UNMC[SM]

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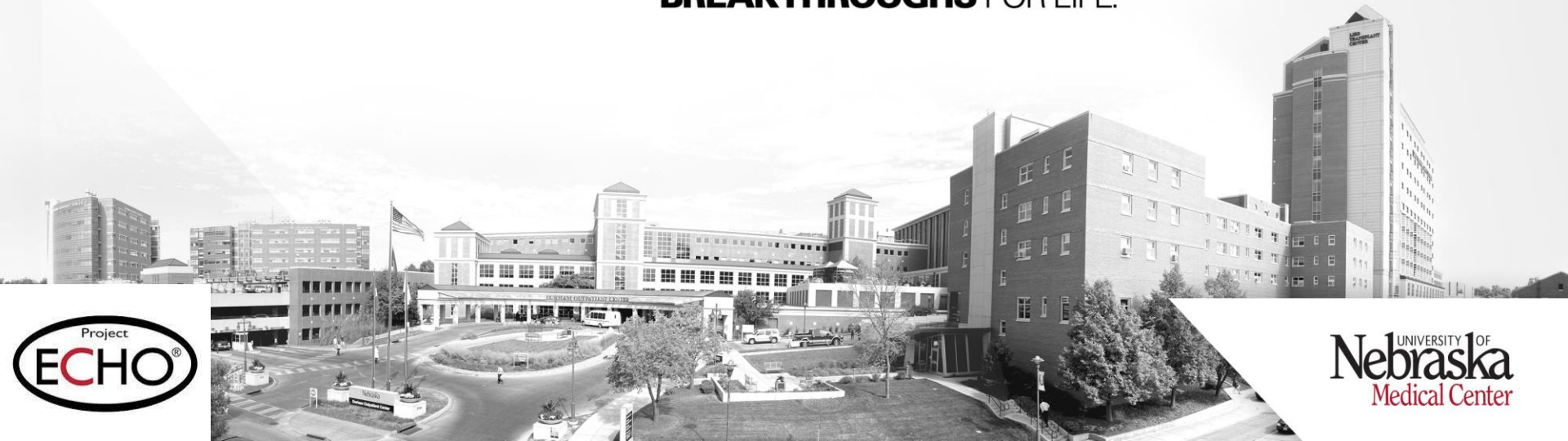

Project ECHO®

University of Nebraska Medical Center

UNMC ID ECHO Project to Reduce COVID-19 Health Disparities Through Quality Improvement

Welcome to Session 3

Project Funded by Nebraska DHHS through a CDC grant

Housekeeping Reminders

- Discussion makes sessions work best!
- Please stay muted unless you are speaking
- We love to see your face!
- Sessions will be recorded and available upon request
- Attendance is taken by filling the survey in the chat

- Reminder: Project ECHO collects registration, participation, questions and answers, chat comments, and poll responses for some ECHO programs. Your individual data will be kept confidential. This data may be used for reports, maps, communications, surveys, quality assurance, evaluation, research, and to create new initiatives.

Subject Matter Experts

Infectious Diseases Team

- M. Salman Ashraf, MBBS
- Erica Stohs, MD, MPH
- Anum Abbas, MD
- Kelly Cawcutt, MD, MS

Quality Improvement Team

- Jeff Wetherhold, QI Consultant
- Gale Etherton, MD
- Mahliqha Qasimyar, MD

Health Equity & Cultural Sensitivity Team

- Nada Fadul, MD
- Mahelet Kebede, HE & CS Consultant
- Shirley Delair, MD
- Jasmine Marcelin, MD
- Precious Davis, Case Manager
- Samantha Jones, Program Manager

Guest Panelists

- Dr. Julie Fedderson, MD
- Dr. Jeff Stafford, MD

*Ardis Reed, State QIN/QIO Representative

CE Disclosures

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UNMC ID Health Equity and Quality Improvement ECHO Project

Topics: Promoting COVID-19 Vaccination: Strategies and Communication and Understanding Cultural Values and Attitudes

Free Live ECHO Project
December 1, 2021
CID 53866

University of Nebraska Medical Center

TARGET AUDIENCE

This live activity is intended for physicians, APPs, nurses, social workers, case managers, and anyone else interested in learning about health equity in underserved populations.

ACTIVITY DESCRIPTION

Achieving health equity, addressing COVID-19 disparities, and improving the health of all Nebraskans using a quality improvement approach are the goals for our newly launched educational initiative. This COVID-19-focused health equity and quality improvement educational series will use the ECHO model for training healthcare workers.

The course is being offered through the University of Nebraska Medical Center (UNMC) infectious diseases (ID) ECHO program and is funded by the Nebraska Department of Health and Human Services (DHHS) via a CDC grant.

EDUCATIONAL OBJECTIVES

At the conclusion of this live activity, the participants should be better able to:

- Recognize the barriers to vaccine access and confidence that are most likely to impact patients who are at higher risk and historically underserved, including racial and ethnic minority populations and people living in rural communities.
- Integrate knowledge of these barriers into conversations with staff regarding vaccine hesitancy.
- Define cultural values, beliefs, and practices.

REQUIREMENTS FOR SUCCESSFUL COMPLETION

In order to receive continuing education credit/credits, you must:

1. Participate in the live activity via ZOOM. Your attendance will be tracked by the course facilitator.
2. Complete the overall evaluation
    a. Instructions on how to access the overall evaluation will be provided on a quarterly basis.
    b. Continuing education credits will be issued for activities you attended.

For questions regarding evaluation and attendance, please contact Nuha Mirghani, MD, MBA, HCM at nmirghani@unmc.edu

ACCREDITED CONTINUING EDUCATION

In support of improving patient care, University of Nebraska Medical Center is jointly accredited by the Accreditation Council for Continuing Medical Education (ACCME), the Accreditation Council for Pharmacy Education (ACPE), and the American Nurses Credentialing Center (ANCC), to provide continuing education for the healthcare team.

PHYSICIANS/PHYSICIAN ASSISTANTS

The University of Nebraska Medical Center designates this live activity for a maximum of 1.5 *AMA PRA Category 1 Credit(s)*™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

NURSES/NURSE PRACTITIONERS

The University of Nebraska Medical Center designates this activity for 1.5 ANCC contact hour(s). Nurses should only claim credit for the actual time spent participating in the activity.

DISCLOSURE INFORMATION

As a jointly accredited provider, the University of Nebraska Medical Center (UNMC) ensures accuracy, balance, objectivity, independence, and scientific rigor in its educational activities and is committed to protecting learners from promotion, marketing, and commercial bias. Faculty (authors, presenters, speakers) are encouraged to provide a balanced view of therapeutic options by utilizing either generic names or other options available when utilizing trade names to ensure impartiality.

All faculty, planners, and others in a position to control continuing education content participating in a UNMC accredited activity are required to disclose all financial relationships with ineligible companies. As defined by the Standards for Integrity and Independence in Accredited Continuing Education, ineligible companies are organizations whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients. The accredited provider is responsible for mitigating relevant financial relationships in accredited continuing education. Disclosure of these commitments and/or relationships is included in these activity materials so that participants may formulate their own judgments in interpreting its content and evaluating its recommendations.
This activity may include presentations in which faculty may discuss off-label and/or investigational use of pharmaceuticals or instruments not yet FDA-approved. Participants should note that the use of products outside currently FDA-approved labeling should be considered experimental and are advised to consult current prescribing information for FDA-approved indications.

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Disclosures

The accredited provider has mitigated and is disclosing identified relevant financial relationships for the following faculty, planners, and others in control of content prior to assuming their roles:

FACULTY

Nada Fadul, MD*
ViiV Healthcare: Advisory Committee/Board

The below faculty have nothing to disclose:

- Mahelet Kebede, MPH*

**Indicates on the planning committee*

Disclosures

PLANNING COMMITTEE

M. Salman Ashraf, MBBS
Merck & Co, Inc: Industry funded research/investigator

Erica Stohs, MD, MPH
ReViral Ltd.: Industry funded research/investigator

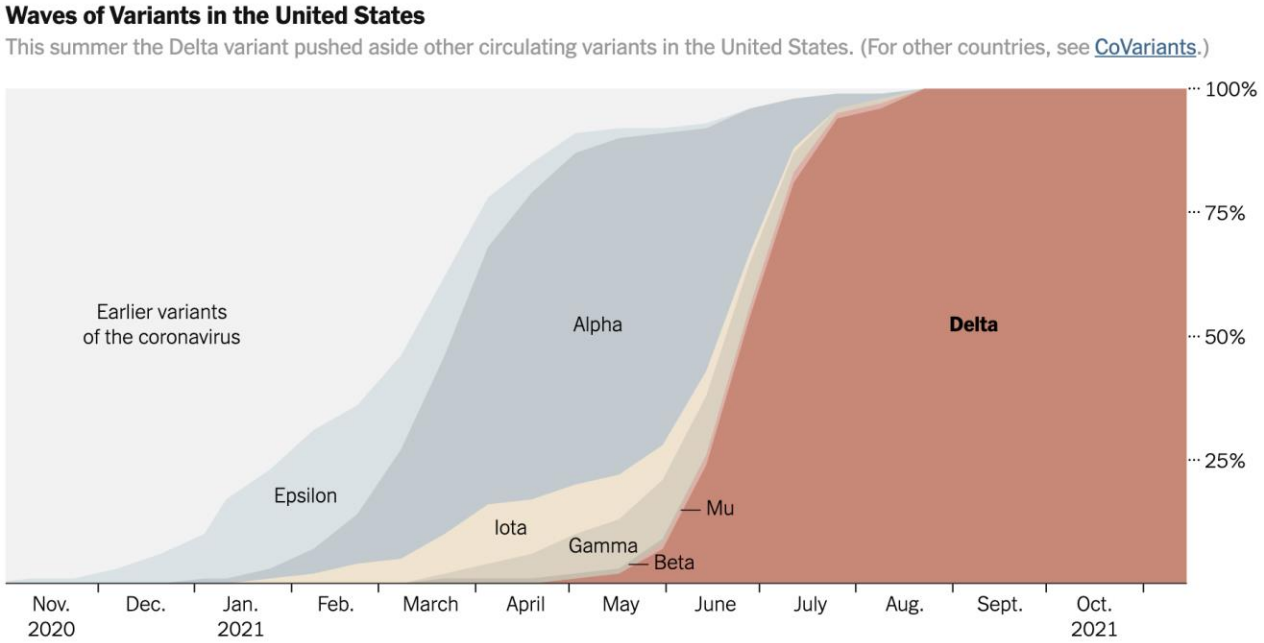
The below planning committee members have nothing to disclose:

