Advocating for COVID-19 Vaccine

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Chief Medical Officer and State Epidemiologist
Bureau of Community Health Promotion
Division of Public Health

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Agenda

- Approaching the conversation
- Key messages
- Q&A

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Building Vaccine Confidence

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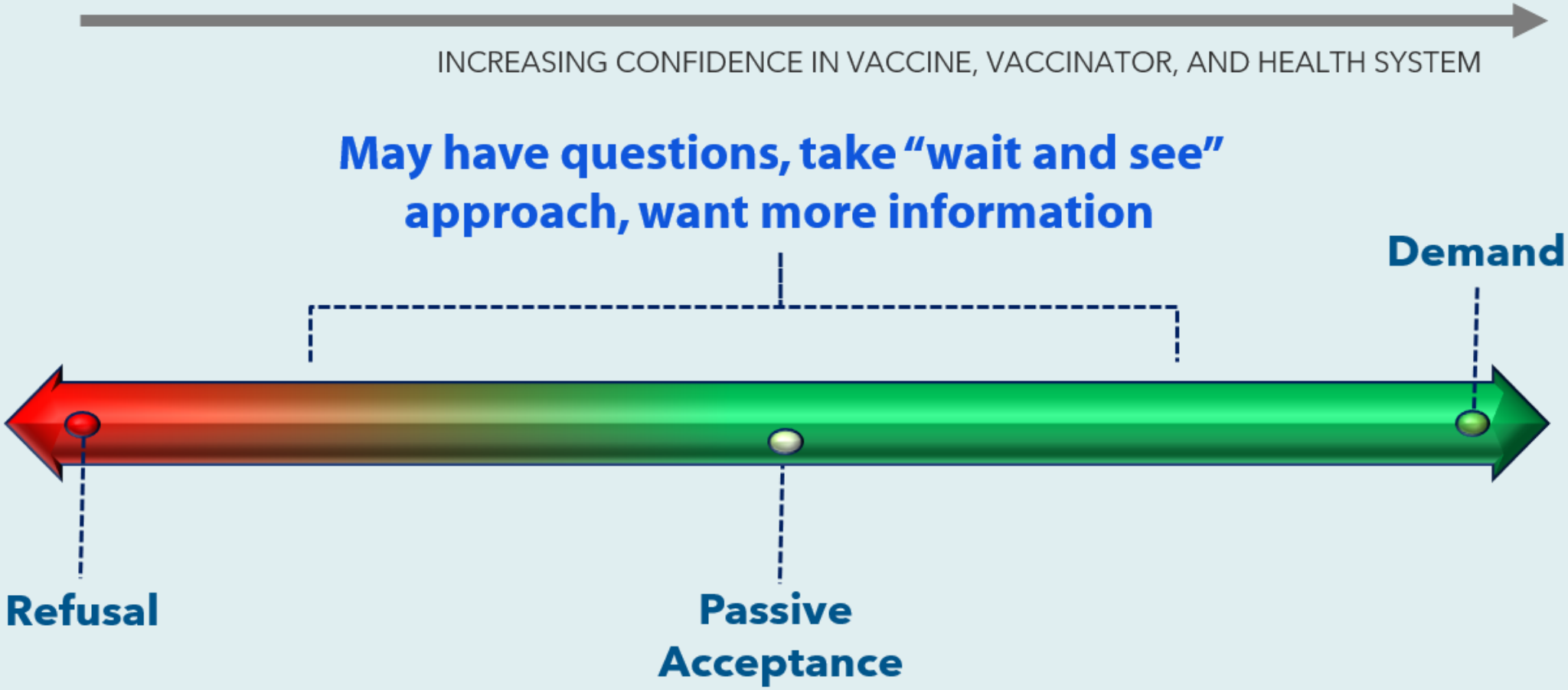
What is vaccine confidence?

- *Vaccine confidence* is the trust that vaccine recipients, parents, or providers have in:
  - Recommended vaccines
  - Providers who administer vaccines
  - Processes and policies that lead to vaccine development, licensure, manufacturing, and recommendations for use
  - **Accessing a vaccine**.

Willingness to accept a vaccine falls on a continuum



What can you do to increase vaccine confidence?

1 Access	2 Communicate	3 Share
Make accessing the vaccine easy.	Communicate and listen with empathy.	Share key messages to combat misinformation.

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Make getting vaccinated easy.

Let people know where they can find a vaccine. Visit Vaccines.gov or Vacunas.gov (in Spanish).

- Many doctors, pharmacies, and walk-in clinics have extended hours.
- Transportation and child care resources are available in some areas.
- Some vaccinators will come to your home.
- Organize on-site vaccination clinics if possible – be specific about who will be administering vaccine.

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Communicate with Empathy

- The reasons why people accept or avoid behavior change, like getting a vaccine, for example, is complex.
- **It is normal and understandable for people to have questions or concerns about the COVID-19 vaccines.**

- Getting people to accept a new behavior is to **approach them with compassion** and to connect on a human-to-human level.
- Addressing these conversations with understanding instead of judgement is a key strategy to helping people build vaccine confidence.

Effective Vaccine Conversations

1. Start from a place of empathy and understanding.
2. Assume people will want to be vaccinated, but may not know where to get a vaccine or how to find an appointment.
3. Listen and respond to questions using a framework to organize your thoughts.
4. Share the main take away.
5. Ask them to take at least one action step.
6. Encourage them to contact you if they have any additional questions.

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Frameworks for Answering Questions

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Ask-Tell-Ask

After listening to their concerns and thoughts:

1. **Ask:** Ask permission to share information. Or ask what do you want to know?
2. **Tell:** Share information, 1-2 points, in simple language, and how it applies to that person's life.
3. **Ask:** Have them "teach back" what they heard. What do you think about that information? Or what is something new that you learned? Did that address the concern you had?

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C.A.S.E Method

1. **C**orroborate: Acknowledge the member's concern and find some points on which you can agree. Set the tone for a respectful, successful talk.
2. **A**bout our information: Describe how you know about the COVID-19 vaccine.
3. **S**cience: Describe what the science says using language the someone will understand.
4. **E**xplain: Why getting the vaccine is important and next steps.

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Share Key Messages to Combat Misinformation

1. The COVID-19 vaccines work.
2. COVID-19 vaccines are safe.
3. COVID-19 vaccines are free and no ID is needed.
4. The Delta variant means vaccination is more urgent than ever.

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How do we know they work? Clinical studies show….

