

COVID-19 Vaccination Through a Social Work Lens: Motivational Interviewing and SBIRT

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NASW National Webinars



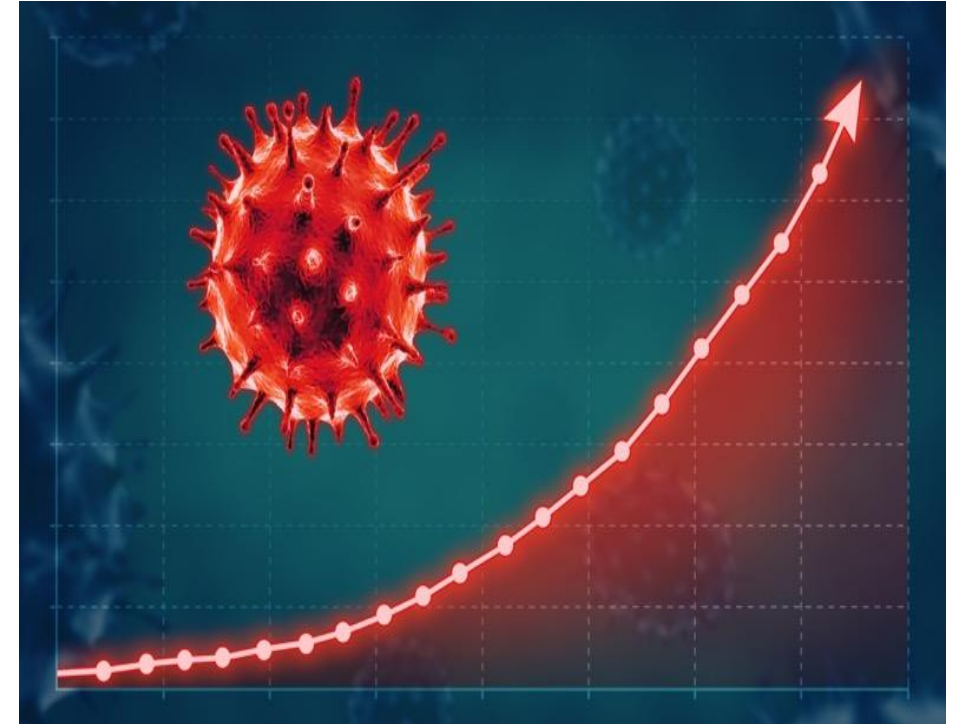
- **Webinar 1:** November 9, 2021
(*COVID-19 Basics, Myths/Facts*)
Recording: <https://bit.ly/3tbg3QG>
- **Webinar 2:** TODAY
- **Webinar 3:** February/March
(date/time TBD): *Supporting Special Populations*

Agenda

- Opening Remarks
- COVID-19 Vaccination: Social Work Context
- Motivational Interviewing (MI)
- Screening, Brief Intervention and Referral to Treatment (SBIRT)
- Q and A

COVID-19 Vaccines: Context

- Despite availability of safe and effective vaccines, COVID-19 continues to spread, especially among certain subpopulations/communities
- 836,000+ deaths from COVID-19 in the United States as of today; omicron variant surging
- Over 175,000 children have lost a parent or primary caregiver to CV19; 65% are children of color; some children have lost both parents
- Devastating economic, financial and social impacts



COVID-19: Context (cont'd)



- Long COVID impacts mental as well as physical health (*students for whom this is disabling may be eligible for educational accommodations*)
- Learning disruption and associated loss
- National emergency in children's mental health, attributed to CV19: AAP, AACAP, CHA
- Spike in substance use disorders attributable to pandemic impacts
- Exacerbation of social isolation and loneliness among older adults

COVID-19 CASES, HOSPITALIZATION, AND DEATH BY RACE/ETHNICITY

FACTORS THAT INCREASE COMMUNITY SPREAD AND INDIVIDUAL RISK



CROWDED SITUATIONS



CLOSE / PHYSICAL CONTACT



ENCLOSED SPACE



DURATION OF EXPOSURE

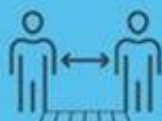
Rate ratios compared to White, Non-Hispanic Persons	American Indian or Alaska Native, Non-Hispanic persons	Asian, Non-Hispanic persons	Black or African American, Non-Hispanic persons	Hispanic or Latino persons
CASES ¹	2.8x higher	1.1x higher	2.6x higher	2.8x higher
HOSPITALIZATION ²	5.3x higher	1.3x higher	4.7x higher	4.6x higher
DEATH ³	1.4x higher	No Increase	2.1x higher	1.1x higher

Race and ethnicity are risk markers for other underlying conditions that impact health — including socioeconomic status, access to health care, and increased exposure to the virus due to occupation (e.g., frontline, essential, and critical infrastructure workers).

