

VDH Plan for Equitable Distribution of COVID-19 Vaccine

MARCH 1, 2021

Office of Health Equity in the Virginia
Department of Health

Under the supervision of the
Commonwealth of Virginia's Chief Diversity,
Equity, and Inclusion Officer
and the Equity Leadership Task Force



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Executive Summary

This monthly report is the first from the [Office of Health Equity in the Virginia Department of Health](#) under the supervision of the [Governor's Chief Diversity, Equity, and Inclusion Officer](#) and the [Equity Leadership Task Force](#). It provides an overview of vaccination equity in the Commonwealth, including key equity accomplishments.

COVID-19 infection rates, hospitalizations, and deaths have disproportionately impacted individuals in long-term care facilities, the elderly, and Black and Hispanic populations. Additionally, individuals in rural communities are at higher risk for serious illness if they contract COVID-19 due to fewer hospitals, ICU units, and infectious disease physicians.

In addition to reporting equity distribution of the COVID-19 vaccine, this report also compares Virginia to other states in Region 3 of the Federal Emergency Management Agency (FEMA), namely Delaware, the District of Columbia, Maryland, Pennsylvania, and West Virginia. It also presents an overview of recent legislative and executive activities at both the federal and state levels, as well as equity considerations for future vaccine distribution.

Summary key equity findings include:

- **Virginia is doing relatively well in vaccinating individuals in long-term care facilities and the elderly.** At present, 217,426 COVID-19 vaccine doses have been administered at long-term care facilities ([Source](#)). Additionally, 1,140,940 Virginians have received at least one vaccine dose. Those age 60-69 (216,488) make up 19% of those receiving at least one dose, and those age 70+ (390,306) comprise 34.2% of those receiving at least one dose.
- **Black and Hispanic populations are receiving vaccinations at far lower rates than whites.** This is particularly concerning because Blacks and Hispanics are disproportionately infected and die from COVID-19, but whites are disproportionately receiving vaccinations ([Source](#)).

	% of total population in Virginia	% of Vaccinations	% of COVID Cases	% of COVID Deaths
White	61%	72%	52%	63%
Black	19%	12%	22%	24%
Hispanic	10%	6%	17%	7%

Source: Kaiser Family Foundation ([Click here](#)).

- **Rural counties have lower vaccination rates:** More rural counties experience a higher risk due to COVID-19 ([Source](#)), yet rural counties have lower vaccination rates, per 100,000 population ([Source](#)). Some of the challenges facing rural areas include limited supply based on population per capita, limited broadband access for a high technology driven enrollment process, and limited regional health care centers and vaccinators.
- **Within FEMA Region 3, Virginia is currently ranked third in terms of COVID-19 vaccine doses administered.** West Virginia and the District of Columbia rank higher than Virginia. Delaware, Maryland, and Pennsylvania rank lower.
- **To address inequities in vaccinations in Virginia, vaccine allocations and vaccination strategies should be targeted at vulnerable populations.** This includes prioritizing equity in mass vaccinations plans, community vaccination plans, and most importantly, including monitoring and accountability of vaccination equity outcomes.

1. Key Equity Accomplishments

- January 12: Virginia Department of Health Office of Health Equity and the Health Equity Task Force presented an equitable vaccine allocation/prioritization plan ([Source](#))
- January 29: Procured the [Research Institute for Social Equity \(RISE\)](#) in the L. Douglas Wilder School of Government and Public Affairs at Virginia Commonwealth University to conduct equity research and develop community vaccination plans.
- February: Added a statement to the VDH website which encourages all individuals to self-report race and ethnicity data when they register for a vaccine and on the day they are vaccinated ([Source](#)); added a statement encouraging providers to enter that data if it is missing ([Source](#))
- February: The Office of Health Equity shared the updated guidebook tailor-made for helping local health districts respond to COVID-19 equitably ([Source](#))
- February 16: Launched the [Vaccinate.Virginia.gov](#) website, a “one-stop-shop” allowing individuals to pre-register for a vaccine, verify their pre-registration status, and receive additional information about vaccination ([Source](#))
- February 17: Launched the Vaccinate Virginia Call Center (1-877-VAX-IN-VA) as a centralized pre-registration call center for those without internet access and for those who prefer to pre-register by phone. It is open seven days a week, is accessible to the hearing impaired, and is accessible in 100+ languages ([Source](#))
- February 19: Changed vaccination allocation strategy from a population-based/per capita strategy to a strategy prioritizing vulnerable populations with higher rates of hospitalizations and deaths (e.g. those in long-term care facilities, those in correctional facilities, and Black and Hispanic communities) ([Source](#))
- February 26: Over 14,000 inmates and 5,600 staff within the Virginia Department of Corrections have received a first round COVID-19 vaccination ([Source](#))
- February 26: Deputy Secretary of the Commonwealth and Director of Black/African American Outreach, Office of Governor Ralph S. Northam, was named the Director of Vaccination Outreach and will be working with the community-based outreach for vaccine distribution across the Commonwealth
- February 26: Governor Northam Introduces First-Ever Statewide Strategic Plan, [One Virginia Online Toolkit](#), to Advance Diversity, Equity, and Inclusion ([Source](#))

2. Vaccination Equity in Virginia

Over 1.93 million vaccine doses have been administered in Virginia. At present, 14.8% of Virginians have received at least one dose of a vaccine. Over 660,000 people have been fully vaccinated in Virginia, which represents 7.8% of the population ([Source](#); [Source](#)).