- Valeta Creason-Wahl, HMCC
- Precious Davis, MSN, BSN, RN
- Samantha Jones, CSW
- Nuha Mirghani, MD, MBA, HCM
- Renee Paulin, MSN, RN, CWOCN
- Jeff Wetherhold, M.Ed
- Bailey Wrenn, MA

www.unmc.edu/cce

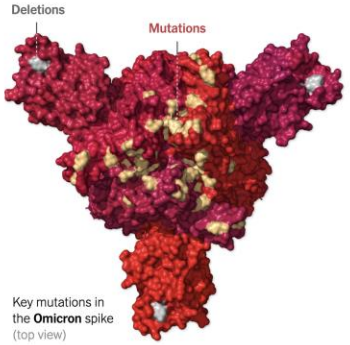
POLL

COVID-19 Update: Omicron Variant



https://www.nytimes.com/interactive/2021/health/coronavirus-variant-tracker.html

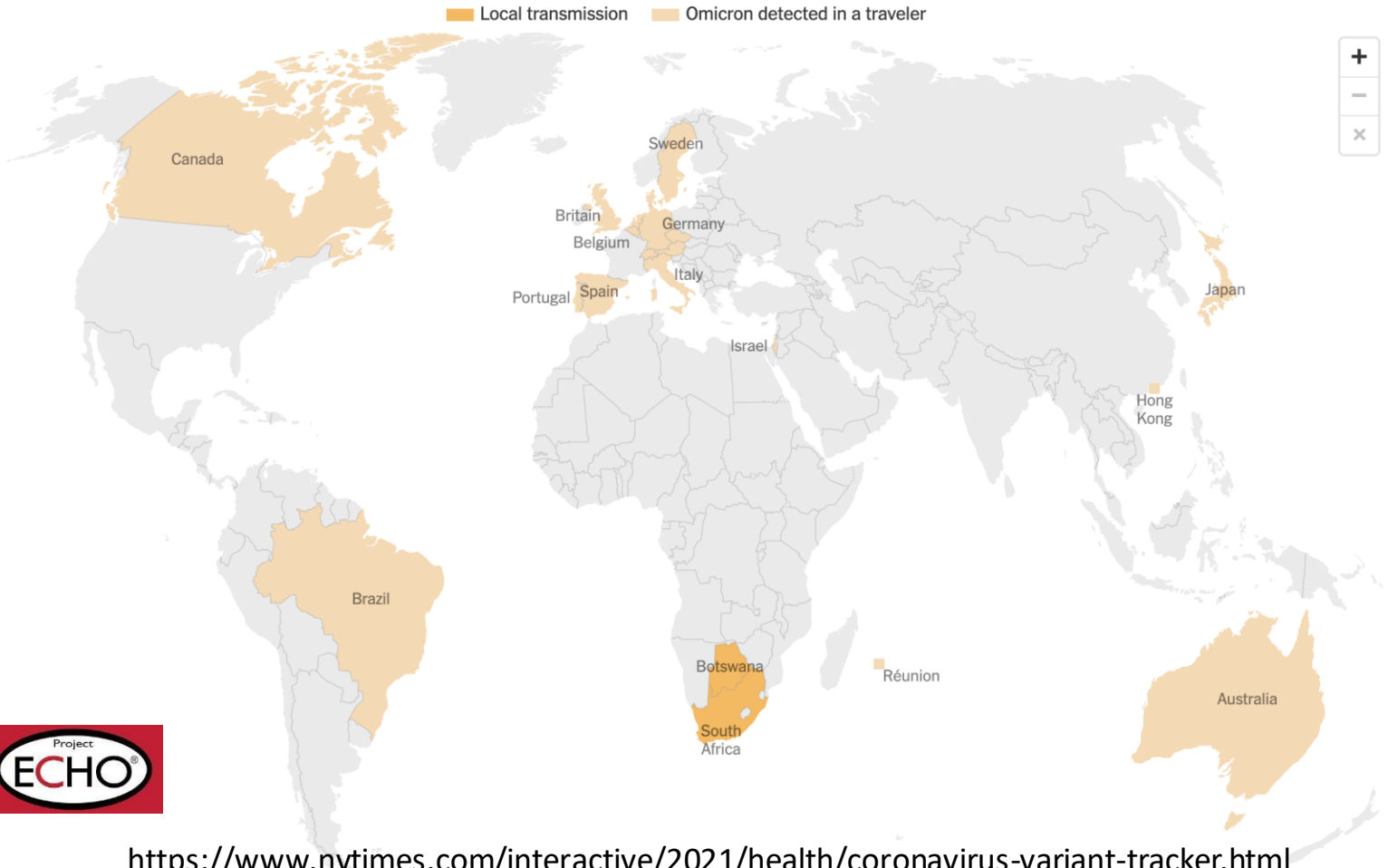
Omicron Variant



What is known and unknown?

- Combination of 50 mutations, most in spike protein
- Concern for increased transmissibility
- Unknown if it will cause more severe COVID-19 course
- Current vaccines' effectiveness against omicron is unknown but experience with previous variants showed continued protection with booster
- Existing monoclonal antibody effectiveness against omicron is unknown

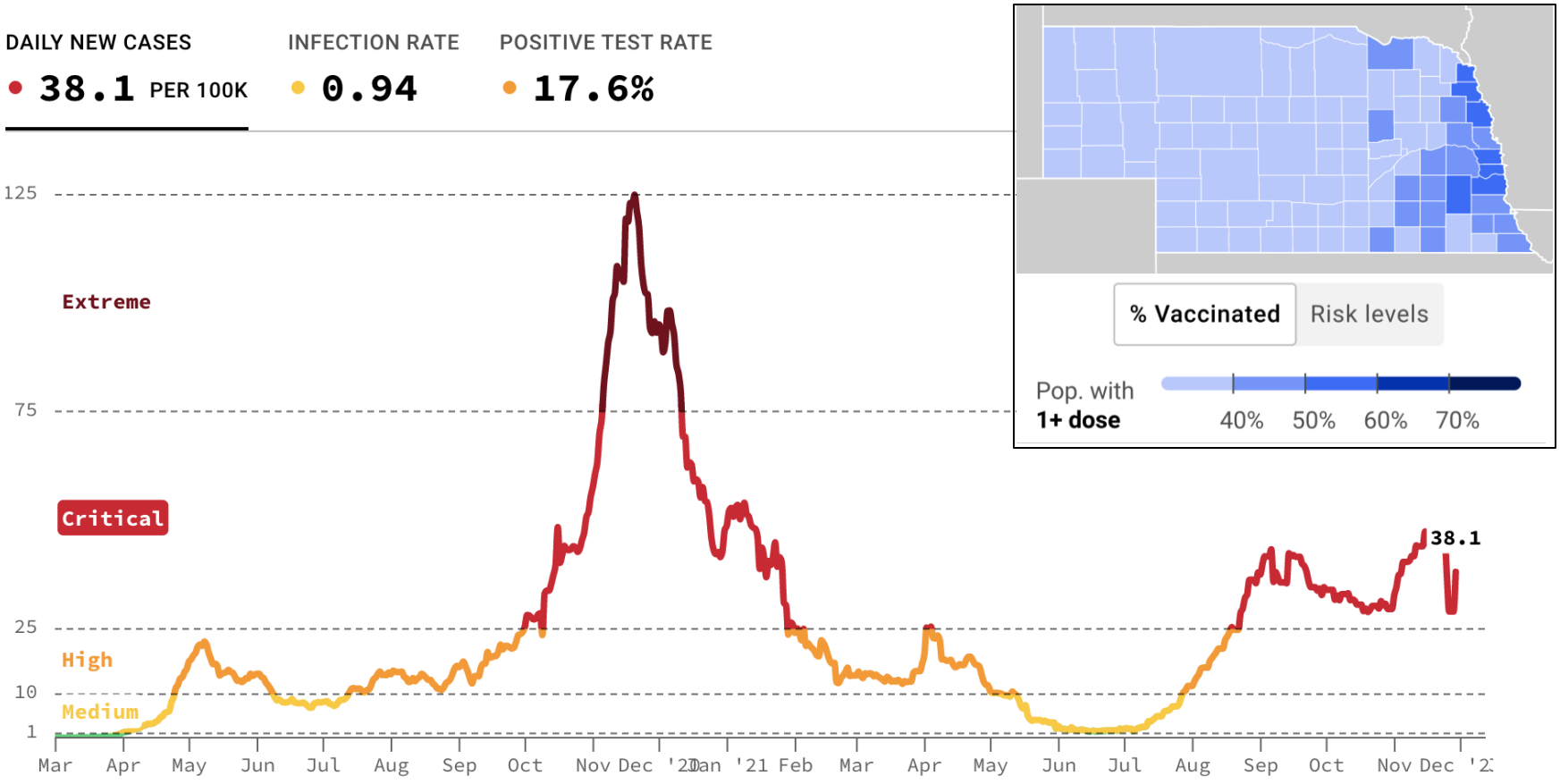
On Nov. 26, the World Health Organization named the **Omicron** variant of the coronavirus a [new variant of concern](#).



