

CommonSpirit
Population Health

COVID-19 Population Health

Vaccine Hesitancy Campaign Newsletter



Table of Contents

| | |
|---|----|
| Message from Nick | 1 |
| Prioritizing Equitable Vaccine Distribution in Communities of Color | 2 |
| Introducing the Population Health Vaccine Hesitancy Campaign | 3 |
| CSH Vaccine Communications Framework | 4 |
| Vaccine Distribution Outreach Risk Stratification System..... | 5 |
| Patient Risk Stratification and Binary Point Allotment System..... | 5 |
| Intentional Outreach Approach..... | 6 |
| Recommended Collateral..... | 6 |
| Hear Our Clinicians' Views on the COVID-19 Vaccine..... | 7 |
| How Behavioral Health Providers Can Support Vaccine Distribution..... | 7 |
| Pop Health Thought Leaders Address Vaccine Access and Hesitancy..... | 8 |
| Share Your Vaccine Story on Social Media | 9 |
| MercyOne's Vaccine Outreach Best Practices | 10 |
| J. Bianca Roberts, MD: Caring Begins in Her Own Community..... | 11 |
| Social Media Highlight..... | 12 |
| New Johnson & Johnson Consent Forms..... | 12 |

Message from Nick

The emergency use authorization of three highly effective COVID-19 vaccines in the United States and the expanded eligibility to younger adults and teens (for the Pfizer vaccine) have given us cause for hope.

While these developments are exciting, we also know there are challenges in ensuring that vaccines get into the arms of all Americans who need and want them. We've seen that vaccine distribution has not been equitable, and there are reasons for hesitancy among many Americans. Tackling the COVID-19 pandemic is fundamentally vital to our Population Health mission, and our teams are collaborating to overcome the challenges.

Dr. Alisahah Cole has been leading the charge, and I encourage you to hear her perspectives and learn about the work happening across the enterprise to make the distribution of the vaccine more equitable and to communicate more effectively with our vulnerable populations.



Nick Stine, MD

System Senior Vice President
Population Health, CSH

Prioritizing Equitable Vaccine Distribution in Communities of Color

The pandemic has taken a tremendous toll – on our nation and our communities – with communities of color hit particularly hard by COVID-19. Both case and death rates are higher among these communities than the rest of the population, and they are often the same communities already suffering from health care inequities. These are the same communities that have endured decades of systemic racism, historical trauma and medical mistreatment.

These are disparities we must keep in mind – not only in our approach to vaccine distribution, but also in how we seek to mend our relationships with these communities and work to promote equity as we move forward.

Our leadership has been working to help address these concerns on a variety of fronts. We've created a vaccine outreach prioritization matrix based on CDC guidelines and data to help promote equitable outreach and access. And we're enlisting the help of community partners to serve as trusted messengers who are paving the way for successful distribution at the local level.

Providers also can support these efforts by using their institutional influence to ensure vaccine campaigns are equitably designed and community outreach is occurring. But perhaps most importantly, providers can leverage the trust they've built with their patients to provide vaccine education and assist them in accessing the vaccine when possible.

We understand that ensuring an equitable vaccine distribution for our most vulnerable communities is critical, but it's just one piece of the puzzle in providing true equity in health care. We're embracing this challenge, and we hope you will join us in our efforts to address social determinants of health and to be intentional about how we work to promote equity among the communities we serve.



Alisahah Cole, MD
System Vice President
Innovation & Policy
Population Health, CSH

A photograph of a smiling man with short dark hair and glasses, wearing a grey shirt. He is looking to the right. In the background, there is a blurred anatomical chart on a wall.

Introducing the Population Health Vaccine Hesitancy Campaign

While more and more Americans are saying they'll get the vaccine, there remains a significant percentage of adults who are hesitant or say they'd refuse the vaccine. CommonSpirit Health is committed to providing proactive and culturally competent education and awareness for our internal staff and providers – as well as the patients and communities we serve – to promote health equity and COVID-19 vaccination.

Population Health has launched a campaign to help address vaccine hesitancy and to encourage vaccination among our vulnerable populations. Throughout this newsletter, you will see various pieces of the campaign from the system level.