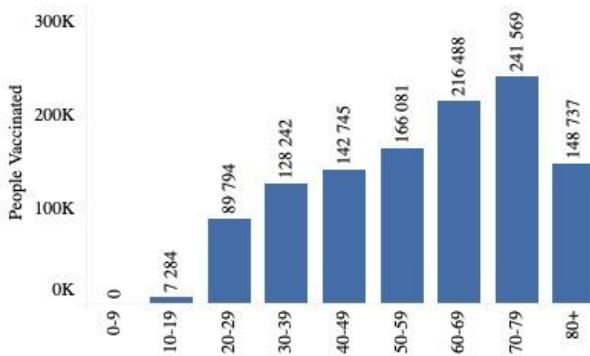
Elderly Vaccination

- Of those Virginians receiving at least one dose (1,140,940), those age 60+ account for 606,794, or roughly 53.2% of all those receiving at least one dose. Those age 60-69 (216,488) make up roughly 19% of all those receiving at least one dose, and those age 70+ (390,306) comprise roughly 34.2% of all those receiving at least one dose.

Figure 1: Vaccinations by Age (One Dose + Two Doses)

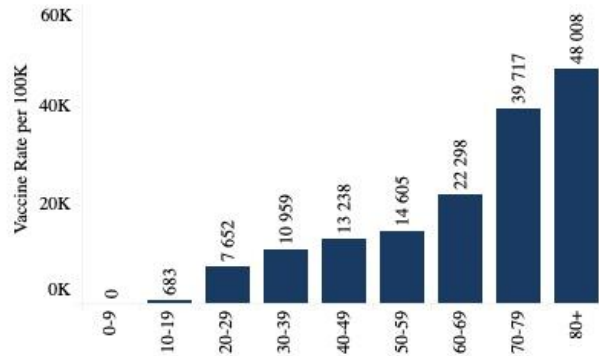
One Dose

Vaccination Count By Age Group



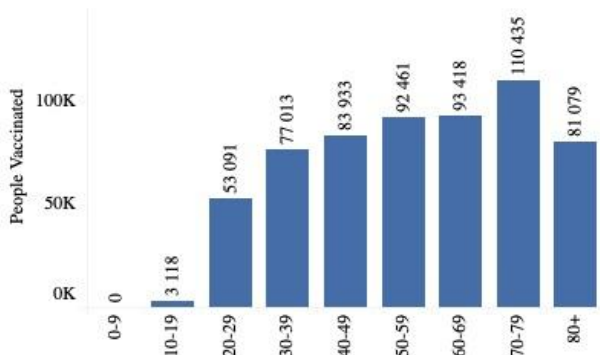
Not Reported: 0

Vaccination Rate per 100,000 Population By Age Group



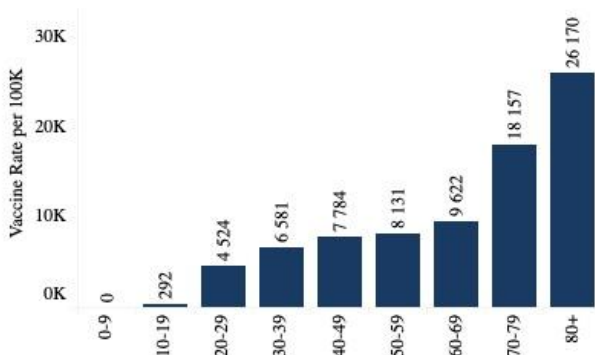
Two Doses

Vaccination Count By Age Group



Not Reported: 0

Vaccination Rate per 100,000 Population By Age Group

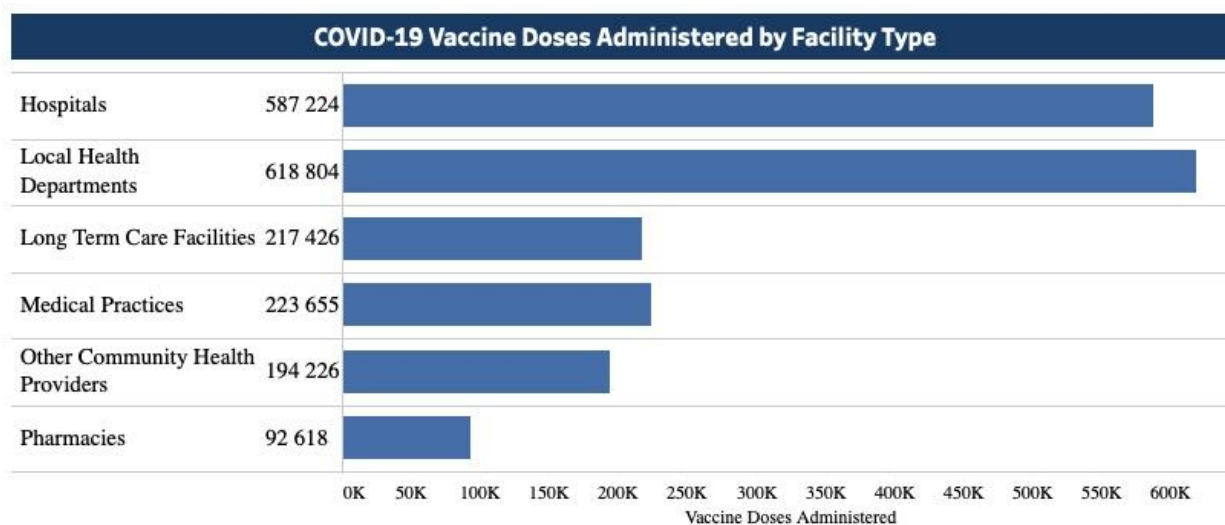


Source: [Click here](#).

Vaccinations in long-term care facilities (LTCFs) have been very successful, as these critical efforts continue (see Figure 2).