https://www.nytimes.com/interactive/2021/health/coronavirus-variant-tracker.html

Current State of COVID-19 in Nebraska

Nebraska Statistics



Accessed 11/30/21. https://covidactnow.org/us/nebraska-ne/?s=24951410

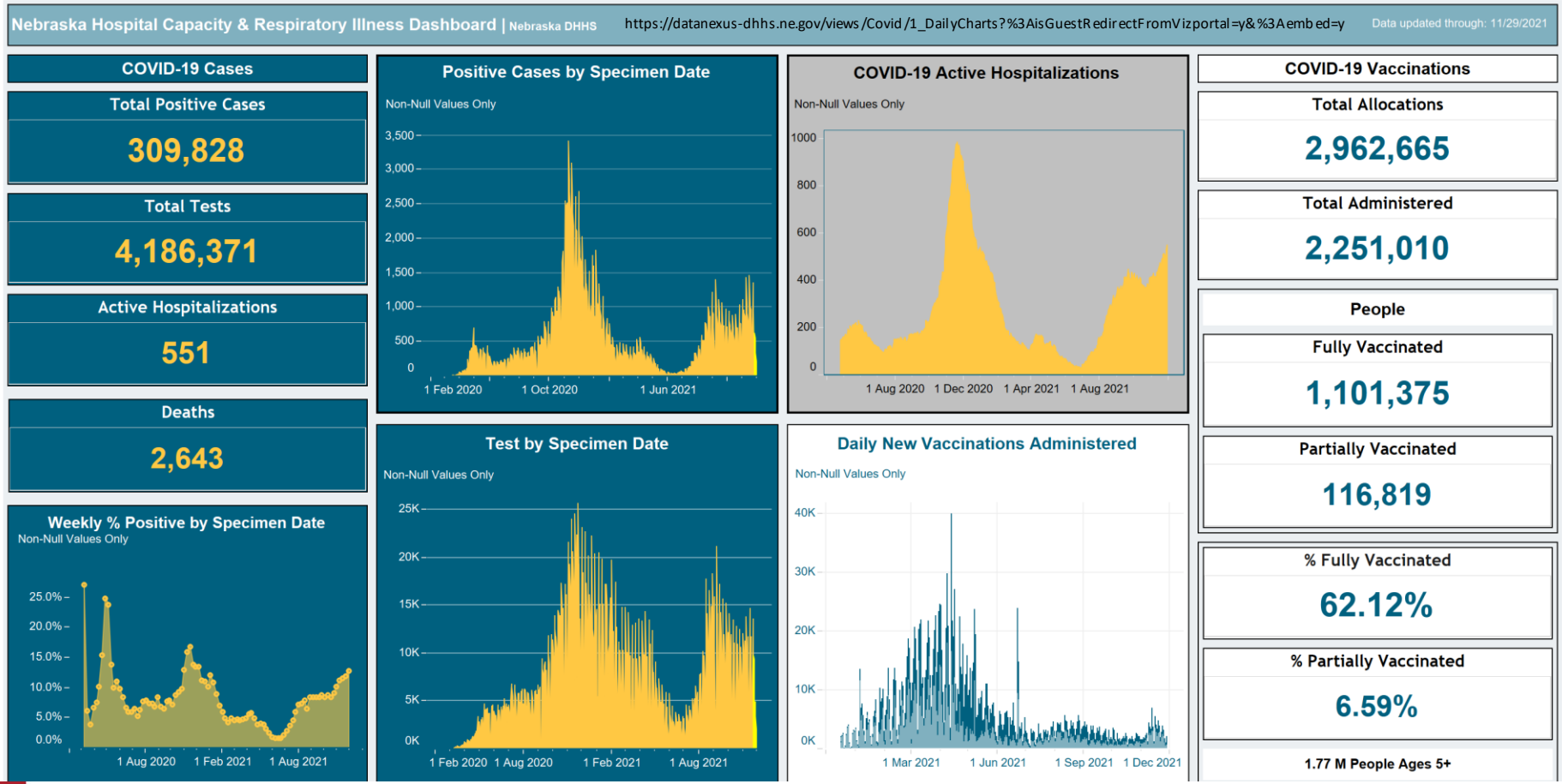
Nebraska Statistics

Week	Daily New Cases/ 100K	Infection Rate	Positive Test Rate	ICU Capacity Used	*Vaccinated 1+
11/01/21	29.6	1.03	12.8%	80%	61%
11/15/21	44.0	1.15	14.8%	86%	62%
12/1/21	38.1	0.94	17.6%	80%	64%

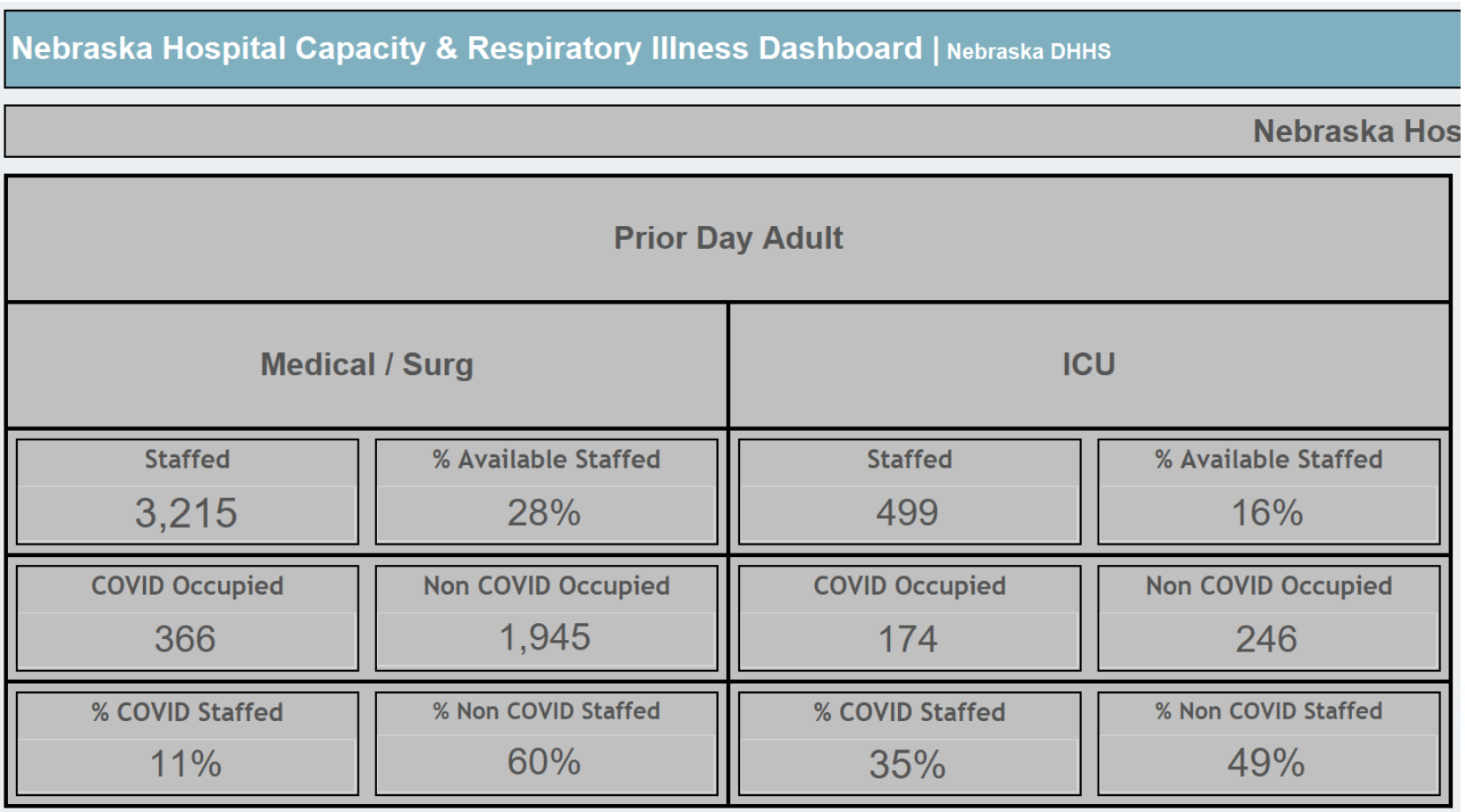
*Percent of the entire state population vaccinated, regardless of eligibility/age.

https://covidactnow.org/us/nebraska-ne/?s=24951410

Nebraska Statistics



Nebraska Statistics



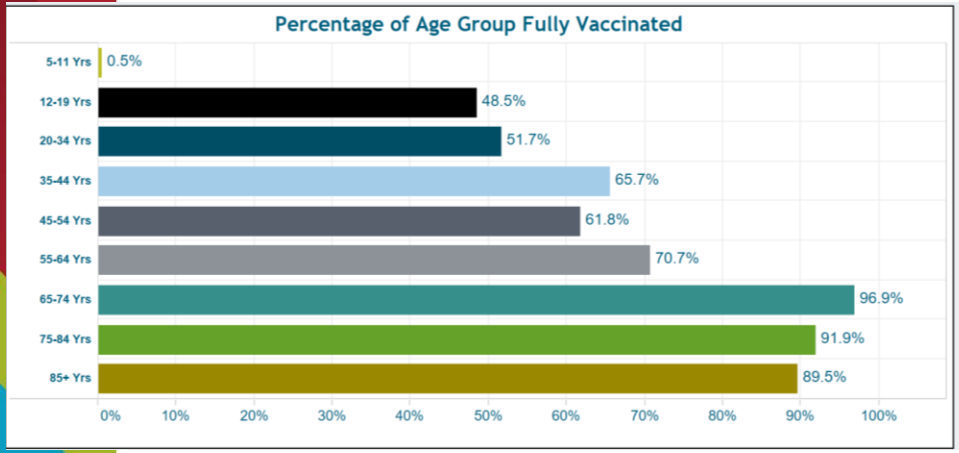
Nebraska Hospital Capacity & Respiratory Illness Dashboard | Nebraska DHHS

