

Vaccine Advisory Workgroup – Periodic Report

Sub-Workgroup Name: Barriers to Vaccination

Co-Chair Names: Carolyn Moneymaker,
Stuart Henochowicz

VDH Representative: Stephanie Wheawill

Report Submitted By: Stephanie Wheawill

Date of Report: 11/3/2020
Date of Last Meeting: 10/21/2020
Date of Next Meeting: 11/11/2020

CHARGE FOR SUB-WORKGROUP

Charge # 1	Identify strategies, needs, and obstacles, for public and private providers, in order to assist and administer the COVID vaccine
Charge # 2	Identify populations outside of the CDC critical populations that need to be considered within the Commonwealth of Virginia

COMMITTEE WORK PLAN AND TIMELINE:

1. The list of CDC critical populations has been reviewed initially by this sub-workgroup. There has been a heavy emphasis to review those within any congregate residential settings. The list for education includes early education and higher education but may need to be broadened to staff within daycare settings.
2. Some barriers that have been discussed include the tracking of transient population, how to ensure that outreach include those like the undocumented population.
3. Another barrier is vaccine hesitancy among trusted providers (traditional and non-traditional) will need to remain a priority.
- 4.

COMMITTEE ACTIVITIES:

1. Date of sub-workgroup meetings or conference calls:

The Barriers to Vaccination Sub-Workgroup will move to recurring, standing meetings starting Wednesday, November 11, with recurring every 2-week meeting, from 12:30 pm – 1:30 pm.

2. Overview of sub-workgroup activities:

The sub-workgroup has met twice on October 5 and October 21. Minutes were captured for both meetings and serve as part of the attachments to the report out document.

The group has discussed some barriers specific to the administration of vaccine including how to outreach to certain populations, ensure trust and safety, and overcome issues specific to the hard to reach population. An action steps has been to review testing activities and specifically best practices that have been established which may crossover when it comes time to administer. This would include reviewing drive-through testing sites and testing within the 27 free clinics in Virginia. The group will review this information with the goal of establishing/publishing some best practices for reaching certain populations, such as transient population (may include mobile units) and ensuring all critical populations have access to vaccine while feeling safe when receiving vaccine. An established action step is to gather some information from free clinics when they collect and perform testing among the

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undocumented population. The plan will be to compile this information to review within the sub-workgroup. The sub-workgroup will continue to develop more action steps for these activities.

An identified barrier is that the actions and attitudes of providers, both tradition and non-tradition, will influence the ability to have uptake within the initial priority phase as well as when expansion occurs to other populations. In order to work to overcome some of the acceptance issues among providers, there needs to be a way to collect data around current concerns. The co-chairs had initial conversations with coalitions, such as Immunize VA. The plan is for the co-chairs to draft some questions and bring this subject to the next sub-workgroup meeting. The action steps include draft survey with help/input from those within Immunize Virginia, review within the sub-workgroup, send to VDH for review and help to put in a platform to disseminate to providers. The goal is to capture specific concerns in order to develop actionable steps that may be taken at the local level.

3. Charges COMPLETED and the rationale for each specific recommendation:

- a. Initial review of the CDC critical population/infrastructure.
- b. _____
- c. _____
- d. _____

4. Status of charges still PENDING and activities yet to be completed:

- a. Continue to review the CDC critical populations/infrastructure and identify any person to be considered within Virginia.
- b. Collect information from practices who have been providing services specific to vulnerable populations
- c. Establish best practices for administering vaccine to vulnerable populations
- d. _____

COMMITTEE REQUESTED ACTION FOR THE VDH:

No requested action at this time

- 1. Does VDH have a definition of ‘vulnerable population’?
- 2. The sub-workgroup will need help to review a survey (which could be jointly distributed to VDH and Immunize Virginia) to providers (see above), put in a platform that supports the ability to analyze survey results (such as Red Cap) and help with distribution.
- 3. Where would daycare staff be considered within the current CDC critical infrastructure list?
- 4. _____

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ATTACHMENTS:

Sub-workgroup roster:

Barriers to Vaccination	
Co-chair	Carolyn Moneymaker
Co-chair	Stuart Henochowicz
VDH member	Stephanie Wheawill
<i>VAW Co-Chair(s) may join when able</i>	<i>Christy Gray</i>
	<i>Kelly Goode</i>
	Alesha Henderson
	Allison Baroco
	Ashton Montez
	Carole Pratt
	Catherine Long
	Clint Merritt
	Doug Gray
	Ebony Andrews
	Gena Berger
	Jase Hatcher
	Jasmine Smith
	Jennifer Faison
	Joanna Pitts
	Joseph Baron
	Judy Hackler
	Karen Shelton
	Kelly Parker
	Leigh Grossman
	Lucy Beadnell
	Mariam Siddiqui
	Michael O'Toole
	Michelle Taylor
	Moh Ally
	Monica Sarmiento
	Najah McKinley
	Nia Harrison
	Pamela Fine
	Robert Winn
	Robin Schmitz
	Ryan Dunn
	Sable Nelson
	Sergio Rimola
	Teri Morgan
	Tim Trent
	Tracy White

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Minutes from Meetings (starting with most recent):