In developing our various communications pieces, we also identified the need for local messengers and local messages. To assist our local markets, Population Health has created a document to guide providers in their COVID-19 communications. That document also provides markets and practices with a menu of collateral to assist in broader communications efforts. If you have not received this guide, [download it now](#).

CSH Vaccine Communications Framework

As we look to communicate with our patient populations about the vaccines, it's important to remember that the message matters – and so does the messenger.

As we work to build confidence among those who are hesitant, we are utilizing the following five strategies:

- 1 Clinician influence
- 2 Myth busting and pre-debunking
- 3 Leadership example
- 4 Colleague influence
- 5 Removing barriers

Vaccine messages should:

- Be crafted with the help and feedback of community voices.
- Be tailored to diverse populations, geographies, languages and cultures, and be data-driven and heart- and mind-focused.
- Acknowledge and validate vaccine hesitancy, structural racism and historical trauma.

Messengers should include:

- Peer-to-peer networks
- Community-based organizations, hospital partners and grantees of our funding programs
- Businesses and faith communities
- Elected officials/civic leaders/local advocates
- Informal leaders in communities
- Local sports and entertainment figures
- Providers within the respective populations (physicians/APPs/nurses/social workers)
- Medical and research leaders

[View more details on the Vaccine Hesitancy Campaign Communications Guidance document.](#)



Vaccine Distribution Outreach Risk Stratification System

Based on a review of pandemic data to date, the U.S. Centers for Disease Control & Prevention has put forth recommendations on key considerations for identifying patients most vulnerable to COVID-19 infection, illness severity and death. Based on recent data, we now know that these patients are being missed by conventional outreach efforts and not receiving the COVID-19 vaccine at equitable rates.

CommonSpirit Health has developed the following evidence-informed recommendations based on CDC guidelines and CSH employee vaccination processes. (Note: Recognizing the complexity of state and local jurisdictions and the overall urgency of vaccine deployment across the enterprise, this recommendation is not meant to replace or hinder any existing efforts.)

Using this stratification system helps practices determine which patients should receive the most urgent messages on vaccination.



Patient Risk Stratification and Binary Point Allotment System

| Category | 1 Point | 2 Points |
|--|---------|----------|
| Age | 18-64 | ≥ 65 |
| Race/Ethnicity | White | BIPOC |
| Number of High-Risk Medical Condition Diagnoses* | 1 | ≥ 2 |
| SVI Score** | < 0.75 | ≥ 0.75 |

Used risk factors that have 2x or more risk for COVID hospitalization and/or death

*Refer to high-risk medical conditions

**Social vulnerability score optional

High-Risk Medical Conditions

Adults with these medical conditions are at increased risk (high) for severe COVID illness:

- Asthma
- Cancer
- Cerebrovascular disease
- Chronic kidney disease
- Cystic fibrosis
- Down syndrome
- Heart conditions
- HIV
- Hypertension
- Immune deficiencies
- Immunocompromised state
- Liver disease
- Neurologic conditions
- Obesity
- Overweight
- Pregnancy
- Pulmonary fibrosis
- Sickle cell
- Solid organ transplant COPD
- Thalassemia
- Tobacco use disorder
- Type 1 diabetes mellitus
- Type 2 diabetes
- Use of corticosteroids

Intentional Outreach Approach

Communications outreach efforts to patients about the COVID-19 vaccine should vary based on risk stratification.

High Risk

Not Using SVI: Score 5-6
Using SVI: Score 6-8

Call from nurse/care coordinator/community health worker to educate and inform about COVID vaccine and schedule appointment if possible.

Moderate Risk

Not Using SVI: Score 3-4
Using SVI: Score 5

Specific Information sent via mail/text to educate and inform about the COVID vaccine. Information to schedule included for the patient to reach out if appropriate (e.g., age ≥ 65).

Low Risk

Not Using SVI: Score 2
Using SVI: Score 4

General COVID vaccine information sent.

Recommended Collateral

A list of collateral pieces to support local Vaccine Hesitancy awareness and campaigns is listed below. Please use this list as a guide to support communications within your local communities.