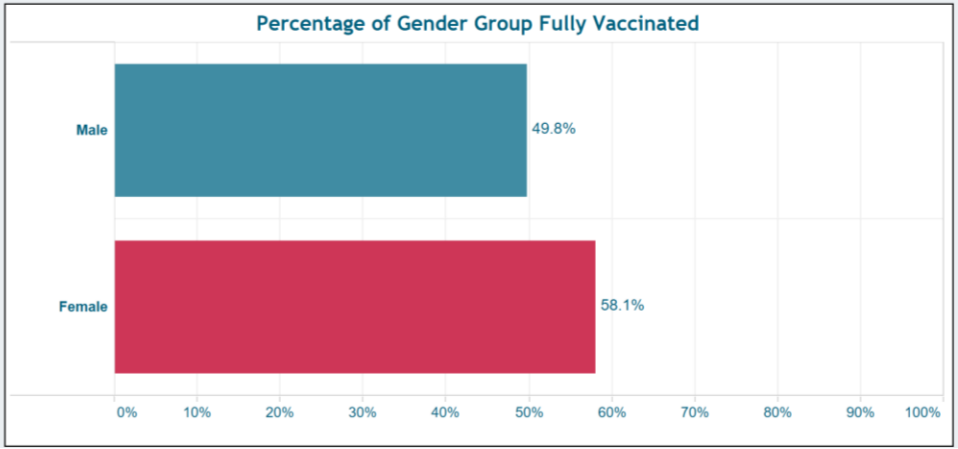
Nebraska Hos

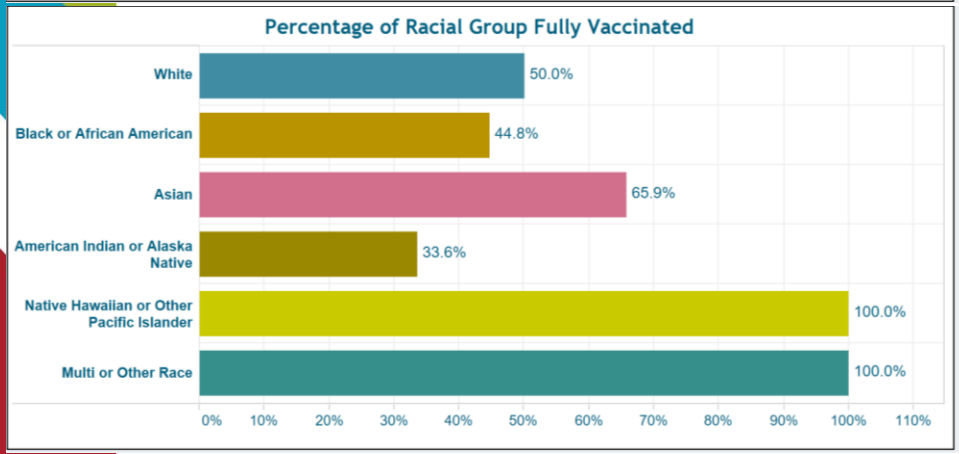
Prior Day Adult			
Medical / Surg		**ICU**	
Staffed	% Available Staffed	Staffed	% Available Staffed
3,215	28%	499	16%
COVID Occupied	Non COVID Occupied	COVID Occupied	Non COVID Occupied
366	1,945	174	246
% COVID Staffed	% Non COVID Staffed	% COVID Staffed	% Non COVID Staffed
11%	60%	35%	49%

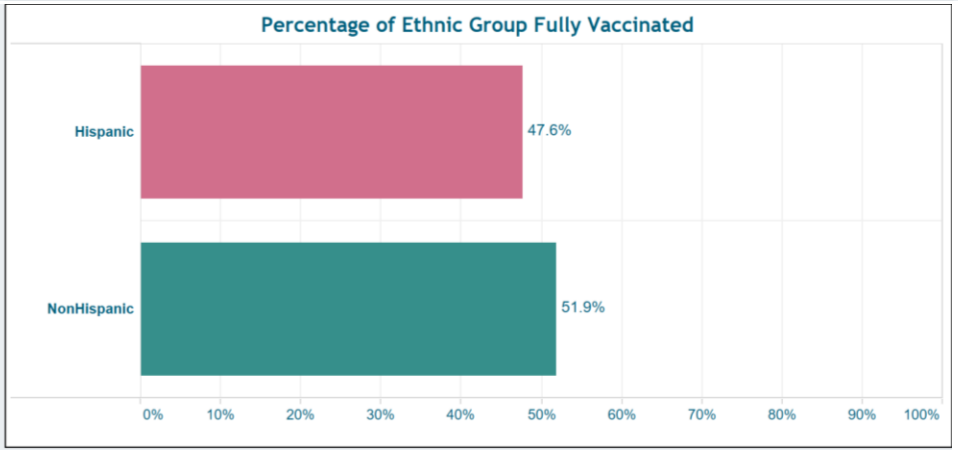
https://datanexus-dhhs.ne.gov/views/Covid/1_DailyCharts?%3AisGuestRedirectFromVizportal=y&%3Aembed=y

Nebraska Statistics









https://datanexus-dhhs.ne.gov/views/Covid/1_DailyCharts?%3AisGuestRedirectFromVizportal=y&%3Aembed=y

Disparities Panel Updates

Presenters: Dr. Julie Fedderson, MD

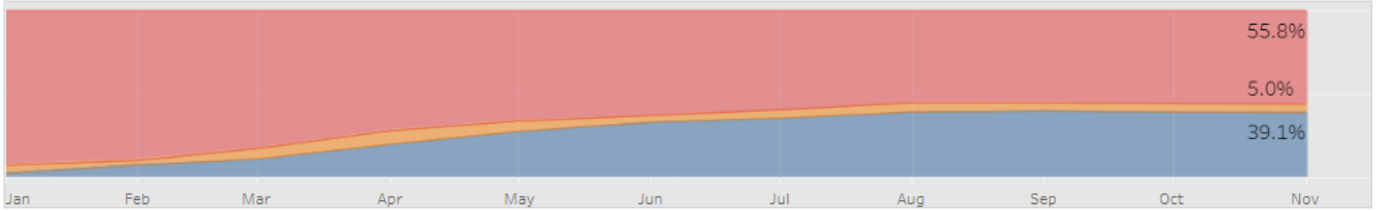
UHC Medicaid 39.2% vs. Nebraska 57.2% (Ages 12 and up)

UHC Member COVID-19 Vaccin... | Risk Medical Conditions

UHC Member COVID-19 Vaccination Rates (State Registry)

Overall Rate
39.2%

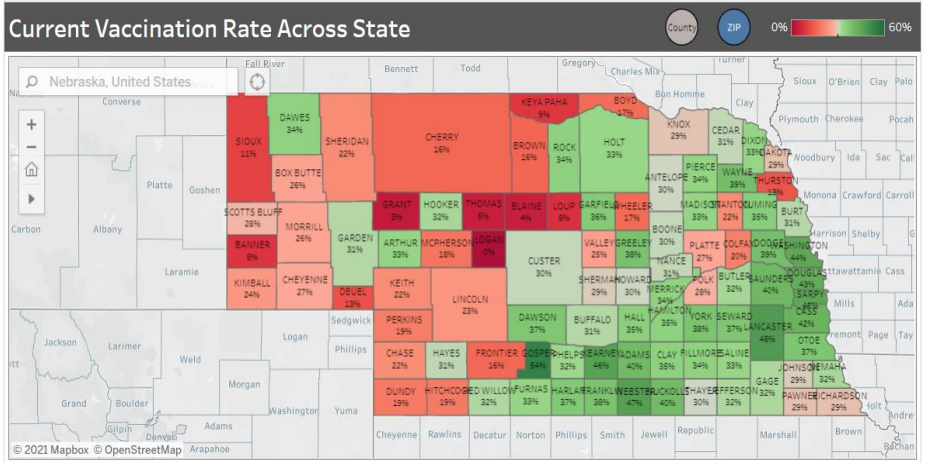
C&S Plan: Nebraska
Region/Health District: (All)
County: (All)
Vaccination Metric: Fully Vaccinated ...
Risk Medical Conditions: (All)
Age Band: (Multiple values)
Ethnicity: (All)
Gender: (All)



Age and Gender

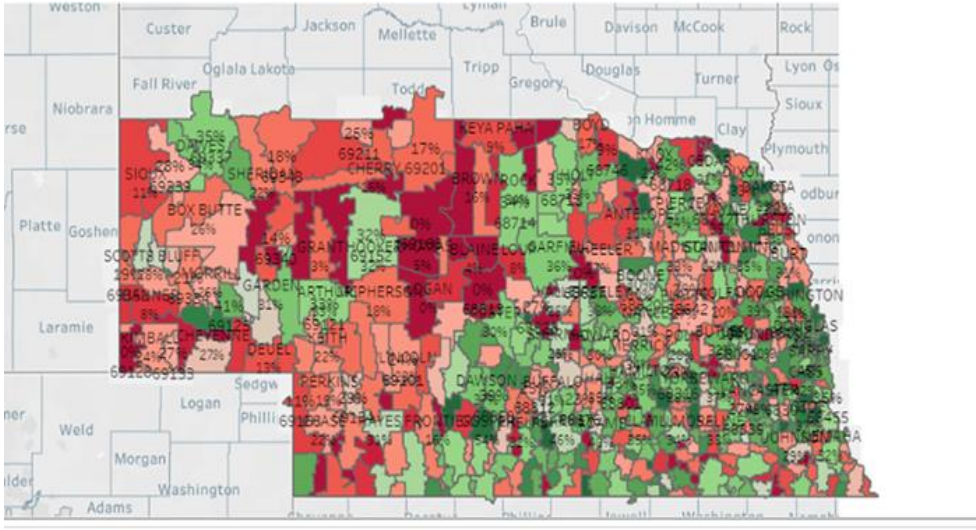
Age Band	Pop FEMALE	Pop MALE	Rate FEMALE	Rate MALE	Pop Total	Rate Total
Grand Total	44,492	30,849	39.8%	38.3%	75,341	39.2%
12-17	9,397	9,859	28.2%	26.1%	19,256	27.1%
18-25	7,710	4,817	29.0%	30.1%	12,527	29.4%
26-40	11,868	5,972	32.3%	37.4%	17,840	34.0%
41-60	8,718	6,602	49.2%	48.4%	15,320	48.8%
61+	6,799	3,599	69.1%	66.1%	10,398	68.1%

