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Improving Vaccination Uptake in the Latinx Community Through Standardized Outreach

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Improving Vaccination Uptake in the Latinx Community Through Standardized Outreach

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NURS-653: Internship Quality Improvement Project

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Abstract

In the United States, Latinx communities have experienced a disproportionately high burden of COVID-19 infections and hospitalizations throughout the pandemic. The focus of this quality improvement project is to standardize the patient outreach process and education to increase COVID-19 vaccine uptake. The ambulatory community clinic in the city of Oakland, California serves a majority of underserved Latinx patients that have demonstrated distrust of the healthcare system and their disbelief in the positive outcomes of the COVID-19 vaccine. The high burden of COVID-19 infections among the Latinx community has led to misinformation and fear. In order to overcome this issue, Clinical Nurse Leader (CNL) skills have been used to analyze, educate, and manage future outcomes. Using these skills would have measured the number of vaccine appointments made after the implementation of standardization of outreach and education compared to the number vaccine appointments made prior to the implementation of the intervention. Due to COVID restrictions and difficulty in communication, the quality improvement project will be limited to establishing a clear purpose and intervention for future use to increase vaccination rates among the Latinx community. The recommendations provided will help staff members from the community clinic adapt and modify the interventions that will apply the needs of the community.

Keywords: Vaccine hesitancy; COVID-19 vaccine; Latinx; vaccine education; outreach

Section II: Introduction

Human beings have benefited from vaccines for more than two centuries (Stern & Markel, 2005). The pathway to effective vaccines is still in development and improving as years go by making them more effective than before. A vaccine is an effective method to build one's body's natural immunity to a disease before we get sick and prevent the spread of contagious, dangerous, and deadly diseases (American academy of family physician, 2019). In addition, it reduces the morbidity, mortality, and economic cost-associated with diseases (Stern & Markel, 2005). Preventing infectious diseases and reducing illness severity, duration, and transmission is key. The Latinx community are at a higher risk of hospitalization, ill health, and death (Centers for Disease Control and Prevention [CDC], 2021). This leads to immunization as a key component in preventing further health complications (Barratt et al., 2019). In this context, Latinx community is defined as a "diverse group of people who have roots in Latin America and collectively and have ancestry in Mexico" (Simon, 2020). Cunningham et al., addressed that vaccine-hesitant patients have led to feel uncertain in accepting vaccines and may delay one or more vaccines (Cunningham et al., 2019). Identifying the reason why patients are hesitant in a timely manner is essential in order to provide the best education possible. In addition, Latinx community have been more hesitant than any other ethnic group over the COVID-19 vaccine, the hesitancy includes language barriers, lack of knowledge, lack of transportation, timely appointments, and missing work (Topmiller et al., 2017).

As a result, this project will focus on how standardized education and planning compared to the clinic current efforts affect vaccination uptake. The intention of this

quality improvement project is to identify if a standardized education approach will increase vaccination rates among the Latinx community patients within the clinic.

Problem Description

The community clinic is located in a rural neighborhood in the city of Oakland, California serving more than half of the clients identified as Latinx. The CDC classifies individuals from the Latinx community as a vulnerable community to COVID-19 that are more likely to experience less health access and language/cultural barriers (Calo et al., 2020). As a result of COVID-19, the Latinx community like other minorities have been affected by the coronavirus. Gutierrez (2020) highlights some Latinx clients have some level of suspicion about information they receive from government source. With this being said, the percentage of Latinx community obtaining the COVID-19 vaccine is lower than another ethnicity and have accounted for only 8.5% below the share of the overall US population of 18.5% (Page, 2021).

Vaccine hesitancy has been a worry among the Latinx community and to the healthcare industry. Currently, vaccine hesitancy among minorities have received media coverage that has led to lack of trust in the health care system, worry about sharing personal information with large institutions, misbeliefs about vaccine risks, lack of access to technology, transportation, and lack of flexible schedules (Page, 2021). The community clinic staff uses the Department of Health to classify clients according to the eligibility tier of the County. Once the staff is aware of the client's eligibility, they go ahead and start contacting clients via telephone. With the help of the clinics electronic health record (EMR), the staff is able to identify the client's demographics and county tier in confirming the client's eligibility for the COVID-19 vaccine. According to the clinic's staff, at the time of the call, the staff provides the client with basic information regarding

the COVID-19 vaccine. At this time the client has the opportunity of accepting or denying the vaccine appointment.

In order to have a better overview of the current vaccination appointment process the quality improvement team had to interview the Clinical Manager, Clinical Educator, and Patient Outreach Manager. Through these interview's, the team learned that the clients displayed vaccine hesitancy, distrust, misinformation, and fear. Throughout the various interviews, the team noticed that there were many areas for improvements. In addition, the staff demonstrated miscommunication, frustration, and lack of coordination when contacting the clients via telephone, that led the staff to contact clients' numerous times. Furthermore, the team was led to improper and lack of data information, which delayed the identification of common values and barriers that have been affecting the community clinic. Through this interview it was also mentioned that current staff were taken out of their regular jobs and given other tasks such as COVID-19 contact tracing, making vaccine appointments, and helping out in the vaccination tent site. These extra tasks have led to staff burnout, which eventually leads to lack of motivation, frustration, and reductions in work efficacy (Mudallal et al., 2017). In conclusion, after having the interviews with various clinic management departments, the team concluded that it was time to begin a process of outreach standardization to improve vaccination uptake in the Latinx community.

Available Knowledge

PICOT Question

The PICOT question that was used in reviewing current literature on vaccine hesitancy was the following: In patients who are receiving a phone call to schedule a COVID-19 vaccine appointment (P), will educating the staff on a multimodal standardized outreach intervention (I) compared to the current outreach process (C) improve COVID-19 vaccine

uptake (O) in 4 weeks (T)? Data was synthesized after completing a comprehensive literature search using the following databases: CINAHL and PubMed. The databases were searched using the main topics and themes from the PICOT question and included the following search terms: *Vaccine hesitancy; COVID-19 vaccine; Latinx; vaccine education; outreach* which articulated more than 45 articles.

A research article that was conducted by Moran et al. (2016) identified that scanned information played an enormous role and has contributed to scanned information on population health outcomes of anti-vaccine sentiment. This information includes internet, television, print media, friends, family, and healthcare providers. According to Moran et al. (2016) it was found that vaccine information has been encountered and absorbed in a passive way of distribution and have concluded that each ethnic group has a different level of trust regarding health information and vaccine safety concerns. This leads the need of identifying what the Latinx community level of mistrust regarding vaccine hesitancy. By doing this will help the team integrate appropriate approach to the quality improvement project and that will better serve the community clinic.

