

VDH Plan for Equitable Distribution of COVID-19 Vaccine

APRIL 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



Contents

Executive Summary	2
1. Key Equity Accomplishments	4
2. Vaccination Equity in Virginia	7
Elderly Vaccination	7
Community Vaccination Centers.....	8
Race/Ethnicity	9
Rural Areas	10
3. Vaccine Hesitancy.....	11
4. Vaccinations in FEMA Region 3.....	12
FEMA Region 3 and Race/Ethnicity.....	13
FEMA Region 3 and the Elderly.....	14
4. Policy and Administrative Updates	14
Legislative Updates	14
Executive Updates.....	15
Agency Updates	16
Court Updates	17
6. Vaccine Equity in Virginia.....	17
Appendix.....	19
Charging Statutes.....	19

Executive Summary

This monthly report is 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 of Virginia, including key equity accomplishments for the month of March 2021.

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 presents an overview of recent legislative and executive activities at both the federal and state levels. In addition, it explores vaccine hesitancy, changes over time, and considers equity considerations for future vaccine distribution.

Summary key equity findings include:

Targeted Community Efforts

- Virginia has opened five Community Vaccination Centers (CVCs) in locations across the Commonwealth intended to reach vulnerable populations. The five initial CVC sites (Danville, Petersburg, Prince William County, Portsmouth, and Hampton Roads/Norfolk) were selected after the Virginia Department of Emergency Management (VDEM) conducted an equity analysis to determine the communities with the largest number of vulnerable populations and communities with the largest percentage of vulnerable population and greatest COVID-19 impact ([Source](#)). However, early evidence suggests that community vaccination sites located in and targeted at vulnerable communities are being inundated with out-of-town residents who are not from the targeted communities ([Source](#)).
- Virginia has enhanced equitable vaccine distributions by adopting ratios for risk of infection and rate of vaccination. Nationally, and in the Commonwealth of Virginia, although African-Americans and Latinos were disproportionately impacted by COVID-19 cases, hospitalizations, and deaths, whites have been vaccinated at higher rates. Virginia is using evidence-based criteria to prioritize equitable vaccine allocation in health districts that align with risk of infection ([Source](#); [Source](#)).

Vaccinations have Increased but Racial Disparities Persist

- About 1 in 4 Virginians (25.5%) have received at least one dose of the COVID-19 vaccine ([Source](#)). Between February and March, vaccination rates in Virginia increased from 14.8% to 29.5% – a 99% increase over the past month. This mirrors the national one dose vaccination rate of 29.4% ([Source](#)). Over 3.7 million vaccine doses have been administered in Virginia. Over 1.34 million Virginians have been fully vaccinated (15.7% of the population). Virginia is administering approximately 65,000 vaccinations per day on average ([Source](#); [Source](#)). Vaccine availability is increasing. In addition to the new one-shot Johnson and Johnson COVID-19 vaccine, overall vaccine production and distribution of COVID-19 vaccines have

increased ([Source](#)). Within FEMA Region 3, Virginia currently ranks first out of six in the percentage of distributed vaccines that have been administered. Delaware, the District of Columbia, Maryland, Pennsylvania, and West Virginia lower than Virginia ([Source](#)).

- Blacks and Hispanics have been disproportionately infected with COVID; however whites have been disproportionately vaccinated ([Source](#)). For example, Hispanics have received 7% of all vaccinations, but constitute 17% of COVID-19 cases. Comparatively, whites have received 68% of all vaccinations, but constitute 52% of the COVID-19 cases.

Table 1: Race, COVID Cases and Deaths, and Vaccinations in Virginia, as of 3/29/21

	% of Total Population in VA	% of Vaccinations	% of COVID Cases	% of COVID Deaths
White	61%	68%	52%	64%
Black	19%	14%	22%	24%
Hispanic	10%	7%	17%	7%
Asian	7%	4%	4%	4%

[Source](#): Kaiser Family Foundation

- Rural counties have lower vaccination rates: Those living in 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 vaccine hesitancy, limited vaccine supply based on population per capita, limited broadband access for a high technology-driven enrollment process, and limited regional health care centers and vaccinators.

Vaccine Hesitancy Declining

- Vaccine hesitancy in the Commonwealth is declining. In Virginia, 69% of whites and 73% of minorities said that they would be willing to get a vaccine in January 2021 ([Source](#)). Nationally, the most vaccine hesitant of all groups is rural conservatives ([Source](#)). The greatest increase in vaccine enthusiasm has occurred among racial minorities ([Source](#); [Source](#)). Importantly, relationships matter in regard to vaccination willingness. Living with or knowing someone who has been vaccinated decreases vaccine hesitancy ([Source](#)).

Core Recommendation

- To address inequities in vaccinations in Virginia, vaccine allocations, vaccination strategies, and vaccine communications should be targeted at vulnerable populations. This includes continuing to prioritize equity in all decision-making regarding communications, vaccination allocations, pre-registration, mass vaccination plans, diversifying community vaccination plans, and, most importantly, monitoring and accountability of vaccination equity outcomes.