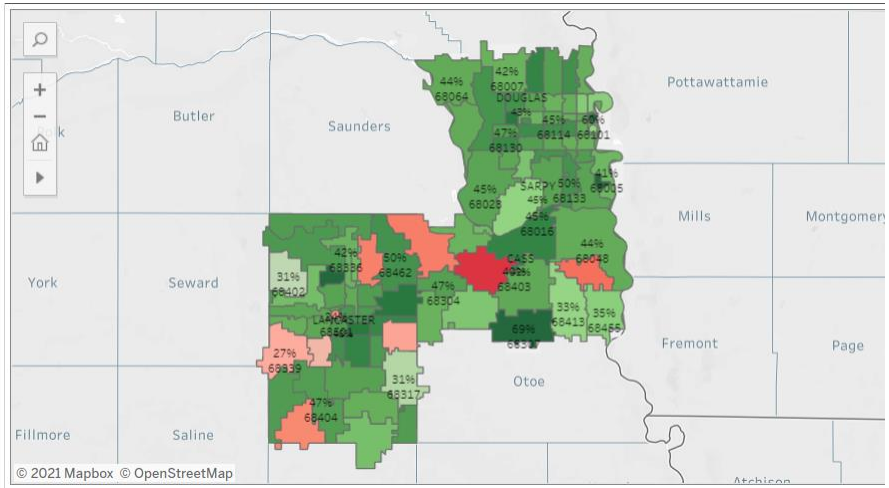
Current Vaccination Rate Across State



COVID Take-aways for UHC Medicaid population

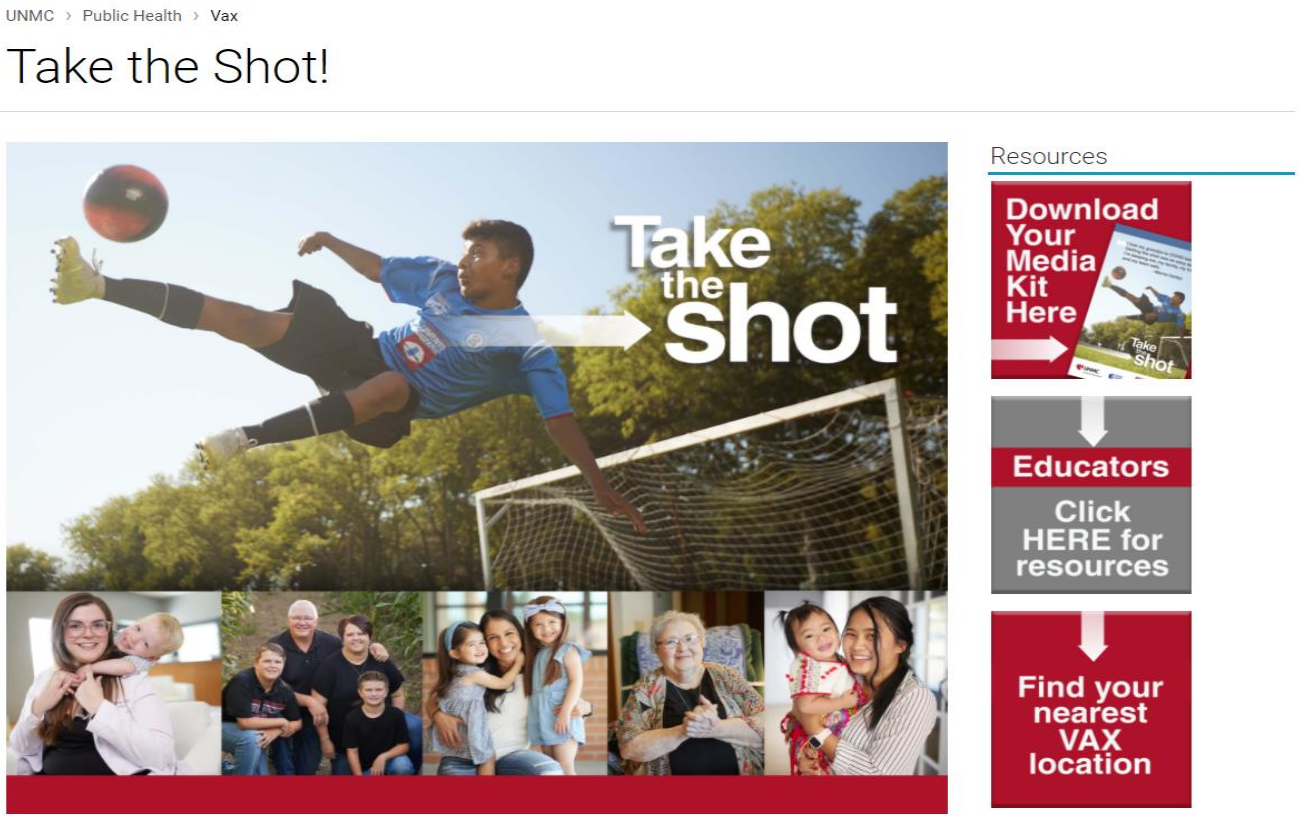
- Disparity exists across ages, race/ethnicity, and geographic locale
- Vaccine uptake is best in those above age 65 at 68.1%, next in those 41-60 at 48.8%, lowest in 12-17 at 27.1%
- White populations (at 42.3%) and Asian population (at 37.6%) are more vaccinated than Hispanic (34.5%) or Black (32.8%). Native Americans have 25.8% vaccination uptake.
- Those with comorbidities have a 20% higher vaccine uptake than those without (48.3% to 29.1%)
- Females edge out males (39.8% to 38.3%)
- County and Zip Code data gives a picture of wide variance
- Multiple factors impact uptake: access, value systems/beliefs, misinformation





Options for Health Systems and Educators to focus on areas of opportunity

VAXNE.org



Debrief

For our previous session:

What have you done, or do you hope to do, with this content?

For today's session:

Do you have questions or concerns that we can address?

Introduction to COVID-19 Vaccines

Presenters: Dr. Anum Abbas, MD
and Dr. Erica Stohs, MD

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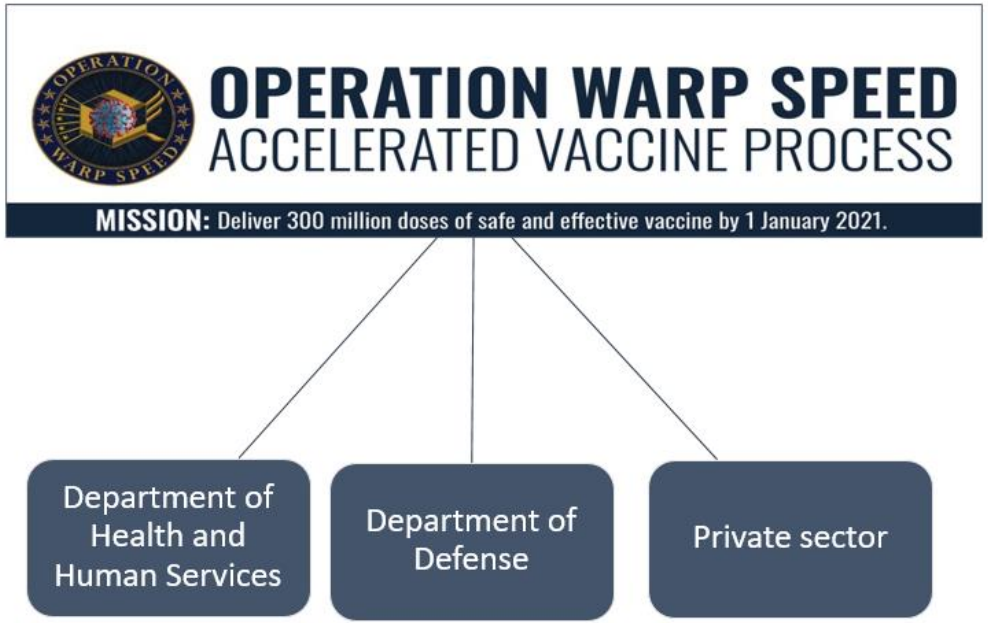
Infection Prevention & Control Objectives

1. Recognize the barriers to vaccine access and confidence that are most likely to impact patients who are at higher risk and historically underserved, including racial and ethnic minority populations and people living in rural communities.

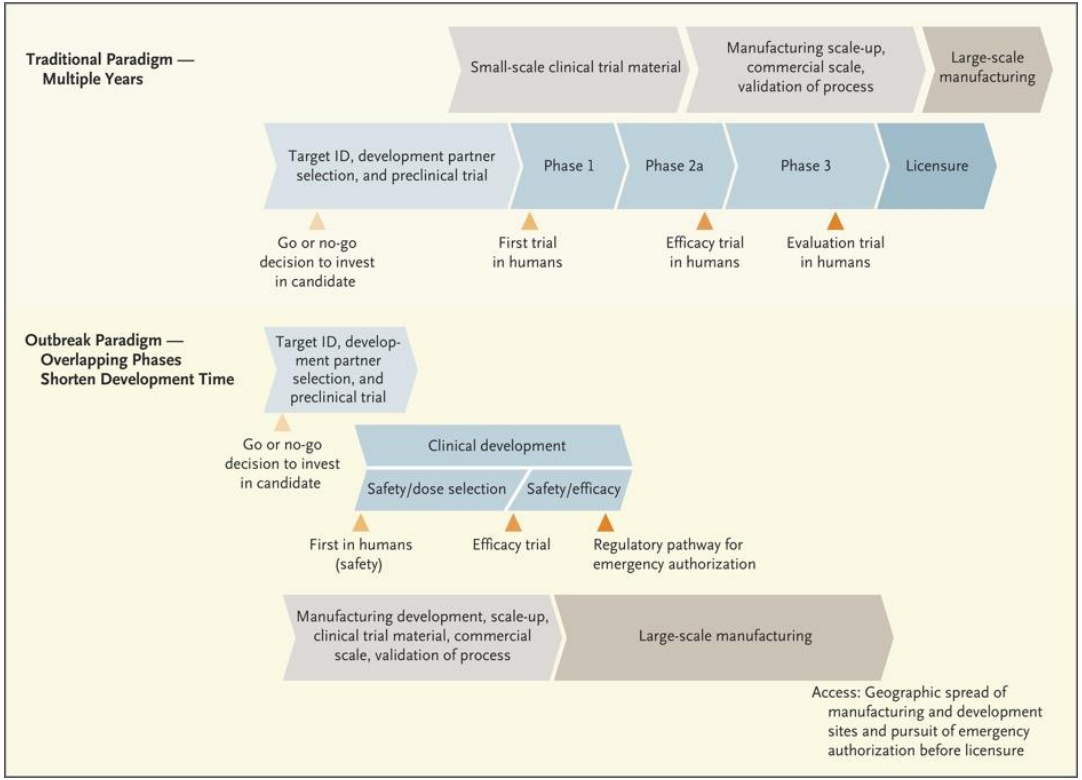
2. Integrate knowledge of these barriers into conversations with staff regarding vaccine hesitancy.

COVID-19 Vaccination Development



Defense.gov
Slaoui et al. *N Eng J Med* 2020 Aug26; Epub ahead of print.

Parallel Processes Allow Vaccine Development in Record Time



Lurie et al. *N Eng J Med* 2020;382:1969-73.