Patient-Facing



E-blast template



Direct mail



Social media posts (3-5)
(including Spanish translations)



Newsletter articles (1-2)



Infographic/flyer
(including Spanish translation)



"I got vaccinated"
sticker



Blog Posts

Provider-Facing



Newsletter articles (1-2)



Flyers for gathering spaces



Social media posts



Screensavers/
digital kiosks



Infographic/
flyer



"I got vaccinated"
sticker

The Population Health marketing team is available to create each piece of collateral and will brand for each local market as needed.

Contact Jessica Dixon, System Director of Marketing & Communications, at Jessica.Dixon2@dignityhealth.org for assistance.

Hear Our Clinicians' Views on the COVID-19 Vaccine

CommonSpirit is producing a series of short videos designed to address pertinent concerns and issues surrounding the COVID-19 vaccine. One set of videos features Dr. Alisahah Cole, System Vice President Population Health Innovation and Policy, and the first clip of the series has been released. It focuses on why people of color should get the vaccine and includes facts to help assuage hesitancy. You can [view it here](#).

[Additional videos](#) are also available from other CommonSpirit clinicians, as they debunk vaccine myths and share their own stories about why they personally got vaccinated.

How Behavioral Health Providers Can Support Vaccine Distribution

As state and local governments draft their plans for vaccine distribution, it's critical for inpatient and residential facilities for mental illness and chronic substance use disorders to be part of those plans, along with other long-term care facilities. Recent research points to [higher COVID-19 mortality](#) rates in individuals recently diagnosed with a mental disorder.

This also means behavioral health providers must be included in the planning process – and given the resources necessary to offer support. Providers are uniquely positioned to offer support:

- Their trusted relationships with their patients enable them to offer education on the vaccine and connect them with other providers for vaccine access.
- Some behavioral health providers have the staff and infrastructure in place to administer vaccines.
- The strategies behavioral health providers already use to help prevent readmissions – like systematic assessment of treatment barriers, education, intensive outreach and peer support staff – could also be used in vaccine distribution.

Read more from [Health Affairs](#) on why behavioral health providers should be integrated into the vaccine distribution process with this vulnerable population and how to encourage their success.



Pop Health Thought Leaders Address Vaccine Access and Hesitancy

CommonSpirit Population Health's leaders are sharing their thoughts on vaccine access and hesitancy on the Population Health blog. Read more on vaccinating our most vulnerable populations, from why communities of color may be understandably hesitant to get the vaccine to how we can encourage vaccine acceptance by working with community partners. Read the excerpts below and view the full posts at [Population Health Newsroom](#).

Alisahah Cole, MD, System Vice President, Innovation and Policy, Population Health

COVID-19 has left no community untouched. But its disproportionate impact on communities of color is well documented. For communities of color, health disparities and mistreatment aren't new. As vaccination efforts continue, these communities face two critical obstacles in this fight: an understandable hesitancy to take the vaccine and a lack of equity in distribution.

[Read more.](#)



Julian Mitton, MD, MPH, System Director, Policy, CommonSpirit Population Health

As COVID-19 vaccination ramps up across the U.S., many people are eager for their turn to get their shot(s) so they can safely reclaim some normalcy in their lives. Yet in parallel with this anticipation, an understandable level of hesitance coexists among communities of color. Fortunately, health care providers can successfully address the primary reasons patients of color might be hesitant to get the vaccine because they are uniquely positioned to advocate for patients of color in a couple of key ways. [Read more.](#)

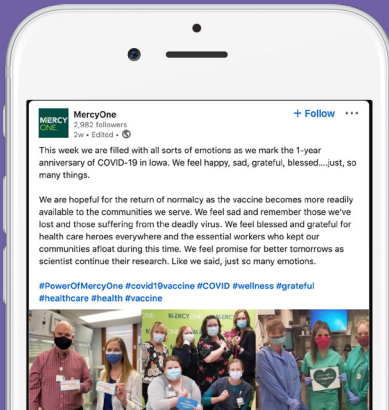
Kimm Hurley, MSW, LCSW, CAS, System Director, Clinical Health Equity