People who get the vaccine are **89-100% less likely** to be hospitalized or die from COVID-19.

The vaccines are very effective (**72-95%**) at preventing people from seriously sick from the virus.

Getting the vaccine protects you, your family, and your community. Not getting vaccinated leaves you and your family open to getting sick from COVID-19 or worse.

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How do mRNA vaccines work?

mRNA vaccines create what looks like part of the surface of the virus so our bodies can recognize what COVID-19 looks like.

This process makes our bodies ready to identify and react to that part of the virus. In other words, it prepares our “immune response.”

Through this process, our bodies produce antibodies to protect us from getting sick if we come in contact with the COVID-19 virus.

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What's in the vaccine?

mRNA Vaccines (Pfizer and Moderna)

- **mRNA** is the only active ingredient in the vaccine. It contains instructions for our bodies on how to make a spike protein that triggers an immune response.
- **Lipids**
- **Salts**
- **Sugar**

Viral Vector Vaccines (Johnson & Johnson)

- **Adenovirus** is the only active ingredient in the vaccine. The harmless virus contains instructions for our bodies on how to make a spike protein that triggers an immune response.
- **pH Balancers**
- **Stabilizers**
- **Salts**

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The vaccines do not contain fetal cells, blood products, the live SARS-CoV-2 virus, mercury, egg, latex, pork products, metals, or microchips.

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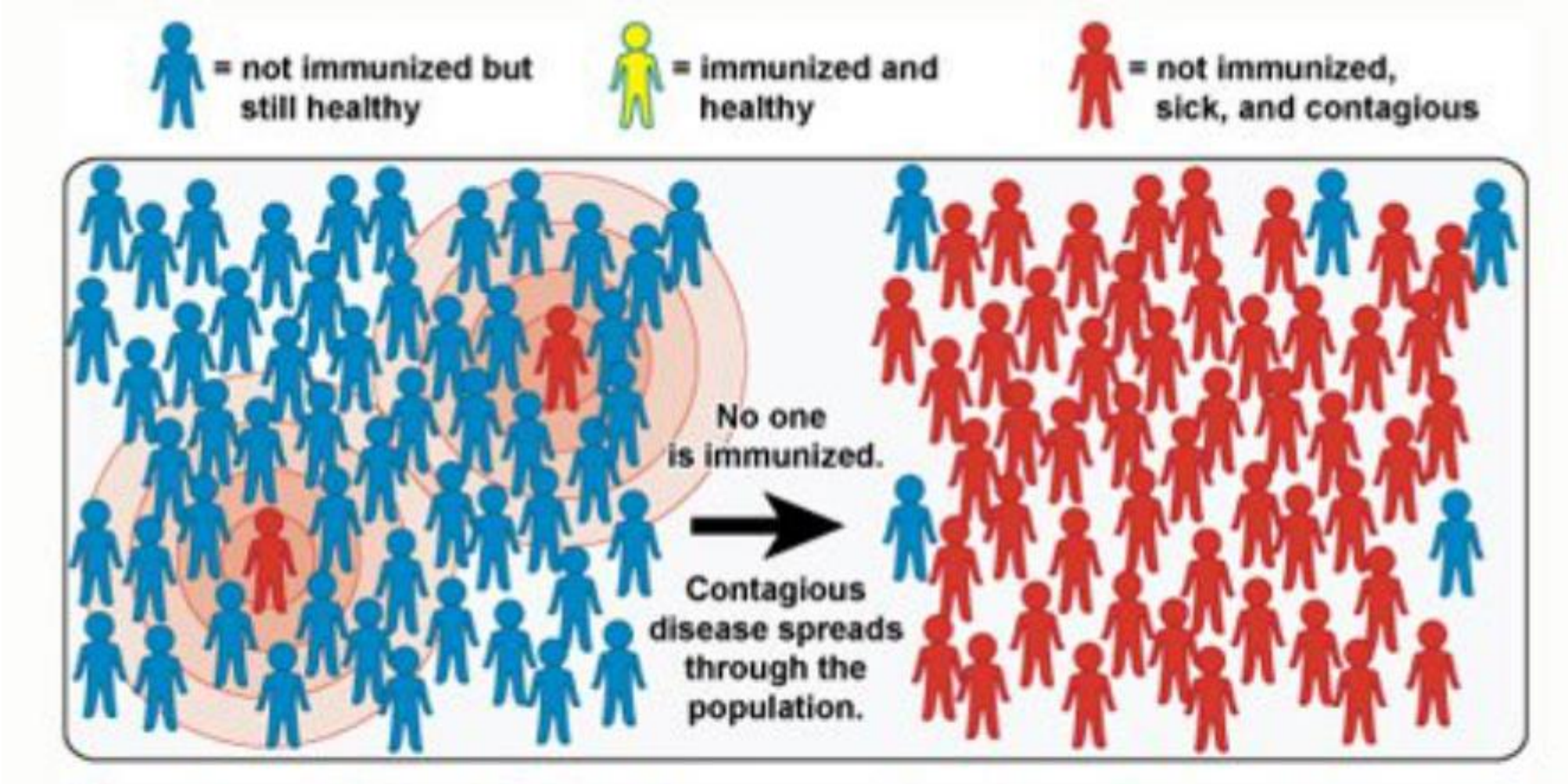
Vaccines Work at the Population Level



Herd or community immunity. *Courtesy: The National Institute of Allergy and Infectious Disease (NIAID)*. May 24, 2021