- As context, there have been 29,881 COVID-19 cases in LTCFs (5% of all cases in Virginia) and 3,477 deaths (45% of all deaths in Virginia) ([Source](#)). Currently, 217,426 COVID-19 vaccine doses have been administered (of 223,470 doses received) at long-term care facilities (LTCFs). Virginia has an estimated 19,550 nursing facility residents among roughly 6.36 million adults (~0.31% of the adult population) ([Source](#)). Vaccine doses administered at LTCFs account for roughly 11% of all total doses administered ([Source](#)).
- These efforts are part of a federal program, the Pharmacy Partnership for Long-Term Care Program, in which Virginia is enrolled ([Source](#); [Source](#); [Source](#)). CVS and Walgreens are providing vaccination clinics at LTCFs across the state ([Source](#)).
- It is critical that LTCF residents and workers continue to receive the vaccine as these populations are particularly vulnerable ([Source](#)) and as this population represents 6.1% of the priority population as a share of total adults ([Source](#)).
- Among those who reside in LTCFs, the vast majority (77.9%) are white ([Source](#)). These racial differences are due to several factors, including the high cost of LTCFs and differences in cultural norms regarding the use of LTCFs to care for the elderly ([Source](#); [Source](#)). While LTCF vaccination rates are encouraging, they also underscore the need to prioritize vaccination efforts for Black and Hispanic elderly who do not reside in such settings.

Figure 2: Vaccinations in Long-Term Care Facilities



Federal Long-Term Care Facility (LTCF) Program Doses Administered and Received



Source: [Click here](#).

Race/Ethnicity

Black and Hispanic populations are receiving vaccinations at far lower rates than whites in Virginia. As Table 1 depicts, while whites constitute 61% of Virginia’s population, they have received 72% of vaccinations. By comparison, Blacks constitute 19% of Virginia’s population and have received 12% of vaccinations; Hispanics constitute 10% of Virginia population and have received 6% of vaccinations. This is particularly concerning because Black and Hispanics are disproportionately impacted by COVID-19, but whites are disproportionately receiving vaccinations. As Figure 3 displays, white Virginians are being vaccinated at *almost twice the rate* of Black and Hispanic populations.

Table 1: Race, COVID Cases and Deaths, and Vaccinations in Virginia

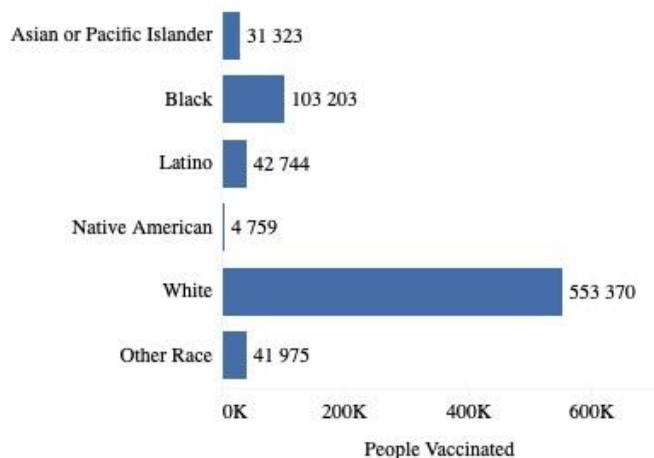
	% of total population in Virginia	% of Vaccinations	% of COVID Cases	% of COVID Deaths
White	61%	72%	52%	63%
Black	19%	12%	22%	24%
Hispanic	10%	6%	17%	7%

Source: Kaiser Family Foundation ([Click here](#)).

Figure 3: Vaccinations by Race (One Dose)

One Dose

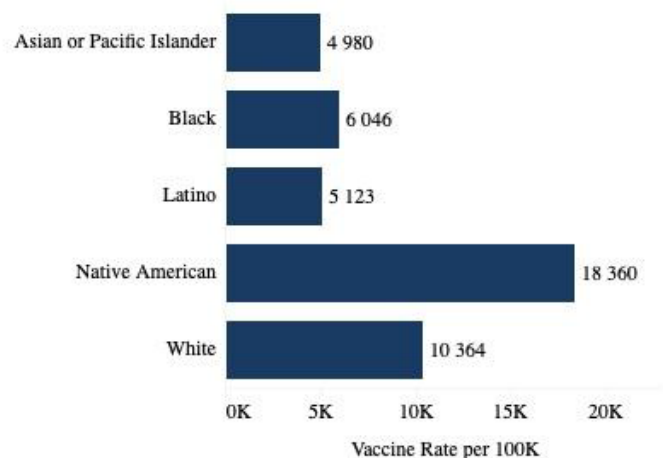
Vaccination Count By Race and Ethnicity



Not Reported: 363,566

Source: [Click here](#).

Vaccination Rate per 100,000 Population By Race and Ethnicity*

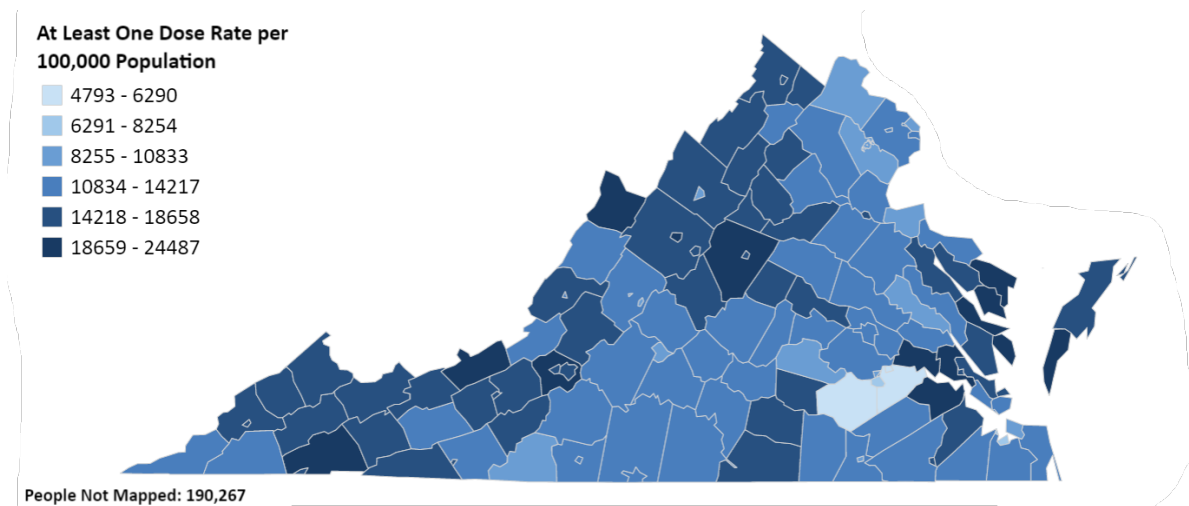


Rural Areas

While Virginia has seen improvements in the urban-rural divide in terms of COVID-19 vaccinations, overwhelmingly, rural areas continue to experience equity issues in terms of access to vaccines (Figure 4). Many rural areas in Virginia have elevated risk (Figure 5). A number of challenges persist for vaccination efforts in Virginia's rural communities ([Source](#)):

