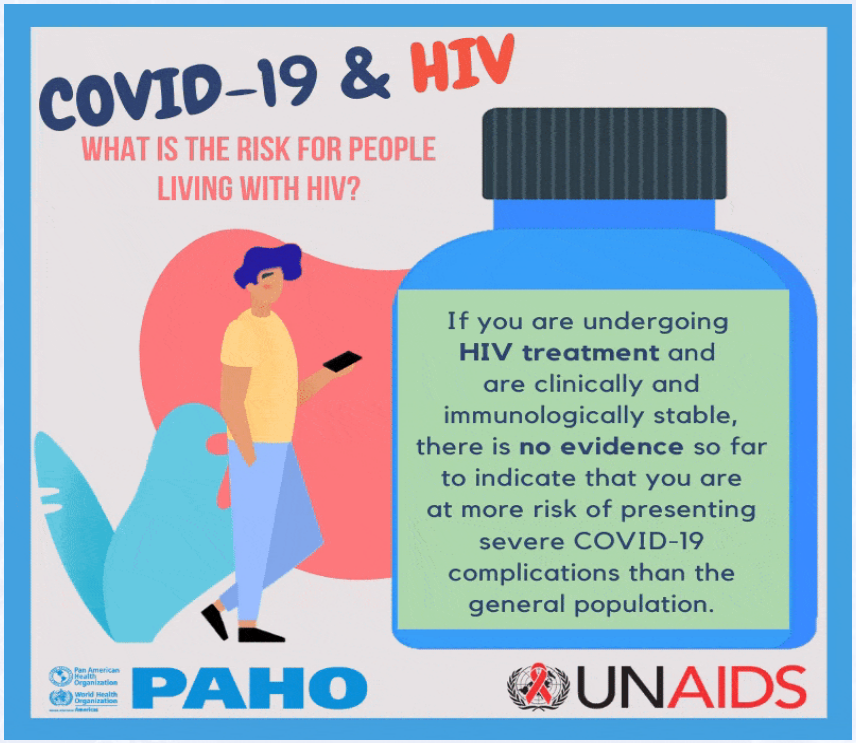
HIV and Covid-19

- Fear that patients with HIV/AIDS are at a greater risk for Covid-19
- If well controlled on an ARV and virally suppressed- no added risk
- Co-morbidities and age are the risk factors that may make a person more vulnerable to coronavirus



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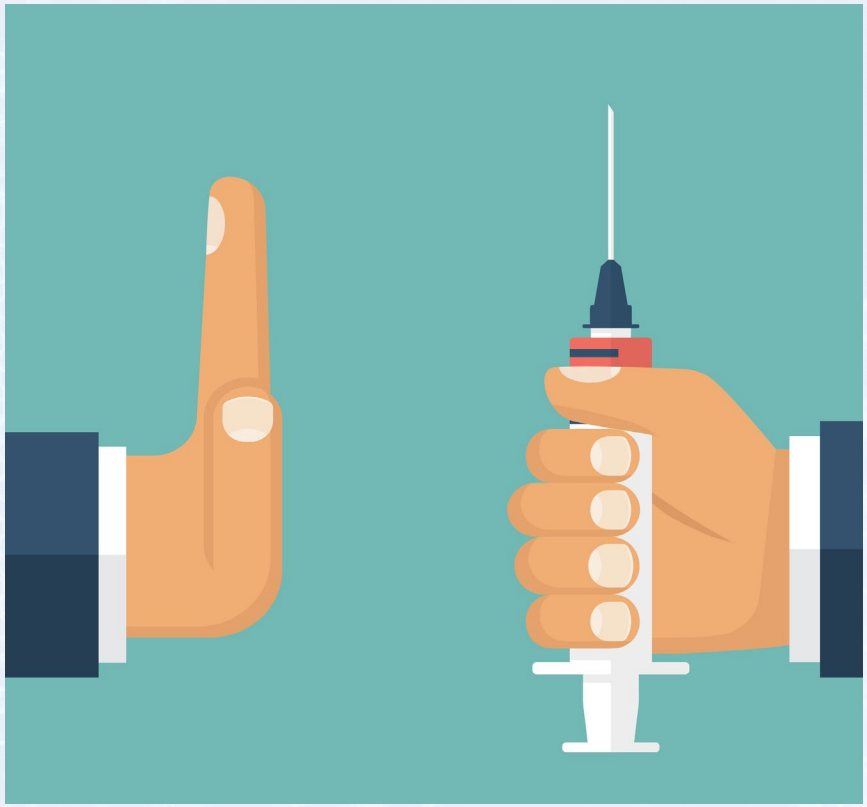
Other Factors of Vaccine Fear