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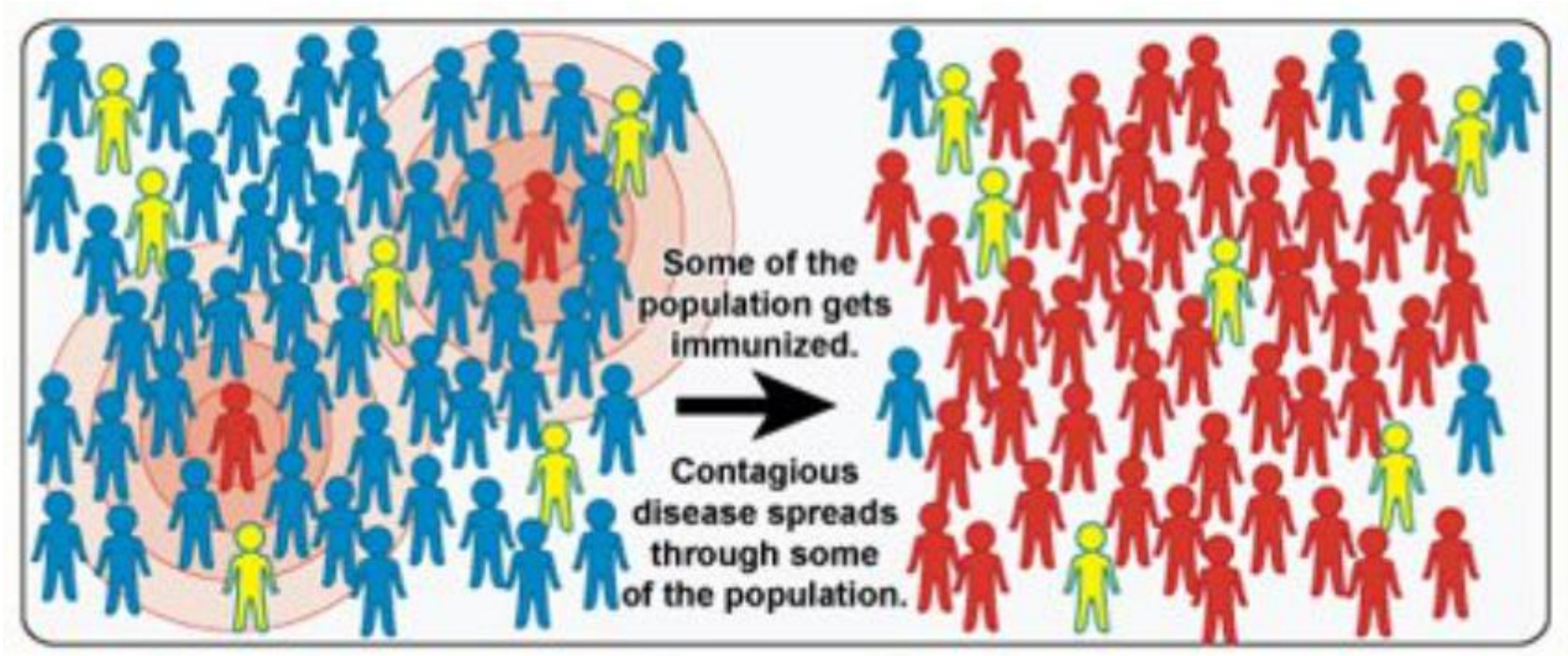

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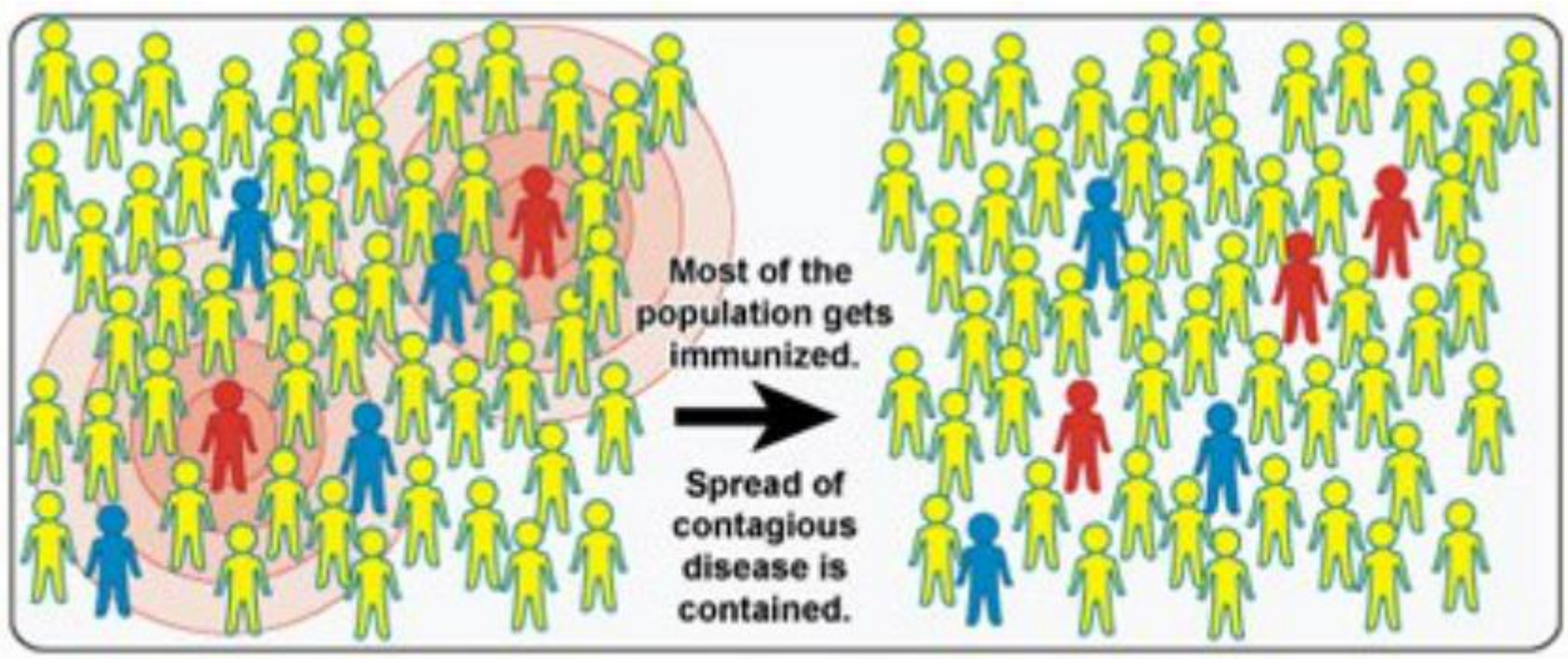

Herd or community immunity. *Courtesy: The National Institute of Allergy and Infectious Disease (NIAID)*. May 24, 2021

Example Script: “I saw on social media that the COVID-19 vaccine doesn’t work.”

Corroborate: There are a lot of different perspectives online, so I can understand why you might have questions.

About our information: 2-1-1 works closely with health experts at DHS to get the most up-to-date information about COVID-19.

Science: Data from DHS show that compared to unvaccinated people very few vaccinated people get hospitalized or die from COVID-19. The vaccines are very effective at preventing people from getting seriously sick from the virus.

Explain: That’s why COVID-19 vaccine is recommend for everyone 12 years of age and older. Can I help you find a vaccination location near you?