1. Key Equity Accomplishments

- March: Greene Street Communications has been leading targeted communications campaigns to engage with diverse communities about the COVID-19 vaccine, including creating materials (in multiple languages and featuring numerous marginalized populations) like flyers, social media kits, posters, billboards, digital advertisements, ads on bus routes, materials addressing vaccine hesitancy, and other outreach materials geared toward providing essential information for marginalized populations ([Source](#); [Source](#)).
- March: The Adjunct Emergency Workforce (AEW) began full operations to assist with registration for Vaccinate Virginia. AEW provides opportunities for state government employees to support the Commonwealth's Emergency Response and Recovery activities ([Source](#)).
- March: During this month, health districts have held an average of 31 community testing events per week, and 28 events are scheduled between March 27 to April 3 ([Source](#)).
- March: According to VDOE, approximately 48% of school staff across Virginia have been fully vaccinated, while around 60% have received at least one dose. All school divisions have also submitted plans for in-class options for students. As of March 22, 84% of school personnel (teachers and staff) have had access to a vaccine. 67% chose to get a vaccine and received their first dose and 48% are fully vaccinated (please note this includes the J&J vaccine [Source](#)).
- March 1: As part of the Biden Administration's ongoing efforts to promote health equity in response to the COVID-19 pandemic, the White House Health Equity Task Force and the U.S. Department of Health and Human Services have begun to consider equity implications in awareness and access to COVID-19 monoclonal antibody therapeutic treatments for patients in vulnerable communities across the Commonwealth ([Source](#)).
- March 3: VDH and VDEM are partnering with community and faith leaders and houses of worship across Virginia in targeted vaccination events in Black and Latino communities ([Source](#)).
- March 4: Vaccination clinics were held in Pittsylvania/Danville Health District to vaccinate prioritized individuals in Phases 1a and 1b from higher-risk workforces and communities ([Source](#)).
- March 6: VDH began administering the new single-dose COVID-19 vaccine, the Janssen (Johnson & Johnson) COVID-19 Vaccine, following federal approval on February 27, 2021 ([Source](#); [Source](#); [Source](#)).
- March 10: Several turn-key vendors were procured to support the Community Vaccination Centers and the Commonwealth's Local Health Districts. Vendors include Elite, IEM Health, and AshBritt Management and Logistics ([Source](#); [Source](#)).
- Beginning March 15: The first of the Community Vaccination Centers (CVCs) began operating in the Commonwealth. CVC locations include Danville, Portsmouth, Petersburg, Prince William County, and Hampton Roads/Norfolk. The sites were selected after the Virginia Department of Emergency Management (VDEM) conducted an equity analysis to

determine the communities with the largest number of vulnerable populations and communities with the largest percentage of vulnerable population and greatest COVID-19 impact ([Source](#); [Source](#)).

- March 16: FEMA issued an amended Public Assistance COVID-19 Medical Care Policy (Version 2), which added provisions for COVID-19 vaccination efforts and includes requirements to ensure equitable allocation of COVID-19 resources in accordance with President Biden's Executive Order on Ensuring an Equitable Pandemic Response and Recovery ([Source](#); [Source](#)).
- March 16: Some health districts began the transition to Phase 1c vaccinations, and all communities across Virginia should be able to open to this group of essential workers within weeks ([Source](#)).
- March 16: All communities are expected to move into Phase 1c by mid-April. Anyone over age 16 who lives or works in Virginia will be eligible for a vaccine in Phase 2, which is expected to begin by May 1 ([Source](#)).
- March 17: Richmond and Henrico Health Districts opened a COVID-19 hotline for seniors (65+) to schedule an appointment directly – they no longer have to wait for an email or phone call to schedule a COVID-19 vaccination appointment ([Source](#)).
- March 17: Federal Retail Pharmacy partners in Virginia expanded within Phase 1b to offer vaccines to individuals who are 16-64 with high-risk medical conditions, as well as frontline essential workers ([Source](#)).
- Mid-March onward: Elite Business Strategies has established six field/deployment teams (Hampton, Danville, Prince William, Petersburg, Norfolk, and Portsmouth). Elite has: cumulatively reached approximately 17,878 individuals in targeted populations resulting in 1,963 registrations; hosted 44 community events; completed 676 collateral distributions; reached 865 households; and established 69 community partnerships with public and private sector, faith-based, non-profit, and community-based organizations (Source: Communication with Elite Team representative).
- March 20: The Virginia Health Equity Task Force and the Office of Diversity, Equity, and Inclusion received several positive notes about the Community Vaccine Centers (CVC) ([Source](#); [Source](#); [Source](#); [Source](#)).
- March 20: A small vaccine clinic was held at Hampton University as part of the initiative to leverage Virginia's Historically Black Colleges and Universities (HBCUs) as vaccine sites ([Source](#)).
- March 25: Virginia increased efforts to ensure equitable vaccine distributions by adopting ratios for risk of infection and rate of vaccination as evidence-based criteria to prioritize equitable vaccine allocation in health districts ([Source](#)).
- March 29: To date, 188 state agency employees have registered with Vaccinate Virginia, 35 state agencies are participating, and 19 state agency employees are assisting the effort across the Commonwealth (Source: Communication with VEST lead/AEW coordinator).
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- March 29: The Department of Corrections reports there were 23,147 who received their first dose, which includes 16,488 inmates and 6,582 staff. The following have received their second dose – 13,701 inmates and 4,585 staff. There have been 6,999 inmate refusals recorded (Source: VA Secretary of Public Safety and Homeland Security).
- March 30: VDH launched the Vaccinate Virginia Essential Workers toolkit. This toolkit includes, flyers, graphics, talking points, and more materials to support employers' engagement with employees on the COVID-19 vaccines ([Source](#); [Source](#)).
- March 30: The Virginia Call in Center (VCIC) corrected the language line option #3 so that residents who do not speak English or Spanish can successfully receive a call back in more than 100 additional languages. The Call in Center also and launched American Sign Language services for residents who need this language accommodation. The VCIC reported the following data regarding language and ASL accommodations: 32 non-English/Spanish calls handled on 3/30; 25 non-English/Spanish calls handled on 3/31; 7 American Sign Language (ASL) video calls on 3/31 in coordination with VDDHH.
- March 29/31: The COVID-19 Pandemic made structural inequity and racism visible for many underserved communities and as a result the Commonwealth of Virginia declared racism as a public health crisis. Thus, pursuant to [§ 2.2-435.12](#) and the duties of the Commonwealth's Chief Diversity Officer, the Office of Diversity, Equity, and Inclusion launched the [ONE Virginia Plan](#) to advance inclusive excellence in all state agencies and public universities, and colleges. Meetings to share the Governor's vision, announce the online tool kit and educational resources, and introduce the Commonwealth to a few agencies who have been serving in a COVID-19/ONE Virginia pilot group were held with every agency leader on 3/29 and all state employees were invited to a first ever townhall on 3/31 ([Source](#)).
- March 31: Approximately 1 in 4 Virginians (29.5%) have received at least one dose of a vaccine ([Source](#)).