Barriers to Vaccination Sub- Work Group VDH Advisory COVID -19 Workgroup 21 October 2020

Welcome and Introduction of Co-Chairs and VDH Staff

- Dr. Carolyn Money maker (Co-Chair of Immunize Virginia)
- Stuart Henochowicz (Co-Chair of Immunize Virginia)
- Stephanie Wheawill (VDH Representative)

Goals Overview

- Identify strategies, needs, and obstacles, for public and private providers, in order to assist and administer the COVID vaccine
- Identify populations outside of the CDC critical populations that need to be considered within the Commonwealth of Virginia

Barriers Identification and Discussion

- Review an updated list of priority populations, while also looking at additional methods of prioritizations (i.e. healthcare workers and voluntary community members for Phase 1).
- Categorize vulnerable populations and essential workers in a more detailed manner: helps with the education and transparency piece.
- Additional brainstorming surrounding barriers.
- Brainstorm setting up mobile units for administering the vaccine, in order to combat various access barriers (tents, mobile vans and pop-ups, etc.) while maintaining social distancing, mask wearing, and additional COVID-19 precautions.
- Brainstorm beginning the educational portion of the vaccine, as well as additional communications and messaging (we could pass our ideas on the education and communications sub work group).

Barriers Discussion: Questions, Suggestions, and Concerns

- **Prioritization review vs. CDC Critical Populations:**
 - Congregate residential settings/shelters: such as intermediate group home, inpatient residential home, crisis stabilization
 - Schools: day care, early education, high education
 - Ensuring that we cover all populations that would meet VDH definition of vulnerable population
- **Mobile units:** Providers in communities are likely able to identify what they need and some concerns about utilizing mobile units is that they need to have proper storage
- **Hard to reach Populations:**
 - Transient/homeless
 - Undocumented: ensure they have access to vaccine where they feel safe

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Next Steps

- Ask VDH if they have the agency has a definition in order for sub-workgroup to help categorize vulnerable population
- VAFCC will collect information and summarize how the free clinic have been able to successfully collect information about how the sites are testing to ensure that they have access to vaccine where they feel safe and how they are able gather contact information for results.

Action Items

- CDC Critical Population does not include daycare staff, which would not be specific to Virginia, but may need to be considered; Continue to review critical population/infrastructure list and take back recommendations to VDH
- Work on drafting some best practices for administering vaccine to vulnerable populations

Next Meeting Date

Wednesday, November 11 @ 12:30pm, recurring

Barriers to Vaccination Sub- Work Group VDH Advisory COVID -19 Workgroup 5 October 2020

Welcome and Introduction of Co-Chairs and VDH Staff

- Dr. Carolyn Money maker (Co-Chair of Immunize Virginia)
- Stuart Henochowicz (Co-Chair of Immunize Virginia)

Goals Overview

- Identify strategies, needs, and obstacles, for public and private providers, in order to assist and administer the COVID vaccine
- Identify populations outside of the CDC critical populations that need to be considered within the Commonwealth of Virginia

Barriers Identification and Discussion

- From survey feedback, the storage of the vaccine may be problematic, should it require storage for a period of time on dry ice, etc.
 - Vaccines will be shipped and stored into containers and the ice will be replenished as needed (Judy Hackler)
- Receiving weigh-in from providers and their commitment to administering the vaccine
 - Concerns around the quick development of the vaccine
- The push to have a vaccine out faster than it may be ready for the public
- Anti-Science and massive PR (media presence to sway participation in receiving the vaccine)
- Reaching the under/uninsured population
- Transportation barrier
- Medicaid population
- Education surrounding the vaccine

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- Emphasis on the fear of the vaccine and how to explain the prioritization of specific groups/populations

Barriers Discussion: Questions, Suggestions, and Concerns

- **Question:** What are the age limitations of the vaccine?
 - 18 years and older
- **Question:** What information will be required in order to receive the vaccine?
 - This should be included in the educational portion of the vaccination guidance
- **Suggestion:** Placing a focus on the Flu vaccine first, and then moving to the COVID vaccine
- **Suggestion:** Direct support professionals, those in group homes, and the disabled population are not included until Phase 2. They should be moved to Phase 1 priority.
- **Suggestion:** Consider the homeless population to be included in prioritization
- **Suggestion:** Allow the first group to be those who are genuinely interested (voluntary) in receiving the vaccine, rather than targeting specific groups/populations (establishing trust within the communities)
- **Concern:** Mandating the vaccine in the workforce and the vulnerable populations could have an adverse overall impact

Next Steps

- Categorize vulnerable populations and essential workers in a more detailed manner
 - Helps with the education and transparency piece
- Additional brainstorming surrounding barriers
- Brainstorm setting up mobile units for administering the vaccine, in order to combat various access barriers (tents, mobile vans and pop-ups, etc.) while maintaining social distancing, mask wearing, and additional COVID-19 precautions
- Brainstorm beginning the educational portion of the vaccine, as well as additional communications and messaging
- Have an updated list of priority populations, while also looking at additional methods of prioritizations (i.e. healthcare workers and voluntary community members for Phase 1)

Action Item

The Advisory Board will have the CDC Priority List screen-shared during the next meeting.

Next Meeting Date

Wednesday, October 14th, @ 12:30pm