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How do we know the vaccines are safe?

- They each went through required testing for effectiveness and safety.
- The Food and Drug Administration (FDA) authorized each vaccine after it was tested.
- Even with all the testing and FDA authorization, there is ongoing monitoring for any problems or unusual side effects.

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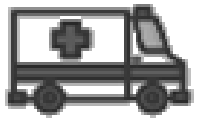
Emergency Use Authorization (EUA)



During a public health emergency, like the COVID-19 pandemic, the FDA can use an Emergency Use Authorization (EUA) to approve the use of new medical products, like vaccines. EUA vaccines have gone through all the same safety review steps as all other vaccines - no steps were skipped before they were authorized.

Each of the COVID-19 vaccines got approved for an EUA because they each have been found to be safe and effective by the FDA.

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The process for getting vaccines authorized happens through clinical trails. For the COVID-19 vaccine, the process was transparent and rigorous throughout, with continual oversight from medical experts and final approval by the FDA.

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Can the COVID-19 vaccine affect fertility?

The COVID-19 vaccine does not affect fertility.

- Confusion arose when a false report surfaced on social media, saying that the spike protein on this coronavirus was the same as another spike protein, called syncitin-1, that is involved in the growth and attachment of the placenta during pregnancy.
- The false report said that getting the COVID-19 vaccine would cause a pregnant person's body to fight this different spike protein and affect their fertility. The two spike proteins are completely different and distinct.

Getting the COVID-19 vaccine will not affect the fertility of people who are seeking to become pregnant, including through in vitro fertilization methods.

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Example Script: “The vaccine doesn’t seem safe. They must’ve skipped some steps to get it authorized so quickly.”

Ask: It sounds like you have questions about vaccine safety. Is it ok if I share what I know from the health experts at DHS?

Tell: (If they consent) The COVID-19 vaccines have gone through all the same safety review steps as all other vaccines - no steps were skipped before they were authorized. Even after authorization, all vaccines, including COVID-19 are monitored through safety systems that quickly identify any problems. Because these vaccines are safe and effective, DHS recommends that you get a COVID-19 vaccine today.

Ask: Did I answer your question? Great! Can I help you find a location near you to receive the vaccine?

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Free vaccine! No ID needed!

You will not pay for the vaccine – it’s free! You do not need an ID.

- If you have insurance, you may see a charge to your health insurance provider. This is for the cost of the administration of the vaccine and is covered by your plan. This charge can't be passed on to you in any way.
- If you don’t have insurance, you will not receive a bill or be asked to pay.

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The Delta variant is different.

- The Delta variant is more contagious than previous strains of the virus.
- It may cause more serious COVID-19 disease.
- The Delta variant makes up the majority of the sequenced specimens in Wisconsin.

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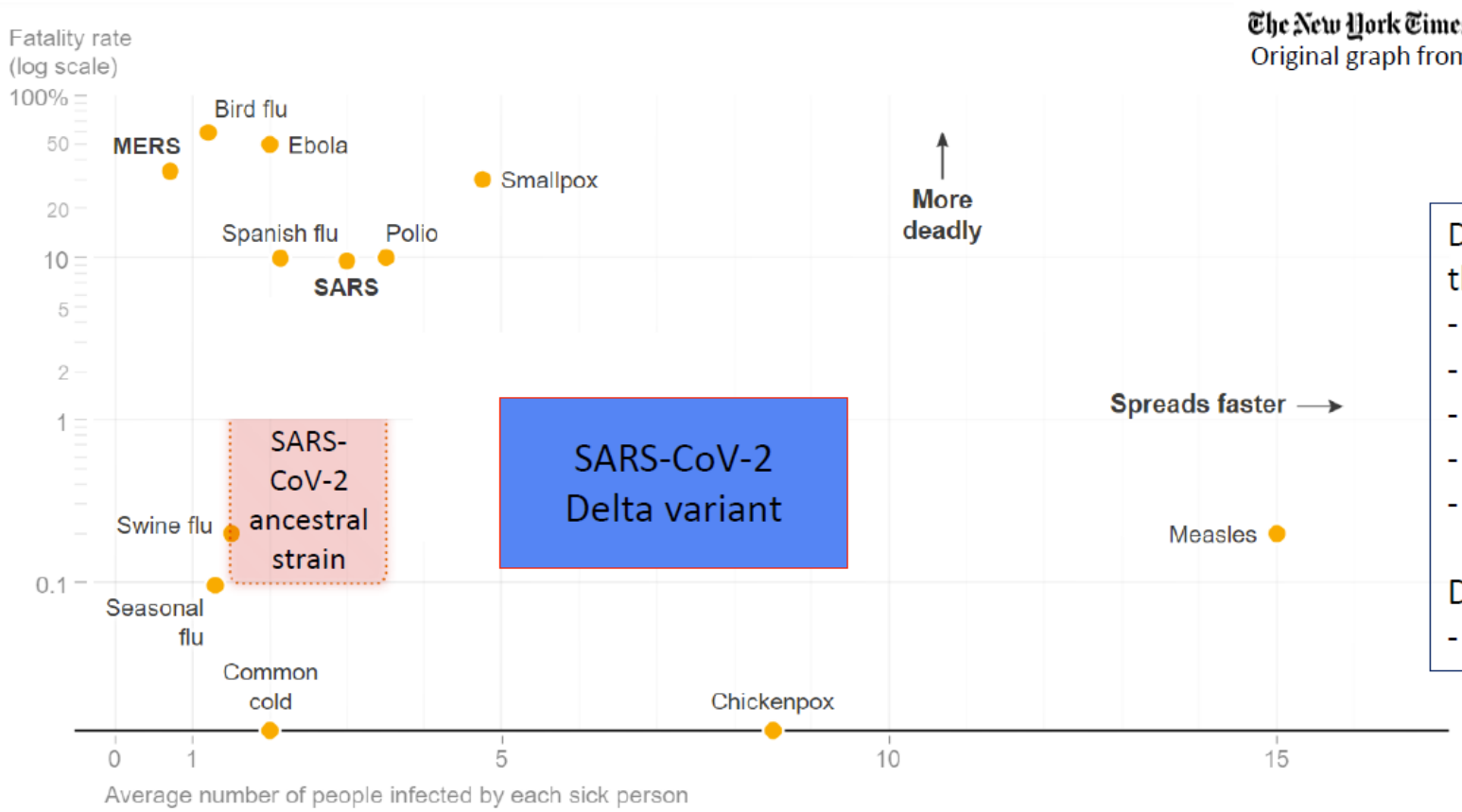
Transmission of the Delta variant compared to other infectious diseases