ACTIONS TO REDUCE RISK OF COVID-19



WEARING A MASK



SOCIAL DISTANCING (6 FT GOAL)



HAND HYGIENE



CLEANING AND DISINFECTION



¹ Data source: COVID-19 case-level data reported by state and territorial jurisdictions. Case-level data include about 80% of total reported cases. Numbers are unadjusted rate ratios.

² Data source: COVID-NET (<https://www.cdc.gov/coronavirus/2019-ncov/covid-data/covidview/index.html>, accessed 08/06/20). Numbers are ratios of age-adjusted rates.

³ Data source: NCHS Provisional Death Counts (<https://www.cdc.gov/nchs/nvss/vsrr/COVID19/index.htm>, accessed 08/06/20). Numbers are unadjusted rate ratios.

cdc.gov/coronavirus

CS319360-A 08/08/2020

Vaccination Data (as of today)

- 66% of total population age 5+ fully vaccinated
- 79% of total population age 5+ at least one dose
- 36% of those who are fully vaccinated have received one booster

Broad state variation:

- VT: 77% fully vaccinated
- AL: 47% fully vaccinated



Vaccination Still Crucial

- The pandemic will likely transition to an endemic, with the virus circulating like colds or the flu – assuming there is broad immunity in the population
- Endemic phase:
 - Rate of infections stable across years (flare ups, but no major spikes/surges)
 - Reproduction rate of 1 (example: one person infects one person, not 10)
- Unclear whether omicron will delay *or* facilitate endemicity
- Vaccine uptake is key to shifting to endemic phase

Vaccination Rates

Lower vaccination rates in/among:

- Pregnant women
- Certain geographic areas (e.g., rural)
- Adolescents and young adults
- Incarcerated individuals
- People who are unhoused
- Marginalized and vulnerable populations
- Other groups



Vaccine Hesitancy



- Vaccines and vaccine boosters are highly safe and effective – but some people are “hesitant”
- World Health Organization definition (2015):

...(D)elay in acceptance or refusal of vaccination despite availability of vaccination services...It is influenced by factors such as complacency, convenience and confidence.

Vaccine Hesitancy (cont'd)



Vaccine hesitancy can reflect, among other things:

- Perceptions about personal level of risk
- Negative prior experiences with health care providers/systems/treatments
- Religious and/or philosophical beliefs
- Socio-political views
- Perceptions of vaccine development process
- Beliefs about health and prevention
- Social/peer group norms, perceptions
- Communication/media environment



Vaccinate with **Confidence**

- Centers for Disease Control and Prevention (CDC) grant to NASW Foundation and the Health Behavior Research and Training Institute (HBRT) at The University of Texas at Austin Steve Hicks School of Social Work
- Opportunity for social workers: support clients in vaccine decision making using motivational interviewing and other models
- NASW-UT/Austin initiative includes:
 - Communications Campaign
 - Ambassadors
 - Training Webinars
 - App

CDC's Strategy to Reinforce Confidence in COVID-19 Vaccines

Build Trust

- **Objective:** Share clear, complete, and accurate messages about COVID-19 vaccines and proactively address mis- and disinformation.