2. Vaccination Equity in Virginia

The Virginia Health Equity Task Force continues to work collaboratively with all senior leaders, local health districts, and vendors to thread equity in the COVID-19 response and across the state’s unified command. The message remains consistent -- ensuring equity is the cornerstone to Virginia’s mission and this is everyone’s job.

Over 3.7 million vaccine doses have been administered in Virginia. At present, about 1 in 4 Virginians (29.5%) have received at least one dose of a vaccine. Between February and March, vaccination rates in Virginia increased from 14.8% to 29.5% – a 99% increase over the past month ([Source](#)). This mirrors the national one dose vaccination rate of 29.4% ([Source](#)). Over 1.34 million Virginians have been fully vaccinated in Virginia, which represents 15.7% of the population. Virginia is administering approximately 65,000 vaccinations per day on average ([Source](#); [Source](#)). Over 3.7 million COVID-19 vaccines have been distributed throughout the Commonwealth ([Source](#)). Virginia ranks thirteenth in the country for the percentage of distributed vaccines that have been administered; 82.37% of vaccines received have been administered ([Source](#)).

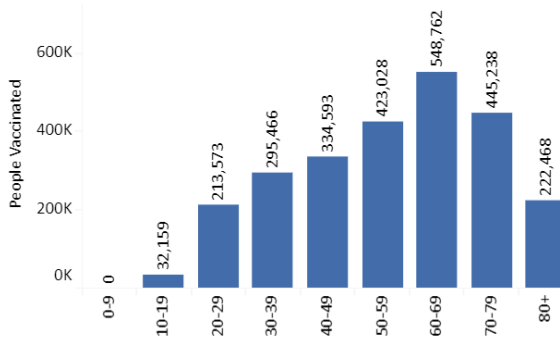
Elderly Vaccination

- Between February and March, the elderly vaccination rates (those age 60+) in Virginia increased from 53.2% to 54.7% – a 2.8% increase over the past month ([Source](#)). Of those Virginians receiving at least one dose (2,515,287), all those age 60+ account for 48.4% (1,216,468) receiving a vaccination dose. Of those receiving at least one dose, those age 60-69 (548,762) make up 21.8%, those age 70-79 (445,238) comprise 17.7%, and those age 80-89 (222,468) account for 8.8% ([Source](#)).

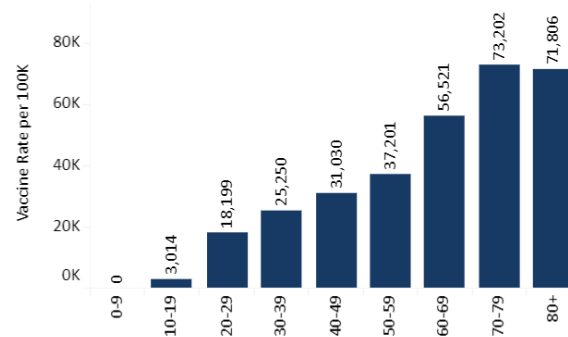
Figure 1: Vaccinations by Age (One Dose + Fully Vaccinated)