Delta variant is **more** transmissible than:
- MERS & SARS
- Ebola
- Common cold
- Seasonal flu & 1918 ("Spanish") flu
- Smallpox

Delta variant is **as** transmissible as:
- Chicken Pox

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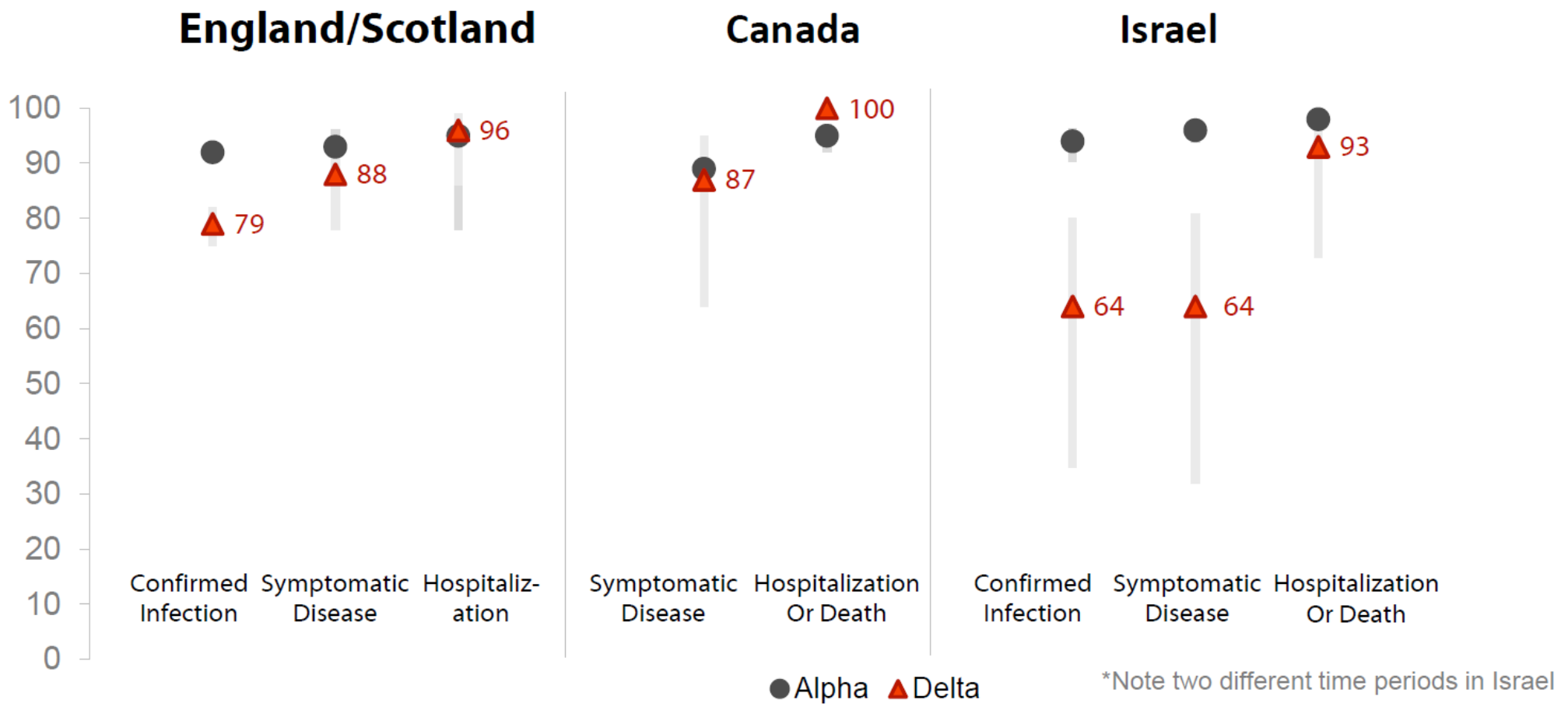
Pfizer 2-Dose Vaccine Effectiveness for Alpha vs. Delta



*Note two different time periods in Israel

Sheikh et al. Lancet (2021): https://doi.org/10.1016/S0140-6736(21)01358-1; Lopez Bernal et al. medRxiv preprint; https://doi.org/10.1101/2021.05.22.21257658; Stowe et al. PHE preprint: https://khub.net/web/phe-national/public-library/-/document_library/v2WsRK3ZlEig/view/479607266; Nasreen et al.medRxiv preprint: https://doi.org/10.1101/2021.06.28.21259420; https://www.gov.il/en/departments/news/06072021-04

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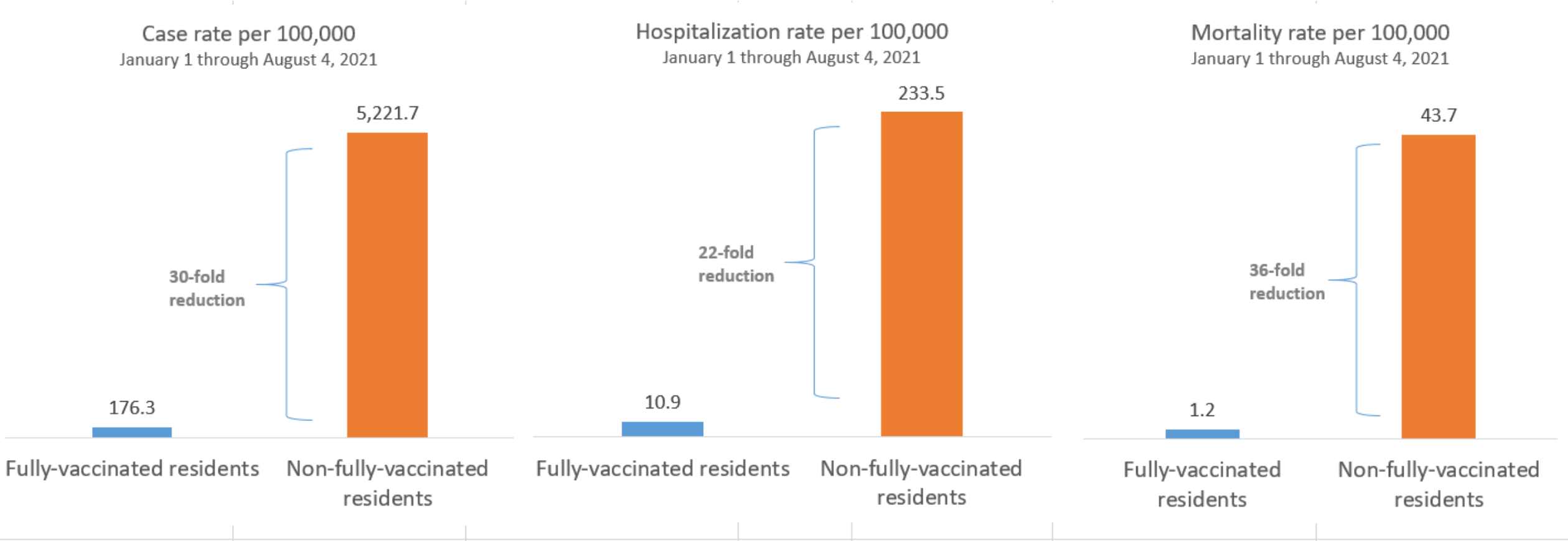
COVID-19 Vaccines Prevent Disease, Hospitalization and Death