The Result: 3 Safe and Efficacious Vaccines Against COVID-19

mRNA Vaccines

Pfizer BIONTECH

moderna

Viral Vector Vaccines

Johnson & Johnson

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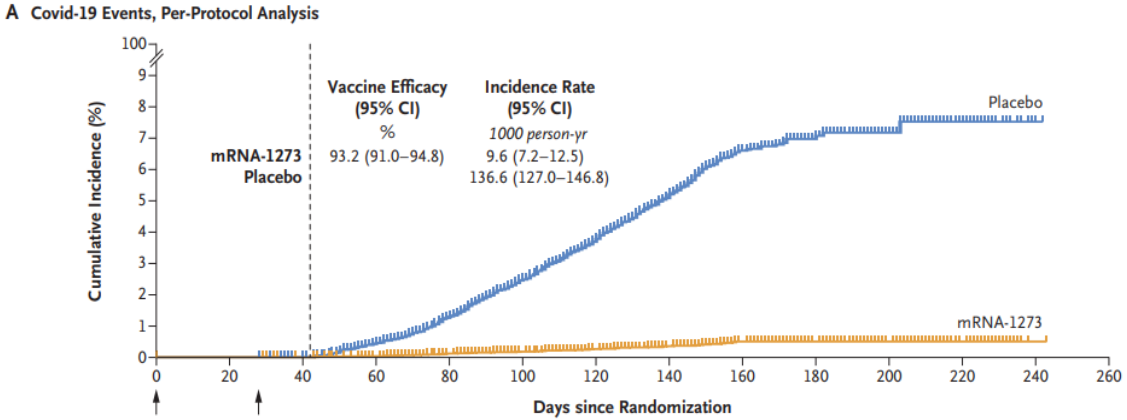
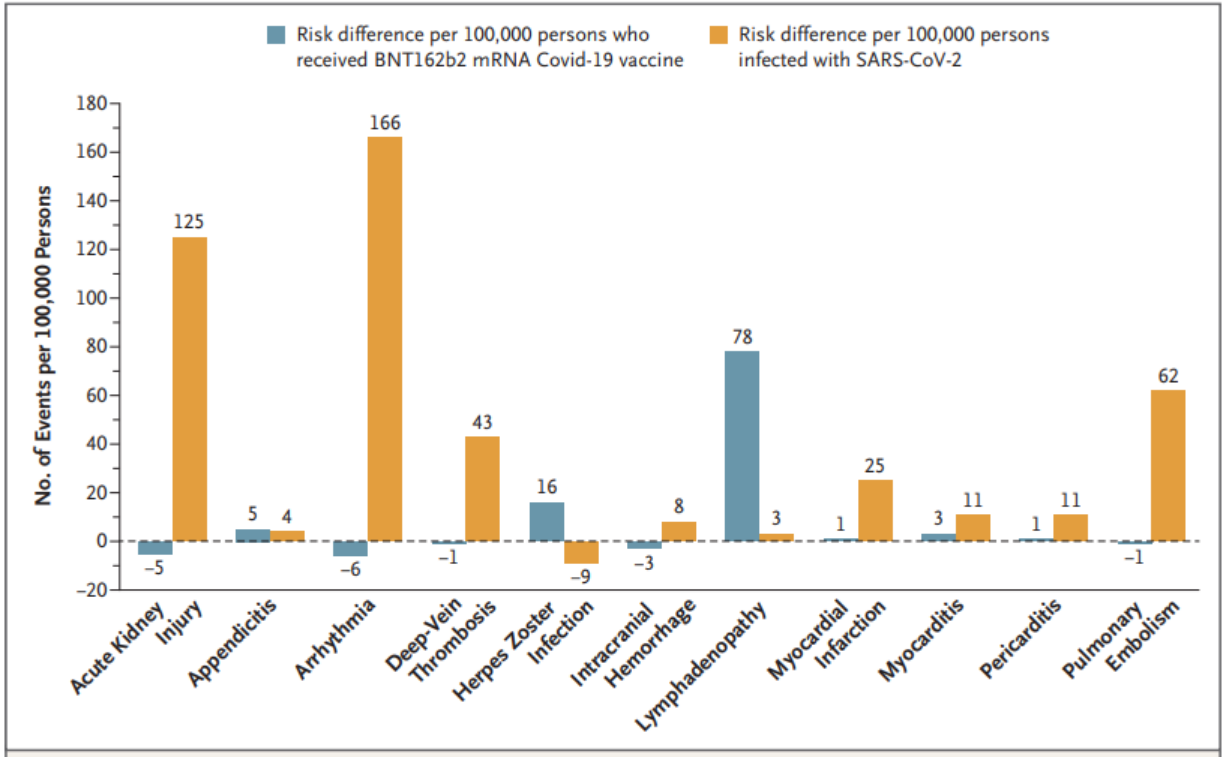
COVID-19 Vaccines are Effective



Subgroup	Placebo (N=14,164)	mRNA-1273 (N=14,287)	Vaccine Efficacy (95% CI)
	number of events		*percent*
Covid-19	744	55	93.2 (91.0–94.8)
Severe Covid-19	106	2	98.2 (92.8–99.6)
Covid-19 (secondary definition)	807	58	93.4 (91.4–94.9)
Death from Covid-19	3	0	100.0 (NE–100.0)
Covid-19 ≥14 days after first injection	769	56	93.3 (91.1–94.9)
Covid-19 regardless of previous SARS-CoV-2 status	754	58	92.8 (90.6–94.5)
Asymptomatic	498	214	63.0 (56.6–68.5)
Asymptomatic seroconversion	306	48	—
SARS-CoV-2 infection	1339	280	82.0 (79.5–84.2)

Sahly et al. NEJM. 2021

COVID-19 Vaccines are Safe

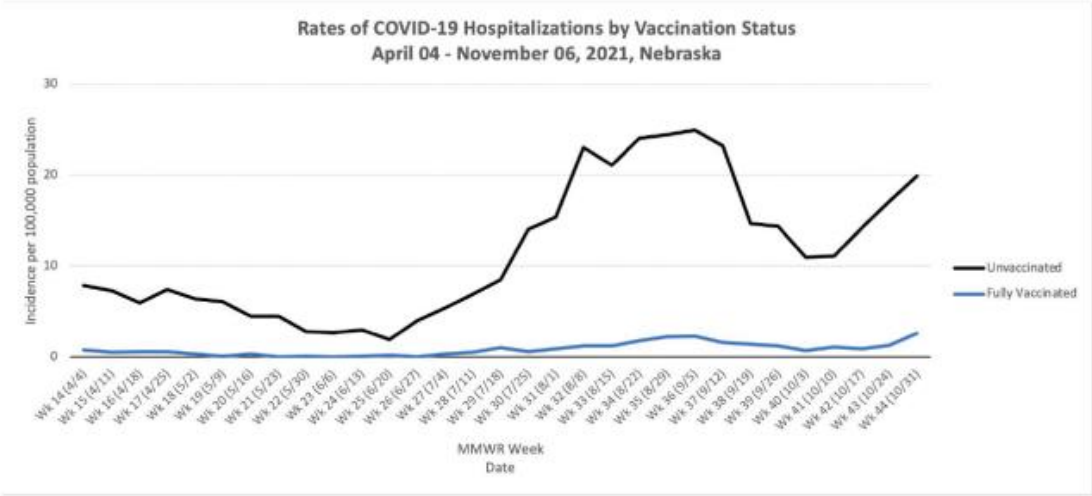


Barda et al. NEJM. 2021.

Fully Vaccinated People are Less Likely to be Hospitalized or Die from COVID-19

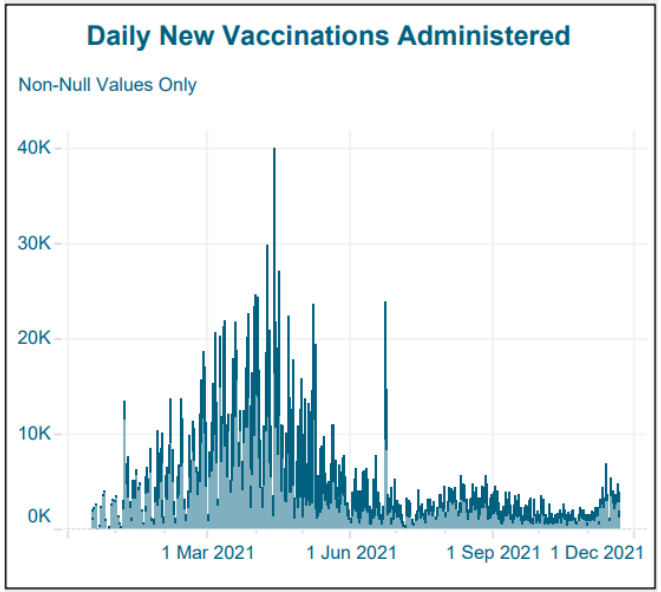
COVID-19 cases, hospitalizations, & deaths by vaccination status*				
	Cumulative Data: 1/1/2021 - 11/6/2021		Past Month: 10/10/2021 - 11/6/2021	
	Not fully vaccinated	Fully vaccinated	Not fully vaccinated	Fully vaccinated
Cases	102,870 (84.5%)	18,862 (15.5%)	12,538 (68.8%)	5,687 (31.2%)
Hospitalizations	3,920 (89.9%)	439 (10.1%)	361 (78.3%)	100 (21.7%)
Deaths	1,217 (90.6%)	126 (9.4%)	198 (91.7%)	18 (8.3%)

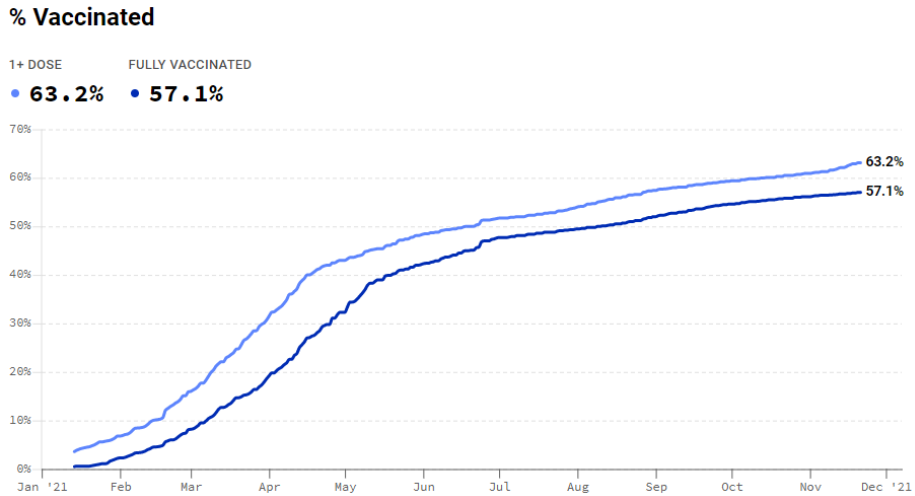
*Data, current as of 11/12/2021, represents COVID-19 positive lab tests. Case data obtained using NDHHS lab datamart and death data obtained using death certification only through checking the "COVID" related key words. Hospitalization data obtained from CyncHealth dataset. Vaccine-associated data obtained from NDHHS vaccine-breakthrough team's master line list data.



Data courtesy:
Dr. James Lawler

Nebraskans and COVID-19 Vaccines





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dhhs.ne.gov
covidactnow.org

Boosters and Additional Doses: Who, When and Why?

