

Housekeeping Items

- Welcome to L.A. Care Provider Continuing Education (PCE) Program's Live Webinar!
- Webinar participants are muted upon entry and exit of webinar.
- **Webinar attendance will be noted via log in. Please log in through a computer (instead of cell phone) to Join Webinar / Join Event and choose Call In option to call in by telephone (instead of computer audio) with the call in number, access code and assigned attendee ID number. If your name does not appear on our Attendance and Activity Report (only as Caller User number) and no submission of online survey, no CME or CE certificate will be provided.**
- Webinar is being recorded.
- Questions will be managed through the Chat box and will be answered at the end of the presentations. ***Please keep questions brief and send to All Panelists.*** Ani Isayan and Theresa Moore, Panelists, will read the questions in the Chat box when it's time for Q&A session (last 30 minutes of live webinar).
- Please send a message to the Host via Chat box if you cannot hear the presenter or see the presentation slides.



L.A. Care PCE Program Friendly Reminders

- ***Partial credits are not allowed at L.A. Care's CME/CE activities for those who log in late (more than 15 minutes late) and/or log off early.***
- PowerPoint Presentations (60 minutes) and last 30 minutes for Q&A session, total 90 minute-webinar, 1.50 CME credits for Providers / Physicians, 1.50 CE credits for NPs, RNs, LCSWs, LMFTs, LPCCs, LEPs, and other healthcare professionals. Certificate of attendance will be provided to those without credentials.
- **Please note:** a survey will pop up on your web browser after the webinar ends **(please do not close your web browser and wait a few seconds)** and please complete the survey. Within two (2) weeks after webinar and upon completion of the online survey, you will receive the pdf CME or CE certificate based on your credential and after verification of your name and **attendance duration time of at least 1 hour and 15 minutes.**
- PDF copy of the webinar presentation will be emailed as well to all eligible webinar participants.
- Any questions about L.A. Care Health Plan's Provider Continuing Education (PCE) Program and our CME/CE activities, please email Leilanie Mercurio at lmercurio@lacare.org





L.A. Care
HEALTH PLAN[®]

For All of L.A.

COVID-19, Public Health, and Practice Perspectives on Equity

Live Webinar via Cisco WebEx

Thursday, April 15, 2021, 12:00 pm – 1:30 pm PST



**ELEVATING
HEALTHCARE**
IN LOS ANGELES COUNTY
SINCE 1997

Welcome, Opening Remarks and Webinar Overview



Richard Seidman, MD, MPH
Chief Medical Officer

AGENDA

Time	Topics	Presenters
12:05 pm – 12:25 pm	Public Health During COVID-19	Muntu Davis, MD, MPH Los Angeles County Department of Public Health
12:25 pm -12:45 pm	Pulling Out All the Stops: Community Oriented Primary Care in Action	Hector Flores, MD Family Care Specialists
12:45 pm – 1:05 pm	Vaccine Hesitancy for COVID-19 Vaccines	Peter Szilagyi, MD, MPH UCLA Medical Center
1:05 pm – 1:30 pm	Q & A Session via WebEx Chat Box (please include name of Presenter with your questions)	Dr. Davis, Dr. Flores and Dr. Szilagyi All Webinar Attendees



Presenter's Biography

Muntu Davis, MD, MPH

Dr. Muntu Davis serves as the Los Angeles County Health Officer at the Department of Public Health (DPH). In this role, Dr. Davis serves as the Department's medical expert regarding public health matters and provide guidance to leadership across the organization. Working in partnership with DPH colleagues and health professional organizations, he consults on, interprets, and enforces County and State laws and regulations to protect and promote the health of all Los Angeles County residents.



For the past decade, he has contributed to statewide and national discussions around how to elevate and implement a health equity framework within government agencies. Dr. Davis practiced medicine in urban and rural primary care and urgent care clinics in Northern and Southern California. Dr. Davis has a MD from the University of California, Los Angeles, and a MPH from Harvard School of Public Health in Boston, Massachusetts.



Presenter's Biography

Hector Flores, MD

Dr. Hector Flores is the Medical Director of the Family Care Specialists (FCS) Medical Group and FCS IPA which collectively serve approximately 30,000 beneficiaries comprised of Medi-Cal, Medicare, and Commercial coverage and 8% who are uninsured. The FCS Medical Group is dedicated to improve the health status of its patients, their families, and the entire community utilizing culturally and linguistically competent services and by deployment of performance standards that reduce or eliminate health disparities.



Dr. Flores also serves as a Director, Blue Shield of California and as a Director, The California Endowment. In 2018-2020 he served as a Member of the California Future Health Workforce Commission. In 2020 he served on the LA County Economic Resiliency Task Force.



Presenter's Biography

Peter Szilagyi, MD, MPH

Dr. Peter Szilagyi is a general pediatrician and Professor of Pediatrics, Executive Vice-Chair, and Vice-Chair for Clinical Research in the Department of Pediatrics at UCLA. An accomplished health services researcher, Dr. Szilagyi's studies to improve the quality of care and outcomes for vulnerable children have led to important changes in immunization delivery, child health care financing and care of children with chronic conditions. He is the author of more than 300 peer-reviewed research manuscripts as well as dozens of chapters and invited papers.

Dr. Szilagyi is interested in COVID-19 vaccine implementation. He was named by Governor Newsom to serve on the Western States COVID-19 Vaccine Scientific Safety Review Group, is on several University of California and UCLA COVID-related workgroups, and is part of LA County's COVID-19 vaccine workgroup.



DISCLOSURE

The following speakers do not have relevant financial relationships with commercial interests.



L.A. Care Health Plan

COVID-19 Public Health and Practice Perspectives on Equity

April 15, 2021 Webinar
12:00 pm – 1:30 pm PST

Muntu Davis, MD, MPH

Los Angeles County Health Officer

Disclosure

I do not have relevant financial relationships with commercial interests.

Learning Objectives

- Identify the four core activities of public health and how they relate to Los Angeles County's COVID-19 response and vaccine distribution strategy.
- Describe the disproportionality in COVID-19-related disease burden and vaccination rates in Los Angeles County.

The four core activities of public health include...

- 1. Surveillance**
 - Understanding the Who, What, When, Where, Why, and How of disease spread.
- 2. Disease Control**
 - Determining actions needed to prevent and control the spread of disease
- 3. Communication**
 - Informing and advising the 4 P's (Providers, Policymakers, Public and the Press)
- 4. Resource Coordination**
 - Coordinating with others to implement what's needed

Surveillance:

Coronavirus Snapshot—Cases & Deaths

As of April 13, 2021

	Worldwide	United States	California	Los Angeles County
Cases	136,291,755	31,076,891	3,604,395	1,226,596
Deaths	2,941,128	559,741	59,258	23,498

Sources:

WHO.

<https://covid19.who.int/>

CDC.

<https://www.cdc.gov/coronavirus/2019-ncov/cases-updates/cases-in-us.html>

CDPH.

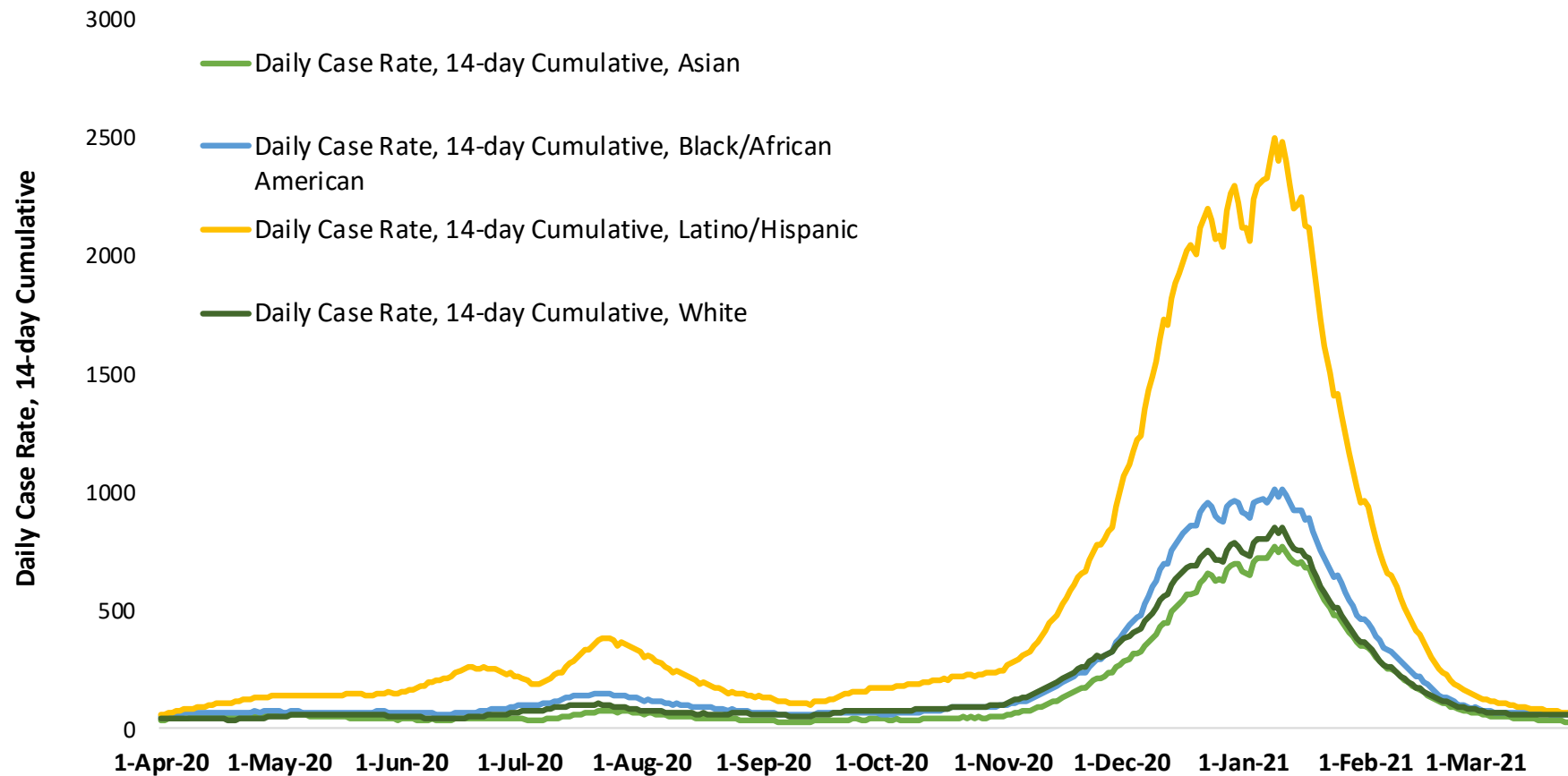
<https://covid19.ca.gov/>

LACDPH.

