

Asif Ishaque, MD, addresses vaccine hesitancy in Flint, Michigan [Podcast]



AMA UPDATE



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Dr. Asif Ishaque on addressing vaccine hesitancy and historical distrust in Flint, Mich.

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In today's COVID-19 Update, a discussion with Asif Ishaque, MD, president of Professional Medical Corporation in Flint, Michigan, about vaccine hesitancy in his community and addressing historical distrust from the Flint water crisis.

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Speaker

- Asif Ishaque, MD, president, Professional Medical Corporation

Transcript

Unger: Hello, this is the American Medical Association's COVID-19 Update. Today we're talking with Dr. Asif Ishaque, president of the Professional Medical Corporation, or PMC, in Flint, Michigan about vaccine hesitancy in his community and addressing historical distrust. I'm Todd Unger, AMA's chief experience officer in Chicago. Dr. Ishaque, when people hear Flint, Michigan, I think a lot of people still think of the water crisis that plagued the community back in 2014. Flint residents are still feeling effects of that public health crisis today, and still a lot of people strongly distrust local and state officials, and won't even drink the tap water, even though it's now been tested and deemed safe. Can you give us a little bit of background on how people lost that trust and why it's been so difficult to get it back?

Dr. Ishaque: Thank you very much, Todd, for having me, and the opportunity for us to share information with you and having this opportunity. As most of you know, in 2014 the Flint water was

switched and we had a new source of water. Flint River was used and people start feeling some of the effect of that in their daily use. And there was some pushback by the local authorities, public health officials that the water is safe, that made it ... sort of created a sense of distrust that people felt, somebody is hiding. And about a year and a half later, things sort of opened up, and a lot of information came out, and certainly a lot of water under the bridge by then. And people really felt some of the disease burden or, just in general, they felt that there were lied to.

And it really had set up all these years now, the sense of something, whenever there is a question, people always think first negative, or "What is not being told?" instead of trying to take it with an open mind. It's always hard to win back when you are distrusting a system. And there's a lot of obviously historic reasons also behind. And then one event, which really every time you open a tap, you still think about it. So it's not like something, an event happened and remotely fades in your memory. This one is always alive in your life on a daily basis. And still, there is some of those hesitations exist. And I think now fast-forward to the COVID-19, just some of the challenges, things that were not known or we found out as information came through. If you are not trusting the system, you always say, "Well, we were told this a month ago, and now you're changing your story." Well, the story is evolving in the right way. But if you really have some distrust to begin with, it really takes hold.

Unger: And I think you're starting with that kind of foundation, so to speak, of distrust.

Dr. Ishaque: Exactly.

Unger: Now we're moving into ... pile on a lot more distrust that we're seeing out among some segments of the population in science and then in the vaccine. And so, now we're seeing vaccination rates in Flint and the broader Genesee County, where Flint is located, to be some of the lowest in all of Michigan. Is that related to the prior water crisis?

Dr. Ishaque: I think so. I think there is some element to that, that people almost think about, "Okay, what am I not being told right now about the vaccine?" There is enough in the media, enough negative press out there. And what gets people's attention is their prior inclination about which news to really think that may be more accurate. And I think that has been a challenge.

Unger: Yeah, that makes it very hard for a physician. There's already a big job to do there, too, to overcome that. So, when you think about your role as a physician and the broader medical community, what are you doing to overcome that? How do you approach something like that?

Dr. Ishaque: I think physicians really did play a positive role during the crisis. I think maybe there was one, community members who were trusted more than a lot of others. Our Genesee County Medical Society, our health coalition really took a lot of time and effort, volunteers and really educated people, and were at the forefront of really working with local officials. So I think we did have more trust going at that time. And we are hoping that as this issue needs some guidance, that our voices are really

would matter more and are stronger. And I think we're trying from different platforms, and on individual basis, trying to convince our patients that really the vaccine is the way to go. But you look at Flint in general or Genesee County, there are many other barriers, too. I think that's hesitancy is ... we have a starting point that is difficult. And now—

Unger: Yeah, let's talk a little bit more about that. I know for instance, our new ... the board chair of AMA, Dr. Bobby Mukkamala, has been very active in the Flint water crisis and has even been out on the front lines giving vaccines, but you mentioned other barriers. And I want to talk a little bit about the health equity implications here, because Flint's population is 54% Black, and about 45% of its residents live in poverty. The Michigan Civil Rights Commission concluded that the poor governmental response to the water crisis was a result of systemic racism. And we've seen COVID hit underserved communities especially hard across the United States, and some of the lowest vaccination rates in these particular communities. So let's talk about the health equity implications here and those obstacles that you're seeing.

