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Attitudes Towards Healthcare and the COVID19 Vaccine in an Inner-City Population of Chronic Kidney Disease (CKD) and Family Medicine (FM) Patients

Background:

Successful protection of our high risk inner-city pts from COVID19 will depend on vaccination. We compared attitudes of CKD and FM pts regarding attitudes towards healthcare and COVID19 vaccine acceptance to look for unique beliefs in the high risk CKD population.

Methods:

42 pts from CKD (18) and Family Medicine (24) clinics were surveyed by telephone, including the Multidimensional Health Locus of Control (MHLC), Perceived Stress Scale (PSS) and Beliefs in Medicine (BMQ) questionnaires and questions regarding COVID19 vaccine acceptance. Statistical analysis was by Pearson r analysis.

Results:

FM pts scored higher on "MHLC-Doctors" and "BMQ - General Overuse" than CKD pts, while CKD pts scored higher on "BMQ - Specific Necessity" (p<0.05). FM pts were more likely to agree that doctors would prescribe fewer medicines if they had more time with pts (p=.002) and that the US has more COVID19 cases because we test more of the population (p=.036). FM pts were more likely to believe that COVID19 is preventable (p.044), while CKD pts were more likely to believe their present health depends on medications (p=.039). There was no relationship between results of the MHLC, BMQ, COVID19 beliefs and vaccine acceptance. When asked if they would receive a COVID-19 vaccine if one were currently available, the majority of CKD (11, 61%) and FM pts (14, 58%) answered "no." Most common reason given was safety (21, 79%). Males agreed more than females to take a COVID-19 vaccine (p=0.009). Lower PSS was associated with vaccine acceptance (p=0.014). Pts who believed that alternative medicine can cure COVID19 were less likely to take the vaccine (p=0.008). Discussion:

An intensive education program regarding COVID19 vaccines for our high risk CKD pts must understand our population's beliefs and concerns with safety in order to gain vaccine acceptance, as their attitudes seem to reflect the general population in our inner-city environment and are not unique to the pt with CKD.

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