<http://www.publichealth.lacounty.gov/media/Coronavirus/data/index.htm>

Surveillance:

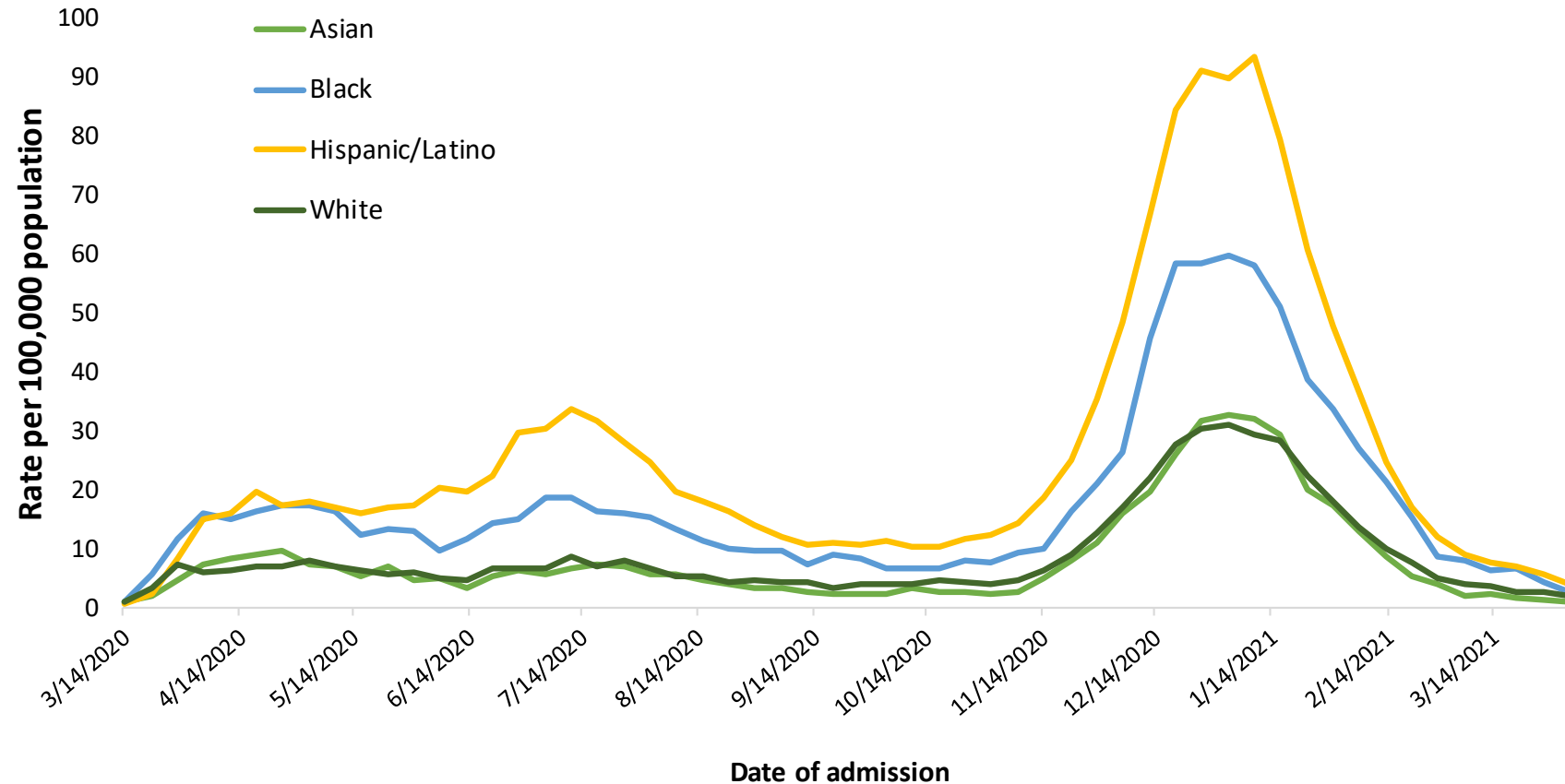
Daily Age-Adjusted Rate of Cases per 100K by Race/Ethnicity, Past 14-day Cumulative As of March 26, 2021



Surveillance:

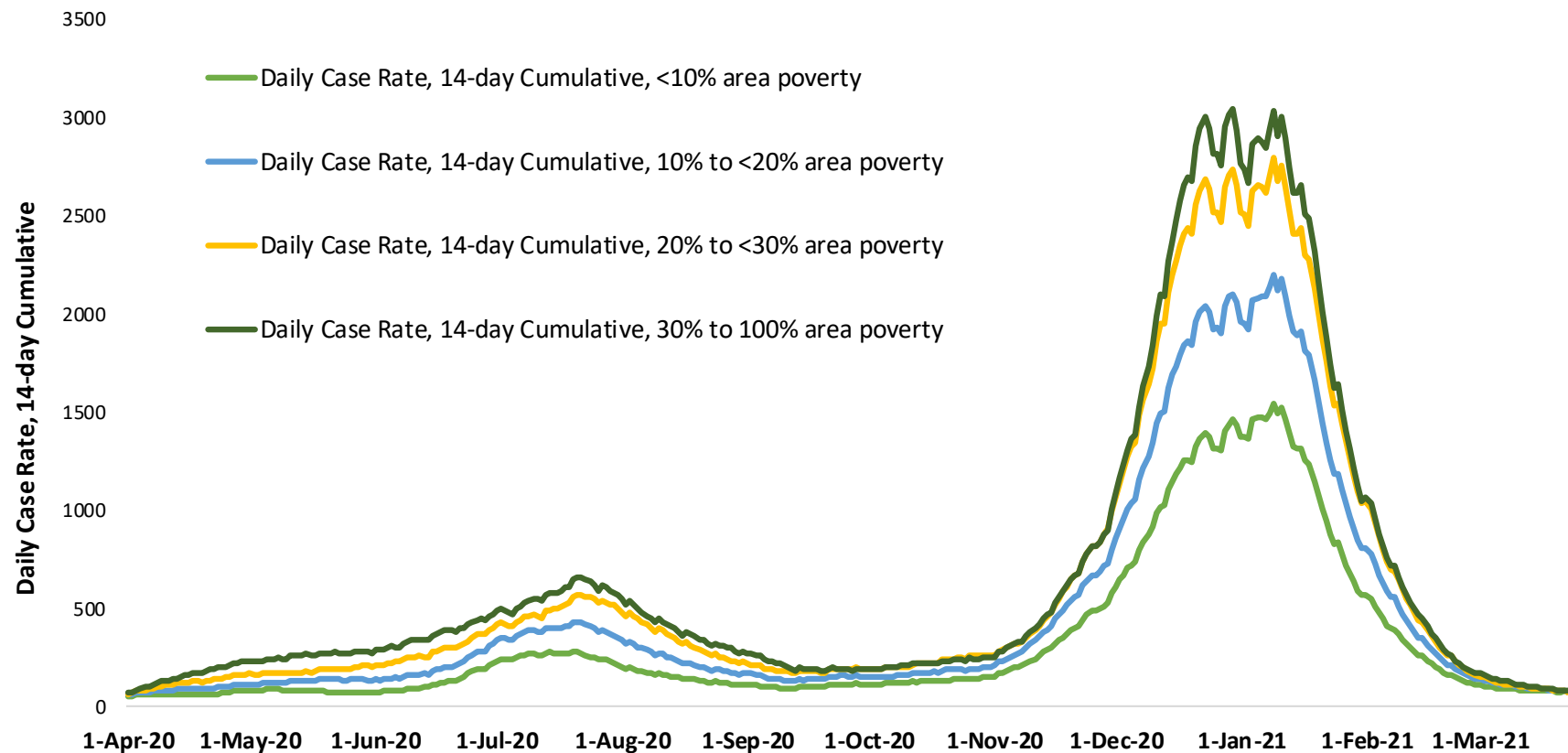
Weekly Age-Adjusted Rate of Hospitalization per 100K by Race/Ethnicity

As of April 3, 2021



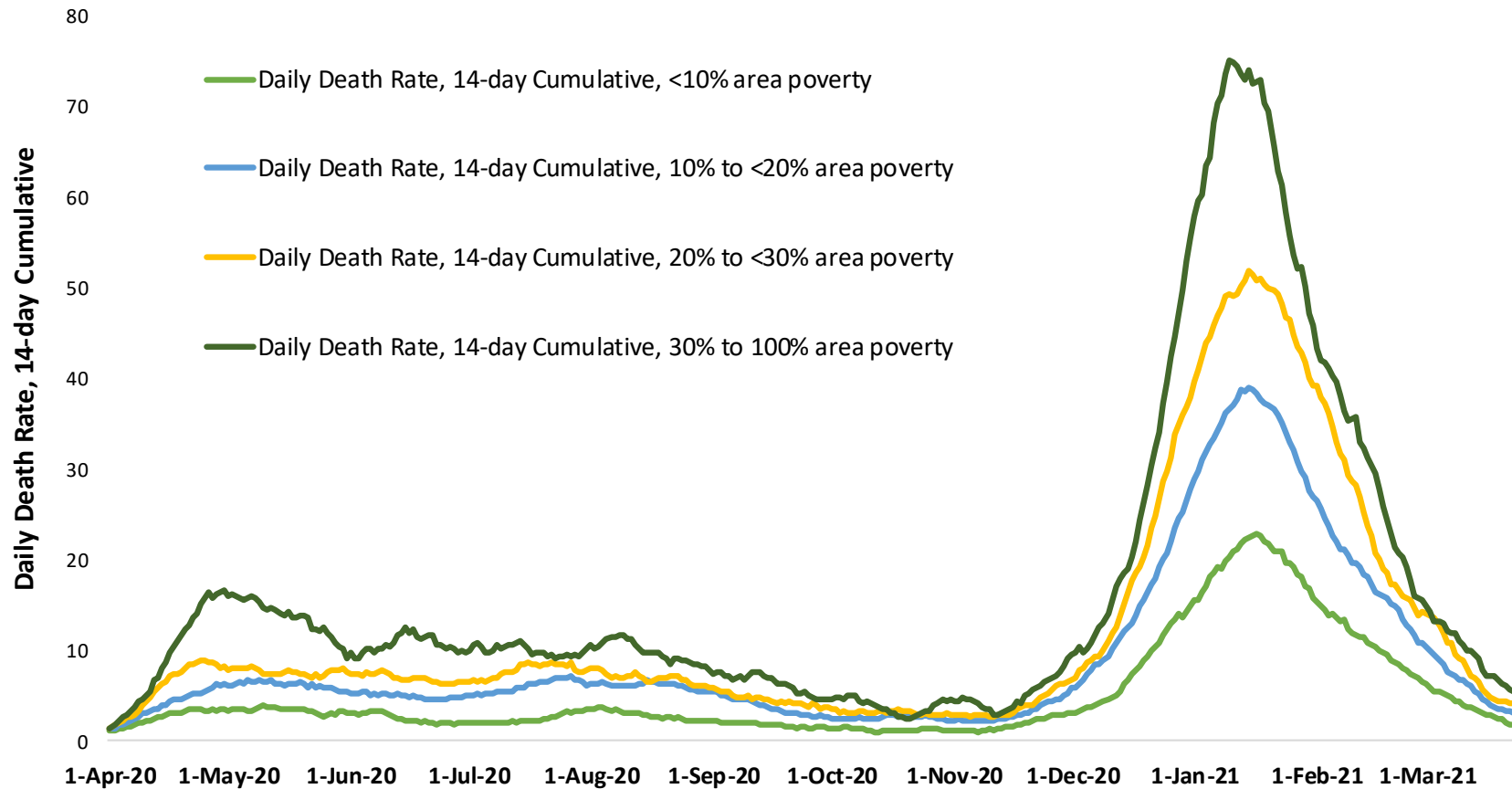
Surveillance:

