

**Barriers to Vaccination Sub-Work Group**  
**VDH Advisory COVID-19 Workgroup**  
**Co-Chairs: Carolyn Moneymaker MD and Stuart Henochowicz MD**  
**January 20, 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:**

- This is a public meeting and is being recorded. There may be members of the public and media on the call joining us in listen only mode.
- Roles & Responsibilities within this sub-workgroup:
  - Volunteer to track recommendations and tasks:
  - Volunteer to prepare agenda and vet agenda:
- Review and identify recommended tasks

**Updates from vaccine unit:**

- Updated leadership within Vaccine Unit.
  - Dr. Danny Avula has been appointed by the Governor as the vaccine czar and help in leading VA vaccine effort.
  - Additionally, Dr. Laurie Forlano has agreed to help with the oversight and management of all the communications needs.
- Eligibility tool (also known as the Jebbit tool) is on the website and VDH is working to ensure this tool is a mechanism in which people can independently identify which phase they are in.
  - Information gathered via eligibility tool will be passed on to health districts
  - Eligibility tool to be bilingual so that it is transcreated/translated to be in Spanish as well as English.
  - Health districts are working on the registration tool/call center needs.
- PrepMod will be a new tool to help with clinic registration, sign ups and will replace the current system from CDC (VAMS) to address limitations and serve as one system across Central Office and Districts.
  - PrepMod will start to be rolled out to district week of 1/25.
- Districts are working to increase their vaccine messaging beyond their website. VDH is working with districts to make sure that their website has information about access to vaccine (including registration/clinics)
- Interagency collaboration is part of VDH's plan moving forward to address gaps in access to vaccine roll out.
- VDH is working to identify discrepancies/quality analysis of data dashboard.
- Per the federal government, VA will receive 100K vaccines each week for the next 3-4 wks.

<b>Barriers</b>	<b>Recommendation from Workgroup</b>	<b>Status</b>
Identify hesitancy among providers	Use information from survey to help develop future needs	<p>Immunize VA to send to VDH (Marshall Vogt) for analysis</p> <p>Immunize VA and Sub-workgroup will receive results once finalized and develop any tasks over the next week and identify next steps</p>
Communication - HOW do I access the vaccine?, WHEN is it my turn?	Clarification on phases	<p>Eligibility tool</p> <p>Current eligibility tool will be updated to be translated in Spanish</p> <p>A method to sign up to get more information on additional phases and in depth information about each phase has been posted to the website.</p> <p>Call center capacity being increased with translation needs</p>
Communication - HOW do I sign up?	Clarification on registrations	<p>Mapping tool created to help drive people to the information on district websites.</p> <p>Districts have increased messaging on their websites adding more information online and are also working on public messaging as well as providing to call center.</p>
Messaging	5 minute weekly updates or plans for regular communication at least once a week	Sub-workgroup member to provide to Comms & Messaging

Improve vaccine registration		New registration system to to be implemented in next 2 weeks.
Increase number and timing of vaccine clinics		Districts are working with providers and have increased clinics. Doses administered per day have substantially increase over the last few days.

Barriers discussed:

- A continued concern is the **number of steps** (multiple clicks through information) that it takes to register for vaccines, which could serve as a barrier.
- **Increased transparency** is needed: It would be helpful to confirm that VA has enough vaccine to provide second doses. Getting out detailed information about how much vaccine VA has received per day or per week so that people know more about the supply. Once people know what's going on, they will feel less anxious about the vaccine effort.
  - VA's current supply of first doses, is 100K per week. This message needs to be out there and clear to reduce concerns among many.
  - New administration and additional vaccine options will also hopefully help to increase the amount of vaccines being distributed.
- **Lack of uniformity in how information is communicated** across Central Office and Districts about registration is a barrier. Different experiences across Districts leads to frustration.
- Another barrier is **openness of communication**. For example, elucidating why doses aren't available or that infrastructure for vaccination sites are in progress.
- Confusion about eligibility amongst professionals providing community-based services to individuals with disabilities (e.g. services offered through Community Services Boards).
  - Difficulty translating/interpreting phase information due to not having expertise or guidance and working with Medicaid terminology that doesn't always align with phase language
  - Need specificity regarding Medicaid services that may align w/phases and corresponding eligibility
  - It would be helpful if DMAS could help to translate the different phases into terminology that are tied to long-term care services and supports that people receive in the community
- More attention need to be given to **equity** and how it relates to vaccine allocation
- Elderly who are living on their own **who are not computer literate** or **who do not have access to computers** will encounter barriers to vaccination due to not being able to access electronic resources. Messaging needs to be on the nightly news or available through other accessible resources to reach folks who are not computer savvy. Community-based older adults are also relying heavily on their primary physicians.
  - Can social services play a role here?