In addition, Barratt et al. (2019) article focused on how Latinx community are at a higher risk of hospitalization, ill health, catastrophic disability and death to vaccine-preventable diseases. Throughout the study it was found that immunizations have been recognized as a core component in disease prevention. The key barriers that contributed to adult vaccine hesitance were politics, supply, access, and lack of education (Barratt et al., 2019). It has been concluded that immunization throughout the life span of an individual can help reduce risk for functional decline and mortality rates (Barratt et al., 2019). This study has highlighted the importance of education in order to close education gasps within the

community. By undertaking this barrier throughout the project will assist the clinic in the client's uptake of the COVID-19 vaccine as it has been found that it appears to be a serious barrier change.

Furthermore, a study conducted by Reno et al. (2018), evaluated the usefulness and effectiveness of an intervention that consisted of various components that facilitated provider-patient communication that assisted in an increase of vaccination rates. It was found that motivational interviewing techniques and a fact sheet were a useful and easy integration into the patient outreach process. With the integration of motivational interviewing and fact sheet eventually increased vaccination uptake among the community (Reno et al., 2018). This study confirmed the need of applying something similar to the quality improvement project to assist the staff in increasing vaccination uptake among the Latinx community. It is important to take the time with clients and properly imply the importance of the COVID-19 vaccine. The more time that providers and clinic staff integrate during the outreach process will help the client build trust and eventually accept the COVID-19 vaccine.

Additionally, a systematic review focused on a conduction of evidence-based interventions that would increase vaccination rates in the community. The interventions that were developed were mass communication, leadership, improved workflow and access (Falcone et al., 2020). As a result of these interventions the study was found to increase vaccination rates by 57% (Falcone et al., 2020). It was determined that the rest of the community declined the vaccine due to fear of side effects and fear of contracting the virus (Falcone et al., 2020). In order to reduce these barriers among the Latinx community, the team developed a survey to identify the barriers that currently exist in the community and how integrating a CNL will help with workflow improvement within the patient outreach.

Rationale

The change theory that the team used for this particular project is Kurt Lewin's change model. The Lewin's change model was used to plan and implement the interventions that were planned for this project and eventually obtain buy-in from the clinic's stakeholders. The Lewin's change model is a three-step model that can help assist in the direction of change. The three phases include unfreezing, changing, and refreezing (King & Gerard, 2016). The first phase of the Change Theory involves unfreezing phase which allows individuals let go from previous patterns (Petiprin, 2016). This first phase is important to increase the attempt in creating change in the microsystem and allow innovators start the change process. Once the change process is approved, the team will be allowed to introduce a new education tool, standardization of outreach, and documentation. In the second phase of Lewin's change model, changing stage, utilizes changes in though and behaviors towards a new process which may seem more productive (Petiprin, 2016). This stage will start the implementation of patient calls with standardization of documentation, educational tool, and phone script. In the third and final phase of Lewin's change model, refreezing consists in establishing a new process or habit as the standard procedure (Petiprin, 2016). This will allow the innovators maintain, support, and adjust the team in continuing the new change process in the microsystem. In order for the team to have success in using this change model it will require stakeholders and staff's cooperation.

Specific Aim

The specific aim was defined as follows: The quality improvement team aims to improve vaccination rates among the Latinx community clinic up to 75% by May 2021. This will prevent COVID-19 transmission in the community by the standardization of

the patient outreach process. The process begins with a microsystem assessment of the vaccination site and data collection. The process end with an increase of COVID-19 vaccination rate. By working on the process, the team expects an increase of patients receiving COVID-19 vaccination, decrease new COVID-19 cases among the community, and increase the community clinic vaccine education and outreach. It is important to work on this now because we are in the middle of COVID-19 pandemic and patients among community are being greatly affected.

In order to successfully meet the aim statement, the team developed surveys for patients, COVID-19 call center script, and an educational script. The goal was to properly understand why the patients are being hesitant in obtaining the COVID-19 vaccine by conducting surveys via phone call, educating staff on motivational interviewing, and properly documenting the phone calls. This will better assist in standardizing the outreach process and educating patients on the importance of getting vaccinated, as well decrease current and future COVID-19 transmission.

Section III: Methods

Context

The purpose of this project is for patients to get vaccinated and improve their education and confidence towards getting the COVID-19 vaccine. The population involved in this project consists of Latinx community in the city of Oakland, California. The professionals involved in the project consist of educational outreach, front office management, and nursing students. The process began with the observation of the vaccination site process and asking staff the reason why patients are being hesitant of getting vaccinated. After having a few interviews with the clinic leadership

team, the quality improvement team identified a gap in connection with the patients. The current patient call outreach process lacked standardized education, documentation, and workflow. According to staff, as of February 12, 2021, "the current performance resulted in a 47% vaccine acceptance rate among >65 age group and 53% refusal rate among >65 age group and poor rapport among clinic and patients." This led the team to create surveys aimed to understand why the clients were being hesitant towards the COVID-19 vaccine. In order to standardize outreach, an educational script and a call center would better serve the current community population the clinic serves.

SWOT

A strengths, weakness, opportunities, and threats (SWOT) analysis was conducted (see Appendix A), with the aim to assess the current microsystem and inform the need of importance of integrating an educational script and call center dedicated on specifically COVID-19 to the family medicine department of the community clinic. Some of the strengths include a well-established community clinic, skilled and knowledgeable staff, and exiting educational materials. The weaknesses that the team found was a financial limitation due to revenue loss due to limited in-person clinic visits. Some few opportunities that the team noticed that the community clinic had to grow was the support from other community-based clinics and media coverage of vaccination sites. On the other hand, the threats that the clinic had was media misinformation, fear-based decision making, and lack of standardized education. In summary, the current strengths and opportunities for the project will be able to overcome weaknesses and threats. The project team focused on increase on vaccination rates among patients in the community clinic.

Cost Benefit Analysis

A cost-benefit analysis (see Appendix B) was developed geared towards the interventions that will help the community clinic provide an educational script, call

center specifically for COVID-19 concerns and vaccine appointments and training the staff in order to standardize outreach. There are no significant financial implications in regard to the interventions compared to current community clinics' monthly loss of $3,000,000 from the start of COVID-19 but estimated a total cost of $1,325.39 towards the implementation of interventions. On the other hand, it will benefit the clients by properly educating them about the possible side effects and importance of getting the COVID-19 vaccine. Most importantly, the educational script intervention will help clients want to get the vaccine and eventually reduce vaccine hesitancy. If the team educates the clients in an appropriate manner, then there will be a higher vaccination rate among the Latinx community.