Daily Age-Adjusted Rate of Cases per 100K by Area Poverty, Past 14-day Cumulative As of March 26, 2021



Surveillance:

Daily Age-Adjusted Rate of Deaths per 100K by Area Poverty, Past 14-day Cumulative As of March 26, 2021



Disease Control: Currently Eligible for COVID-19

NOW VACCINATING

PHASE 1A

- Healthcare Workers
- Staff & Residents at Skilled Nursing Facilities
- Staff & Residents at Long-Term Care Facilities

PHASE 1B

- LA County Residents 50 and Older - More info: [webpage](#) | [PDF](#)
- Education and Childcare - More info: [webpage](#) | [PDF](#)
- Emergency Services - More info: [webpage](#) | [PDF](#)
- Food and Agriculture - More info: [webpage](#) | [PDF](#)
- People with Serious Health Conditions or Disabilities and Their Caregivers - More info: [webpage](#) | [PDF](#)
- People Who Live or Work in Congregate Living Spaces - More info: [webpage](#) | [PDF](#)
- Janitorial, Custodial, and Maintenance Services - More info: [webpage](#) | [PDF](#)
- Transportation and Logistics - More info: [webpage](#) | [PDF](#)

As of April 15, 2021, any person age 16 and older is eligible to receive their COVID-19 vaccine.

Disease Control:

Coronavirus Vaccine Administration

As of April 13, 2021

	Worldwide	United States	California	Los Angeles County
Doses Administered	732,981,684	192,282,781	23,243,392	4,913,321

Sources:

WHO.

<https://covid19.who.int/>

CDC.

https://covid.cdc.gov/covid-data-tracker/?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fcases-updates%2Fcases-in-us.html#vaccinations

CDPH.







<https://covid19.ca.gov/>

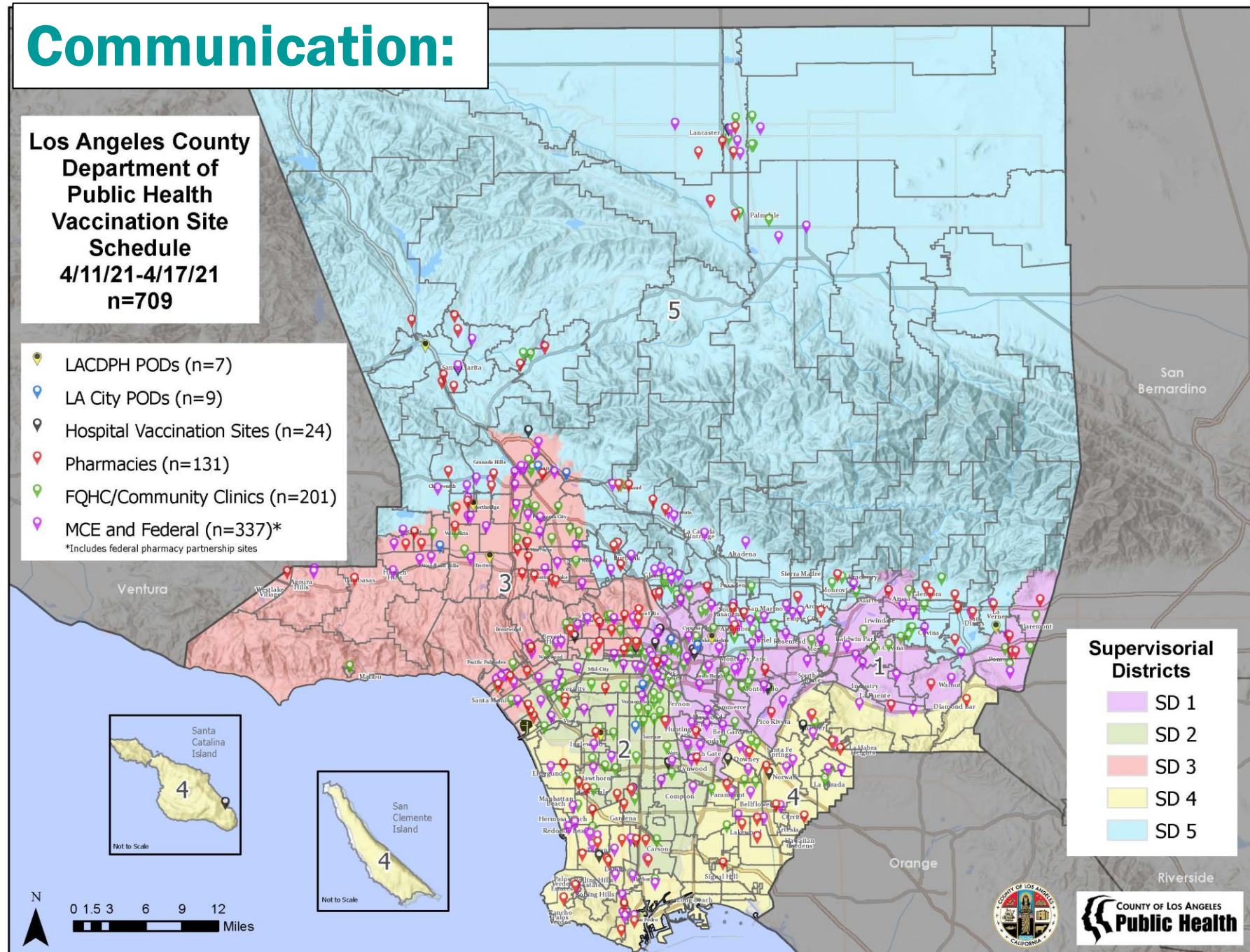
LACDPH.

<http://publichealth.lacounty.gov/media/Coronavirus/vaccine/vaccine-dashboard.htm>




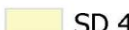

Communication:

**Los Angeles County
Department of
Public Health
Vaccination Site
Schedule
4/11/21-4/17/21
n=709**

-  LACDPH PODs (n=7)
 -  LA City PODs (n=9)
 -  Hospital Vaccination Sites (n=24)
 -  Pharmacies (n=131)
 -  FQHC/Community Clinics (n=201)
 -  MCE and Federal (n=337)*
- *Includes federal pharmacy partnership sites



Supervisorial Districts

-  SD 1
-  SD 2
-  SD 3
-  SD 4
-  SD 5

Map Created: April 08 2021. By: ACDC/WPOC - COVID-19 - ICS (N. Windwich)
Disclaimer: This product is for informational purposes only and may not be suitable for legal, engineering, or survey purposes.
Users of this information should review or consult the primary data and information sources to ascertain the liability of the information.

Communication:

Residents 16 and older who have received at Least 1 Dose of Vaccine, by Race/Ethnicity

As of 4/9/2021

Race/Ethnicity	Number of People Who Have Received at Least 1 Dose of Vaccine
American Indian/Alaska Native	7,852 (0.3%)
Asian	516,751 (16.7%)
Black/African American	162,395 (5.3%)
Latinx	866,208 (28.0%)
Native Hawaiian/Pacific Islander	14,634 (0.5%)
White	915,920 (29.7%)
Other	402,056 (13.0%)
Multi-Race	36,029 (1.2%)
Unknown	166,963 (5.4%)
Total	3,088,808

Communication:

Residents 65 and older who have received at Least 1 Dose of Vaccine, by Race/Ethnicity

As of 4/9/2021

Race/Ethnicity	Number of People 65 and Older Who Have Received at Least 1 Dose of Vaccine	Population 65** and older	% of Population 65 and Older Who Have Received at Least 1 Dose of Vaccine
American Indian/Alaska Native***	2,193	3,759	58.3%
Asian	164,309	263,775	62.3%
Black/African American	61,932	126,732	48.9%
Latinx	224,718	406,155	55.3%
White	360,110	570,351	63.1%
Multi-Race†	12,106	--	--
Other†	103,273	--	--
Unknown	31,493	--	--
Total	963,918	1,373,617	70.2%

Surveillance:

What's Behind the Disparate Vaccination Rates?

