# Utilization of Behavioral Health Consultants to Address COVID-19 Vaccine Hesitancy in an Urban Federally Qualified Health Center

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#### STATEMENT OF THE PROBLEM

As of March 2021, three vaccines for COVID-19 have been approved for emergency use in the United States. The National Institute of Allergy and Infectious Diseases have provided estimates stating that 70% to 85% of the population may need to receive vaccinations to achieve this goal (Pappas, 2021). While a wide range of factors play a role in specific population groups vaccine uptake (including access to care, poverty, etc.), researchers have found that specific populations (Republicans, people ages 30-49, rural Americans, and Black Americans) have expressed a hesitancy in taking a vaccine for COVID-19 (Kaiser Family Foundation COVID-19 Vaccine Monitor, 2020). In their study, Chu and Liu (2021) determined that hesitancy in obtaining the COVID-19 vaccine stemmed from several factors, including an underestimation of individual risk for becoming infected and vaccine safety concerns.

In urban FQHC settings, specific issues include:

- Black and Hispanic Americans have some of the lowest vaccination rates in the United States (Kaiser Family Foundation, 2021). Lower rates of vaccination among Black and Hispanic individuals in the United States may be due to a combination of vaccine hesitancy factors and difficulty accessing the vaccine.
- The prevalence of vaccine hesitancy among Black Americans can be partially attributed to mistrust of the medical system, which is linked to the medical system's history of mistreating and abusing the Black community (Young, 2021). Additionally, present disparities in access to medical care may contribute to many Black Americans having difficulty accessing the vaccine (Young, 2021).
- Hispanic adults were most likely to report problems related to uncertainty about eligibility for the vaccine or lack of information about access to the vaccine (Kaiser Family Foundation, 2021). Compared to White adults, Black and Hispanic adults were more likely to report a concern about problems accessing the COVID-19 vaccine in April 2021 (Kaiser Family Foundation, 2021).
- Individuals in urban areas are more likely than those in rural areas to have received the COVID-19 vaccination. However, specific factors may still impact many individuals' in urban areas access to the vaccine, including difficulty with transportation to vaccination sites, limited vaccine appointment availability, and challenges scheduling vaccine appointments in unfamiliar locations. Concerns about missing work in order to be vaccinated, missing work due to vaccine side effects, vaccine identification requirements, and concerns about paying for a vaccination may also create barriers to vaccinations for some individuals (Kaiser Family Foundation 2021).

#### APPROACH TOWARD SOLUTION

Primary care providers benefit from the execution of incorporating BHCs into their daily rounds with patients and introducing BHCs to patients, which may significantly contribute to the advancement of vaccinations within the urban primary care settings. According to the evidence-based strategies from the 4 Pillars Practice Transformation Program (Hawk, et al., 2017), which was established as a resource for practitioners to protect patients from vaccine-preventable diseases and increase the uptake of vaccines in outpatient settings, addressing communication, motivation, and missed opportunities are key to getting patients to become vaccinated. Additionally, utilization of every visit as an opportunity to interface with patients about the vaccine and to allow for same-day vaccinations is also suggested (Hawk, et al., 2017).

Further, a multi-strategic approach to vaccinations leads to considerably higher vaccinations (Community Prevention Service Task Force Review, 2014), which also supports the use of BHC's as an additive to improving vaccination efforts. Utilization of BHC's within the Primary Care settings is critical to enhance the communication efforts of physicians by implementing motivational interviewing techniques with patients. Therefore, the incorporation of BHCs within PC clinics strengthens the resource for eliciting reasons for behavioral change, such as utilizing preventive care (i.e., getting the COVID-19 vaccine), and increasing motivation for obtaining the vaccine. Further, the embedding of BHCs within the PC clinics can aide in addressing their hesitancy and allows for BHC's to implement their expertise of assessing, providing feedback, and educating patients, while validating their concerns and experiences and problem-solving obstacles that impact their decision-making. Further, the utilization of the BHC specific-visits can provide additional opportunities for the patient to obtain education about the vaccine and get their questions answered.

### IBHSP PROGRAM

A model for increasing COVID-19 vaccine uptake within integrated primary care resulting from a HRSA-funded behavioral health training program at a university in Kentucky is highlighted.

Psychologists, physicians, dentists, nurse practitioners, physician's assistants, and social workers collaborate to conceptualize and deliver interventions aimed at addressing the opioid crisis within the context of integrated primary care in underserved communities with elevated risks.

The role of the BHC in increasing vaccine uptake within primary care includes:

- Communication with the patient and family
  Motivational interviewing and enhancement
- Psycho-education
- Advocacy
- Targeted Intervention
- Advocacy

## DISCUSSION & FUTURE DIRECTIONS

The role of the behavioral health consultant (BHC) in integrated primary care serves an important function in increasing vaccine uptake within the primary care setting.

Although the strategies discussed are considered to be best practices for enhancing vaccination uptake, little research has been conducted on their effectiveness in increasing COVID-19 vaccination rates. Therefore, the integrated behavioral health field could benefit from the evaluation of BHC's effectiveness in providing MI techniques, specific communication styles, and education in improving vaccinations, which would lead to any necessary modifications to the implementation and utilization of these strategies.