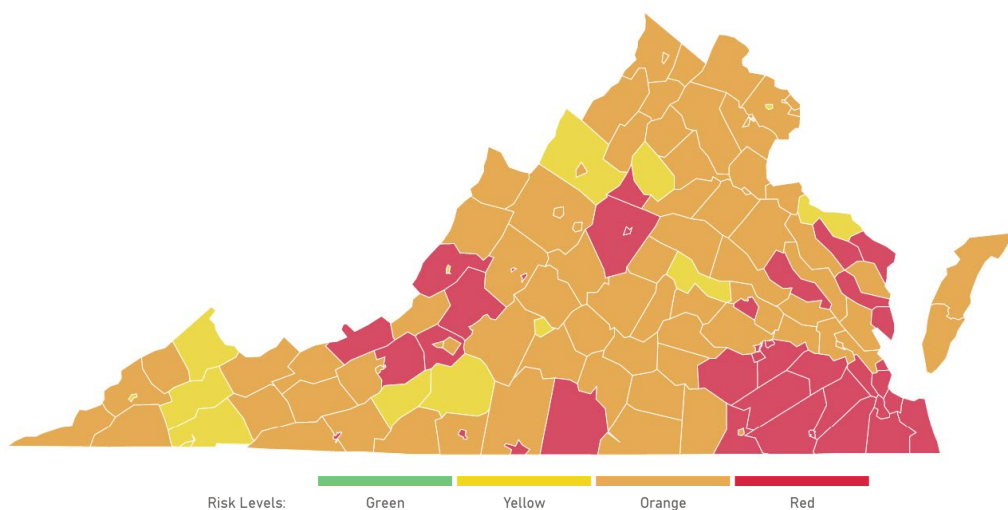
- Limited supply of vaccines as a result of the rate per population distribution process
- Poor broadband access which impacts the heavily technology driven vaccination registration system
- Limited regional healthcare centers which impact vaccine access and the number of vaccinators

Figure 4: Vaccinations by Locality – Rate per 100,000 Population



Source: [Click here.](#)

Figure 5: COVID-19 Risk Levels by Local Level ([Source](#))