Empower Healthcare Personnel*

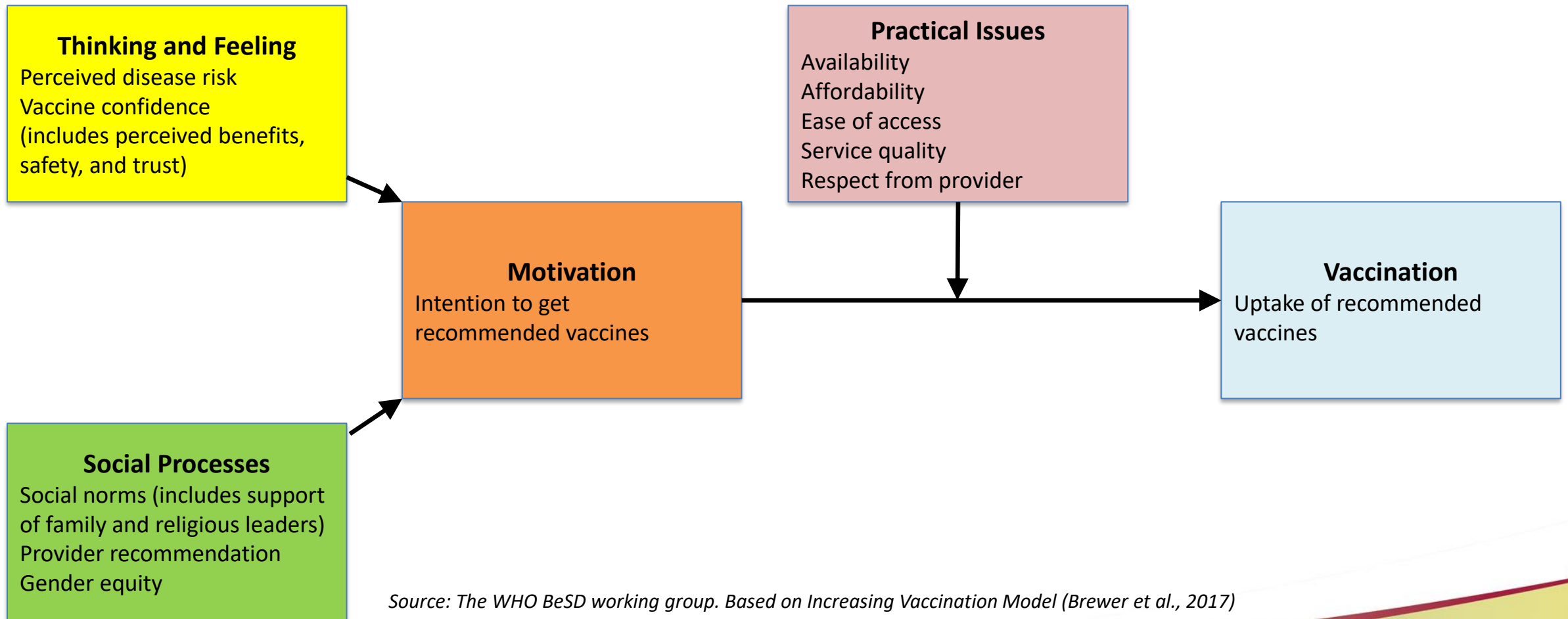
- **Objective:** Promote confidence among healthcare personnel* in their decision to get vaccinated and to recommend vaccination to their patients.

Engage Communities & Individuals

- **Objective:** Engage communities in a sustainable, equitable and inclusive way—using two-way communication to listen, build trust, and increase collaboration.

*Personnel = All staff working in healthcare settings, including physicians, physician assistants/nurse practitioners, nurses, allied health professionals, pharmacists, social workers, support staff, and community health workers

The Behavioral and Social Drivers Framework



Social Work Opportunity/Role

Social workers can play a crucial role in *supporting client decision making* about vaccination. We practice in a broad range of settings, are often trusted messengers in communities and bring a distinctive skill set reflecting:

- Person in the environment framework
- Patient/client-centered care approach
- Trauma-informed care models
- Cultural competence
- Public/population health and prevention expertise
- Disaster response expertise
- Commitment to health equity, access and social justice

Social Work Lens

- Perception of vaccine benefits and risks
- Behavioral health considerations
- Differential learning needs
- The social environment of care
- Consistency, pace, and nature of messaging
- Interprofessional collaboration



Modalities: MI and SBIRT

- MI and SBIRT are evidence-based approaches to support clients/patients in health decision making
- MI has been applied and studied in a range of behavioral health arenas
- SBIRT developed for use in medical settings to identify and address substance use disorders
- Social workers possess distinct training (person-centered & strengths based) and preparation for MI and SBIRT application

NASW Resources

COVID-19 (*general information*)

<https://www.socialworkers.org/Practice/Infectious-Diseases/Coronavirus>

Connect to End COVID-19 Vaccine Confidence Initiative

<https://www.socialworkers.org/Practice/Infectious-Diseases/COVID-19-Vaccine-Confidence>