Pfizer or Moderna	J&J
Should get a booster:	**Should get a booster:**
Ages 50 years and older	Ages 18 years and older
Ages 18 years and older in LTAC	
May get a booster:	
Ages 18 years and older	

cdc.gov

Waning Immunity Among Certain Populations and Highly Infectious Delta Variant Among Reasons for Need for Boosters/Additional Dose

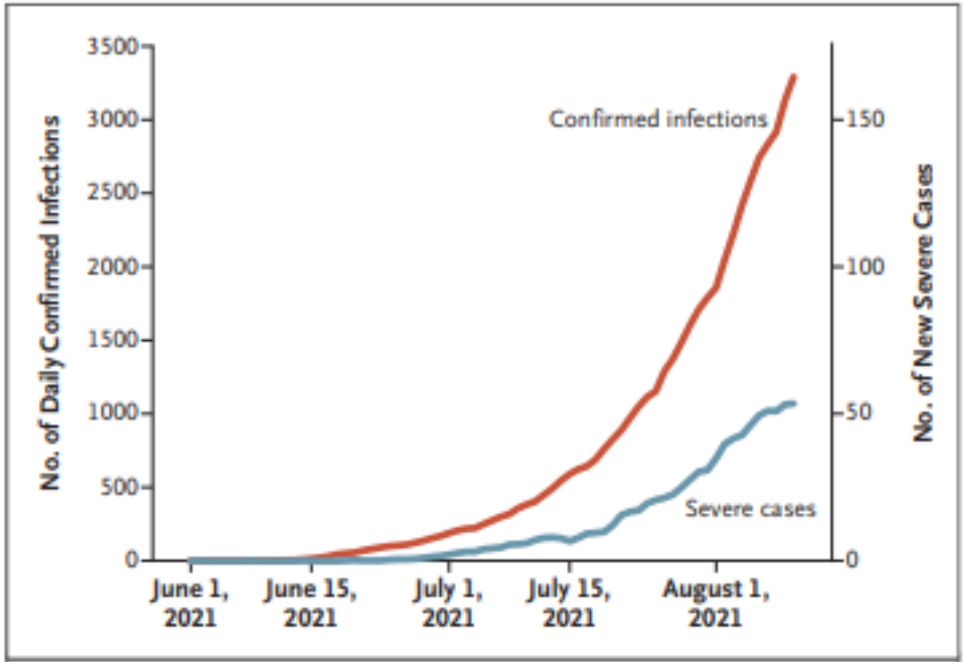


Figure 1. Daily Confirmed SARS-CoV-2 Infections and New Cases of Severe Covid-19 among Fully Vaccinated Persons in Israel, June through Early August 2021.

Goldberg et al. NEJM. 2021

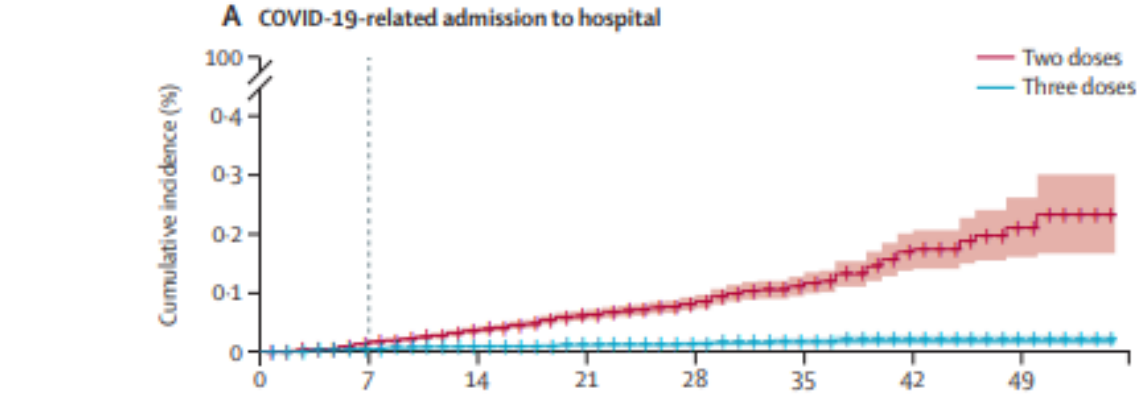
Boosters Add Additional Protection Against COVID-19

Table 2. Primary Outcomes of Confirmed Infection and Severe Illness.*

Outcome	Nonbooster Group	Booster Group	Adjusted Rate Ratio (95% CI)†
Confirmed infection			11.3 (10.4–12.3)
No. of cases	4439	934	
No. of person-days at risk	5,193,825	10,603,410	
Severe illness			19.5 (12.9–29.5)
No. of cases	294	29	
No. of person-days at risk	4,574,439	6,265,361	

Bar-On et al. NEJM. 2021

Boosters Help in Protecting Against COVID-19 Hospital Admission, Severe Disease and Death



Number at risk								
Two doses	728321	471082	301296	202547	107638	47619	21759	6368
Three doses	728321	471181	301542	202900	108036	48018	22071	6502
Cumulative number of events								
Two doses	0	91	167	229	259	282	299	303
Three doses	0	31	46	51	54	56	57	57

Barda et al. Lancet. 2021.

Case Discussion

You work in a community health center. You offer a vaccine to one of your patients. They respond that they have previously had COVID-19 and do not need to be vaccinated because they are already immune.

1. What values or beliefs might this reflect?
2. How would you respond to the patient?

Cultural Sensitivity: Cultural Values and Attitudes

Presenters: Dr. Nada Fadul and
Mahelet Kebede, MPH

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Cultural Sensitivity Objectives

1. Define cultural values, beliefs, and practices.

Definitions Recap

Values

A culture's standard for discerning what is good and just in society.

Beliefs

Tenets or convictions that people hold to be true.

Reflection

Discussion Questions

What makes a value “American?”

Why might your personal values differ from American values?

Word Cloud Activity

What is an American value?

Mentimeter

69

Word Cloud Activity

What is one personal value of yours?

Mentimeter

72

Reflection

Discussion Questions

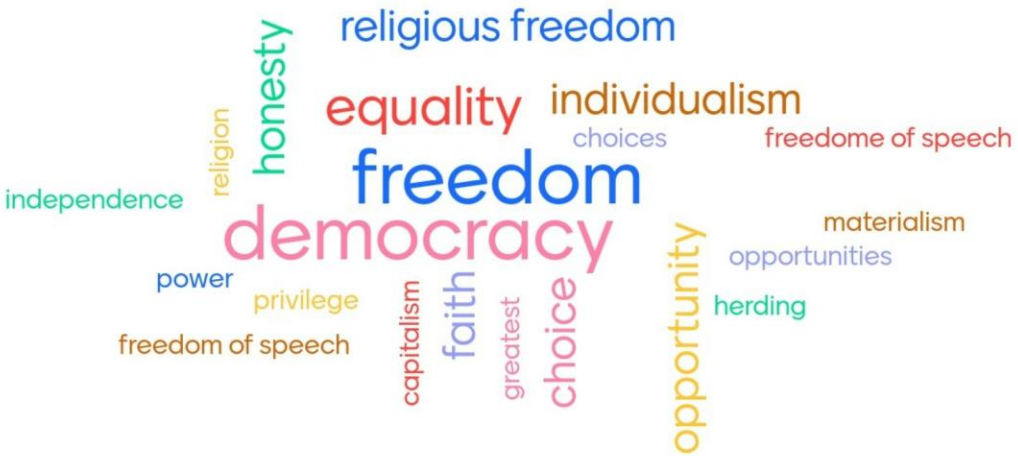
What if we have different beliefs? Which ones are correct?

What could contribute to two Americans having different beliefs?

Word Cloud Activity

What is an American belief?

Mentimeter



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Word Cloud Activity

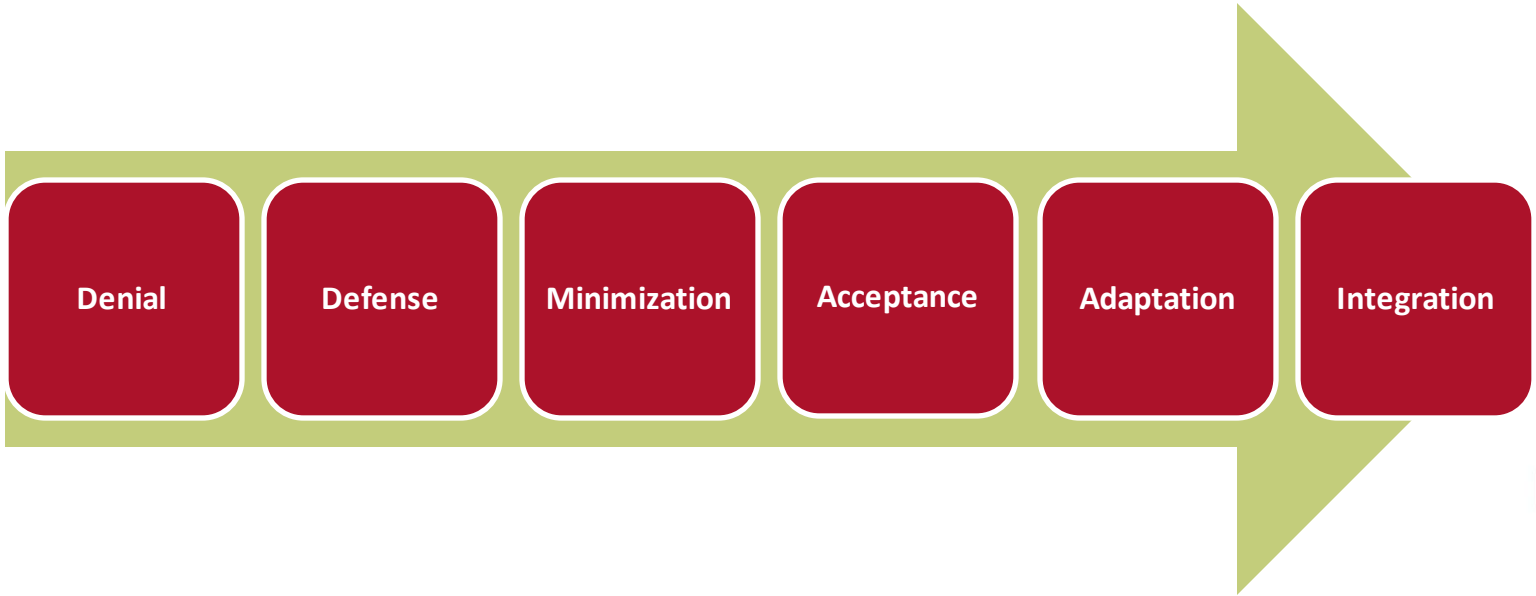
What is one personal belief of yours?