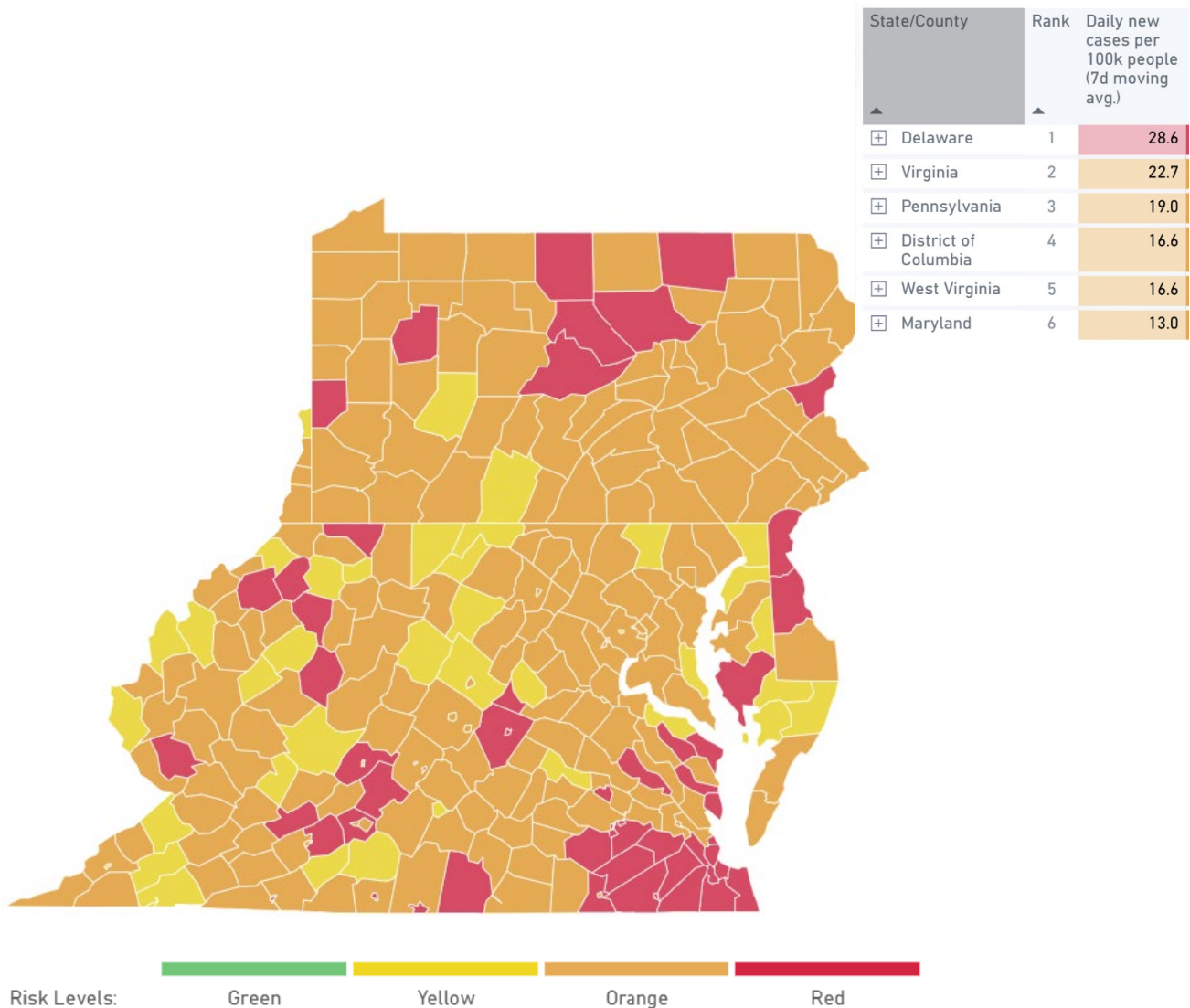


Source: [Click here.](#)

3. Vaccinations in FEMA Region 3

Virginia is a part of FEMA Region 3 which also includes Delaware, the District of Columbia, Maryland, Pennsylvania, and West Virginia. As shown in Figure 6, Virginia has the second highest daily new cases in the region, at 22.7 new cases per 100,000 people. Virginia is currently ranked third in the region in terms of COVID-19 vaccine doses administered (Figure 7). West Virginia and the District of Columbia rank higher than Virginia; Delaware, Maryland, and Pennsylvania rank lower. The neighboring state of North Carolina (not included in map below) also ranks lower than Virginia, although it is not a part of FEMA Region 3.

Figure 6: COVID-19 Risk Levels* by County across FEMA Region 3

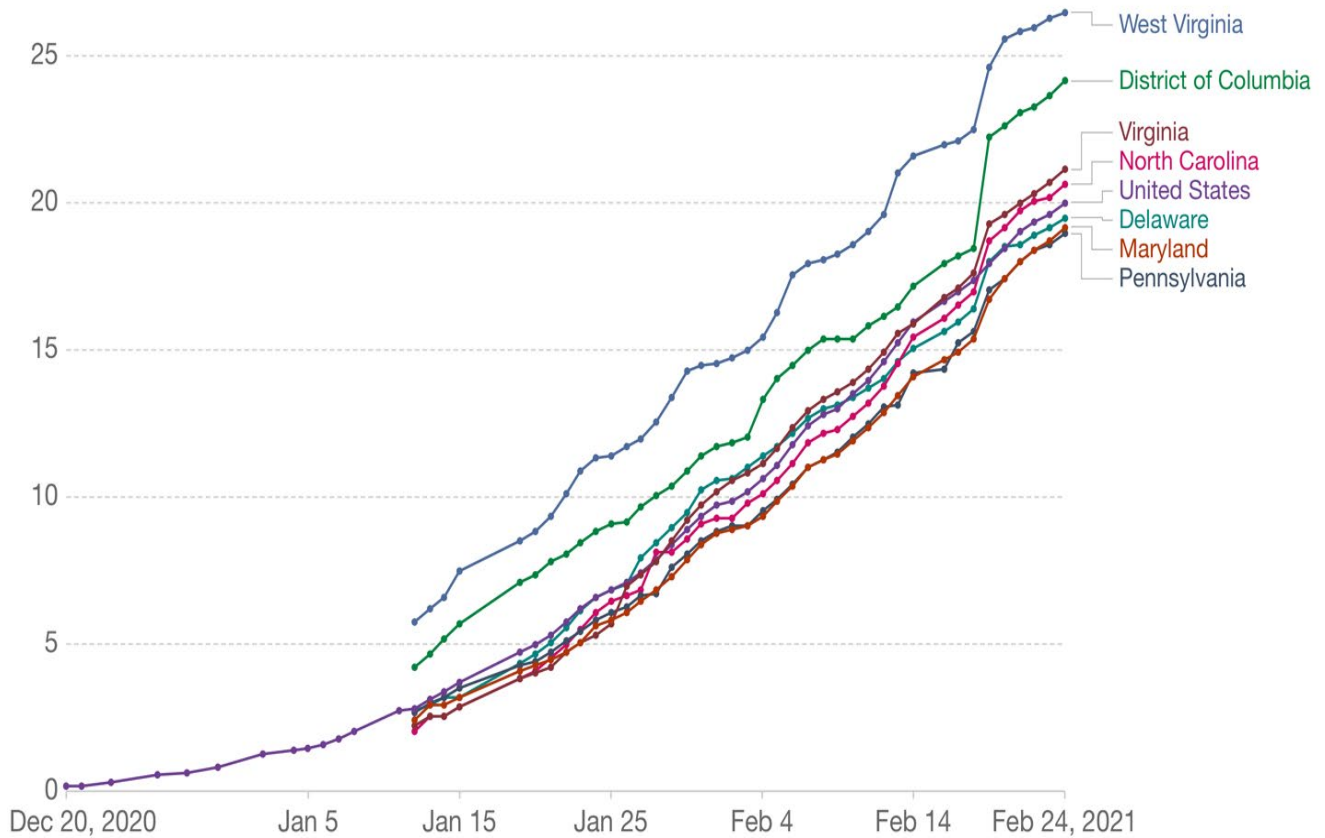


Source: [Click here.](#)

Figure 7: FEMA Region 3 + North Carolina Vaccination Trends

US: Total COVID-19 vaccine doses administered per 100 people

Total number of vaccination doses administered per 100 people in the total population. This is counted as a single dose, and may not equal the total number of people vaccinated, depending on the specific dose regime (e.g. people receive multiple doses).