- Access is the biggest issue for our hardest hit communities
 - Lack of internet connection or computer access issues
 - Some people not comfortable with computers or providing info online
 - Can't take time off work to get to vaccine sites
 - Limited weekday hours at vaccine sites
 - Need for more community-based sites
- Continue to operate under a limited weekly supply of vaccine
 - New challenges posed by further study of Johnson & Johnson vaccine
- Vaccine hesitancy is decreasing, but some are still considering whether to get the vaccine because...
 - Vaccine approval process was faster than usual
 - Mistrust due to institutional and systemic racism
 - Concerns about side effects or vaccine effectiveness

Resource Coordination/Collaboration: Closing the Gaps in Health Outcomes and Vaccination Rates

- Provide accurate information to help people make informed decisions
- Partner with non-profits and faith-based organizations to serve as vaccination sites and to provide support for making appointments, patient education, contact tracing, and linkages to supports for daily living
- Offer different points of vaccine access
 - “Closed” vaccine dispensing sites for the hardest hit communities and for eligible essential workers
 - Mobile vaccine clinics
 - Offer “no appointment” walk-up sites and additional services (e.g., transportation, in-home vaccination) for older adults, persons with disabilities, and those who are homebound



Communication:

Cumulative Percent of Population 65 and Older who have Received at Least 1 Dose of Vaccine, by Week and Race/Ethnicity

As of 4/2/2021

Race/Ethnicity	2/9/21	4/02/21	Relative Percent Increase
American Indian/ Alaska Native	28%	59%	109%
Asian	37%	63%	71%
Black/African American	20%	49%	145%
Latinx	26%	56%	114%
White	38%	63%	66%

Communication:

Continue Sharing the Importance of Measures that Stop the Spread

- While people wait for a vaccine and even after they're vaccinated it is important to:
 - Wear a mask
 - Avoid close contact and crowded spaces
 - Wash your hands often
 - Clean and disinfect frequently touched surfaces
 - Follow isolation and quarantine guidance, as applicable



Communication: Get the Latest Information



Public Health Communications & Public Affairs

COVID-19 Home About COVID-19 Guidances Protection News Updates Help

COVID-19 VACCINE

Sign up for the **VACCINE NEWSLETTER** to receive updates on vaccine rollout.

*Email Address

Submit

- General Information +
- Getting the Vaccine +
- Vaccine Safety +
- Authorized Vaccines +
- Data +
- Information for Providers +
- COVID-19 Vaccine Related Donations

ACTIVELY VACCINATING

PHASE 1A

- Frontline Healthcare Workers
- Staff & Residents at Skilled Nursing Facilities
- Staff & Residents at Long-Term Care Facilities

ESTIMATED TIMELINE FOR

PHASE 1B

Early February

Check back often for updates.



HEALTHCARE WORKER APPOINTMENT SIGNUP.

FIND OUT WHEN YOU CAN RECEIVE A VACCINE.



Frequently Asked Questions (FAQs)

COVID-19 Vaccines

There are many vaccines in development to protect us against COVID-19. Below are some common questions about vaccination and COVID-19 vaccines.

1. Why is vaccination important?

Vaccination is a safe and effective way to prevent disease. Vaccines save millions of lives each year. When we get vaccinated, we aren't just protecting ourselves, but also those around us.

Myths about COVID-19 Vaccines

Los Angeles County Department of Public Health

Myth 1: The vaccine was developed too fast—I don't think they know enough about it.

The Facts: These vaccines could be made fast, and will be safe for three simple reasons:

- There was a lot of research done on the kind of virus that causes COVID-19 before this virus showed up. So scientists had a big head start about the kind of vaccine that would work best to fight this virus.
- A lot of government money was put to work on this.
- While every step followed, some of the coding errors were caught early on.

In fact, the two vaccines that are being used in Los Angeles County have been used on more than 70,000 people, and were found to be safe and effective.

Myth 2: Only 1% of people who get COVID-19 is a lethal disease.

The Facts: COVID-19 is a lethal disease, but only for a small number of people. Most people who get COVID-19 will recover and be fine. There is no 1%.

Be a smart health care consumer

COVID-19 Vaccine Scams

Whenever there is a health crisis, scammers will find ways to cheat people out of their money. During the coronavirus pandemic, scammers are using robocalls, social media posts, and emails to take advantage of fear, anxiety, and confusion about COVID-19. They sell things that don't work, charge money for things that are free, and steal personal information. Now that the [COVID-19 vaccine](#) is in Los Angeles County, scammers are targeting local residents with new, vaccine-related schemes. Beware!

COVID-19 vaccine is being distributed in Los Angeles County in a fair and transparent way. If someone offers to sell you a chance to get vaccinated before it is your turn, it's a scam.

- Vaccine is only being offered to healthcare workers and people who live in long-term care facilities (for example nursing homes) right now.
- Essential workers who cannot work from home are likely to be offered the vaccine next because they are at high risk of being exposed to the COVID-19 virus. Older adults, and adults with medical conditions might also be next because they are more likely to become very sick if they get COVID-19.

in the near future. The vaccines are not allowed to be sold for profit. This will likely take months. Vaccine may not be available to you until you are on the Public Health's [COVID-19 webpage](#) when vaccine is available. Visit the [Public Health website](#) if you need help finding a doctor.

Los Angeles County residents at no cost and regardless of insurance status. You may be eligible for a special, low cost deal, or get you the vaccine for free. There is no "vaccine waiting list", and you don't need to sign up on your door tries to sell you a shot of vaccine. If you are offered a vaccine, check the man's credit card company given by licensed medical professional.

Los Angeles County Department of Public Health

Sign up for the COVID-19 Vaccine Email Newsletter

To sign up for regular updates on the COVID-19 vaccine, or to access your subscriber preferences, please enter your email address below.

*Email Address

Submit

www.VaccinateLACounty.com
www.VacunateLosAngeles.com

Thank you!

HealthOfficer@ph.lacounty.gov

Pulling Out All the Stops: Community Oriented Primary Care in Action

Hector Flores, MD
Medical Director
Family Care Specialists
April 15, 2021 Webinar

Disclosure

I do not have relevant financial relationships with commercial interests.

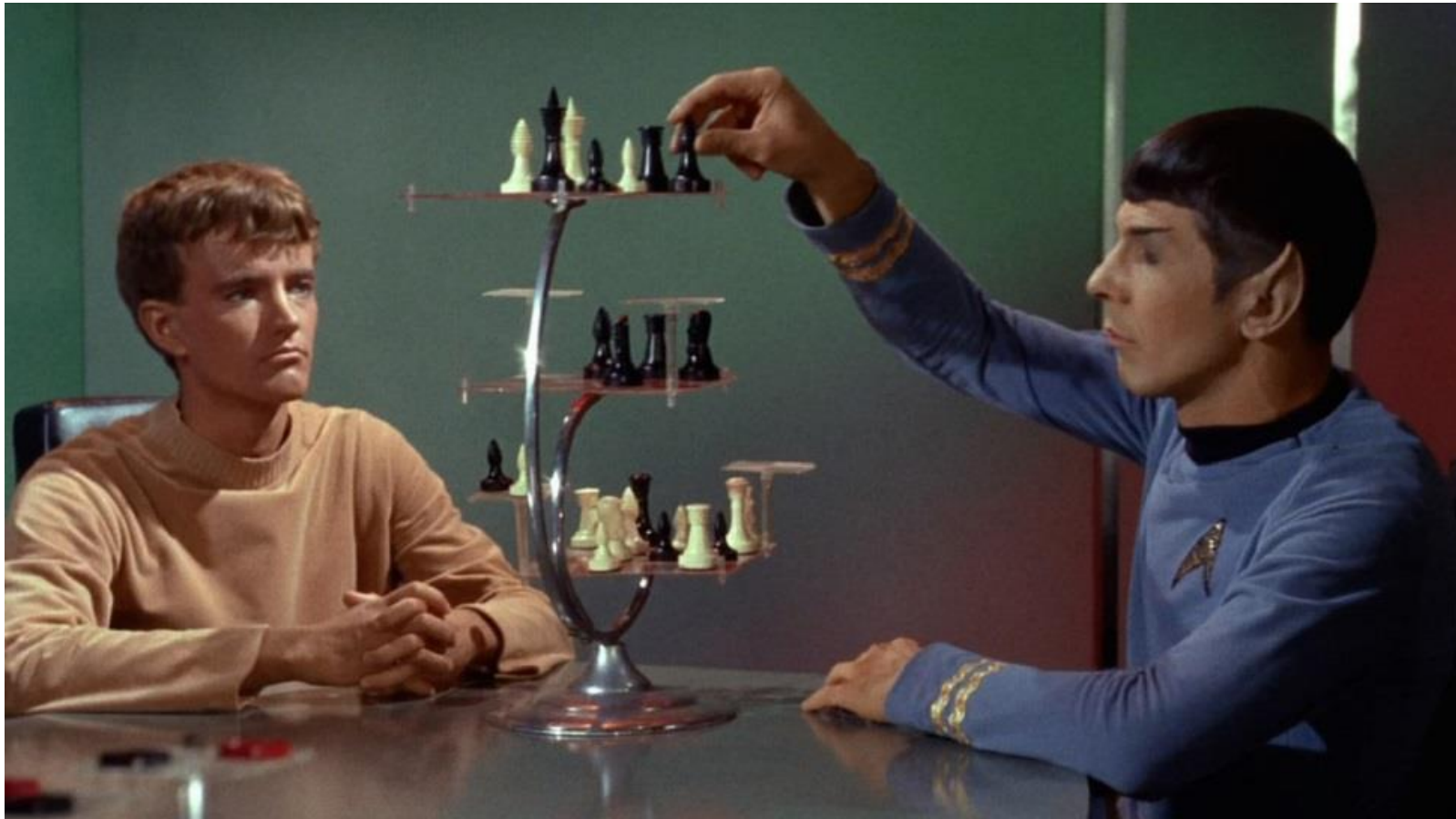
Learning Objectives

- Summarize how primary care clinicians can and should integrate public health principles into their practice.
- Identify the role of the PCP to address education, testing, contact tracing, and effective communication with patients, families, and employers.

Community Oriented Primary Care

- The doctor-patient relationship scaled up to health system-community
- Ensure team-based care, everyone working at the top of their license or training
- Primary and secondary research to identify the local epidemiological and socio-economic priorities
- Integration of mental health, oral health and public health
- Address social determinants/social correlates of health
- Collaborative action to achieve synergy and maximum impact

Getting to the Targets for Action: 3D Chess



Family Care Specialists 2021

COVID-19: Burning Platform

- Exposed how poorly we fund public health with little integration in delivery systems
- Exposed how poorly we fund mental health and delays with MHSA
- Exposed flaws in coverage even with ACA
- Exacerbated the prevalence of health disparities
- Exposed how outsourcing production to other countries limits our self-sufficiency
- Exposed income inequality
- Exposed how lobbying adversely affects small business and the disadvantaged
- Post-COVID19 Syndrome (long-haul cases)

East Los Angeles and Boyle Heights (pop. 150,000)

- 85% Latinx, and 15% equal distribution of African American, Asian/PI, White
- 66% live below 200% of FPL (Family of Four, \$52,000/year)
- 89% of adults are employed but median family income is \$38,000/year
- High percentage in “essential work” – grocery and liquor stores, nursing homes, in-home support, food prep and delivery, auto shops, construction, truck drivers and warehouse; day labor

Source: Hedderson Demographics, 2016

California Latinx in the Front Lines (KFF 2020)

Race/ethnicity of frontline essential workers



Consequences:

- Small businesses have limited capacity to operationalize PPE, safe distance, frequent hand-washing
- Adults spend 40% of income on housing and/or long commutes and gas expenses
- Adults spend over 76% of take-home pay on housing, food, clothing, transportation
- May not get paid if they take time to go to a doctor
- Essential workers live in crowded conditions; sometimes strangers sharing a home or apartment
- Multi-generation households
- Mixed immigration status households

Words to Live By

“When you’re going through hell... keep going.”

