

Respondent



3

Aditya Arya



83:46

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? *

Myth Busters: I need answers!

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

☐ Rural

☐ Urban

☒ Both

5. How does this practice promote vaccine acceptance? *

Veterans who have shared concerns about the vaccine often point to theories on issues with vaccines, conspiracy theories, lack of meaningful understanding of the vaccine, or fear of reactions

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

- I would like to offer scheduled vaccine myth buster sessions via virtual sessions that can be VISN wide, facility wide, or national, to bust these common myths.

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

I would involve Infectious disease,

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

not sure.

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

number of veterans who shared concerns and subsequently got the vaccine. Can be identified at the time of vaccination, if they attended any such sessions.

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

technology, and advertising.