Source: Centers for Disease Control and Prevention – Last updated February 24, 18:50 (Eastern Time)
OurWorldInData.org/us-states-vaccinations • CC BY

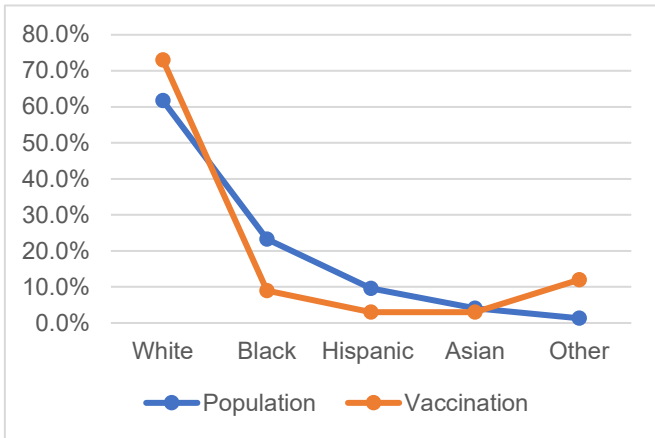
Source: [Click here.](#)

FEMA Region 3 and Race/Ethnicity

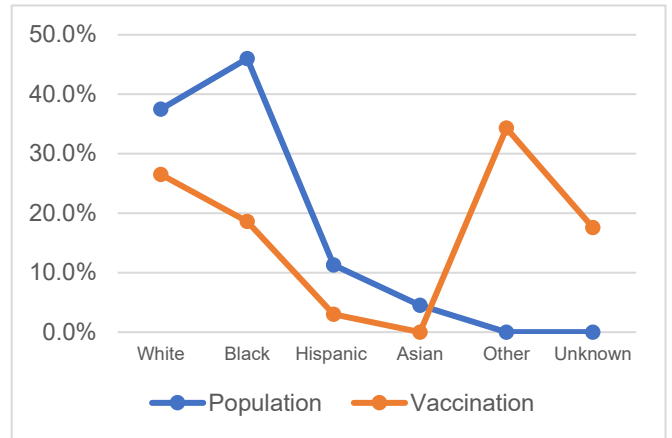
All areas in FEMA Region 3 show clear racial disparities in percentages of vaccines administered to populations versus those in the population, except for the District of Columbia. Overall, whites have received a disproportionately higher share of vaccinations, compared to Blacks, Hispanics, and Asians. Comparative state tracking of vaccines by race and ethnicity is challenging because not all vaccine providers record and report this data. ([Source](#)). Figure 8 is based on multiple sources of data, including each state’s and the District of Columbia’s COVID-19 vaccination dashboards; US Census data; and other demographics and vaccination data.

Figure 8: Comparative Charts (Population and Vaccination Demographics)