-- Winston Churchill, 1940

Latinx Needs

- Unified voice – partnership among CBOs, civic and elected officials, providers, health plans, and institutional pillars in the community
- Specific strategies at the local, county and statewide level
- Rapid response teams that can implement quickly and with a willingness to “fail smart”
- Push for the integration of mental health and public health with medical delivery sites
- All hands on deck

Strategic Priorities for the Latinx Community

1. Infection Prevention and Control

- a) Centralized procurement strategy for PPE, testing materials, centralized testing sites, leverage volume for lab response
- b) Delegate contact tracing to community based providers, solo and small medical and dental practices, and organizations
- c) Ensure enough PPE for small businesses and essential workers and their families and small business education and operations
- d) Full enactment of the Defense Production Act for U.S. self-sufficiency and to create jobs on U.S. soil

2. COVID-19 Vaccine Equity

- a) Address vaccine hesitancy/distrust, and barriers to vaccination
- b) Ensure a fair and equitable distribution plan
- c) Promote the trusted sources of information – medical home, pharmacy, clergy, CBOs and CHWs

3. Targeted use of economic stimulus 3.0 (American Rescue Plan)

COVID-19 Skills: The CDO? Chief Disaster Officer



Taking Action

It is easier to beg for forgiveness than to ask for permission

-- St. Benedict of Nursia, 6th Century

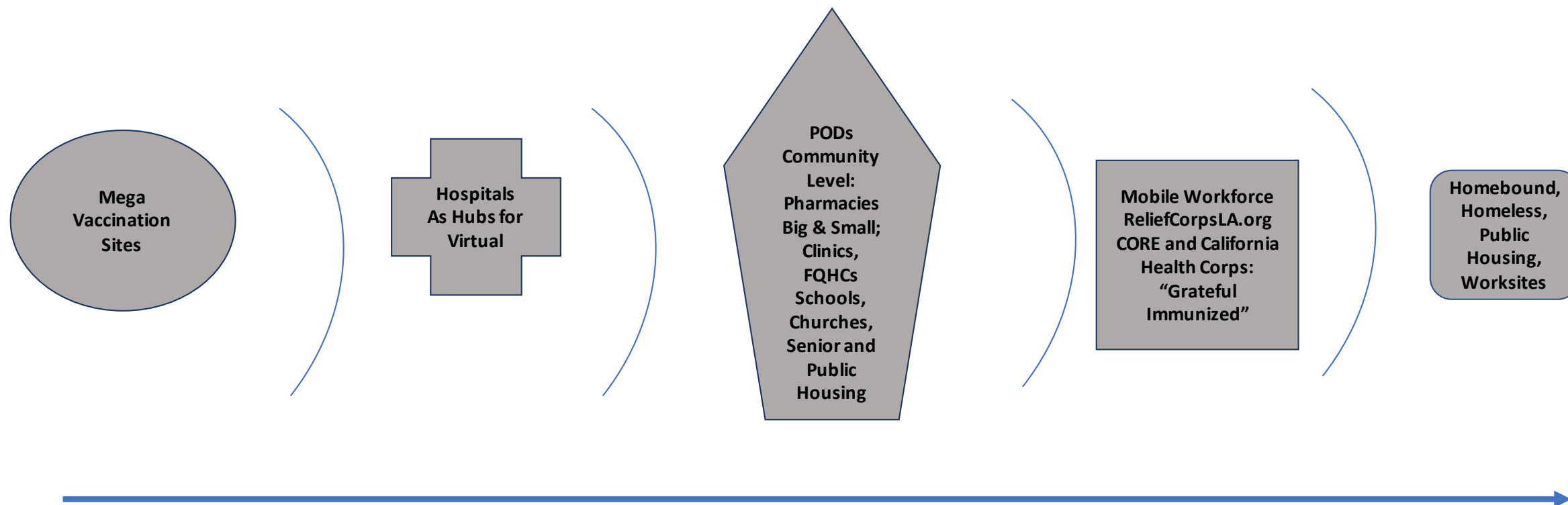
White Memorial Medical Center the Boyle Heights: From Testing to Multi-Purpose Site

1. Private funding from Hyundai secured by TELACU and the White Memorial Family Medicine Residency Program and site opened 6/15/20 under Total Testing Solutions, LLC (Dr. Geoff Trenkle)
 - a) 4,000 tests per month, 25% positive
 - b) 400 per month need referral for wrap-around services
2. Wrap-around services provided by Family Medicine and Internal Medicine faculty practices and community partners. These include education, contact tracing, TH, in-person, and advice to employers
3. Provide PPE to essential worksites and workers for home and work use

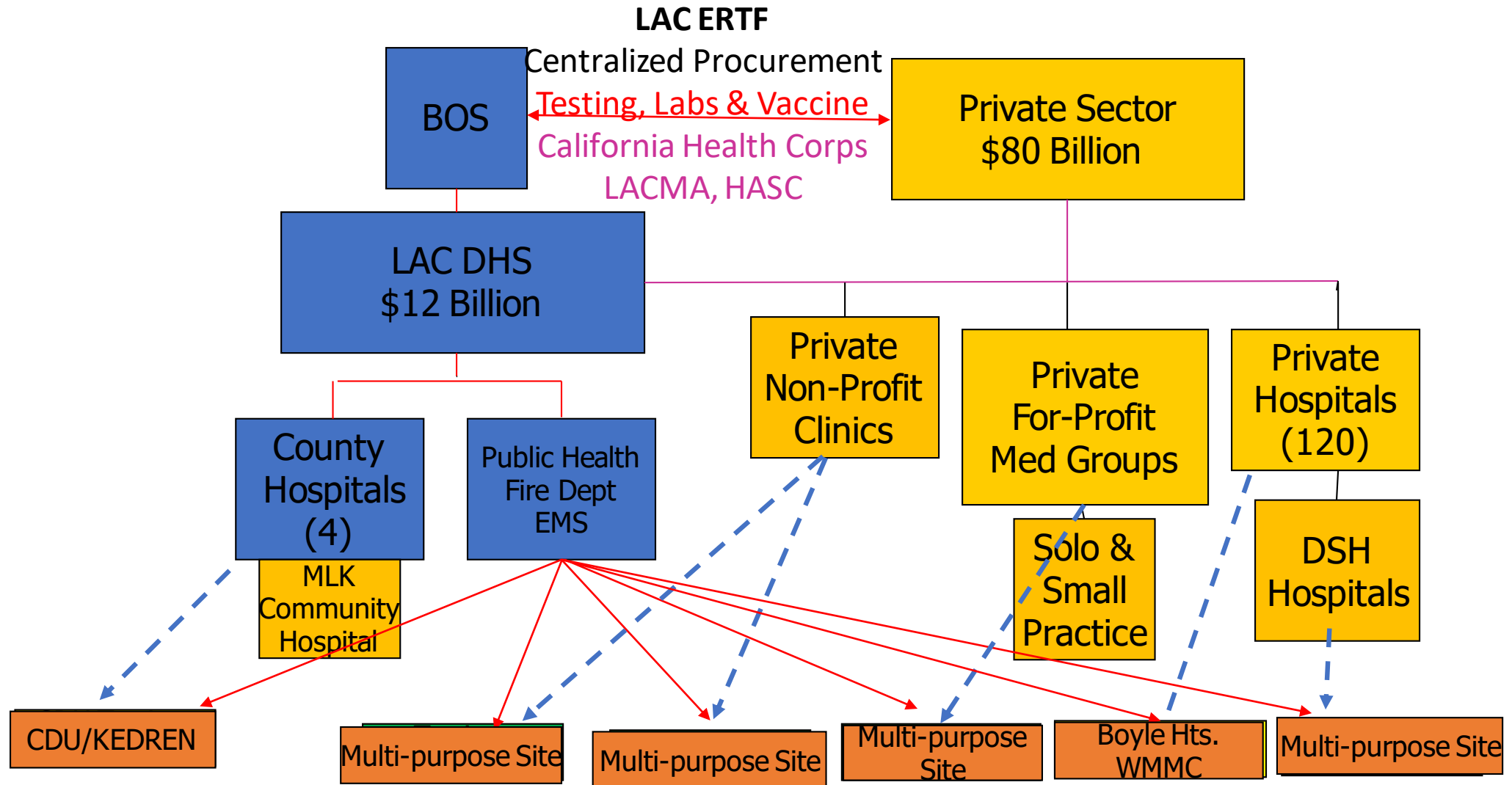
White Memorial Medical Center the Boyle Heights: Getting Shots in Arms

1. Continue testing, wrap-round services and contact tracing
2. Distribution of PPE to community members and employers
3. On-Site vaccination: drive-through, walk-through for Phase 1A and 1B and 1C
4. Develop Vaccination Corps with “grateful-immunized” physicians and their staff, home health agencies to provide residential (senior housing, public housing, aggregate living, and home-bound patients, etc.) vaccinations
5. Vaccination Corps (mobile) to visit local and small businesses starting with essential workers and industries for vaccinations

10k Vaccines/Day: Schematic for Distribution



The “COVID-19 Collaboration-System” of Care



Thank You!

