



Testimony of

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Vaccines: America's Shot at Ending the COVID-19 Pandemic

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Chairwoman Murray, Ranking Member Burr, and members of the Committee on Health, Education, Labor, and Pensions, thank you very much for convening this important hearing on “Vaccines: America’s Shot at Ending the COVID-19 Pandemic.”

I am Michelle Nichols, MD, MS and am presenting testimony on behalf of Morehouse School of Medicine (MSM). I bring greetings to you from our President and Dean, Dr. Valerie Montgomery Rice. At Morehouse School of Medicine, I serve as associate professor of family medicine, medical director of Morehouse Healthcare (MHC) which is our faculty practice plan, medical director of MSM/MHC Community COVID-19 Vaccination Program, and Associate Dean for Clinical Affairs.

According to the CDC, the COVID-19 pandemic has brought social and racial injustice and inequity to the forefront of public health. Unfortunately, it has highlighted that health equity is far from being a reality since COVID-19 has unequally impacted many racial and ethnic minority groups, putting them at greater risk for infections, hospitalizations, death, and access to vaccinations. These findings were not a surprise to us at Morehouse School of Medicine since we are on the front lines in leading the creation and advancement of health equity by engaging, educating, serving, and providing healthcare and research in communities of color.

When the opportunity presented itself in December to become a community vaccine provider, Morehouse School of Medicine became an early adopter. Based on our commitment to health equity and being a trusted entity within the African American community in both healthcare and research, we knew that we must tackle the hesitancy, mistrust, misinformation, and myths associated with not only the vaccine but also the novel coronavirus in general. When vaccinations were first offered to those 75 years and older in early January, we did a kick-off vaccine event and invited and vaccinated Atlanta’s prominent civil rights, church, and

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community leaders, legendary icons and role models, all whom were > 75 years old such as former Ambassador and civil rights leader Reverend Andrew Young, former HHS secretary Dr. Louis Sullivan and other prominent >75 year old Atlanta legends, whom all consented to publicly be vaccinated so they can impact trust and to serve as role models (like they had done earlier as trail blazers in the civil rights movement and their careers) as we rolled out vaccinations for the seniors. Within days after that event, we set up a drive through vaccine event on our campus doing the first week in January and continued these events for 2 months. Since we are an academic health center, we engaged our students to not only vaccinate (vaccinators for medical students and PA students) but also to provide preventive health information (navigators for MPH and graduate students) during the observation period. This was very important because the pandemic resulted in many people missing on several preventive health services such as mammograms and colonoscopies and we wanted to encourage people to resume their in-person healthcare and procedures. We also helped vaccine recipients complete paperwork and register for CDC V-safe while waiting. As we were vaccinating, we were concurrently doing educational programs through weekly town halls, panel discussions, community outreach programs, Public Service Announcements, and social media.

Lessons learned from the first two months of vaccinations were that the keys to success were community engagement, education, accessibility, and outreach. This led to us applying for and receiving grants to expand our reach beyond Atlanta, through our mobile unit for the traveling vaccination program that started in April.

Since Morehouse School of Medicine is one of the four HBCU medical schools, we are a trusted entity in the community. This has resulted in over 75% of our vaccine recipients being African American compared to only approx. 9% nationally based on recent CDC data tracker

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from June 18, 2021. Additionally, starting in March as the vaccine supplies increased, we expanded our vaccination outreach and review of other vulnerable populations, and the DPH data on vaccination rate within the Hispanic community stood out as being low in Georgia. To help expand vaccination in the Hispanic community, we started engaging and forming partnership with LatinX organizations and the Mexican consulate. Additional keys to success in impacting trust in the LatinX community were through the consulates and traveling to the consulate facilities to vaccinate. Patients tend to trust people who look like them and have similar backgrounds and experiences. For these events, we also added and engaged our bilingual Spanish speaking students, nurses, and providers to vaccinate and educate. Currently, as we expand on our traveling vaccination program, we have started to engage with other LatinX consulates as we go into rural migrant agricultural areas. From this we have learned that other languages and educational materials must be done besides English and Spanish. For example, as a result of engaging the other consulates-consents, videos, and educational materials were developed using the Mayan language. Because of these efforts, we are reaching more communities of color. At MSM, our current LatinX vaccination rate is 13% which has positively impacted the Hispanic vaccination rate in Georgia. At MSM, with our community outreach and focus on decreasing health disparities, vaccinations for communities of color represent approximately 88% of our vaccinations.

Lessons learned over the last six months are:

1. Impact trust by engaging the community and being a part of the community as well as having vaccine providers who look like, sound like, or have similar experiences and backgrounds to the vaccine recipients. Define the community (church, civic organization, consulates, ethnic organizations, HBCUs, schools, sports, etc.) and

- determine who are the best spokespersons (civic rights or community leaders, athletes, people that look like them and speaks their language, etc).
2. Provide information and education to dispel myths and misinformation and to educate on vaccines through panel discussion, town halls, media, PSAs, social media, Q&As, pamphlets. Ensure material is multi-lingual, multi-media, and at appropriate educational levels. Do not make assumptions. Do not stereotype.
 3. Meet people where they are in their vaccine journey. Realize that not everyone is ready to be vaccinated. Do not judge. Let potential vaccine recipients know that we are ready to vaccinate them whenever they are ready.
 4. As for adolescents, engage and educate both the parents and children (12-17 year olds) so that our schools can resume a sense of normalcy again, plan back-to-school vaccine events with incentives (book bags, school supplies, etc.) while at the same time doing sports physicals, preventive health reviews, and health checks.
 5. When people come for testing because of potential fear of exposure, offer vaccinations at the same time. Never waste an opportunity to educate and vaccinate.
 6. Travel to where the vaccine recipient is and make it convenient (go to school/college, work, home for the homebound and senior communities, sporting events, fitness centers, rural areas, etc.)
 7. Do not politicize. Stay focused on the goal, educate, and meet people where they are and vaccinate.

Morehouse School of Medicine because of its mission is uniquely positioned to help boost vaccination rates because we are viewed as a trusted source of COVID-19 help, health, and vaccine information within communities of color.

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Thank you for the opportunity to share our views with you. I am pleased to respond to any questions.