According to Katoni and Sparling (2020), the community clinic has been losing about $3million in revenue each month due to the COVID-19 pandemic. As the result of this ongoing pandemic the clinic has not been able to perform at its full capacity due to the number of cases of clients getting COVID-19. This number can decrease as more patients get vaccinated in time. That is why it is important to educate and standardize an outreach center to encourage the clients to get vaccinated in time and promote better health among the Latinx community and eventually have the clinic work at its full capacity as before the pandemic.

Interventions

Through literature review the team concluded that the community clinic was in need of a quality improvement project in order to increase vaccination uptake within the clinic's clients. After the team assessed the microsystem, we gathered all our findings and identified the most needed interventions that would help the team implement in a timely manner.

Standardizing the outreach process might seem a challenge, but the team identified that the first thing that had to be done was survey the population. The survey (see Appendix H) would help identify the barriers and hesitance that the clients were facing at the time of offering them the vaccine appointment. The survey consisted of questions regarding the motive of getting the vaccine and identified any concerns about getting the COVID-19 vaccine. The survey responses would help the team identify common issues that the population faced and modify issues in an efficient manner. In addition, the team found that developing an educational script will help the population understand the importance of getting vaccinated at the time of their eligibility tier. According to Eric et al. (2017), a mode of reducing disparities in obtaining vaccination uptake is intervening in providing proper education in order to decrease the knowledge gaps between the minority population. The educational script that the team developed was aimed to educate and inform clients in a detailed understanding manner and eventually close any lack of knowledge and hesitancy of obtaining the vaccine.

As mentioned previously, the community clinic staffs did not have a proper way of documenting phone calls when clients were offered their vaccine appointment. In order to overcome this situation, the team noticed the need in implementing and dedicating a call center within a group of Registered Nurses. The call center will help with the standardization outreach alongside with the educational script and motivational interviewing. The integration of a call center increases the “call experience significantly, influence patient’s satisfaction, and frequently willing to optimize the clients experience as it is a key driver of service selection and retention” (Kappa et al., 2020). With the help of motivational interviewing (see Appendix D), it will target patient-centered care technique in helping patients explore and resolve decision making and as well exhibits empathy towards health decision (Bean et al., 2012). As

staff makes the phone calls and documents the clients will help the team gather data for future analysis of project success. Moreover, with the integration of a call center, using one educational script (see Appendix E), and documenting patients' responses on either the vaccine appointment had been rejected or accepted will help the clinic standardize and reduce miscommunication among the staff. In addition, it is important to prevent any additional calls that have caused previous frustration among clients. In order meet this goal, the staff will need to place an alert banner placed on EHR to all patients that have denied the COVID-19 vaccine. This will inform others that the client had been contacted and no longer wishes to obtain the vaccine.

Study of Intervention

GANTT chart

The team developed a GANTT chart (see Appendix F) to assess, plan, implement, and evaluate the quality improvement project. The GANTT chart was used as a timeline to measure and adjust tasks in an adequate manner (see Appendix F). As part of the GANTT chart the team included an outline of the Plan-Do-Study-Act (PDSA) cycle (see Appendix G) that demonstrates a hypothetical timeline of the phases that were not able to implement the planned interventions. Due to various constraints the team only had four weeks to try to implement and evaluate the interventions that were planned for the quality improvement project.

PDSA Cycle

A PDSA cycle was conducted as a form of testing the project change through the timeframe of this project (See Appendix G). The PDSA provides the team with a weekly timeline approach in conducting the various steps that this project implies. The PDSA will provide opportunities for the various interventions, evaluate effectiveness of implementation that will eventually assist in modifying for future cycles.

Plan

In order for the team to start conducting any change in the microsystem, the team assessed the current microsystem to identify the major issues regarding vaccine hesitancy among the Latinx community. During this stage, interviews were performed with staff and stakeholders. With the help of the staff and stakeholder the team was able to identify the main issue. This led the team to conduct an evidence-based literature review and developed an aim statement. Due to the lack of data from the clinic, the team developed a survey that would help gather evidence why the clients were hesitant in obtaining the vaccine (see Appendix H). In addition of the survey, the team developed an educational script in great detail to better serve the clients in understanding the importance of getting vaccinated.

Do

During this phase the team would have informed and provided competency training through the in-service which would have been conducted in weeks 6-10. At this time, the staff would have been conducting phone call with the integration of surveys, standardized educational script, and standardized documentation on the EMR. This would help the clinic gear towards a better understanding and increase of clients willing to get vaccinated. Once this had been implemented, the staff would send out a patient satisfaction survey via mail (see Appendix I). By doing this, the team would have appropriate feedback from the community and modify future adjustments.

Study

The study phase of the PDSA cycle takes place over week 7-13. Due to stakeholders not buying-in, the team had planned to evaluate the interventions by evaluating ongoing change for future use. During this phase, the team would be able to compare a baseline of vaccination rates before the implementation of the interventions to the data collected after implementing the interventions. By obtaining this data collection the team would be able to adjust any needs to

accommodate the needs of the Latinx community. This phase is key in order to advance and reach a major amount of the population in up-taking the COVID-19 vaccine.

Act

The act phase of the PDSA cycle would have taken place on week 13 and adjusted accordingly to up rising conflicts. The team had planned to implement the needed changes from the study phase. This phase would have allowed the team to meet with key stakeholders to discuss relevant data in support of continuing intervention throughout COVID-19 vaccination eligibility tiers. In addition, the team would have the opportunity to discuss with stakeholders the importance of adopting or abandoning the standardization of the outreach process.

Measures

Given the time constraints and lack of stakeholder buy-in, the quality improvement team was not able to measure any data in order to compare vaccination rates prior to the intervention implementation to the number of vaccine appointments made after the intervention was implemented. Due to this circumstance, the team would have expected to see an increase in the first and second dose of COVID-19 vaccine appointments. The implementation of standardizing outreach, facilitating communication among the COVID-19 call center, using the educational script, and motivational interviewing would have increased the confidence among the Latinx community and therefore have increased the number of COVID-19 vaccine rates in the community.

Ethical Considerations

According to the completed Statement of Non-Research Determination Form, this project was undertaken as an evidence-based practice at a Latinx community clinic in the city of Oakland, California and this project has been approved as a quality improvement project by faculty using QI review guidelines and does not require IRB approval (see Appendix

J). Ethical considerations have been considered in this quality improvement project and have provided guidance for future implementation. The two ethical principles addressed are autonomy and beneficence. Autonomy refers to the right of self-determination and allows for patients to make informed decisions regarding their care (King & Gerard, 2016). The standardization of outreach offers the patient to be well informed in a timely manner and helps the patient make the right decision for their health. Public confidence in vaccination programs depends on the work they do for the community such as social, political, and moral (Harrison & Wu, 2020). By giving the community the opportunity to be well informed will help the individual boost confidence in making the right choice. Beneficence is simply to do good, and often motivates most healthcare professionals (King & Gerard, 2016). This ethical principle is utilized when a nurse or staff member is giving information on the side effects and benefits of the COVID-19 vaccine. For example, the nurse or staff may use beneficence when patient is scared or unsure in getting the COVID-19 vaccine. It is the nurses and staff responsibility to always tell the truth to the patients no matter the circumstance or standpoint ones have. Patients have the right to know the truth and the freedom in deciding what they would like to undertake regarding their health.