FloresH1@ah.org

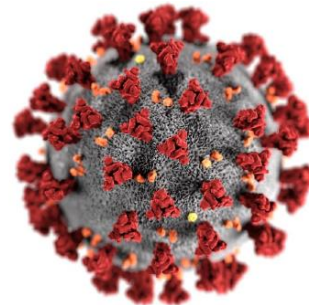
COVID-19 Vaccine Hesitancy

- Peter G. Szilagyi, MD, MPH
- Professor & Executive Vice-Chair
- Department of Pediatrics
- UCLA Mattel Children's Hospital

April 15, 2021 Webinar, 12:00 pm – 1:30 pm



David Geffen
School of Medicine



Disclosure

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Learning Objectives

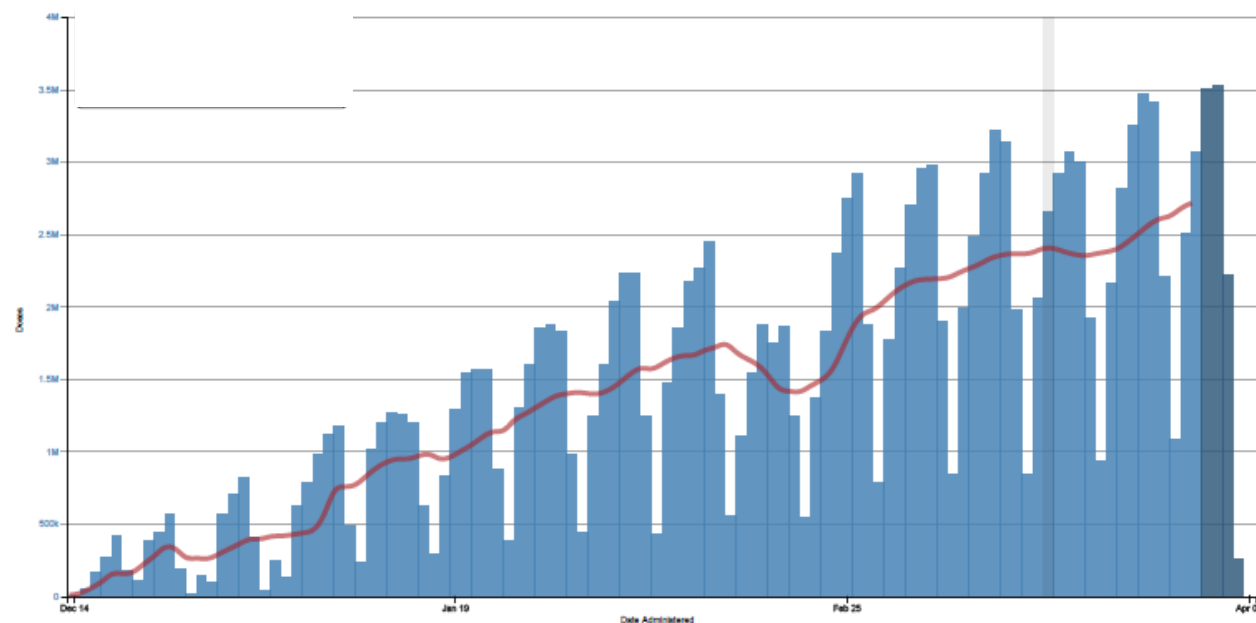
- Specify the reasons for vaccine hesitancy with COVID- 19 vaccines.
- Identify four strategies to address vaccine hesitancy and build vaccine confidence.

COVID-19 Vaccine Roll-Out- as of April 6, 2021

- US Population: 330 million
 - ≥ 16 yrs 264 million 80%
 - 0-16y 66 million 20%

People Vaccinated	At least 1 Dose	Fully Vaccinated
Total	108 million 33%	63 million 19%
≥ 65 years	42 million 76%	31 million 57%

Daily Count of Total Doses Administered and Reported to the CDC by Date Administered, United States



**Herd immunity:
75% - 85% vaccinated or prior infection**

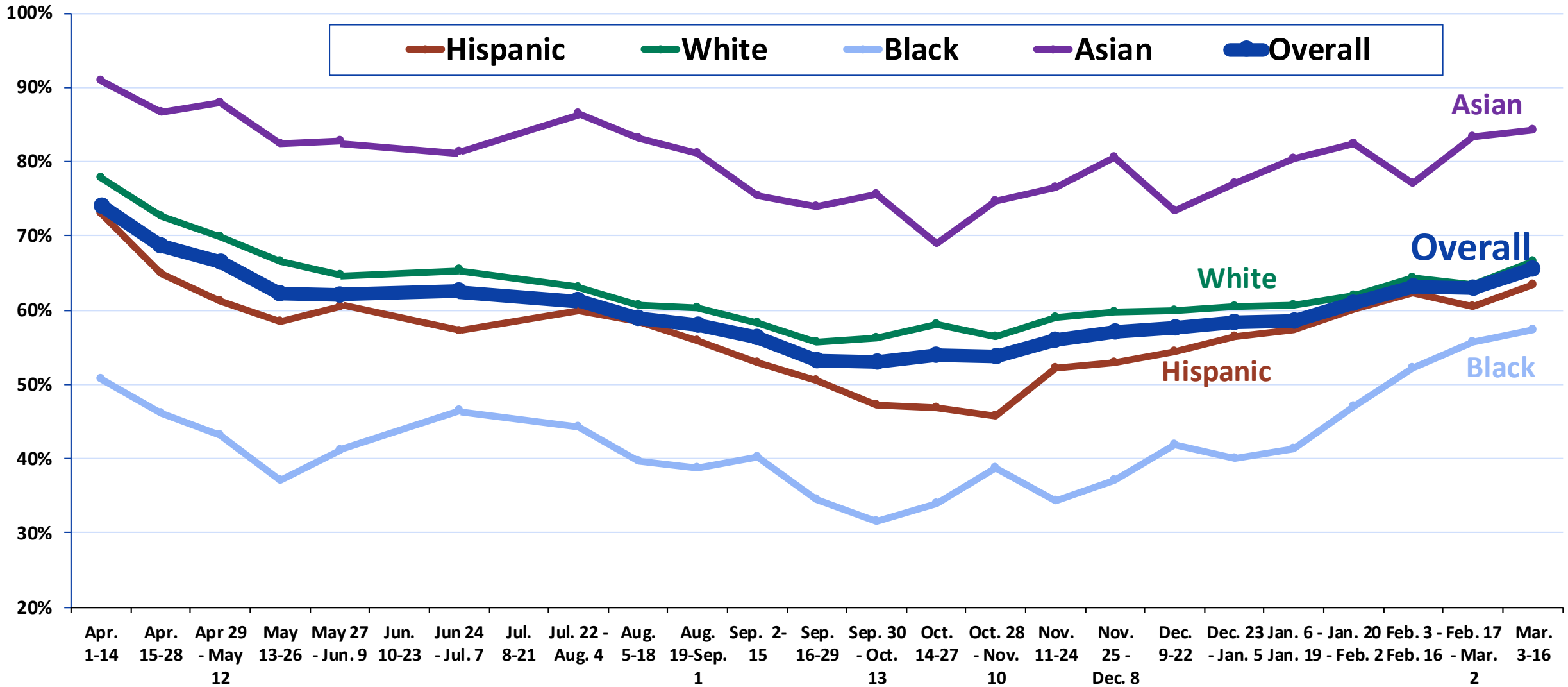
Surveys of Two Representative Online Panels

USA (n=7,000) and La County- LA Barometer (n-1,200)

- Online surveys every 2 weeks
 - Probability-based, representative
 - English and Spanish
 - Weighted to correct for factors
- COVID vaccine question
 - *Are you likely to get a coronavirus vaccine if available?*
 - Very likely, Somewhat likely, somewhat unlikely, very unlikely, unsure
 - If already received = “very likely”

Features	LABarometer	LA County
Female	62%	51%
18-34 yrs	36%	32%
35-54 yrs	51%	51%
65+ yrs	13%	17%
NH White	28%	28%
NH Black	9%	9%
NH Asian	13%	14%
Hispanic	48%	48%
Below 100% FPL	16%	13%
Immigrant	26%	34%