Amid all of the challenges and upheaval of the past year, knowing the vaccine was coming was the bright spot on the horizon. Now that it's here, that optimism continues. Yet I know that having access to it won't be enough for everyone to decide to take it. And while I personally got the vaccine as soon as it was available to me as a health care worker, I understand why others – especially people of color, like myself – may be more skeptical. [Read more.](#)

Brisa Hernandez, PhD, System Director, Population Health Engagement and Partnerships

Yes, vaccine hesitancy is certainly real – and understandable. There also are fears regarding immigration status as well as language barriers for migrant communities. And, of course, there are issues around the availability of the vaccine itself, which has been hindered by the health care inequities that already plague these populations. In the face of all of these challenges, how do we begin to build confidence in the vaccine and trust in the medical community among communities of color? [Read more.](#)

Share Your Vaccine Story on Social Media



Regardless of whether you personally have been vaccinated against COVID-19, you can help encourage others by sharing your own personal story or sharing facts to combat misinformation and hesitancy.

Have you shared your vaccine story on social media? To help get you started, we have included several sample posts below. If you see one that resonates, feel free to copy, paste and personalize it. You can share why you chose to get vaccinated, what helped you overcome any personal hesitancy or how it feels to know you're helping stop the spread of COVID-19 in your community.

Sample Posts for Vaccinated Employees to Customize

- #IGotVaccinated because I can't wait to hug my friends again. What's your reason why? #MyWhy
- #IGotVaccinated because I love my community and I want to keep them safe. #gettheshot
- #IGotVaccinated because I know that people of color are more likely to die of COVID-19, and the vaccine will help protect my community. #gettheshot
- #IGotVaccinated because it will help keep others safe.
- #IGotVaccinated because I believe in science, and I'm ready to get back to doing the things I love.
- #IGotVaccinated even though I was hesitant, because this period in time is different from the past.

Learn More about Vaccine Confidence

CommonSpirit Health's expert clinicians have been speaking about ways to build confidence in the vaccine. Take a look at these two articles:

- [The Role of Ambassadorship in Vaccine Confidence, from One Voice](#)
- [Black Medical Professionals Are Crucial to the Future of Black Communities, by Dr. J Bianca Roberts](#)

Sample Educational Posts to Share

Not vaccinated yet? You can still help reduce vaccine hesitancy by sharing facts about the vaccine on your personal social media pages. Feel free to use the sample posts below as inspiration – copy and paste them directly.

- Did you know the #COVID vaccine will provide immunity against the virus and reduce the risk of contracting the #COVID19 infection? #COVIDVaccine #VaccineFacts
- Did you know that Hispanic/Latino and Indigenous Americans as well as African Americans have a COVID-19 death rate of double or more than that of white Americans? That's why I plan to #getvaccinated.
- Did you know that the #COVID vaccine cannot give you COVID-19? #COVIDVaccine #VaccineFacts

In addition, you may find resources from the following national organizations useful:

- [U.S. Centers for Disease Control and Prevention](#)
- [Salud America](#)
- [Doctors for America](#)
- [National COVID Resiliency Network](#)

MercyOne's Vaccine Outreach Best Practices

Distribution of the COVID-19 vaccine is a priority for our value-based organizations (VBOs), as they support the providers and patients in their markets. [MercyOne](#), a connected system of health care facilities and services located across Iowa and neighboring states, has developed several winning strategies to aid the effort. For example:

Communications Booklet. To capture research and provide important information, the MercyOne communications team collaborated with others across the network to develop a communications booklet. This document details how MercyOne is communicating about the vaccine internally and externally and helps inform providers about motivations and concerns among patient populations.

Interest Form. More than 7,500 people signed up for emails shortly after MercyOne launched its [interest form](#). “This helps us focus on patients in the consideration phase,” explains Kassi Hoxmeier, Division Director, Communications. The form asks for a person’s ZIP code, age and eligibility status, among other details. Emails then go out to those eligible for the vaccine to provide more information on where and how they can get vaccinated.

County-by-County Details. Communicating about vaccine eligibility and access can be challenging in a state with 99 counties. MercyOne’s communications team built a [page on its website](#) to provide county-by-county vaccination appointment information. This tool has been extraordinarily helpful for patients and providers alike.