Section IV: Results

Unfortunately, the team was unable to implement the quality improvement project at the community clinic in Oakland, California. This geared the team in gathering evidence-based literature review in predicting the success of this quality improvement change project. One study mentioned, that incorporating educational materials increases and eventually overcome perceived or actual practical barriers to vaccination uptake (Khan et al., 2020). According to the CDC and

the National Institutes of Health, “effective strategies for COVID-19 vaccine promotion and acceptance leads by increasing knowledge gaps related to understanding community need, perceptions and effective promotion that include, support from innovators that take the time in explaining the importance of vaccination uptake eventually leads to community confidence” (Khan et al., 2020). In addition, it was found that developing and implementing surveys within the community helped identify common drivers of vaccine hesitancy and collect key information that was culturally and linguistically appropriate in benefiting the vaccine promotion and eventually deciding to get vaccinated (“COVID Collaborative”, 2020). As made evident from the literature review, the teams’ intentions of change within the community clinic projected success in increasing vaccination uptake within the Latinx community.

Section V: Discussion

Barriers

Due to the COVID-19 pandemic, the community clinic has been occupied in modifying the clinic integration of telehealth, which has led a variety of unplanned tasks to be performed. The quality improvement team had the intention of being able to implement the interventions on time and in an adequate manner, but a problem arose with the COVID-19 vaccine eligibility tiers. The eligibility tiers were constantly changing, which made the stakeholders hold back on buying-in. At the beginning of this initiative the stakeholders agreed on targeting patients >65 years and older, but due to the time constraints and lack of ability to survey patients. The team presented a different approach that would benefit all eligibility tiers, but the stakeholder did not buy-in.

Another barrier that the team confronted was being completely remote. Working remotely resulted in delayed communication between stakeholders. The lack of communication with stakeholders tremendously affected the success of the project. The lack of communication

increased the creation of uncertainty and decreased engagement between the clinic staff and project team. This led to a limited time of trying to implement the interventions in a timely manner in only giving the team four weeks to try to implement and obtain proper data from the integration of the project.

In addition, the lack of buy-in from stakeholder, delayed communication, and limited time, the project team concluded that the clinic has a lack of knowledge regarding the integration of the Clinical Nurse Leader Role (CNL). The lack of knowledge regarding the CNL role made it difficult for the team to utilize the CNL qualities efficiently throughout the community clinic. Having a CNL in the clinic will help the family medicine microsystem in various ways. A CNL would help with coordination of care in assessing community risk for COVID-19 infections and hesitancy towards vaccination (AACN,2007). In addition, the CNL serves as a client advocate in ensuring clients, familiar and communities are well-informed and included in client care planning and is and an informed leader for improving care (AACN,2007).

Recommendations

The quality improvement team would like to make some future recommendations to the community clinic to promote future buy-in for a quality improvement project. First and foremost, it is important for the clinic to implement a unit champion that will be able to provide several trainings that will help and benefit the staff understand the purpose of a quality improvement project. A unit champion is an individual that works along with the frontline staff and have earned respect and trust of their coworkers (King & Gerard, 2016). A unit champion will help the microsystem find future opportunities, imply quality-based care among the diverse clients, and better understand the importance of an interdisciplinary practice.

Conclusion

In conclusion, the team was unable to implement this quality improvement project into practice, but with the help of literature review, planning, and recommendations will help similar projects to obtain an idea for similar situations. After an in-depth analyzation and literature review, the team concluded that in order to find out the reason for the community being hesitant towards the COVID-19 vaccine it is important to implement a survey, educational script, and motivational interviewing. By integrating these interventions into this community will help stakeholders understand the reason why their clients have been hesitant and can eventually adjust the current flaws that will later help anticipate an increase in vaccination rates in the near future.

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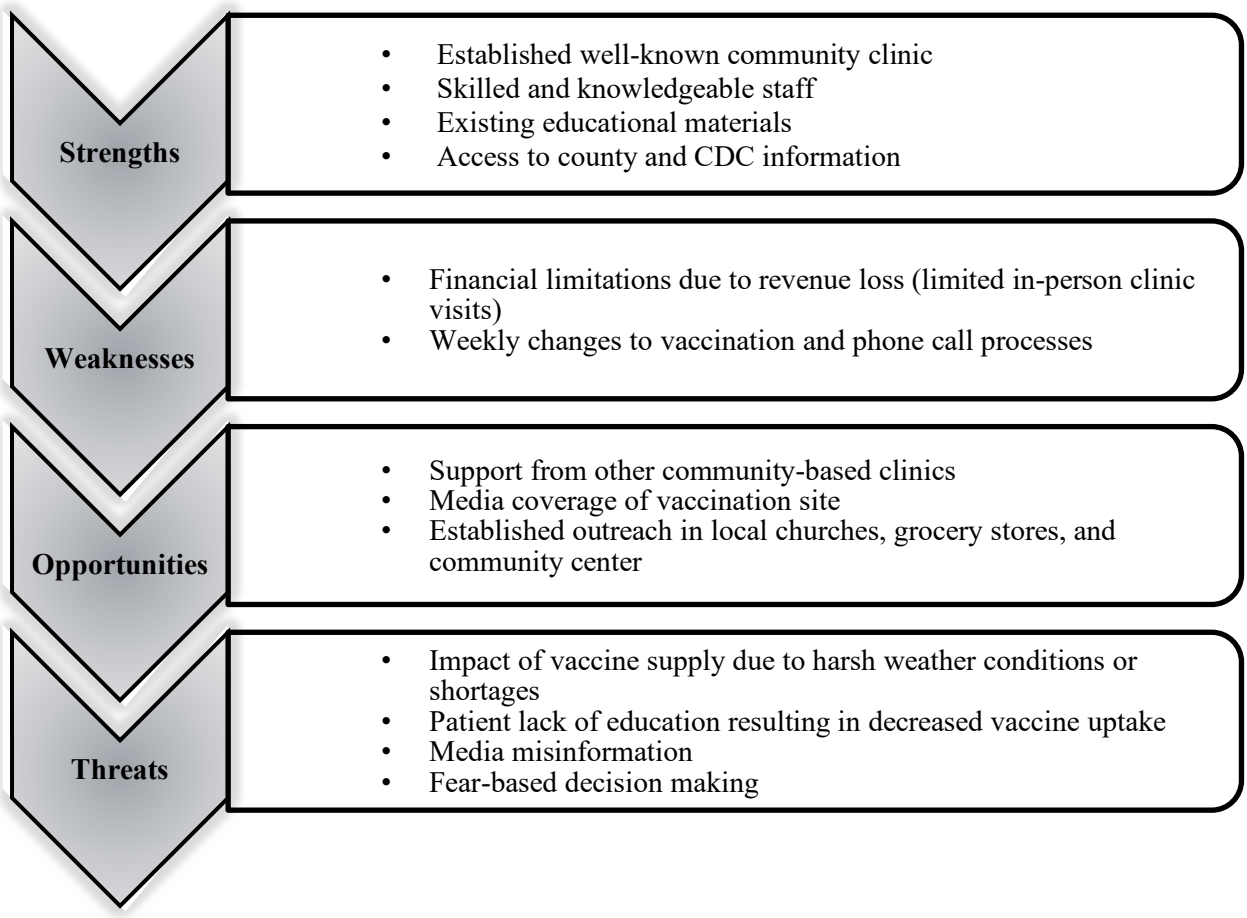
Section VII: Appendices