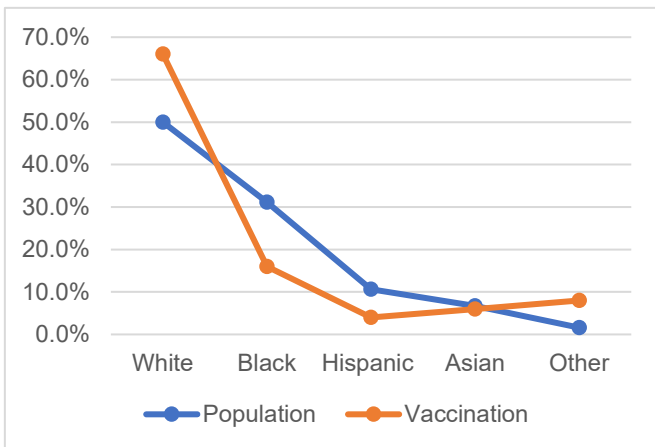
Delaware



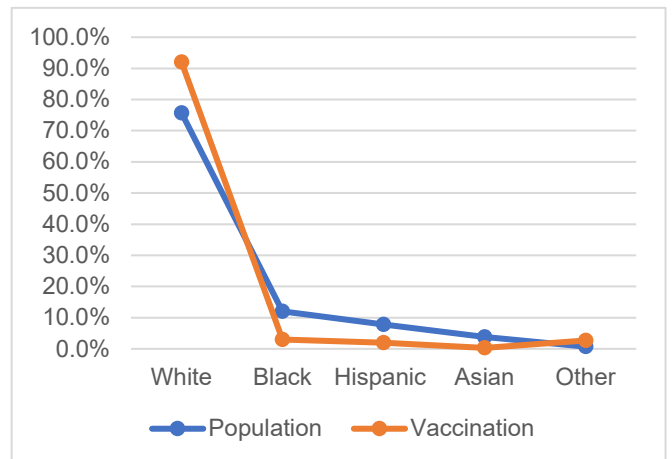
Washington, DC



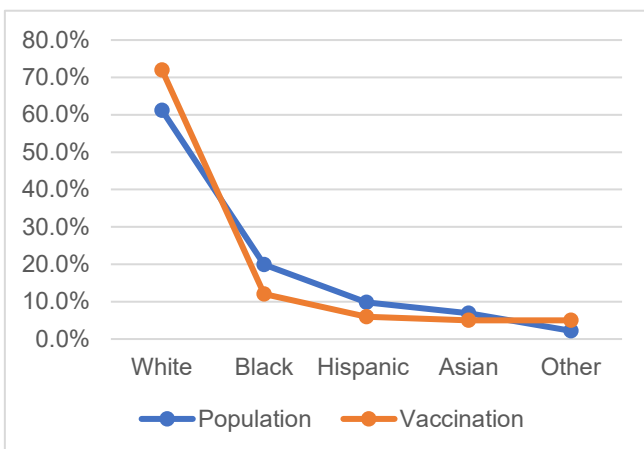
Maryland



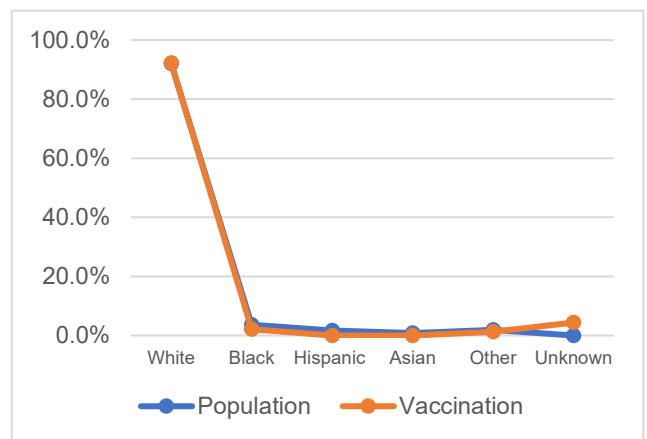
Pennsylvania



Virginia



West Virginia



FEMA Region 3 and the Elderly

As shown in Table 2, within FEMA Region 3, individuals age 60+ and 65+ have received roughly 50%+ of vaccines. Comparisons across states are complicated given differences in publicly reported data (e.g., cumulative doses versus one dose versus two doses), age groupings (e.g., listing ages 60-69 or ages 65-69), and numbers of persons outside of those age 65+ working in critical areas necessitating vaccination priority.

Table 2: Comparison of Population and Vaccination Demographics, FEMA Region 3

	Virginia ¹	Delaware ²	District of Columbia	Maryland ¹	Pennsylvania	West Virginia
# Receiving at least one dose, Age 65+	607K	116K	22.8K	442K	548K	238K
% of Persons Receiving Doses	53.2%	55%	70.3%	49.2%	59%	54.4%
% of Age 65+ in Population	15.9%	19.4%	12.4%	15.9%	18.7%	20.5%

¹ Publicly reports data for 60+. Figures reported in this table reflect persons age 60+.

² State publicly reports cumulative doses only.

Sources: [US Census](#) 2019 estimates and data portals for FEMA Region 3.

4. Policy and Administrative Updates

Legislative Updates

- United States Congress
 - President Biden has proposed a \$1.9 trillion COVID relief package. It includes a stimulus payment of \$1,400 for single taxpayers or \$2,800 for married joint filers, plus \$1,400 per dependent. Individuals earning up to \$75,000 would receive the full amount, as would married couples with incomes up to \$150,000. It also includes billions of dollars of funding for schools, state and local governments, and businesses. Biden's proposal is being considered by Congress, where it has been approved in the U.S. House of Representatives.
- Virginia General Assembly
 - During the 2021 regular and special sessions, the General Assembly passed several significant pieces of COVID-19 legislation, including emergency legislation aimed to speed up vaccine distribution efforts by widening the pool of those who are eligible to be vaccinated and adding vaccination sites. This legislation also requires the mandatory collection of race and ethnicity data for all individuals vaccinated. This bill has been signed

by Governor Northam. Other bills are currently being considered by the Governor, and, depending on the Governor's actions, could be reconsidered during the Reconvened Session on April 7. A summary description of each COVID-related bill is below.

- Legislative bills passed by the Senate of Virginia and House of Delegates:

§ [Senate Bill 1445](#) and [House Bill 2333](#) | *Passed both houses with an emergency clause; Governor signed and the bill became effective 2.15.21.*

The bill requires the Department of Health (the Department) to establish a program to enable eligible health care providers to volunteer to administer the COVID-19 vaccine to residents of the Commonwealth during a state of emergency related to the COVID-19 pandemic declared by the Governor. The bill defines "eligible health care provider" and provides that the program shall include (i) a process by which an eligible health care provider may register to participate in the program and (ii) the training requirements for participating eligible health care providers related to the administration of the COVID-19 vaccine, including training on the intramuscular injection of the COVID-19 vaccine and contraindications and side effects of the COVID-19 vaccine. The bill also requires the collection of race and ethnicity data of people receiving the vaccine.

§ [House Bill 2124](#) | *Passed both houses; Governor's action deadline 3.31.21*

Directs the Department of Medical Assistance Services to, during a public health emergency related to COVID-19 declared by the United States Secretary of Health and Human Services, deem testing for, treatment of, and vaccination against COVID-19 to be emergency services for which payment may be made pursuant to federal law for certain aliens not lawfully admitted for permanent residence.

§ [Senate Bill 1375](#) and [House Bill 2207](#) | *Conference Committee report approved by both houses; Governor's action deadline 3.31.21*

Establishes a presumption that COVID-19 causing the death or disability of firefighters, emergency medical services personnel, law-enforcement officers, and correctional officers is an occupational disease compensable under the Workers' Compensation Act.

§ [Senate Bill 1296](#) | *Passed both houses; Governor's action deadline 3.31.21*

Provides for the State Coordinator of Emergency Management to establish an Emergency Management Equity Working Group to ensure that emergency management programs and plans provide support to at-risk individuals and populations disproportionately impacted by disasters.

§ [House Bill 1985](#) | *Conference Committee report passed both houses; Governor's action deadline 3.31.21*

Establishes a presumption that COVID-19 causing the death or disability of health care providers is an occupational disease compensable under the Workers' Compensation Act.

§ [House Bill 1993](#) | *Passed both houses; Governor's action deadline 3.31.21*

Requires state agencies to establish and maintain a comprehensive diversity, equity, and inclusion strategic plan in coordination with the Governor's Director of Diversity, Equity, and Inclusion.

§ [Virginia Budgetary Actions](#)

Both chambers are anticipating federal aid from a \$900 billion relief package Congress adopted in December to replace or augment state funds that Governor Northam had proposed to cover the costs of COVID 19 vaccine distributing, continue testing for the coronavirus disease and track people exposed to it, as well as other responses to the pandemic. The [Virginia State Budget](#) passed both bodies of General Assembly on February 27, 2022.