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Additional COVID 19 Vaccine Doses

- Certain medical conditions and treatments keep people from building the full immunity we would expect from two-dose mRNA vaccine series.

- In August 2021, the FDA authorized and CDC recommended an additional COVID 19 vaccine dose for individuals with specific medical conditions or who are receiving treatments that are associated with moderate to severe immune compromise.

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Additional COVID 19 Vaccine Doses

- The Wisconsin Department of Health Services (DHS) supports the recommendation that some immunocompromised people are recommended and eligible to get an additional dose of Pfizer (ages 12 and up) or Moderna (ages 18 and up) COVID-19 vaccine following a completed series.

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Additional COVID 19 Vaccine Doses

This includes people who have:

- Been receiving active cancer treatment for tumors or cancers of the blood.
- Received an organ transplant and are taking medicine to suppress the immune system.
- Received a stem cell transplant within the last two years or are taking medicine to suppress the immune system.
- Moderate to severe primary immunodeficiency (such as DiGeorge syndrome, Wiskott-Aldrich syndrome).
- Advanced or untreated HIV infection.
- Active treatment with high-dose corticosteroids, alkylating agents, antimetabolites, transplant-related immunosuppressive drugs, cancer chemotherapeutic agents classified as severely immunosuppressive, tumor-necrosis (TNF) blockers, or other drugs that may suppress your immune response.

Additional COVID 19 Vaccine Doses

Wisconsin Department of Health Services
August 18 ·

Questions about additional doses about the #COVID19 vaccine and who is recommended to get it? Get the details at dhs.wisconsin.gov/news/releases/081821.htm #YouStopTheSpread #COVID19_WI

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PEOPLE WITH CERTAIN CONDITIONS OR UNDERGOING CERTAIN TREATMENT ELIGIBLE FOR ADDITIONAL COVID-19 VACCINE DOSE

Who is eligible?

FDA, ACIP recommend additional dose of mRNA vaccine to people with medical conditions or people receiving treatments that are associated with moderate to severe immune compromise. This includes people who have:

- Been receiving active cancer treatment for tumors or cancers of the blood.
- Received an organ transplant and are taking medicine to suppress the immune system.
- Received a stem cell transplant within the last 2 years or ar taking medicine to suppress the immune system.
- Active treatment with high-dose corticosteroids, alkylating agents, antimetabolites, tumor-necrosis (TNF) blockers, and other biologic agents that are immunosuppressive or immunomodulatory
- Moderate to severe primary immunodeficiency (such as DiGeorge syndrom, Wiskott-Aldrich syndrome).
  Advanced or untreated HIV infection.

If you are not included in this new group of individuals recommended for an additional dose, you should be reassured that the data shows good protection with the one or two-dose COVID-19 vaccine series at this time.

To learn more visit: dhs.wisconsin.gov/covid-19/vaccine-dose.htm

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Additional COVID 19 Vaccine Doses

CDC also has Facebook posts related to additional doses that orgs/individuals could share:

- **Video announcing additional doses and who is eligible**
- **Second different video**
- **Difference between booster and additional dose**
- **If we need a booster dose, does that mean that the vaccines are not working?**
- **Can people who received J&J get a booster dose of an mRNA vaccine?**

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In Summary

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Key Take Away Messages

1. Vaccine confidence is the trust people have in vaccine products, vaccinators, and vaccine policy.
2. Assume someone wants get vaccinated.
3. Listen with respect and empathy.
4. Use a structure like Ask-Tell-Ask or the C.A.S.E. method to have productive conversations.

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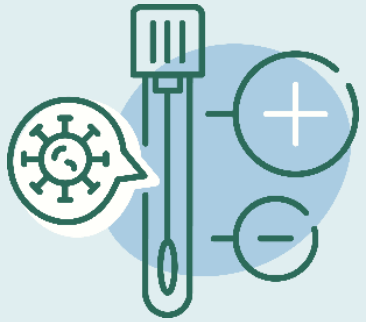
Key facts about COVID-19 vaccination

Getting vaccinated can help prevent getting sick with COVID-19.

People who have already gotten sick with COVID-19 still benefit from getting vaccinated.

COVID-19 vaccines cannot give you COVID-19.



COVID-19 vaccines will not cause you to test positive on COVID-19 tests.

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Thank you!

For more information:
https://www.dhs.wisconsin.gov/covid-19/vaccine.htm

For questions email: DHSCOVIDVaccinator@wi.gov

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Governor's Health Equity Council

Wisconsin Statewide Action Planning Group Meeting

09/23/21

Executive Order #17:

Relating to the Creation of the Governor's Health Equity Council (EO#17)

The Governor's Health Equity Council shall develop a plan, supported by a body of research, with key benchmarks to reduce and eliminate health disparities throughout the State of Wisconsin by 2030. The plan shall address health disparities in populations based on race, economic status, education level, history of incarceration, and geographic location. The Health Equity Council may create such subcommittees as are necessary to achieve this mission.

Our Timeline

21 July 2021

Kickoff: 1st Subcommittee Meeting

Completed Recommendations

- Total of 24 weeks

5 Jan. 2022

19 Jan. or 26 Jan.

Final Voting: January 19th or 26th, 2022 (tentative)

Completed Report/Plan

1 Mar. 2022

GHEC's Working Definition of Health Equity

Citation: Braveman P, Arkin E, Orleans T, Proctor D, and Plough A. *What Is health Equity? And What Difference Does a Definition Make?* Princeton, NJ: Robert Wood Johnson Foundation, 2017.