Appendix A: SWOT



Appendix B: Cost-benefit analysis

Costs	Calculations	Totals
COVID-19 Related Revenue Loss		
Decrease in revenue for the clinic during COVID-19 pandemic	3,000,000 loss of monthly revenue	(3,000,000)
Implementation Costs		
CNL work to create training materials and development of a script to be read during calls over four hours	$55/hour x4 hours= **$220**	($220)
Paper for training materials	1 ream of 500 sheets= **$5**	($5)
Employee Training for 10 registered nurses over two hours	$45/hour x2 hours= $90 X 10 employees = **$900**	($900)
Training conducted by CNL over two hours	$60/hour x 2 hours =**$120**	($120)
Printer color/blank ink	$80.39 x 1 cartridge =**$80.39**	($80.39)
Total Costs		($1,325.39)
Total Revenue and Costs		($3,001,325.39)
Total Increase in Revenue After implementation of Proposal	Return of patients who have not attended the community clinic in person due to COVID-19	$3,000,000

Appendix C: Educational Script

Patient Responses/Statements	Health Professional Response
How do we know that these vaccines are safe when they are so new? Couldn't they cause problems that we don't know about yet? What about long-term problems?	COVID-19 vaccines are being tested in large clinical trials to assess their safety. However, it does take time, and more people getting vaccinated before we learn about very rare or long-term side effects. That is why safety monitoring will continue. CDC has an independent group of experts that reviews all the safety data as it comes in and provides regular safety updates. If a safety issue is detected, immediate action will take place to determine if the issue is related to the COVID-19 vaccine and determine the best course of action.
Can COVID-19 vaccine make me sick with COVID-19?	No. None of the authorized and recommended vaccines contain the live virus that causes COVID-10. This means the vaccine cannot make you sick with COVID-19. There are several different types of vaccines in development. All of them teach our immune systems how to recognize and fight the virus that causes COVID-19. Sometimes this process can cause symptoms. These symptoms are normal and a sign that the body is building protection against the virus that causes COVID-19.
Will a COVID-19 vaccine alter my DNA?	No. MRNA vaccines do not change or interact with your DNA in any way. mRNA vaccines teach our cells how to make a protein that triggers an immune response. COVID-19 mRNA vaccines work with the body's natural defenses to safely develop immunity to disease.
Is there a microchip in the vaccine?	No, there is no microchip in the vaccine. These claims are baseless and false. The vaccine vials have a list of ingredients made clear so consumers can read them. These are also accessible via the internet.
How much will the shot hurt?	Your arm may be sore, red, or warm to the touch. These symptoms usually go away on their own within a week.
After getting a COVID-19 vaccine, will I test positive for COVID-19 on a viral test	No. Neither the recently authorized and recommended vaccines nor the other COVID-19 vaccines currently in clinical trials in the United States can cause you to test positive on viral tests, which are used to see if you have a current infection
The COVID-19 vaccine was rushed to the market or the science was rushed.	The COVID-19 vaccines from Pfizer/BioNTech and Moderna were created with a method that has been in

	development for years, so the companies could start the vaccine development process early in the pandemic China isolated and shared genetic information about COVID-19 promptly, so scientists could start working on vaccines. The vaccine developers didn't skip any testing steps but conducted some of the steps on an overlapping schedule to gather data faster. Vaccine projects had plenty of resources, as governments invested in research and/or paid for vaccines in advance. Some types of COVID-19 vaccines were created using messenger RNA (mRNA), which allows a faster approach than the traditional way that vaccines are made. Social media helped companies find and engage study volunteers, and many were willing to help with COVID-19 vaccine research. Because COVID-19 is so contagious and widespread, it did not take long to see if the vaccine worked for the study volunteers who were vaccinated.
The vaccine affects fertility in women.	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 two spike proteins are completely different and distinct, and getting the COVID-19 vaccine will not affect the fertility of women who are seeking to become pregnant, including through in vitro fertilization methods. During the Pfizer vaccine tests, 23 women volunteers involved in the study became pregnant, and the only one who suffered a pregnancy loss had not received the actual vaccine, but a placebo.
I've already had COVID-19, so I don't need to get the vaccine.	People who have gotten sick with COVID-19 may still benefit from getting vaccinated. Due to the severe health risks associated with COVID-19 and the fact that re-infection with COVID-19 is possible, people may be advised to get a COVID-19 vaccine even if they have been sick with COVID-19 before. Yes, you should be vaccinated regardless of whether you already had COVID-19. That's because experts do not yet know how long you are protected from getting sick again after recovering from COVID-19.
The side effects of COVID-19 vaccine are dangerous.	The COVID-19 vaccine can have side effects, but the vast majority are very short term —not serious or dangerous. The vaccine developers report that some people experience pain where they were injected; body aches; headaches or fever,