- Not limited to just the vaccine-pandemic
- “Word of Mouth”
- Limited understanding- health literacy
- Mistrust of the medical community
- Does it cover the new strains
- Limited information available about long term effects
- Black market



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The Optics: What's in a name?

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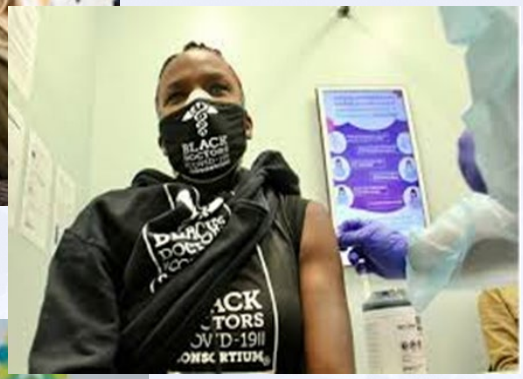
Trusted Messengers

- Healthcare workers can be considered trusted messenger
- Hospitals, clinics, and offices where patients get their care
- Community members
- Government Agencies



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Owning the Message

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Educating Your Patients & Community Members

- Healthcare providers are trusted messengers
- Trauma Informed Care approach
- Transparency
- Engage in open conversation- take the time
- Validate fears and anxiety
- Assess patient's attitude toward vaccines
- Assess knowledge base of patient
- Debunk myths/rumors
- Educate patients with factual information
- Recommend trusted resources
- ***Discuss side-effects of the vaccine in a meaningful and accurate way***

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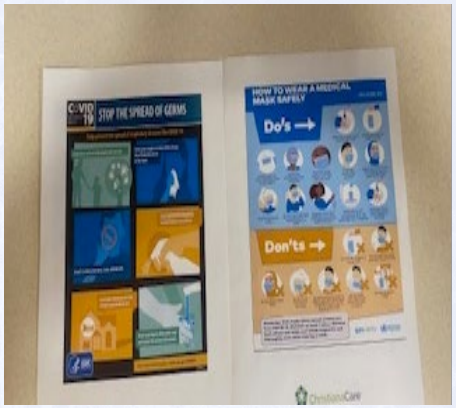
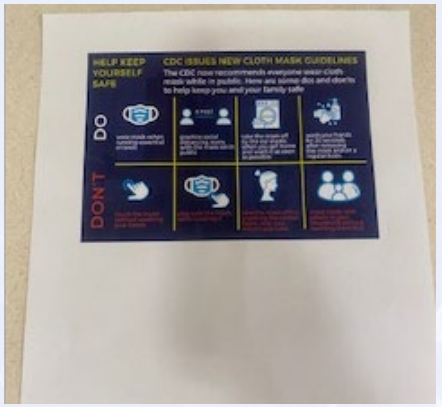
How Are We Educating Our Patients?

- What modalities are we utilizing?
- Are we considering the different types of learners?
- Are we considering health literacy? Languages?
- What is the environment in which we are educating?
- Are we giving consistent messaging?
- Are we giving too much too fast?
- Are all of the healthcare providers giving factual information?
- How are we delivering the information? – inflections, body language





COVID-19 Etiquette Packs

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Transparency in Care

- Vaccines are another “tool” in the toolbox- does not give you the virus
- May prevent severe symptoms of the Coronavirus disease
- No current data- on the vaccine preventing spread of Coronavirus
- Still need to physical distance and wear mask

Vaccines are not 100% AND they are a powerful path to recovery from this pandemic

AETC AIDS Education & Training Center Program MidAtlantic

Q&A

Let's discuss your thoughts and questions!

Thank you for your time and attention!

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