One Dose

Vaccination Count
By Age Group

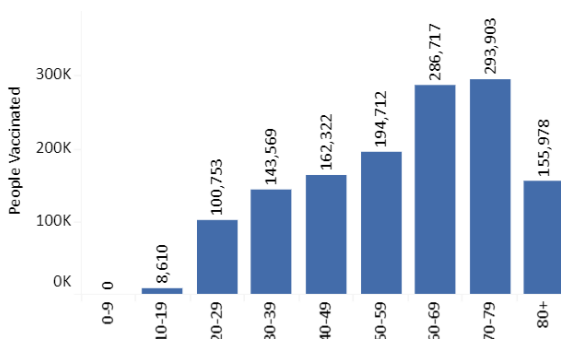


Vaccination Rate per 100,000 Population
By Age Group

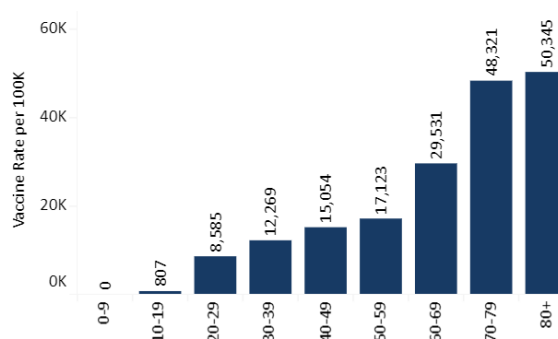


Fully Vaccinated

Vaccination Count
By Age Group



Vaccination Rate per 100,000 Population
By Age Group



[Source](#)

Community Vaccination Centers

Virginia has opened five Community Vaccination Centers in locations across the Commonwealth. The Virginia Department of Emergency Management (VDEM) and the Virginia Department of Health (VDH) have started to open Community Vaccination Centers in localities across Virginia to administer COVID-19 vaccinations on a larger scale ([Source](#)).

- The CVC in Danville opened on March 15 with the capacity to administer 3,000 COVID-19 vaccine doses a day ([Source](#)).
- The Portsmouth CVC opened on March 16 and is designed to administer 1,000 COVID-19 vaccines each day ([Source](#)).
- The CVC in Petersburg opened on March 17 and up to 3,000 people can receive a vaccination dose at the facility per day ([Source](#)).
- The Prince William County CVC opened on March 23 with the capacity to administer 3,000 COVID-19 vaccine doses a day ([Source](#)).
- The CVC in Hampton Roads/Norfolk opened on March 31 with the capacity to administer 3,000 COVID-19 vaccine doses a day ([Source](#)).

As with other Virginia vaccination sites, vaccines are administered by appointment only. Generally, no walk-ins are accepted ([Source](#); [Source](#)). Those who have been pre-registered for the vaccine (through the VDH website) and are eligible, are being contacted to make an appointment at one of the CVCs ([Source](#); [Source](#)).

The sites were selected after VDEM and the Health Equity Leadership Team (ELT) conducted an equity analysis to determine the communities with the largest number of vulnerable populations and communities with the largest percentage of vulnerable population and greatest COVID-19 impact ([Source](#)). Community vaccination centers are made possible through FEMA funding and are not designed to replace existing local, small-scale efforts ([Source](#)).

Race/Ethnicity

The percent of vaccinations has increased for Blacks over the past month (from 12% in late February to 14% in March). However, Black and Hispanic populations are still receiving vaccinations at far lower rates than whites in Virginia. As Table 1 depicts, while whites constitute 52% of Virginia's COVID-19 cases, they have received 68% of vaccinations ([Source](#)). By comparison, Blacks constitute 22% of Virginia's COVID-19 cases and have received 14% of vaccinations; Hispanics constitute 17% of Virginia's COVID-19 cases and have received 7% of vaccinations. Asians constitute 4% of Virginia's COVID-19 cases and have received 4% of vaccinations ([Source](#)). As Figure 3 displays, white Virginians are being vaccinated at *almost twice the rate* of Black, Hispanic, and Asian populations.

Table 1: Race, COVID Cases and Deaths, and Vaccinations in Virginia, as of 3/29/21

	% of total population in Virginia	% of Vaccinations	% of COVID Cases	% of COVID Deaths
White	61%	68%	52%	64%
Black	19%	14%	22%	24%
Hispanic	10%	7%	17%	7%
Asian	7%	4%	4%	4%

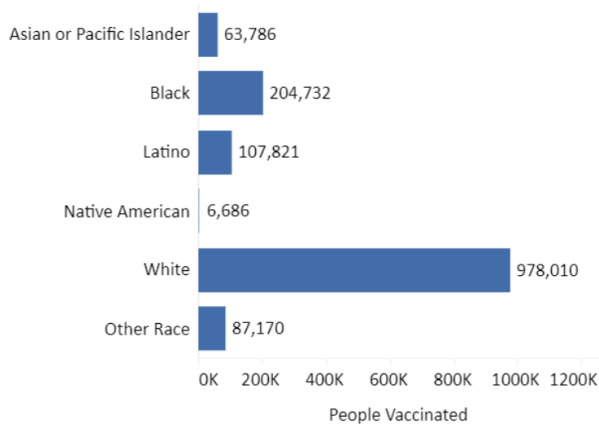
[Source](#): Kaiser Family Foundation

Figure 3: Vaccinations by Race (One Dose)