Executive Updates

- President Biden has proposed a \$1.9 trillion COVID relief package. Biden's proposal is being considered by Congress, where it has been approved in the U.S. House of Representatives.
- President Biden has signed the following executive orders that have direct impact on the Commonwealth of Virginia.
 - Executive Order on a [Sustainable Public Health Supply Chain; Executive Order on Improving and Expanding Access to Care and Treatments for COVID-19](#)
 - State governors will receive 16% more vaccines weekly.
 - The US will increase the total vaccine order by 50% from 400 million to 600 million.
 - FEMA will create federally supported community vaccination centers.
 - Create the COVID 19 Health Equity Task Force to ensure equitable pandemic response and recovery.
 - Executive Order on [Economic Relief Related to the COVID-19 Pandemic](#)
 - Reducing barriers for access to government supportive programs for individuals, families, small business; state, local, tribal, and territorial governments.
 - Executive Order on [Improving and Expanding Access to Care and Treatments for COVID-19](#)
 - Improve the capacity of the Nation's healthcare system to address coronavirus disease 2019 (COVID-19), to accelerate the development of

novel therapies to treat COVID-19 and to improve all American's access to quality and affordable healthcare.

- Executive Order on [Ensuring an Equitable Pandemic Response and Recovery](#)
 - Creation of a COVID-19 Health Equity Task Force within the Department of Health and Human Services (HHS).
- Executive Order on [Ensuring a Data-Driven Response to COVID-19 and Future High-Consequence Public Health Threats](#)
 - All executive departments and agencies shall facilitate the gathering, sharing, and publication of COVID-19 related data, in coordination with the Coordinator of the COVID-19 Response and Counselor to the President.
- Executive Order on [Organizing and Mobilizing the United States Government To Provide a Unified and Effective Response To Combat COVID-19 and To Provide United States Leadership on Global Health and Security](#)
- Governor Northam has signed the following executive orders regarding COVID 19 for Commonwealth of Virginia.
 - [Extend COVID 19 related restrictions](#) to last through the end of February. These include modified stay at home order; universal mask requirements; reduction in social gatherings; continued limitations for dining establishments and teleworking.
 - Governor Northam has [implemented the following processes](#) regarding COVID 19 for Commonwealth of Virginia. Elimination of the second dose withholding and instead is asking all hospitals holding second doses to instead use them as first does vaccines.
- The Governor included language in his [budget](#) to support expected COVID-19 vaccine expenditures through June 2022. The budget passed both bodies of General Assembly.

Agency Updates

- Governor Northam has made the following changes to [VDH processes regarding COVID 19](#) for Commonwealth of Virginia.
 - Health districts are asked to split vaccine doses equally between people 65 and older and front-line healthcare workers and those with increased risk of serious illness.
 - Vaccines to be allocated by population.
 - Updating the VDH data dashboard to provide more descriptive data regarding those who have been vaccinated.
- Governor Northam had VDH develop a state-wide pre-registration website and COVID-19 call center ([Source](#)).

Court Updates

- None

5. Achieving Equitable Distributions of Vaccinations in Virginia

Increasing equity in vaccinations throughout Virginia, particularly among Black and Hispanic individuals, necessitates continued development, implementation, and monitoring of efforts targeted at vulnerable populations. This includes prioritizing equity in Virginia's state vaccination allocation strategy, as well as in mass vaccinations planning, private sector vaccination partners, community vaccination plans, and most importantly, in tracking equity in vaccination equity outcomes.

Further, FEMA's Office of Equal Rights has reminded all government agencies and their partners of the need "to collect and, when requested, submit demographic data to ensure compliance with civil rights laws," including best practices like: 1) including "the geographic distribution of individuals by race, color, and national origin, limited English proficiency, age, and disability status; and can include additional data sets regarding the reliance of communities on public transit, the proximity of different groups to emergency or disaster danger zones, and the geographic distribution of damage;" 2) considering multiple data sources, such as consulting other states' vaccine monitoring dashboards as well as Census Bureau information; and including that states should 3) "actively engage in information collection and sharing with community organizations, nonprofits, advocacy groups, and local community leaders, to determine what populations are affected. Use data collected through these efforts, including anecdotal and qualitative data, to formulate recovery and mitigation plans, make changes to address gaps in services and barriers, and to ensure that plans do not disproportionately exclude or negatively affect populations in violation of federal civil rights laws." ([Source](#)). Further, all such efforts should correspond with practices laid out in the checklist provided by FEMA's Office of Equal Rights ([Source](#)).

Importantly, vaccination hesitancy is decreasing nationally, with 71% of Virginians expressing willingness to get the vaccine ([Source](#)). To achieve equity in vaccinations, factors to consider include language accessibility, location of vaccination sites relative to Black and Brown communities, providing transportation to vaccination sites, and providing in-home vaccinations to the home-bound. Early indicators suggest some localities in Virginia, such as Chesapeake and Danville, are prioritizing vaccination equity through active engagement of community leaders and resources to assist with vaccination registration and access, general vaccination education, and vaccination planning and implementation. The success of these initiatives more broadly is dependent upon active support and community collaboration from key Virginia agencies, such as the Virginia Department of Health (VDH) and the Virginia Department of Emergency Management (VDEM).

Appendix

Charging Statutes

[2020 Appropriation Act](#) Item 299 I. The Department of Health shall convene a work group, which shall include the Commonwealth's Chief Diversity, Equity, and Inclusion Officer and representatives of the Office of Health Equity of the Department of Health, the Department of Emergency Management, and such other stakeholders as the department shall deem appropriate and which may be an existing work group or other entity previously convened for a related purpose, to (i) evaluate the methods by which vaccines and other medications necessary to treat or prevent the spread of COVID-19 are made available to the public; (ii) identify and develop a plan to implement specific actions necessary to ensure such vaccines and other medications are equitably distributed in the Commonwealth to ensure all residents of the Commonwealth are able to access such vaccines and other medications; (iii) make recommendations for any statutory, regulatory, or budgetary actions necessary to implement such a plan.), including: a) Statutes Regarding Plans; b) regulatory changes; c) budgetary changes; d) changes needed to the any Virginia vaccination plan.