For general purposes, health equity can be defined as follows:

Health equity means that everyone has a fair and just opportunity to be as healthy as possible. This requires removing obstacles to health such as poverty, discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care.

The following should be added when the definition is used to guide measurement; without measurement, there is no accountability:

For the purposes of measurement, health equity means reducing and ultimately eliminating disparities in health and its determinants that adversely affect excluded or marginalized groups.[2,3,4,5]

GHEC Subcommittee Structure

GHEC Subcommittees

- Representation/Decision-making/Power/Access (POWER)
- Structural Funding Inequities (POLICY)
- Investment in Targeted Programming for Under-Resourced Communities (PROGRAMS)
- Data, Analytics and Strategy (FRAMING)

POWER: Representation, Decision-making and Access Subcommittee

Co-Chairs: Dr. Amy DeLong & Dr. Jasmine Zapata

Facilitator: Vipul Shukla, DHS; Planning Committee Leads: Ameerah/Gina

GOAL: Develop a set of recommendations aimed at addressing power imbalances impacting marginalized populations that facilitate health inequity in our state.

Examples:

- **Modified hiring practices**
- **Procurement protocol**
- **Voice and representation across governmental bodies and in decision-making**

POLICY: Structural Funding Inequities

Co-Chairs: Maria Barker & Gale Johnson

Facilitator: MayChee Yang, DCF; Planning Committee Lead: Cecie

GOAL: Develop a set of recommendations that advance policy solutions and corrections that address health equity in our state.

Examples:

- **Healthcare accessibility**
- **Failures in government assistance programs/Safety-net pitfalls**
- **Upstream/preventative policy**
- **Misalignment in funding between federal/state/local**

PROGRAMS: Investment in Targeted Programs for Under-Resourced Communities

Co-Chairs: Micaela Berry-Smith & Elizabeth Valitchka

Facilitator: Donna Wong, DHS; Planning Committee Leads: Beth/Sam

GOAL: Develop a set of recommendations that advance health equity and combat health inequity in our state through intentional investments in program and programmatic solutions and strategies driven by historically and systemically oppressed communities (i.e., EO#17: race and ethnicity, incarceration, economic status, and geography) .

Examples:

- **Underinvestment in health-advancing infrastructure (e.g., accessible transit, education centers, community gardens, community health centers, etc.)**

FRAMING: Data, Analytics and Strategy

Co-Chairs: Shiva Bidar & Paula Tran

Facilitators: Sarah Schuit, DCF & Andrew Walsh, DHS; **Planning Committee Lead:** Michelle

GOAL: Develop recommendations aimed at targeting gaps in our understanding of health inequity and/or limits to accountability, and lead the development of the data narrative, **framing** of the work and strategy for driving plan buy-in.

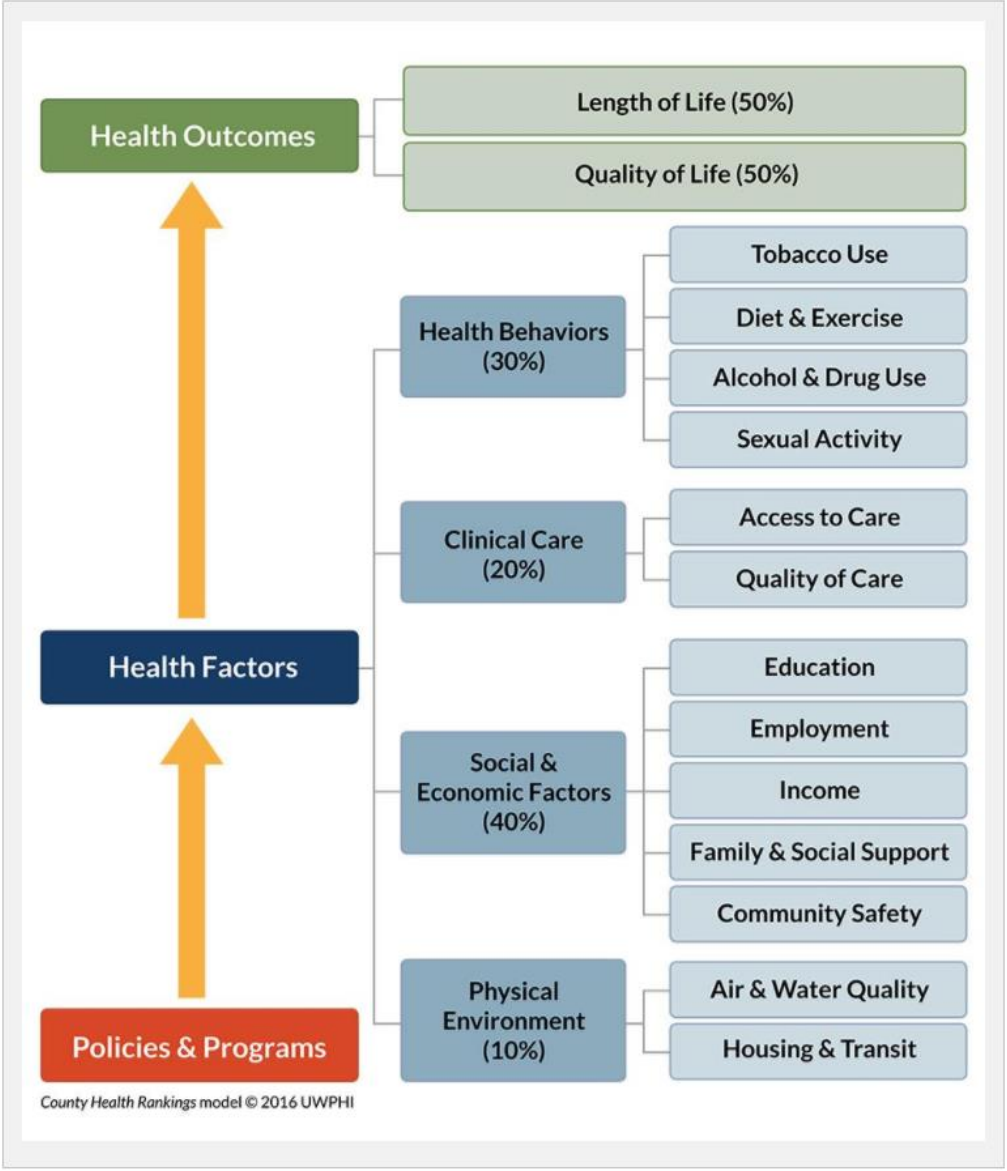
Examples:

- Investigate health inequity across race and ethnicity, incarceration, economic status, and geography (EO #17)
- Identify other focus areas and communities

What we are focusing on with our recommendations.