One Dose

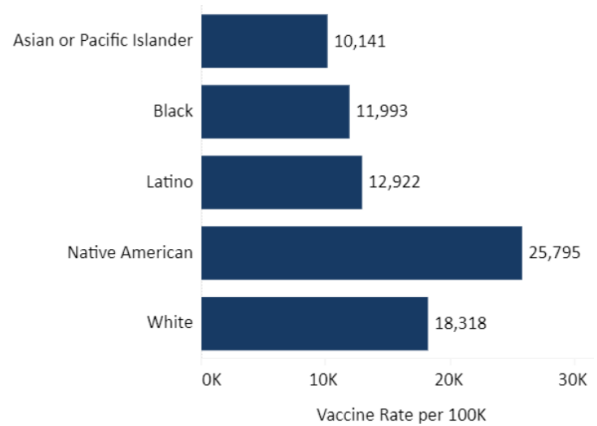
Vaccination Count

By Race and Ethnicity



Vaccination Rate per 100,000 Population

By Race and Ethnicity*



Not Reported: 858,968

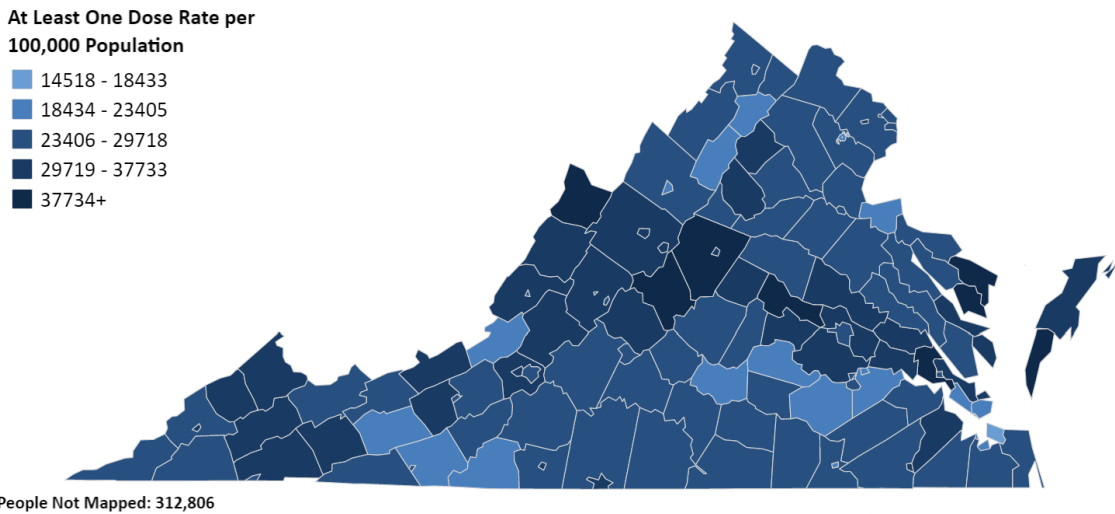
[Source](#)

Rural Areas

Between February and March, the elevated risk for rural areas has decreased and rural vaccinations has increased ([Source](#); [Source](#)). While Virginia has continued to see improvements in the urban-rural divide in terms of COVID-19 vaccinations, overwhelmingly, some rural areas continue to experience equity issues in terms of access to vaccines (Figure 4). The darker the blue the higher the rate per 100,000. Many rural areas in Virginia have elevated risk (Figure 5). A number of challenges persist for vaccination efforts in Virginia's rural communities ([Source](#); [Source](#)), including:

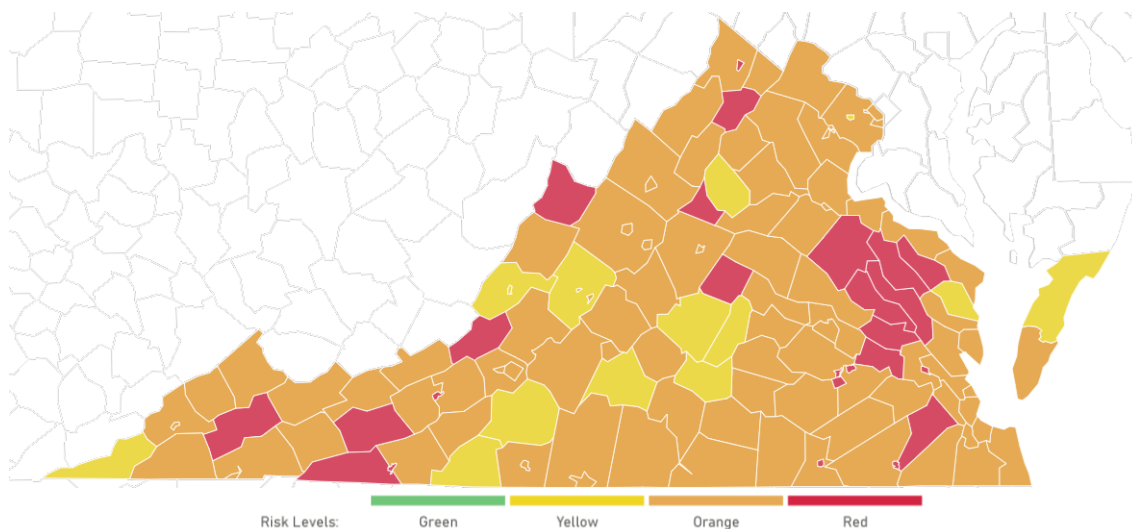
- Limited supply of vaccines as a result of the rate per population distribution process
- Poor broadband access which impacts the heavily technology-driven vaccination registration system
- Limited regional healthcare centers which impact vaccine access and the number of vaccinators