Dr. Ishaque: I mean, when you think about some of those numbers, you're looking at 40%, 50% of the population is below the poverty line. You have underlying health risk factors that are more prevalent. You have issues with transportation, access to health services. A third of the people may not even own a car or have a mode of transportation to get from places. Public transit system is not always that easily accessible. If you ask patients, "Can you get to your appointments?" There is challenges. Even getting appointments with health professionals is hard, sometimes, because of a lot of other challenges. So accessing health care, you add the mistrust and distrust that exists. You add some social challenges. Really, it creates just a constellation of factors that leads to some of the results we are seeing, you know?

Unger: I'm just curious, how have you personally had to adapt how you talk to patients, given the challenges that you're facing there, which are multiple?

Dr. Ishaque: When you think about it, as a physician, our role is really asking our patients every day to do certain things that may have actually an immediate consequences, which they may not feel good. I'm asking somebody and convincing them, "Oh, you may need an amputation, because this limb is not salvageable, let's ... or you may need a surgery for something that you cannot see right now, but it's coming," and they trust us, and they ended up doing something even when the effect of that may be later and they're not feeling sick now. And you'll convert that to now a discussion about a vaccine, I think physicians can convince people. I think the first important thing is probably not to dismiss when somebody is hesitant. Sometimes, we in a hurry, too, can say, "Okay, well, while you're hesitant, we can have a quick conversation," and that sort of solidifies their own distrust that, "Okay, I've been pushed to do something that I may not and nobody's really taking time to explain."

So I think listening to their concern, and then sometimes even giving personal examples. I mean, I got vaccinated. I got it early, didn't have a problem. My family is vaccinated. All our staff is vaccinated.

And sometimes, sharing some of those experiences, how it changed our day to day life, our interaction within our families, it's sort of a liberating feeling sometimes. And then walking them through what are their concerns are. Some people may say, "Oh, well it's too fast, or the research, or it didn't get tested enough." And you can really help them understand that the technologies are in the process for years, and years, and decades for that matter. We just could fast track things now by decreasing some bureaucratic challenges that were usually put on for delays. So sometimes, I think just taking a few extra minutes, adding some personal touch to it might help. And I still feel that not everybody who is hesitant is gradation in that. There are some people who are just on the fence. If the vaccine was deliverable to them easy, they probably will get their arm out.

Unger: Yeah, and in fact, in Chicago here, they're actually going to be doing it right to your home, and get a gift card if you do that on top of that.

Dr. Ishaque: Exactly.

Unger: So those issues of access are really, really important. I mean, you work with a group, PMC, that is a network of more than 475 independent physicians who team together to improve practice efficiency and patient care. Of course, many of those physicians are serving in the Flint, Michigan, area. As a network and as a group, do you have any best practices or learnings to share with other physicians out there about addressing vaccine hesitancy, when you're facing this kind of double whammy of distrust?

Dr. Ishaque: I think really, over the time and the pandemic evolved, PMC had different roles from starting where we were at the start of the lockdown, trying to work a coherent strategy among practices. "Okay, if the lockdown is there, how are we going to serve patients who needs insulin tomorrow, or who are still in the process of getting some care?" So, how we can remain accessible, how we remain open, with whatever risk mitigation that we have to take for ourselves, for our staff and at the same time serving the population. So as a group, we come up with quick strategies, how to quickly launch telehealth setups, trying to see which practice is ahead, how they're doing it, quickly deploy our consultants, or practice consultants, to reach out to other practices. We conducted some webinars. So getting people back online in some format, so they can continue to serve the population.

And then the next challenge was, "Okay, where is the PPE?" If everybody has some that they can work. Okay, so challenges, so helping people finding resources, distributing and testing. I mean, we forgot about at the time, how difficult that was. We created a few testing sites that people can go, each practice can call and the patients can be sent over there, so there is some avenue that is available within our own community of physicians, who they can refer. And then just continuously really supporting financially and otherwise the practices to stay afloat. They can continue to employ their people and continue to have their offices open to serve.

Now, after that, I think the next phase came where, okay, now vaccines are available, working with local health department, trying to get as many physicians in our own group, able to get vaccines. And then now, we have several of our physicians who have vaccines in their office. So we really just have a fairly open communication. My patients, "Are you ready to get vaccine? Okay, here's the number I'm going to call that office. Go there and they are ready to give you." No matter if you are a patient there or not. Try to facilitate, end to end, as quickly. Even my one colleague has vaccine. I'm a medical director of a nursing home and I need 10 or 12 people who just came in, but now I can't give their second shot. "Hey, can your office come in, give them the vaccine?" Just finding different ways to use whatever resources we have within our own group, to really use them as efficiently as we can.

Unger: That's so important. And it sounds like, Dr. Ishaque, you and your fellow physicians have your work cut out for you, as you address basic level of distrust. And it's so important right now because we are seeing COVID spreading among unvaccinated populations, and a lot of concerns about variants at this point. Thank you so much for coming onto COVID-19 Update and sharing your experience, and your perspective. That's it for today's COVID-19 Update. We'll be back with another segment soon. In the meantime, visit ama-assn.org/COVID-19 for more resources on COVID-19. Thanks for joining us today. Please take care.

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