Community Health Advocacy. MercyOne’s local leaders continue to cultivate authentic relationships in various communities. These health and well-being specialists work to provide information about the vaccine to populations who may be



hesitant or less informed about the vaccine. In addition, health coaches (RNs who commonly work with patients on healthy behavior change) are answering questions and helping to encourage patients to get vaccinated.

“We’re using an ask-tell-ask framework to understand people’s concerns and then provide them with information,” notes Emily Fletcher, Division Director of Social and Clinical Care Integration at MercyOne.

By using an effective mix of strategies designed to both communicate and gather information, MercyOne has given its vaccine distribution efforts a greater chance to succeed.

J. Bianca Roberts, MD: Caring Begins in Her Own Community

For J. Bianca Roberts, MD, Family Medicine/Occupational Health and Walk-In Clinic Department Chair at Mercy Medical Group (MMG), ensuring that the most vulnerable members of her community receive the COVID-19 vaccine is a goal that's both professional and personal.

Originally from south Sacramento, Dr. Roberts has been with Dignity Health since 2013, and the ZIP code she grew up in has become the hardest hit by COVID-19. Members of her family live in these vulnerable communities.

"I feel so grateful to work in a group that recognizes the importance of not just taking care of our own patients but our community as well," she says. "That's the reason I joined Mercy Medical Group; it was always my goal to take care of underserved populations and take care of the community I grew up in."

Aiming for Equitable Distribution

Dr. Roberts serves on her market's COVID-19 Vaccine Task Force, which has met regularly throughout the pandemic to review COVID-19 safety and treatment protocols. When the vaccine became available and they learned they'd be receiving an allocation, the task force worked to create plans for distribution.

The group identified four sites throughout the Sacramento area to distribute large amounts of vaccine doses in a short amount of time. Then they began calling their most vulnerable patients – those over age 65 with medical conditions that put them at highest risk, per county eligibility guidelines.

"We started by calling MMG patients," Dr. Roberts says. "That was key because we felt that our sickest patients weren't going to have the information and the ability to schedule on their own."

Education Resolves Hesitancy

As for questions about vaccine hesitancy, that's an easier problem to solve, says Dr. Roberts.

"When the community is educated about the vaccine, the hesitancy goes away," she says.

To address hesitancy, Dr. Roberts has been participating in Facebook Live events with physicians around the country. She's also done one with the CME Church in Oakland, as well as a Town Hall with the NAACP to discuss what's in the vaccine, how it works, its effectiveness and the inclusion of Black people in the vaccine studies.

For those who've seen what this virus can do, access is the biggest issue. "Many have had family members die of COVID, and they just want the vaccine," she says.

[Read more](#) about Dr. Roberts' work.



Social Media Highlight



Population Health is sharing thoughts and guidance on health equity and vaccination via the CommonSpirit Health corporate Twitter feed. This recent post received a great deal of engagement.

[VIEW POST](#)

New Johnson & Johnson Consent Forms

Following a meeting of the Centers for Disease Control and Prevention's Advisory Committee on Immunization Practices (ACIP), the Food and Drug Administration and CDC announced on Friday, April 23, that the agencies lifted the recommended pause on the Janssen/Johnson & Johnson COVID-19 vaccine.

The FDA has updated the Janssen COVID-19 vaccine fact sheet for health care providers and the fact sheet for recipients and caregivers to include information about the risk of thrombosis-thrombocytopenia syndrome (TTS). The CommonSpirit Health consent forms have been updated to reflect the new warnings. Please use these updated consent forms prior to administering the Janssen COVID-19 vaccine. There is no update to the COVID-19 vaccine screening questions (latest version updated 3/1/2021).

Please see the memo here from the System P&T: [Updated Janssen Consent Forms for COVID-19 Vaccination Memo](#)

Updated consent forms

- [Janssen COVID-19 3 in 1 Consents Form 4.23.21 \(v2\)](#)
- [Janssen COVID-19 Consents Only Form 4.23.21 \(v2\)](#)
- [Janssen Vaccine Expiration Date Verification](#)