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



[Source](#)

Figure 5: COVID-19 Risk Levels by Local Level



[Source](#)

3. Vaccine Hesitancy

Vaccine hesitancy in the Commonwealth has begun to decline. In a January 2021 statewide survey of adult Virginians, 71% said they were likely to get an FDA-approved coronavirus vaccine if available at no cost. This is an increase from September 2020, in which only 58% said that they were likely to get a vaccine ([Source](#)). This increase seems to be a trend nationwide. For example, one study found that 55% said that they had already received the vaccine or would get it as soon as possible, an increase from 47% in January 2021 and 34% in December 2020 ([Source](#)).

In addition to an overall decline in vaccine hesitancy, there is also a decline among members of various racial groups. In Virginia, 69% of whites and 73% of minorities said that they would be

willing to get a vaccine in January 2021 ([Source](#)), while in September 2020 only 57% of whites and 62% of minorities said that they would get one ([Source](#)).

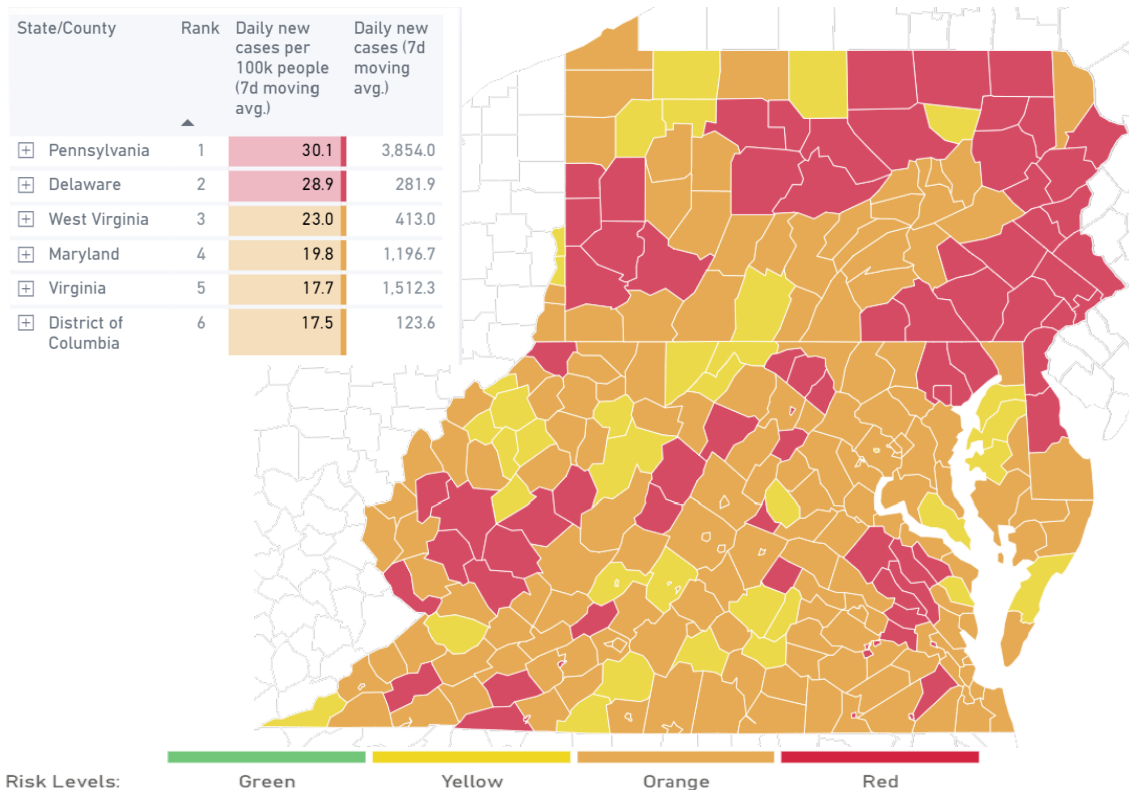
A variety of factors may be playing a role in this decline in vaccine hesitancy. These factors include:

- Targeted efforts to build trust, especially among minority groups ([Source](#)),
- Efforts to combat misinformation about the vaccine ([Source](#)),
- Increased data showing that the vaccine is safe ([Source](#)),
- Efforts to more directly reach at-risk communities, such as mobile vaccine clinics ([Source](#)), and
- A snowball effect in which more people being vaccinated leads to others getting vaccinated (having a household member, close friend, or family member who has been vaccinated has been shown to increase willingness) ([Source](#)).

