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

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Presenters

Angelo McClain, PhD, LICSW
Chief Executive Officer, NASW
President, NASW Foundation

Leslie Sirrianni, LCSW
Senior Research Coordinator
Health Behavior Research and Training Institute
Steve Hicks School of Social Work
University of Texas at Austin

Anna Mangum, MSW, MPH
Deputy Director, Programs
NASW

Stéphanie Wahab, PhD, MSW
Professor, Portland State University School of Social Work
Honorary Research Associate Professor, University of Otago, New Zealand
Mary Marden Velasquez, Ph.D  
Centennial Professor in Leadership  
Director, Health Behavior Research  
and Training Institute  
Steve Hicks School of Social Work  
The University of Texas at Austin  

Lloyd Berg, PhD, ABPP  
Division Chief of Psychology  
Associate Professor  
Department of Psychiatry and Behavioral  
Sciences  
Dell Medical School | The University of  
Texas at Austin
NASW National Webinars

• **Webinar 1**: November 9, 2021
  (COVID-19 Basics, Myths/Facts)

• **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 Spread Risk

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>Cases Ratio Compared to White, Non-Hispanic Persons</th>
<th>Hospitalization Ratio</th>
<th>Death Ratio</th>
</tr>
</thead>
<tbody>
<tr>
<td>American Indian or Alaska Native, Non-Hispanic Persons</td>
<td>2.8x higher</td>
<td>5.3x higher</td>
<td>1.4x higher</td>
</tr>
<tr>
<td>Asian, Non-Hispanic Persons</td>
<td>1.1x higher</td>
<td>1.3x higher</td>
<td>No Increase</td>
</tr>
<tr>
<td>Black or African American, Non-Hispanic Persons</td>
<td>2.6x higher</td>
<td>4.7x higher</td>
<td>2.1x higher</td>
</tr>
<tr>
<td>Hispanic or Latino Persons</td>
<td>2.8x higher</td>
<td>4.6x higher</td>
<td>1.1x higher</td>
</tr>
</tbody>
</table>

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**

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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.

[cdc.gov/coronavirus](https://www.cdc.gov/coronavirus)
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
• 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

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<tr>
<th>Build Trust</th>
<th>• <strong>Objective</strong>: Share clear, complete, and accurate messages about COVID-19 vaccines and proactively address mis- and disinformation.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Empower Healthcare Personnel*</td>
<td>• <strong>Objective</strong>: Promote confidence among healthcare personnel* in their decision to get vaccinated and to recommend vaccination to their patients.</td>
</tr>
<tr>
<td>Engage Communities &amp; Individuals</td>
<td>• <strong>Objective</strong>: Engage communities in a sustainable, equitable and inclusive way—using two-way communication to listen, build trust, and increase collaboration.</td>
</tr>
</tbody>
</table>

*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

**Thinking and Feeling**
- Perceived disease risk
- Vaccine confidence (includes perceived benefits, safety, and trust)

**Social Processes**
- Social norms (includes support of family and religious leaders)
- Provider recommendation
- Gender equity

**Motivation**
- Intention to get recommended vaccines

**Practical Issues**
- Availability
- Affordability
- Ease of access
- Service quality
- Respect from provider

**Vaccination**
- Uptake of recommended vaccines

Source: The WHO BeSD working group. Based on Increasing Vaccination Model (Brewer et al., 2017)
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
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