	lasting for a day or two. These are signs that the vaccine is working to stimulate your immune system.
I won't need to wear a mask after I get the vaccine	-It may take time for everyone who wants a COVID-19 vaccination to get one -While the vaccine may prevent you from getting sick, it is unknown at this time if you can still carry and transmit the virus to others. Until more is understood about how well the vaccine works, continuing with precautions such as mask-wearing and physical distancing will be important.
You can delay routine vaccinations until after the pandemic is over	No, you should keep up to date with any important adult vaccinations and ensure children are kept up to date as well. There are ways to ensure decreased risk of exposure and still allow you to get necessary vaccines.
I heard the vaccine can alter the results of my mammogram. I am concerned - does this mean the vaccine will give me breast cancer?	No, the vaccine will not give you breast cancer. The reports regarding mammogram results being influenced by the COVID vaccine are based on the potential side effect of swollen lymph nodes. There are lymph nodes located in the breasts, and the vaccine may cause them to swell. This is not uncommon, and it is a normal response to the vaccine. If you plan on having a mammogram soon after receiving the vaccine, please contact your provider to let them know about your appointment.
The COVID-19 vaccine was developed with or contains controversial substances	The first two COVID-19 vaccines to be authorized by the FDA contain mRNA and other, normal vaccine ingredients, such as fats (which protect the mRNA), salts, as well as a small amount of sugar. These COVID-19 vaccines were not developed using fetal tissue, and they do not contain any material, such as implants, microchips or tracking devices.
Will it interfere with any medications?	The vaccine should not interfere with most common medications like blood pressure medications, diabetes medications, and thyroid medications. If you are on immunosuppressant medications (chemotherapy, high dose steroids), it is important to ask your doctor about specific medications.
Will it be safe for people with low or high blood pressure? High cholesterol?	Yes, this vaccine is safe in people with medical conditions like high blood pressure, DM, and high cholesterol. Patients with all of these conditions were included in the vaccine trials.
Is it safe for older people?	Yes, the vaccine is safe in people of all ages >18yo for Moderna. More than 20% of the patients in each of the trials were older than 65% years. It is especially important to get vaccinated if you are older given how dangerous the virus can be in the elderly/

If you are allergic to egg (flu vaccine) can you still get the COVID vaccine?	Yes, there are no egg products in the vaccine so you can still get the vaccine

Appendix D: Motivational Interviewing Techniques

When beginning a motivational interviewing session, many healthcare organizations, including both Harvard Pilgrim and the American Academy of Family Physicians (AAFP), advocate for the use of the OARS acronym:

- Open-ended questions
- Affirmations (expressing empathy and celebrating even small successes)
- Reflective listening (repeating words back to patients)
- Summarizing

The AAFP advocates the following principles during motivational interviewing:

- Motivation to change is elicited from the patient, not imposed from outside
- It is the patient's task, not the healthcare professionals, to resolve their ambivalence
- Direct persuasion is not an effective method for resolving ambivalence
- The counseling style is a quiet one, with a focus on eliciting the patient's thoughts
- The healthcare professional is directive in helping the patient examine and resolve ambivalence
- Readiness to change is not a patient trait but a fluctuating product of interpersonal interaction
- The therapeutic relationship is more like a partnership or companionship; expert/recipient roles can impede the process
- Elicit pros and cons of change
- Inquire about the importance and confidence of making a change (Heath, 2018)

Note. From Heath, S. (2018). What is motivational interviewing in patient Care MANAGEMENT? Motivational interviewing helps put health behavior change in the hands of the patient. https://patientengagementhit.com/news/what-is-motivational-interviewing-in-patient-care-management

Strategy #1: Ask a question that will prompt change to talk as an answer. For example, “What are some things you can do to make sure you are keeping yourself and your family safe during this pandemic?”
Strategy #2: Ask for the pros and cons of both changing and staying the same. For example, “How will getting the vaccine lower your risk of infection and hospitalization? How will having a sick family member impact you?”
Strategy #3: Ask about the positives and negatives of the target behavior. For example, “How will getting the vaccine improve your wellbeing? What are the negative impacts of getting the vaccine (e.g., cost, side effects)?”
Strategy #4: When the patient expresses change-talk, ask for more details. For example, “In what ways? Tell me more? When was the last time that happened?”
Strategy #5: Ask what may happen if the patient makes the changes according to their care management plan. For example, “If you follow all of the CDC guidelines and recommendations, what will be different? How do you see your health five years from now?”
Strategy #6: Ask about extreme outcomes. For example, “What are the worst things that might happen if you don’t get the vaccine? What are the best things that might happen if you get the vaccine?”

Strategy #7: Offer ways to clearly measure the impact of vaccination. For example, "On a scale from one to 10 (where one is not at all important and a 10 is extremely important), how important is it to improve your health? What do you think you can do to get closer to a 10?"
Strategy #8: Ask about the patient's main health goals. For example, "Do you want to be healthy enough to travel to this summer? What upcoming family events do you want to attend?"
Strategy #9: Think like the patient and reframe any barriers into a positive strategy. For example, "Getting to the vaccination site seems to be like a hassle. How about we organize an Uber to transport you to and from the vaccination site instead?"
Strategy #10: Optional versus announcement recommendation: Instead of "have you thought about what shots you'd like to schedule today?" say, "We have some shots to do today". This implies shot is important and most people get it. (Marder, 2018)

Note. From Marder, K. (2021). Motivational interviewing in Healthcare: 10 Strategies.https://www.healthcatalyst.com/insights/motivational-interviewing-healthcare-10-strategies

Motivational Interviewing Example

HCP: "Today, we have the COVID-19 vaccine available for you. The specific vaccine we have is …"

Patient: "I don't want the COVID-19 vaccine."

Step 1: Ask patient to share concerns

HCP: "So you seem to have questions about the COVID-19 vaccine. I want to make sure I answer all your questions, so let's talk about it. Would you mind sharing what your particular concerns are?"

Patient: "Well I heard it's not safe and I'm worried about the side effects. I also heard I will get coronavirus through the vaccine."

Step 2: Ask permission to share information. The provider reflects back what the parent is saying to be sure he/she understands (empathy), summarizes, and asks permission to share their own perspective.

HCP: "So I hear that you're concerned about the COVID-19 vaccine's side effects and that you will get the coronavirus through the vaccine. I have also heard some stories about this vaccine and I follow vaccine safety closely. Is it okay if I go over what I know about this vaccine?

Step 3: Provide information to change the patient's perspective. Avoid arguing and focus on disease prevention.

“Side effects are a possible risk with any pharmaceutical you introduce to your body, such as medications and vaccines. It is not guaranteed that you will experience side effects. The side effects for the COVID-19 vaccine usually last about 1-3 days after they start. However, having the side effects shows that your body is working hard to develop immunity to the virus. The side effects for this vaccine are flu-like symptoms such as fever, headache, body aches, chills, and fatigue. If you are experiencing side effects, you can take over the counter medication to help with your symptoms, such as Tylenol or Advil.

There have also been many stories about the vaccine. One of them being that we are injecting the virus into you. I have been following the safety of this vaccine as well as have studied how it’s made. This vaccine does not have the virus in it. It uses an MRNA technology that helps your body create antibodies that will also be able to respond to the coronavirus if you are exposed. I have treated many patients who got very sick from diseases we can prevent with vaccines. There are many complications with COVID-19. Can you tell me about some of the complications you’ve heard about?

Step 4: Make a personalized recommendation to schedule a vaccination appointment.