4. 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. Virginia is currently ranked fifth in the region in terms of COVID-19 vaccine doses administered per 100 people ([Source](#)). Regarding risk level (Figure 6), Virginia has the second lowest daily new cases (seven day rolling average) in the region, at 17.7 new cases per 100,000 people.

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

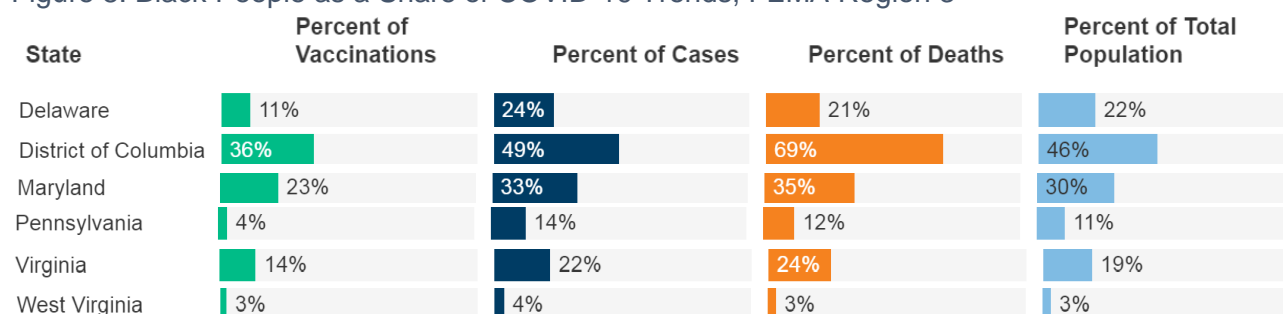


[Source](#)

FEMA Region 3 and Race/Ethnicity

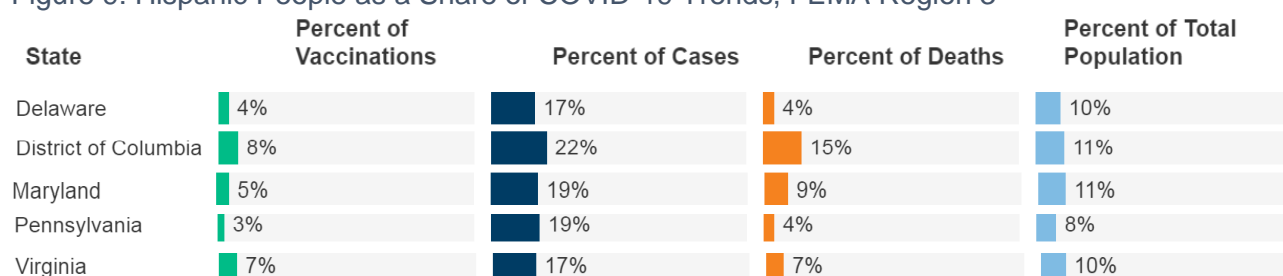
All areas in FEMA Region 3 show clear racial disparities in percentages of vaccines administered to populations versus those in the population. Overall, whites have received a disproportionately higher share of vaccinations than Blacks, Hispanics, and Asians. Comparative state vaccination rates by race and ethnicity is challenging because of reporting inconsistency ([Source](#)).

Figure 8: Black People as a Share of COVID-19 Trends, FEMA Region 3



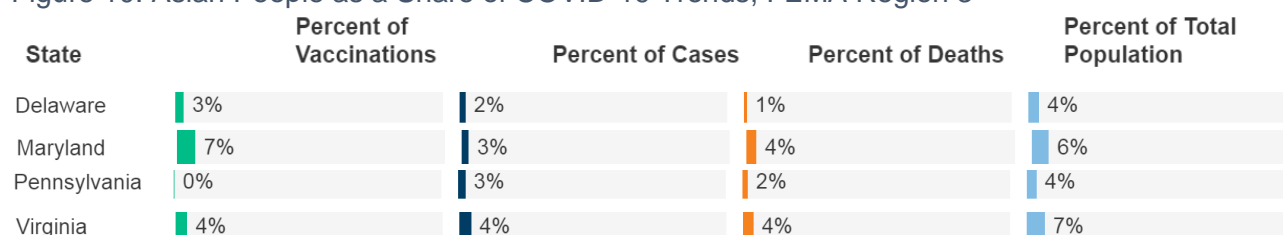
[Source](#)

Figure 9: Hispanic People as a Share of COVID-19 Trends, FEMA Region 3*



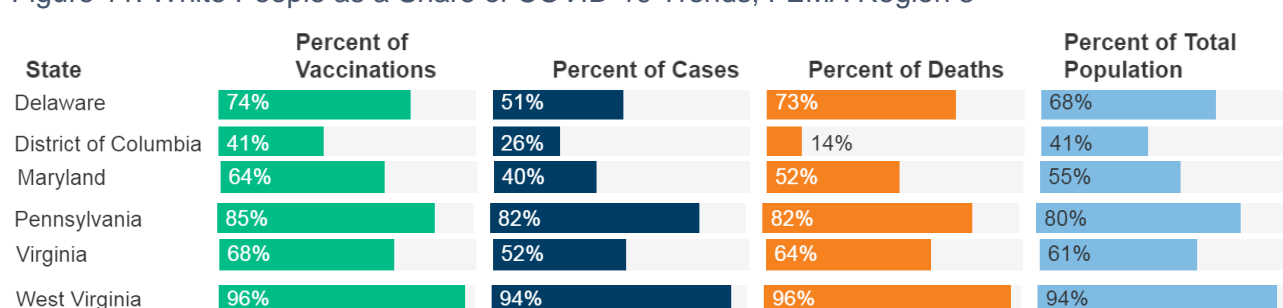
*Data unavailable for West Virginia; [Source](#)

