

**Barriers to Vaccination Sub-Work Group**  
**VDH Advisory COVID-19 Workgroup**  
**Co-Chairs: Carolyn MoneyMaker MD and Stuart HenoChowicz MD**  
**January 6, 2021**

*Location: Virtual, via WebEx*

**Overarching goals / direction for the Barriers sub-workgroup:**

- Identify strategies, needs, and obstacles for public and private providers, in order to assist and administer the COVID-19 vaccine
- Identify populations outside of the CDC critical populations that need to be considered within the Commonwealth of Virginia

**Barriers Discussion:**

- State Updates:
  - Working to provide clarity on who falls within Phase 1a criteria and corresponding access to the vaccination
  - ACIP met in December and defined plans for 1b and 1c phases; VDH created a subsequent plan for prioritization for Virginia and incorporated the ACIP recommendations and feedback from stakeholders (e.g. VAW, VDMAC) before being finalized by the Unified Command Leadership
  - Governor to hold press conference on vaccination planning this week which will include finalized recommendations and plans for phase 1b and 1c
  - Federal Side
    - Updated CDC materials include guidance on using MRC vaccines that have been authorized in the US, more materials on vSAFE and a vaccination dashboard that shows where the states are respectively regarding vaccination progress
  - Planning Side
    - In addition to activation of federal partnerships and LTCF plans, Part B of the federal partnership with CVS and Walgreens has been activated
    - A lot of questions have come in regarding where LTCF residents fit within the vaccination plan; a more in depth document outline 1a, 1b and 1c will be provided via the [vaccine website](#) to help clarify who falls within the phases
  - Communication Side:
    - Recent webinars: [Community conversations](#) focused on minority populations and health equity, [expert panels](#) for healthcare providers
    - More plans to host more in January
    - Working to improve information shared via the website, especially on **how** to access the vaccine, which is information that is currently not very well displayed on our website
    - Big event: Collaboration with Governor's Office, VCU Massey Cancer Center, VDH, local faith organizations and Dr. Fauci webinar on 1/8/20
    - Upcoming provider engagement materials: a newsletter that reaches out to providers who have completed an intent form and have not heard back from the state as well as a

welcome packet for those who have completed the CDC agreement but haven't heard about when they'll receive the vaccine

- Operational Readiness
  - Continued collaboration with National Guard
  - Onboarding more persons to help support districts with getting their communities vaccinated and information out to those who fall in subsequent phases
  - Each health district has different levels of support and needs within their communities and we are working to balance the diversity of needs while moving forward
  - Issues with vaccine scheduling tool, VAMS: there have been limitations which have affected our ability to register people for vaccine events. We will be moving to a new scheduling tool for improved functionality: PrepMod
  - Working closely with DMAS, managed care organizations and healthcare plans to make sure claims are processed and reimbursed correctly on pharmacy and medical side of thing and ensure providers are reimbursed for administering vaccines
  - Virginia dashboard that notes number of vaccines allocated as well as doses administered.
    - We are working to consistently review data, include quality improvement analysis to resolve issues or gaps and to proactively problem solve where there are reporting issues or data inconsistencies
- Discussion/Next Steps
  - Vaccine hesitancy amongst healthcare workers and providers continues to be a moving target and barrier to vaccination (survey results conducted by Stuart may be available by the end of the week)
  - Communication with healthcare departments is extremely difficult with phone call wait times sometimes taking up to 2 hours (e.g. Fairfax); why isn't more information available online?
  - More frequent, accessible, reliable, and detailed guidance and information is needed when it comes to getting a vaccine. Communities are not clear on WHEN or WHERE vaccines can be accessed and need more regular updates
    - A daily 5 minute vaccine update to everyone across the Commonwealth (similar to Andrew Cuomo during the early days of the pandemic) would be helpful and would reach those who lack connectivity
    - Repetitive messaging is needed to emphasize the status of the vaccination campaign across Virginia to hopefully inspire/encourage participation from hesitant people and groups
  - Providers feel they are waiting on information, which makes it difficult to plan and prepare. A TIMELINE of when things will progress would be helpful.
  - Communications from Central Office need to be more visible to the public by communicating information related to:
    - HOW do I access the vaccine?
    - HOW do I sign up?
    - WHEN is it my turn?
    - WHAT is the process?

- CDC system for vaccine registration is not user friendly, more communication is needed regarding vaccine being on the way and here is how you sign up.
- The limited NUMBER and TIMING of vaccine clinics is currently a barrier, extended hours and more opportunities for vaccination are needed
  - Districts have been working on partnerships with both pharmacies, providers, and other community entities to increase the availability and hours of clinics
- Successful vaccination examples from other states: FL – not waiting to immunize everyone in phase 1a before moving onto the next phase; NY – online program/portal that assess eligibility and coordinates appointment
  - Ensuring health equity across geographic regions in the state is an important consideration when moving forward with phases and making sure districts are well supported
- Dr. Oliver has solicited a request for physicians and other providers to join the Medical Corps Group, infrastructure for this endeavor is currently underway, and they should be considered as a VAW contact
- Healthcare providers and workers who refuse the vaccine are another major barrier that require focused/relatable communications that convey the importance of vaccination; additional barrier is created when patients are exposed to vaccine hesitancy posed by healthcare providers and workers
  - Communication needs to be more personable in order to reach people who do not have reliable information and to help them make up their mind about whether or not they should seek out vaccination
- More clarity on prioritization guidance is needed to illuminate why certain groups of people are getting vaccinated within certain phases

**Next steps:**

- Next Barriers meeting will be planned for 1/20/2021