Percent of US Adults - Very Likely* or Likely to get COVID-19 Vaccine

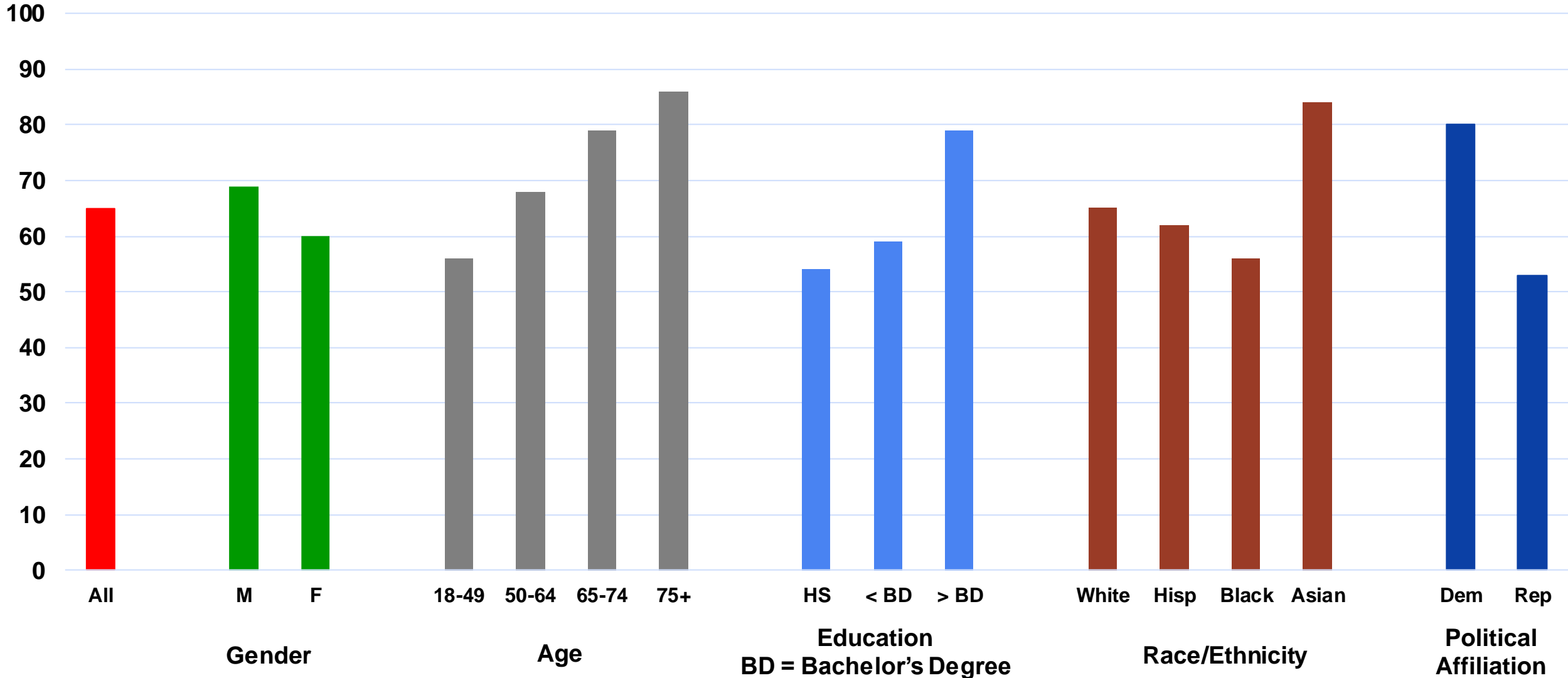


*Includes people who are already vaccinated

Very Likely or Likely to Get a COVID-19 Vaccine - USA

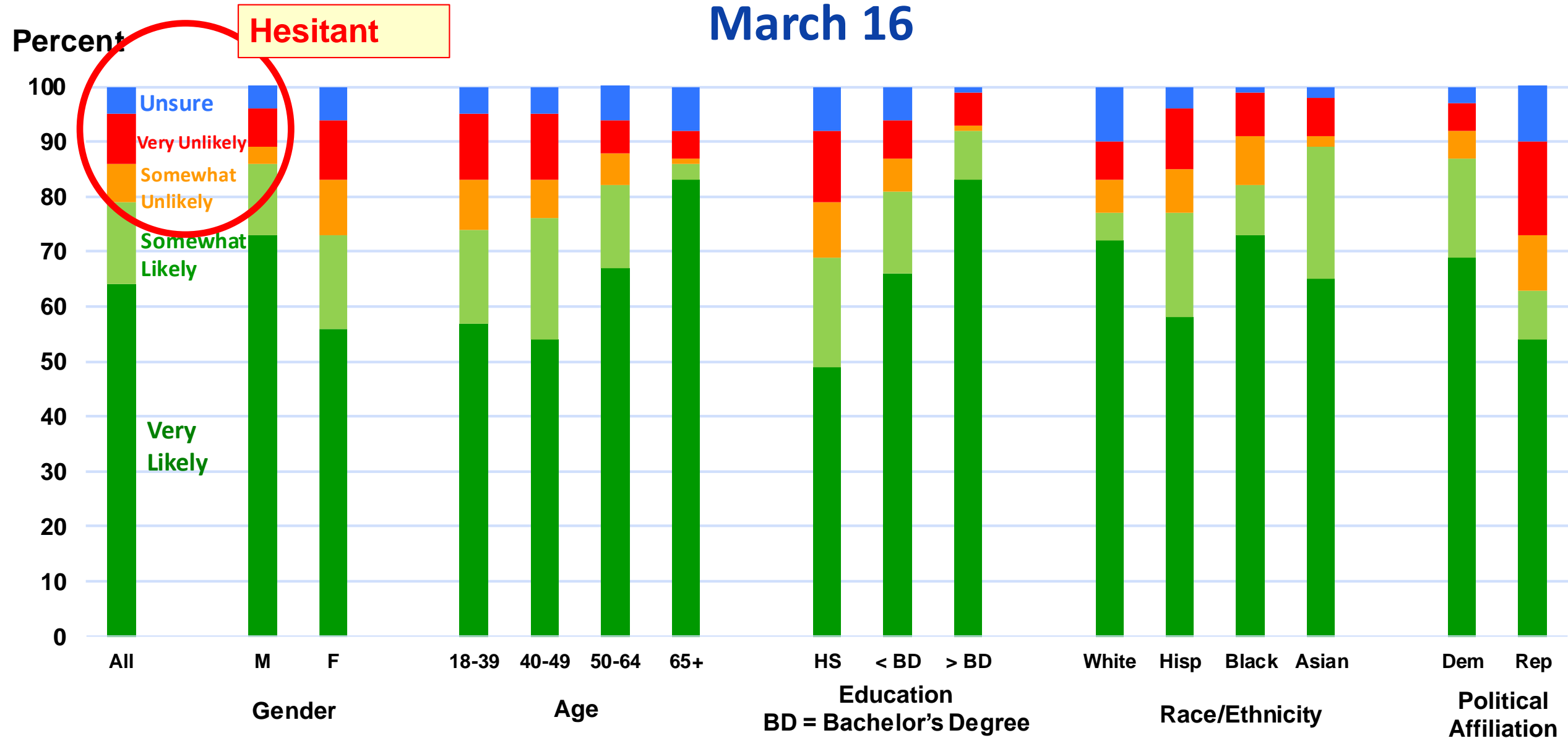
March 16

Percent



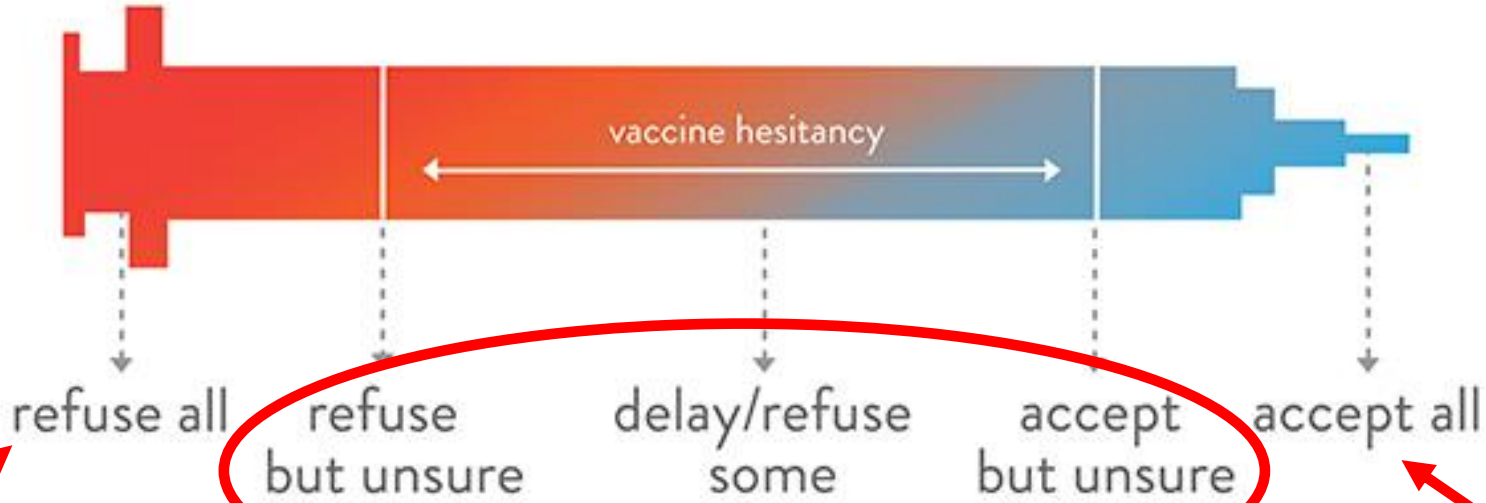
Likelihood of Getting a COVID-19 Vaccine – LA County

March 16



Vaccine hesitancy is not an all-or-none concept

Continuum of Vaccine Acceptance

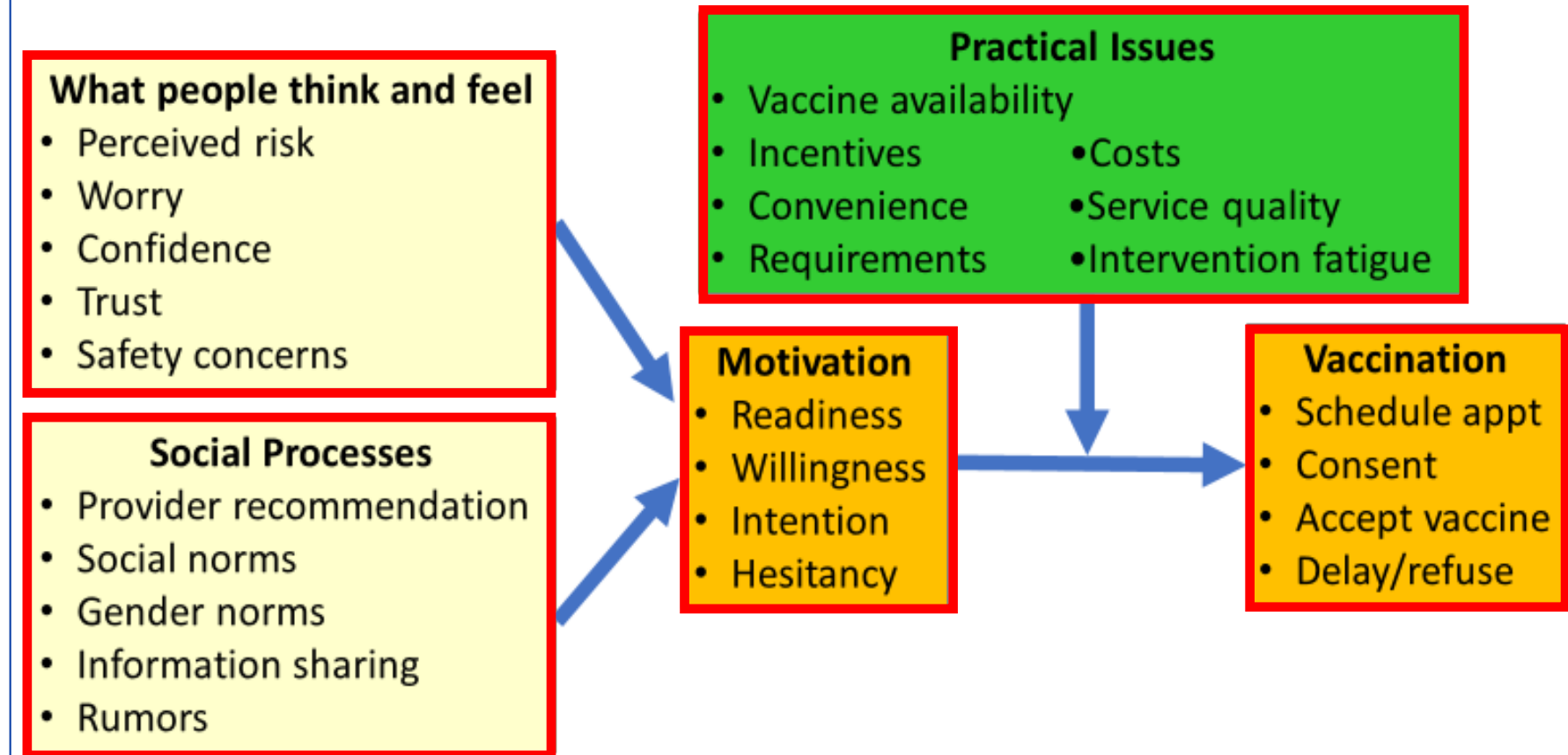


Entrenched beliefs
or
Anti-vaccinators

Many people





Vaccine Confidence: A Complex Problem

The WHO Increasing Vaccination Model



The WHO BESD Working Group: https://www.who.int/immunization/programmes_systems/vaccine_hesitancy/en/

