

Respondent



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Chinyere Omeogu



108:03

Time to complete



1. Please provide your name, position title, and contact information. *

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2. Is this submission an idea for a Promising Practice or existing Promising Practice? *

☒ Idea for a Promising Practice

☐ Existing Promising Practice

3. What is the name of your Promising Practice? *

All on Board - Effectively Communicating Benefits & Risks of COVID 19 Vaccination

4. What type of Veterans does this practice serve? *

☐ Rural

☐ Urban

☒ Both

5. How does this practice promote vaccine acceptance? *

Its health communication at its best - Science based, Emotional, Simple, Shareable, Interactive. It will communicate accurate information to Veterans and employees at an emotional and scientific level and addresses the audiences concerns and uncertainties about the COVID 19 vaccine. The communication will be guided by Siegel who says - 'the best way to communicate uncertainty of data to patients is to admit that all reports of benefits and risks of therapies are based on estimates of currently available evidence and it is possible that these can change over time'. Veterans and employees who are still 'hesitating' to take the vaccine will be the target not those who are already determined not to be vaccinated. Research shows that vaccine hesitant individuals act as silent observers in interactions online and their ultimate decision relating to vaccines can be swayed for emotional and psychosocial reasons. So we can meet them online (Facebook, Instagram, You tube) and provide accurate information before the naysayers give the wrong information. The speakers including providers will explain their recommendations to vaccinate by using both a logical and emotional appeal, since one or the other maybe more appealing to different patients. We also provide an avenue where users can ask experts questions. It will use videos since its more appealing than text Use a natural voice (gentle but firm)) that could also bring in some personal experience couped with facts and citations.

6. What are the specific steps you took, or would take, to implement your practice and the timeline/timeframe for each? *

SPECIFIC STEPS TO TAKE 1. Enumerate commonly asked questions and myths - areas of misinformation and provide an emotional message based on science (see examples). a) Will mRNA interfere with my genes? b) Are the vaccine efficacious? Do they work in real life? c) Will 1 dose be okay for me? I don't want 2 doses? d) Will the vaccine reduce transmission? If i get vaccinated can i go visit someone who isn't? Will i be spreading the virus? e) Are the vaccines viable against the mutants? f) How did we get vaccines so quickly? Did the makers cut corners? g) What of side effects? Will i get them? What of deaths associated with the vaccines? h) Will i still have kids after getting vaccinated? i. I need to see the long term results before i take the vaccine - i am better off doing nothing. 2. Have Infectious Disease, Employee Health and Public Affairs propose answers and screen them with Public Affairs ensuring the questions and answers can be understood by non-medical persons - community at large. 3. Identify Champions (preferably who have had COVID 19 with consequences) speak along with experts. We will do 1 - 2 minutes videos for social media
TIMELINE/TIMEFRAME - 2 - 3 Weeks

7. What departments are involved in implementing your practice? *

1. Public Affairs and Communication 2. Veteran and Employee champions - COVID 19 survivors 3. Infectious Disease 4. Employee Occupational Medicine

8. What are the costs associated with your practice? *

Cost is in terms of time. Time for planning and finalizing content Time of Durham VA videographer and Public Affairs to edit and produce video and post on social media

9. What primary metric data is tracked and collected to determine your practice's success? *

Number of questions posted/discussions ongoing/video shares Numbers of Veterans reached - how many hits/likes did the videos get Numbers of Veterans and Employees (watching for a change in trends - increase in vaccine uptake) getting vaccinated after the video is posted

10. What are the potential risks or barriers of implementing your practice and the proposed mitigations? *

RISKS 1. Veterans do not use social media enough - so do not see the videos. 2. The message is not convincing. MITIGATION 1. We can post video's in the clinic waiting rooms, send to phone numbers (if appropriate) and find other avenue 2. Pilot the videos after production amongst a small group of Veterans and employees and ensure it is effective