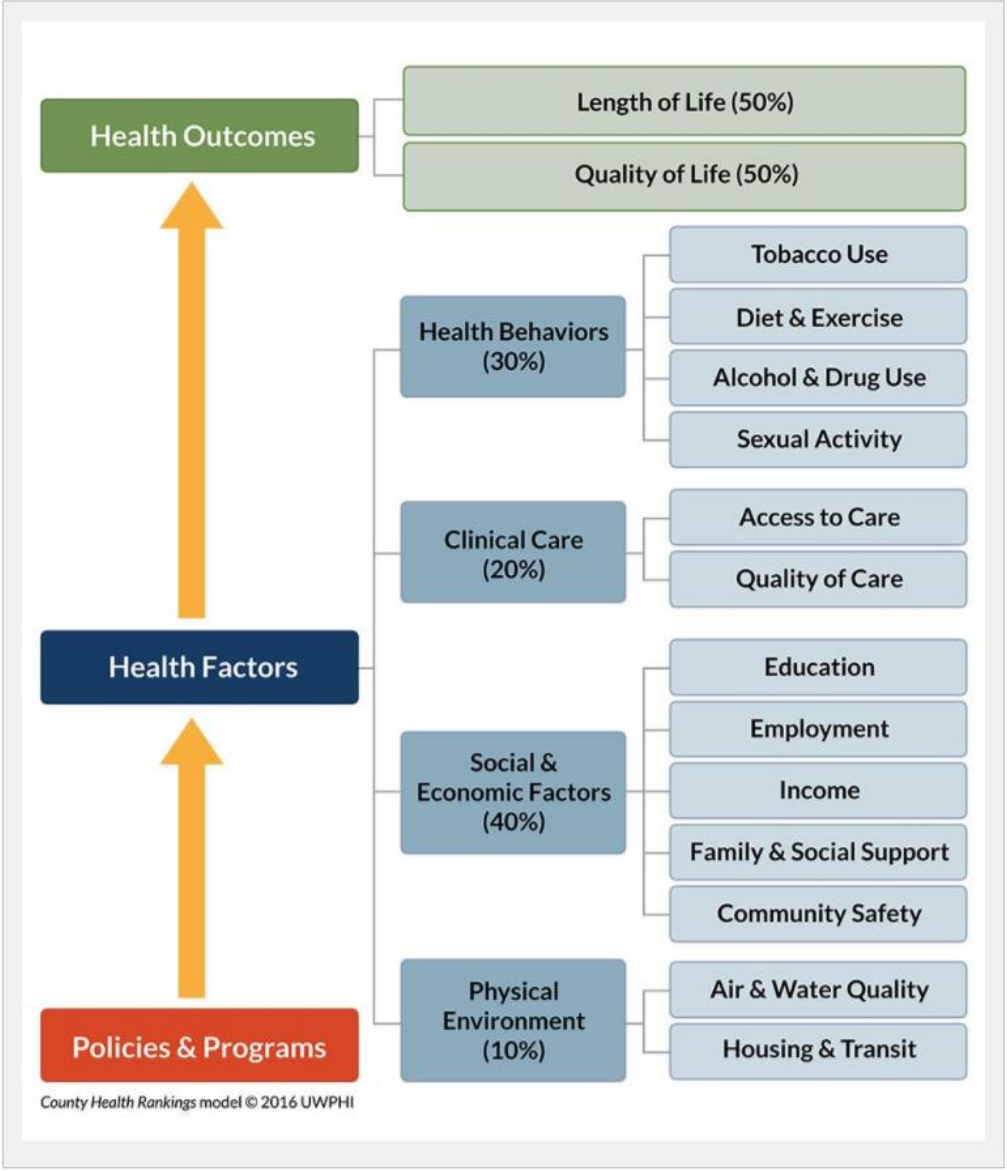
Social & Economic Factors

Such as *income*, *education*, *employment*, *community safety*, and *social supports* can significantly affect how well and how long we live. These factors affect our ability to make healthy choices, afford medical care and housing, manage stress, and more.



Physical Environment

Where individuals live, learn, work, and play. People interact with their physical environment through the *air they breathe*, *water they drink*, *houses they live in*, and the *transportation they access to travel to work and school*. Poor physical environment can affect our ability and that of our families and neighbors to live long and healthy lives.



Recommendations Framework

Two Types of Recommendations

Minor Recommendations

Concepts that are not developed into full recommendations

Major Recommendations

Fully fleshed out recommendations drafted based on the prescribed structure

Policy Pathways Recommendations Must Leverage

- **Executive Action**: Executive orders, appointments and filling vacancies, special sessions, executive budget, budget veto, emergency powers
- **Agency Action**: Regulatory authority, administrative code (implementation), agency budget and spending, grant writing and grantmaking, contracting, project management
- **Biennial Budget**: Creating new funding streams and programs, expanding and/or modifying existing programs
- **Legislative Action**: Lawmaking, appropriations, revenue-raising, auditing, remove elective office holders, veto override, amended constitutional

Guiding Criteria Recommendations Must Meet

1) Must be achievable through one of our policy pathways.
2) Reflect a commitment to equitable and just practices across all sectors of society (i.e., disparity reduction/elimination).
3) Be directed at structural and systemic levers, not individual behavior.
4) Be respectful of groups of particular concern (i.e., groups heavily burdened by disparity)
5) Be clear, intuitive, and compelling.
6) Be sufficiently unambiguous (focused on strategies, not outcomes alone) that it can guide policy priorities.
7) Be conceptually and technically sound, consistent with current understandings of best practice, or may generate new knowledges.
8) Be possible to operationalize for the purpose of measurement, which is essential for accountability.
9) Be actionable.

Our ask to you

- **Keep your eyes peeled for updates on our progress – and let your networks and partners know to do the same**
- **Reach out to us if you have any questions (Vipul.Shukla@dhs.Wisconsin.gov)**
- **Consider submitting a recommendation when we open up a public submission process in October-January**
- **Plan to engage during the public opinion process on final recommendations**

Thank you!