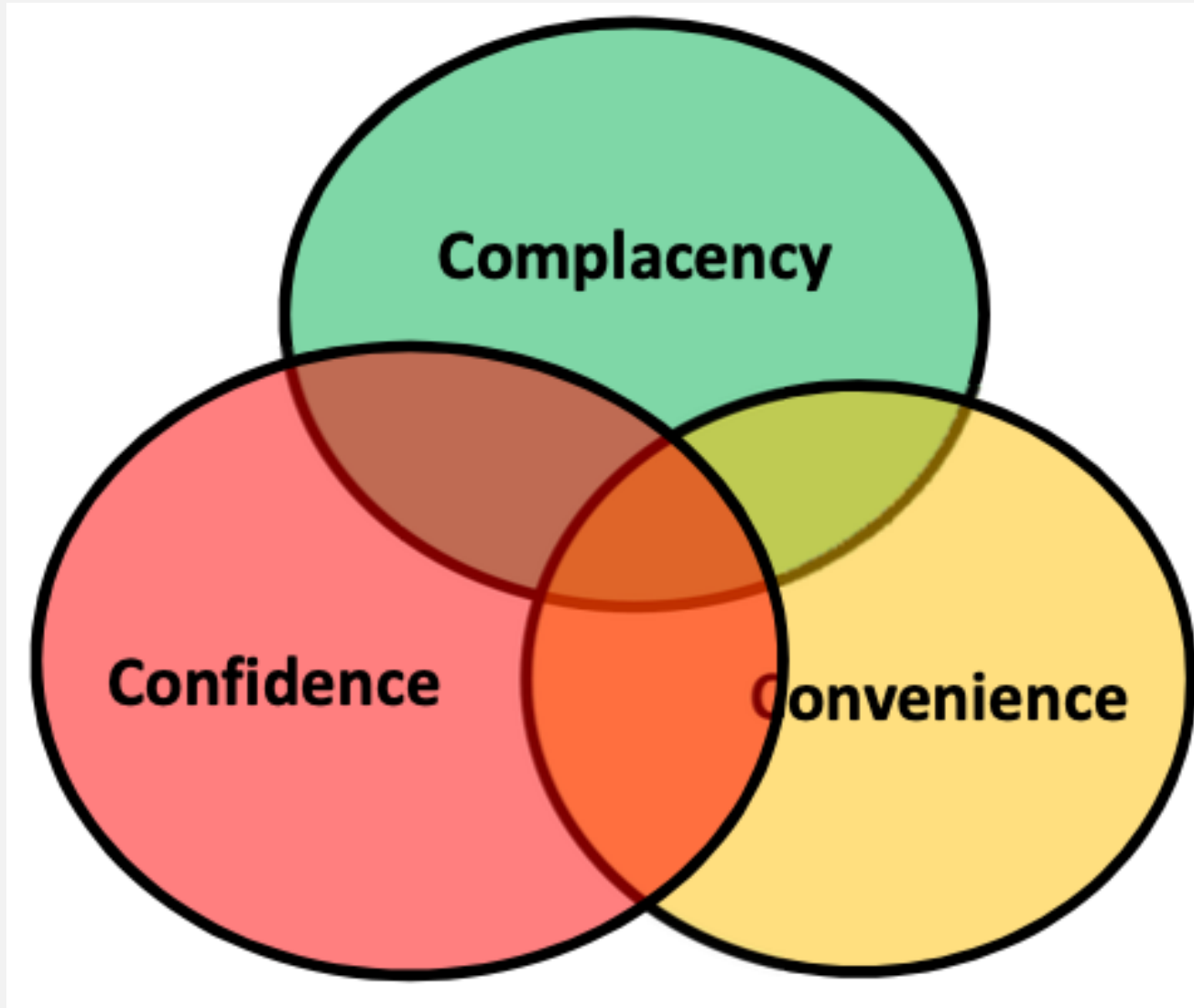
If not planning or unsure about COVID-19 vaccines, why

Domain	Specific Concern	Percent
 Vaccine safety	Concerned about side effects, safety	59%
	I plan to wait and see if it is safe	50%
	Vaccines are dangerous	16%
	COVID-19 vaccines could give me COVID-19	18%
 Vaccine efficacy	I don't think the vaccines will work	17%
	I am not a member of any high-risk group	14%
	I plan to use masks and other precautions instead	20%
 Trust	COVID-19 vaccines are being developed too fast	47%
	The vaccines not tested on enough people like me yet	42%
	My doctor has not recommended the vaccine to me	11%
	I don't like vaccines	14%
 Other	Concerned about costs	9%

Sources of influence for COVID-19 vaccines

If I trust.....	Likelihood of Vaccination
The vaccine development & approval process	↑↑↑
Mainstream TV/news media	↑
Health experts overall (combination)	↑
Physician	↑↑
Influence-work, friends, family, social media	No trends

The 3 C's Model



Convenience

- Physical availability
- Affordability and willingness-to-pay
- Geographical accessibility
- Ability to understand (language and health literacy)
- Appeal of immunization services
 - Real or perceived quality of services, time, place, cultural context

Confidence = Trust in...

Vaccines

- Effectiveness
- Safety



In our surveys: Adjusting for trust eliminated racial/ethnic disparities in likelihood of vaccination



Motivations of the policy-makers who decide on the needed vaccines



Health system that delivers them, including health professionals

Complacency



Perceived risks of vaccine-preventable diseases are low

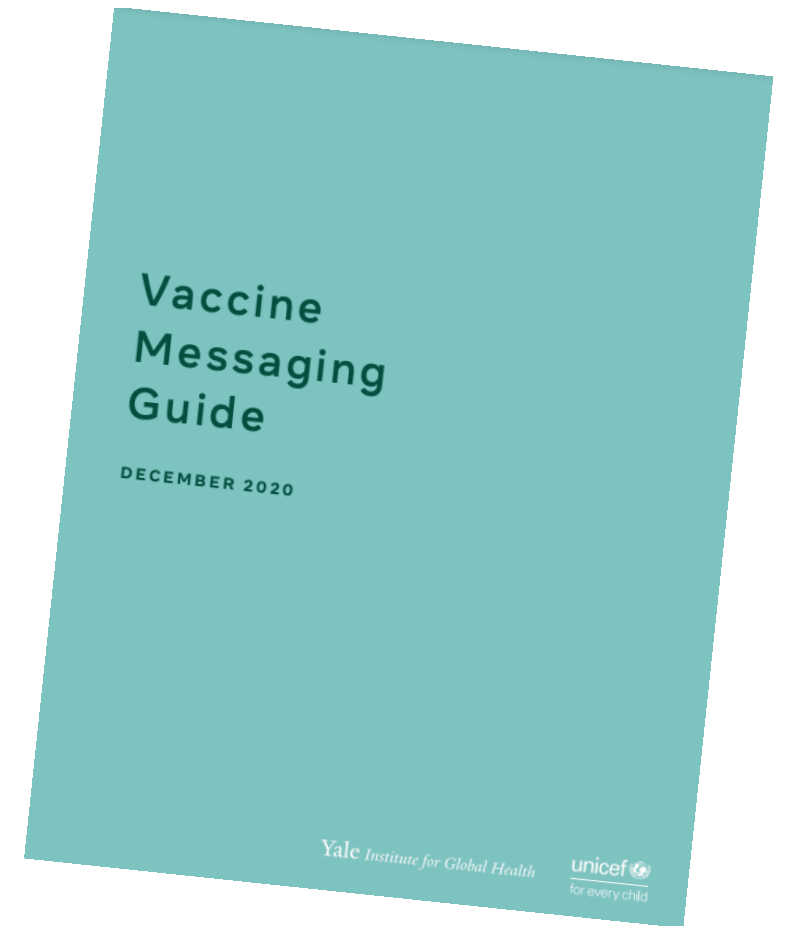


Vaccination is not deemed a necessary preventive action

- "I'm healthy so I don't need the vaccine."
- Vaccine effectiveness → low disease incidence → complacency

Vaccine Messaging Guide

- Developed by Yale Institute of Global Health and UNICEF Demand for Immunization team
- Helps create pro-vaccine content to motivate people
- Paucity of research that has applied these insights to the design and testing of messaging interventions
- Based on current evidence



DON'T ASSUME VACCINE HESITANCY

If a patient refuses vaccines...

Reboot with the next patient



TELL STORIES, USE METAPHORS

Your patients with COVID

You getting vaccinated

Your family members getting
vaccinated



Build trust & use credible communicators

- **Trust** in vaccines, vaccine producers, government and healthcare professionals
- What needs to be **credible**?
 - Information (e.g., peer-reviewed scientific research)
 - Information source or communicator
- The most **effective messengers** have 3 key attributes:
 - Expertise
 - Trustworthiness (more important than expertise)
 - Similarity
- **Doctors** are among the most trusted sources of health info and **provider recommendations** of vaccination significantly increase vaccine uptake

A message from a doctor saying, ‘My whole family will get the vaccine and you should too’ can be effective.

Remind people why we vaccinate

1. Risk perception: “I am at risk from COVID”
2. Response efficacy: “There is an effective and safe vaccine”
3. Self-efficacy: “I know where and how to get the vaccine”

A strong recommendation

“The flu can make you very sick. The good news is that you can protect yourself by getting the flu vaccine. Even though the flu vaccine is not perfect, it will protect you from being hospitalized with the flu.”

REINFORCE SOCIAL NORMS

“Most of my patients are
getting the COVID vaccine!”



Communicate vaccination as an aspiration, not an act



- Using pictures of distressed children/adults receiving vaccines may make viewers more reactive - and less receptive - to any new information
- Up to 25% of adults fear needles
- **Gain frame:** Show happy, healthy, productive people in graphics; avoid needles and tears

Summary: Strategies to Address COVID-19 Hesitancy

1. Don't assume vaccine hesitancy
2. Tell stories
3. Build trust and use credible communicators
4. Remind people why we vaccinate
5. Reinforce social norms
6. Communicate vaccination as an aspiration- be healthy



Thank you!

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Q & A Session



L.A. Care PCE Program Friendly Reminders

- **Please note:** a survey will pop up on your web browser after the webinar ends **(please do not close your web browser and wait a few seconds)** and please complete the survey. Upon completion of the online survey, you will receive the pdf CME or CE certificate based on your credential, verification of name and attendance duration time, within two (2) weeks after webinar.
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Thank you!