“I strongly believe in this important vaccine, which is why I got vaccinated and I recommend it to all my patients. I think you should schedule an appointment to receive it today. Having said that, this is a decision that only you can make. What do you think?

Tips for declination or delay:

1. Let the patient know you will offer it again at a later time.
2. Offer reading material or educational resources
3. Relax- you’ve done your best

Most people may be interested in getting vaccinated but may have questions.
A strong and confident vaccine recommendation works
Try motivational interviewing techniques for vaccine hesitant patients. (Oliver, 2018)

Note. From Oliver, K. (2018). Techniques and Talking Points to Address Vaccine Hesitancy. https://www.health.ny.gov/commissioner/grand_rounds/vaccine_hesitancy/docs/oliver.pdf

Appendix E: COVID-19 Vaccine Call Center Script

“Hi my name is _____. I'm calling from the community clinic in Oakland because you are now eligible to receive the COVID-19 vaccine. Your health care provider recommends that you receive this vaccine. Can I go ahead and schedule your appointment?

- Yes, I would like to schedule an appointment. - ask “Before scheduling your appointment, I wanted to check if you have ever had an allergic reaction to an injectable medication in the past?
    - If yes→ “I’m going to schedule a telephone appointment with your PCP to discuss if the vaccine if safe for you”
    - If no → schedule a vaccine appointment
- No. - “I understand you do not wish to schedule an appointment at this time. However, I would like to offer further information about the vaccine and the available options. Are you interested in learning more about the vaccine?”
    - Yes - complete educational tool with patient, proceed to scheduling if applicable
    - No - ask patient if he/she would like to be removed from call list
        - If yes → create “red light” alert on patients EHR profile to prevent additional calls and remove patient from call list

Appendix F: GANTT Chart

GANTT CHART

TIMELINE: CREATION & IMPLEMENTATION OF STANDARDIZED OUTREACH PROCESSES

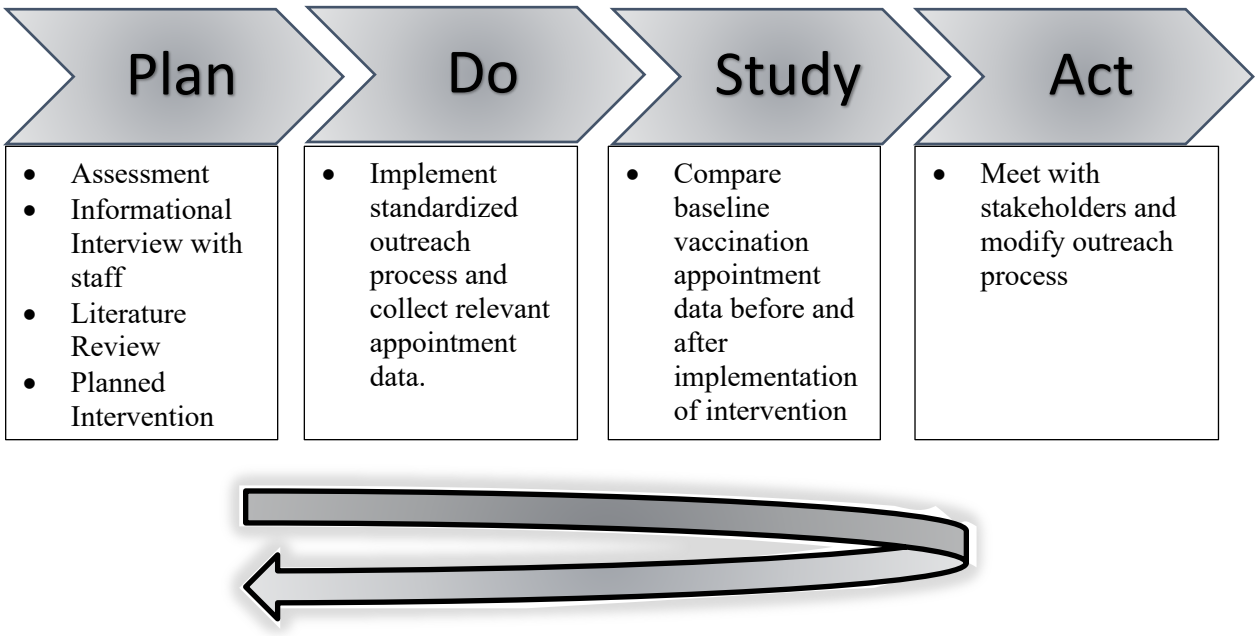
Begins: Feb 2021 **Ends: May 2021**

Total: 18 weeks

TASK TITLE	START	END	DURATION (weeks)
PLAN			
Define the project	Week 1	Week 1	1
Develop AIM	Week 2	Week 2	1
Microsystem assessment	Week 3	Week 3	1
Develop interventions	Week 4	Week 5	2
Create measurements, outcomes, processes, and balancing	Week 4	Week 5	2
Review literature	Week 4	Week 5	2
Identify changes to test	Week 5	Week 5	1
Development of staff training material	Week 5	Week 5	1
DO (hypothetical)			
Implementation of revised process and procedure	Week 6	Week 10	4
Staff training/inservice	Week 6	Week 7	2
Establish co-signer for patient charting/documentation	Week 6	Week 6	1
STUDY (hypothetical)			
Evaluation and ongoing performance improvement	Week 7	Week 12	5
Evaluate call center: rate of answered phone calls/phone calls made	Week 7	Week 12	5
Compare number of patients who scheduled an appointment compared to number of calls made before intervention	Week 7	Week 12	5
Patient expereince survey	Week 7	Week 13	6
Weekly evaluation of documentation adherence	Week 7	Week 12	5
ACT (hypothetical)			
Adopt, adapt or abandon cycle	Week 13	Week 18+	5+

February 2021				March 2021				April 2021					May 2021					Ongoing			
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22+

Appendix G: PDSA Cycle



Appendix H: Survey "Listen to your Heart"

1. Where do you get your information about COVID-19 from?
   De donde obtiene su información sobre el COVID-19?
   a. What do you know about COVID-19?
      ¿Qué sabe acerca del COVID-19?
2. Have you tested positive for COVID-19?
   ¿Ha dado positivo en la prueba de COVID-19?
3. Where do you get your information about the COVID-19 vaccine from?
   De donde obtiene su información sobre la vacuna para el COVID-19?
   a. What do you know about the COVID-19 vaccine?
      ¿Qué sabe acerca de la vacuna?
4. Do you have any concerns about the COVID-19 vaccine?
   Tiene preguntas o preocupaciones acerca de la vacuna del COVID-19?
5. Are you aware of your eligibility for the COVID-19 vaccine?
   Usted sabe si es elegible para la vacuna contra el COVID-19?
   a. **Yes:** How did you know about your eligibility?
      Si: ¿Cómo supo de su elegibilidad?
   b. **No:** Do you know how to find information about your eligibility?
      No: ¿Sabe cómo encontrar información sobre su elegibilidad?
6. Do you receive other recommended vaccines like the flu vaccine?
   ¿Recibe otras vacunas recomendadas como la vacuna contra la gripe?
7. Have you been recommended to get the COVID-19 vaccine?
   Le han recomendado recibir la vacuna contra el COVID-19?
   a. **Yes:** By who?
      Si: Por quien?