Mentimeter

32

Cultural Sensitivity Stages

Milton Bennett's Framework to understand various stages of cultural sensitivity



CS Stages

Denial

People don’t recognize cultural differences and experiences. They believe their culture is the only “real” one and they tend to interact in homogenous groups and to stereotype everyone else.

Defense

People recognize some differences but see them as negative because they assume their culture is the most evolved, the best one.

CS Stages (cont.)

Minimization

Individuals are unaware that they are projecting their own cultural values. They see their own values as superior. They think that the mere awareness of cultural differences is enough.

Acceptance

People can shift perspectives to understand that the same “ordinary” behavior can have different meanings in different cultures. They may not agree or even like the differences they observe but they are interested in finding out and learning about another culture.

CS Stages (cont.)

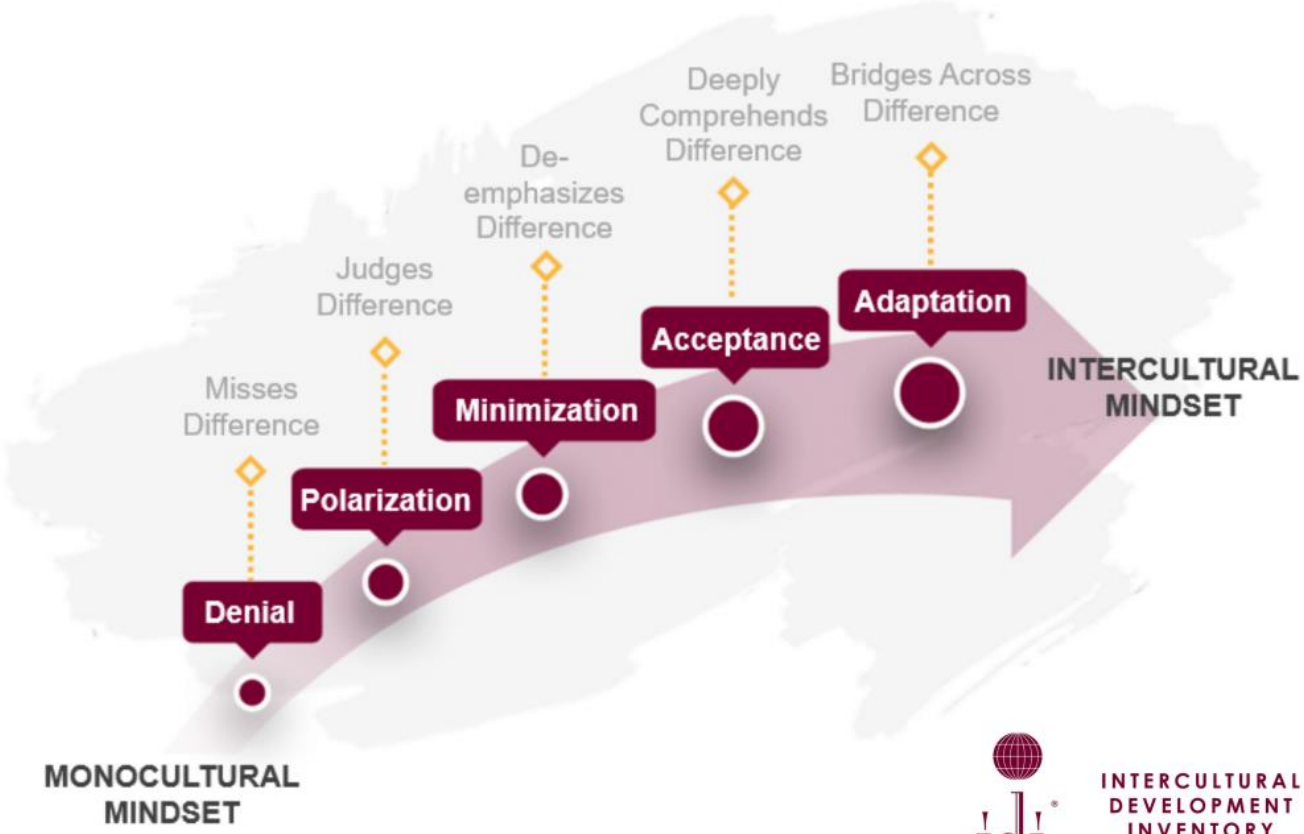
Adaptation

People don't recognize cultural differences and experiences. They believe their culture is the only "real" one and they tend to interact in homogenous groups and to stereotype everyone else.

Integration

People recognize some differences but see them as negative because they assume their culture is the most evolved, the best one.

Intercultural Development Continuum (IDC™)



INTERCULTURAL DEVELOPMENT INVENTORY

The Importance Of Cultural Competence in Pain and Palliative Care

Evaluation Study

Many cultures also have distinct cultural beliefs regarding the meaning, origin, and role of pain, which can affect how a patient interprets and perceives pain.

Disparities in culturally diverse populations occur, particularly in the management of a patient's pain at the end-of-life.

Studies show that non-white patients are substantially less likely to receive end-of-life care and appropriate pain management.

Call to Action

Reflect

Do the values and/or beliefs of your institution reflect the values of the diverse population you serve?

What can you do to instill the diverse values or beliefs of the population you serve in the work you do at your facility?

Infection Prevention & Control: Improving Vaccination Conversations

Presenter: Jeff Wetherhold

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Objectives

Infection Prevention and Control

1. Recognize the barriers to vaccine access and confidence that are most likely to impact patients who are at higher risk and historically underserved, including racial and ethnic minority populations and people living in rural communities.
2. Integrate knowledge of these barriers into conversations with staff regarding vaccine hesitancy.

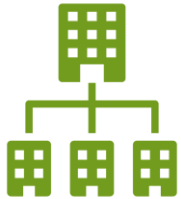
Conversations are Processes

Interpersonal:

Between individuals

Intra-Organizational:

Within an organization



Inter-Organizational:

Between organizations

Informational Barriers

What methods have you found to be most effective in learning about questions regarding vaccination?

Potential Methods to Surface Barriers

1. Walk the halls and ask questions
2. Hold office hours with experts
3. Staff a phone line for discussing concerns
4. Create a dedicated email address for questions
5. Create a “Vaccine Questions” box
6. Use short surveys to ask staff about intentions, concerns and barriers

Source: Invest in Trust: A Guide for Building COVID-19 Vaccine Trust and Increasing Vaccination Rates Among CNAs

Communication Channels

What methods have you used to communicate vaccine information?

Potential Communication Channels

1. Signage in common and high-traffic areas
2. Bundle information with weekly paychecks
3. TV screens in break rooms and other gathering areas
4. One-on-one conversations
5. In-service trainings
6. Personal letters mailed home
7. Email newsletters and correspondence
8. Text messaging services
9. Bulletin boards where staff share updates directly

Source: Invest in Trust: A Guide for Building COVID-19 Vaccine Trust and Increasing Vaccination Rates Among CNAs

Values and Beliefs

How do the ways in which you communicate about vaccination reflect the diverse values and beliefs of your staff and community?

Improving Vaccination Conversations

1. Engage individuals who staff trust
2. Have a plan and a timeline
3. Identify shared concerns
4. Take your time
5. Be prepared to revisit conversations
6. Make it a conversation, not a debate
7. Remember that resistance to change is normal
8. Accept concerns without judgment
9. Encourage others to share their decision-making processes
10. Celebrate our progress
11. Express gratitude
12. Reinforce the link to protecting other staff and communities

Resources: IHI COVID-19 Vaccine Education Guide and Slide Deck

Themes from Effective Messaging

1. Draw on positive emotions of relief, hope, or pride
2. Appeal to staff's expertise and pride in being caregivers
3. Emphasize choice and agency
4. Use social proof in the form of numbers
5. Use specific calls to action
6. Avoid creating conflict in staff's perceptions of themselves - their decision to be vaccinated must be consistent with their concerns
7. Consider "fresh start" messaging framed around milestones, news, and access points

Source: Invest in Trust: A Guide for Building COVID-19 Vaccine Trust and Increasing Vaccination Rates Among CNAs.

Vaccine Acceptance Personas

Vaccine Persona	Description
 Enthusiasts	People who want to get the vaccine as soon as possible. A key challenge will be ensuring that they can access the vaccine before they lose enthusiasm. Their reported vaccination likelihood (on a scale up to 10) is 9.37.
 Watchful	People who primarily need to see friends and peers having safe, positive vaccination experiences before they will commit. Their reported vaccination likelihood (on a scale up to 10) is 4.95.
 Cost-Anxious	People for whom time and financial cost are the primary barriers. Every member of this group has delayed seeing care for their health in the past due to cost regardless of insurance status. Their reported vaccination likelihood (on a scale up to 10) is 4.16.

Source: Surgo Ventures Vaccine Uptake Survey of US Adults

Vaccine Acceptance Personas (continued)

Vaccine Persona	Description
System Distrusters	People who primarily believe that people of their own race are not treated fairly by the health system. Members of this group are likely to belong to, but are not exclusively, communities of color. Their reported vaccination likelihood (on a scale up to 10) is 3.81.
COVID Skeptics	People who don't believe in vaccines in general, but the primary barrier is their deeply held beliefs around COVID-19. Every person in this group believes in at least one conspiracy theory. Their reported vaccination likelihood (on a scale up to 10) is 2.34.

Source: Surgo Ventures Vaccine Uptake Survey of US Adults

Case Study

Case Discussion

You work in a community health center. You offer a vaccine to one of your patients. They respond that they have previously had COVID-19 and do not need to be vaccinated because they are already immune.

1. What values or beliefs might this reflect?
2. How would you respond to the patient?

What can you do in the next two weeks?

Make a Vaccination Communications Plan

	Personas, Roles, Teams, etc.
Who do you need to communicate with?	
How will you reach them?	
What will they be worried about?	
What do you need them to understand?	
What do you need them to do next?	
How can they communicate back with you?	

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Wrap-Up

1. You will receive today's presentation, in addition to a one-page key-takeaways document and next session's agenda through email.

2. Next session will be on December 15th on ***"Health equity - Historical Context; QI Systems Thinking and Human Factors"***.

3. If you'd like to share a case with us, kindly send it by Monday, December 13th.

Thank You