Appendix I: Patient Experience Survey

Patient Experience Survey

Hello,

Thank you for participating in our phone appointment service. We appreciate your time and value your feedback. Please complete this survey. It is anonymous and confidential. This will not affect your care. The information will be used to adjust our services to better meet the needs of the community.

1. How helpful was the person you spoke with?
    - Very poor
    - Poor
    - Fair
    - Good
    - Very Good
2. How easy was it to schedule the appointment?
    - Very Poor
    - Poor
    - Fair
    - Good
    - Very Good
3. Did the staff member provide sufficient instructions and information on the vaccine appointment?
    - Very Poor
    - Poor
    - Fair
    - Good
    - Very Good
4. Was the staff member caring and courteous?
    - Very Poor
    - Poor
    - Fair
    - Good
    - Very Good
5. Overall, how would you rate your phone call experience?
    - Very Poor
    - Poor
    - Fair
    - Good
    - Very Good

Thank you for taking the time to complete the survey. We appreciate your feedback.

Patient Experience Survey (Spanish Version)

Hola,

Gracias por participar en nuestro servicio de citas telefónicas. Agradecemos su tiempo y valoramos sus comentarios. Por favor complete esta encuesta. Es anónimo y confidencial. Esto no afectará su atención. La información se utilizará para ajustar nuestros servicios a fin de satisfacer mejor las necesidades de la comunidad.

1. ¿Qué tan útil fue la persona con la que habló?
   - Muy mal
   - Mal
   - Neutral
   - Bien
   - Muy bien
2. ¿Qué tan fácil fue programar la cita?
   - Muy mal
   - Mal
   - Neutral
   - Bien
   - Muy bien
3. ¿El miembro del personal proporcionó suficientes instrucciones e información sobre la cita para la vacuna?
   - Muy mal
   - Mal
   - Neutral
   - Bien
   - Muy bien
4. Was the staff member caring and courteous?
   - Muy mal
   - Mal
   - Neutral
   - Bien
   - Muy bien
5. En general, ¿cómo calificaría su experiencia con las llamadas telefónicas?
   - Muy mal
   - Mal
   - Neutral
   - Bien
   - Muy bien

Gracias por tomarse el tiempo para completar la encuesta. Agradecemos sus comentarios.

Appendix J: Statement of Determination

Project: Statement of Determination and Non-Research Determination Form

Student Name: Stephanie Ramirez

Title of Project: Improving Vaccination Uptake in the Latinx Community Through Standardized Outreach

Brief Description of Project

- **Data that Shows the Need for the Project:** Observations and talking to the community clinic staff at the vaccination site determined the need of integrative of innovative education and outreach in order to increase vaccination rates.
- **Aim Statement:** We aim to improve COVID-19 vaccination rates in the community clinic patients. The process begins with a microsystem assessment of the vaccination site and data. The process end with an increase of COVID-19 vaccination rate. By working on the process, we expect an increase of patients receiving COVID-19 vaccination, decrease new COVID-19 cases among the Oakland area, and increase community clinic vaccine standardization of outreach and education. It is important to work on this now because we are in the middle of COVID-19 pandemic and patients among the Oakland community are being greatly affected.
- **Description of Intervention(s)**: Integrative educate and outreach community clinic patients.
- **Desired Change in Practice**: **Outcome measurement(s)** Increase community clinic patient's vaccination rates.

To qualify as an Evidence-based Change in Practice Project, rather than a Research Project, the criteria outlined in federal guidelines will be used:
(http://answers.hhs.gov/ohrp/categories/1569)

x This project meets the guidelines for an Evidence-based Change in Practice Project as outlined in the Project Checklist (attached). Student may proceed with implementation.

☐This project involves research with human subjects and must be submitted for IRB approval before project activity can commence.

Comments:

EVIDENCE-BASED CHANGE OF PRACTICE PROJECT CHECKLIST *

Instructions: Answer YES or NO to each of the following statements:

Project Title:	**YES**	**NO**
The aim of the project is to improve the process or delivery of care with established/ accepted standards, or to implement evidence-based change. There is no intention of using the data for research purposes.	x	
The specific aim is to improve performance on a specific service or program and **is a part of usual care**. ALL participants will receive standard of care.	x	
The project is **NOT** designed to follow a research design, e.g., hypothesis testing or group comparison, randomization, control groups, prospective comparison groups, cross-sectional, case control). The project does **NOT** follow a protocol that overrides clinical decision-making.	x	
The project involves implementation of established and tested quality standards and/or systematic monitoring, assessment or evaluation of the organization to ensure that existing quality standards are being met. The project does **NOT** develop paradigms or untested methods or new untested standards.	x	
The project involves implementation of care practices and interventions that are consensus-based or evidence-based. The project does **NOT** seek to test an intervention that is beyond current science and experience.	x	
The project is conducted by staff where the project will take place and involves staff who are working at an agency that has an agreement with USF SONHP.	x	
The project has **NO** funding from federal agencies or research-focused organizations and is not receiving funding for implementation research.	X	
The agency or clinical practice unit agrees that this is a project that will be implemented to improve the process or delivery of care, i.e., **not** a personal research project that is dependent upon the voluntary participation of colleagues, students and/ or patients.	x	
If there is an intent to, or possibility of publishing your work, you and supervising faculty and the agency oversight committee are comfortable with the following statement in your methods section: *"This project was undertaken as an Evidence-based change of practice project at X hospital or agency and as such was not formally supervised by the Institutional Review Board."*	x	

ANSWER KEY: If the answer to **ALL** of these items is yes, the project can be considered an Evidence-based activity that does NOT meet the definition of research. **IRB review is not required. Keep a copy of this checklist in your files.** If the answer to ANY of these questions is **NO**, you must submit for IRB approval.

*Adapted with permission of Elizabeth L. Hohmann, MD, Director and Chair, Partners Human Research Committee, Partners Health System, Boston, MA.

STUDENT NAME (Please print):

Stephanie Ramirez

Signature of Student:

(e-signature) Stephanie Ramirez, RN DATE 02/25/2021

SUPERVISING FACULTY MEMBER NAME (Please print):
Vanessa Chicas MSN, RN, CNL