Figure 10: Asian People as a Share of COVID-19 Trends, FEMA Region 3*



*Data unavailable for the District of Columbia and West Virginia; [Source](#)

Figure 11: White People as a Share of COVID-19 Trends, FEMA Region 3



[Source](#)

FEMA Region 3 and the Elderly

As shown in Table 2, within FEMA Region 3, individuals age 65+ have received over 40% of vaccines administered. 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
Doses administered, Age 65+	1,634,083	248,718	128,265	1,140,155	2,750,622	431,406
% of Doses Administered to Persons 65+	43.3%	54.1%	43.8%	42.1%	53.3%	51%
% 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, [CDC](#), and data portals for FEMA Region 3.

4. Policy and Administrative Updates

Legislative Updates

- United States Congress
 - The US House of Representatives and Senate passed HR Bill 1319 ([American Rescue Plan Act of 2021](#)) which includes the \$1.9 trillion relief package that provides additional support to address the continued impact of COVID-19 on the economy, public health, state and local governments, individuals, and businesses. It includes a stimulus payment of \$1,400 for single taxpayers or \$2,800 for married joint filers, plus \$1,400 per dependent based on income limits. Individuals earning up to \$75,000 would receive the full amount, as would married couples with incomes up to \$150,000. It also includes an extension of the \$300 per week unemployment insurance supplement, expands the child tax credit, puts significant resources into vaccine distribution and provides billions of dollars of funding for schools, state and local governments, and businesses.

- Virginia General Assembly
 - During the 2021 regular and special sessions, the General Assembly passed several significant pieces of COVID-19 legislation and Governor Northam has signed a number of bills into law.
 - § [House Bill 1993](#)
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.
 - § [Senate Bill 1296](#)
Provides for the State Coordinator of Emergency Management to establish an Emergency Management Equity Working Group in collaboration with the Office of Diversity, Equity, and Inclusion to ensure that emergency management programs and plans provide support to at-risk individuals and populations disproportionately impacted by disasters.
 - A summary description of the COVID-19-related bills amended by the Governor and sent back to the General Assembly Chamber of origin for action during the Reconvened Session beginning April 7, 2021.
 - § [Senate Bill 1375](#) and [House Bill 2207](#)
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.
 - § [Virginia Budgetary Actions](#)
The [Virginia State Budget](#) passed the General Assembly on February 27, 2021 and has been amended by the Governor for both bodies to consider during the April 7th Reconvened Session.

Executive Updates

- President Biden signed the \$1.9 trillion [American Rescue Plan Act of 2021](#). 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 an extension of the \$300 per week unemployment insurance supplement, expands the child tax credit, puts significant resources into vaccine distribution and provides billions of dollars of funding for schools, state and local governments, and businesses ([Source](#)).
- President Biden has signed the following executive orders that have direct impact on the Commonwealth of Virginia:
 - Executive Order on [Federal Register: Economic Relief Related to the COVID-19 Pandemic](#)

Reduces barriers for access to government supportive programs for individuals, families, small business; state, local, tribal, and territorial governments.

- Executive Order on [Federal Register: Supporting the Reopening and Continuing Operation of Schools and Early Childhood Education Providers](#)

Ensures that students receive a high-quality education during the coronavirus disease 2019 (COVID-19) pandemic, and to support the safe reopening and continued operations of schools, child care providers, Head Start programs, and institutions of higher education.

- Presidential Proclamation on the [Continuation of the National Emergency Concerning the COVID-19 Pandemic](#)

States that the national emergency concerning the coronavirus disease (COVID-19) pandemic continues to cause significant risk to public health and safety of the Nation and must continue in effect beyond March 1, 2021.

- Governor Northam and the General Assembly officially codified the Emergency Management Equity Working Group to institutionalize and embedded this structure in all future disaster response, mitigation, and planning efforts ([Source](#)).
- Governor Northam has signed the following executive orders regarding COVID-19 for Commonwealth of Virginia:
 - [Easing of Commonsense Surge Restrictions](#) at the beginning of April. These include reducing restrictions for social gatherings, entertainment venues, recreational venues, and graduations, effective April 1st. These changes do not apply to bars, restaurants, gyms or salons; those capacity limits do not change.
 - [Licensing of health care professional in response to COVID-19](#) further extends certain waivers to allow for additional personnel for the administration of COVID-19 vaccines. Continuing both the authorization of out-of-state licensed professionals to provide care to the citizens of the Commonwealth and the availability of telehealth will assist in meeting that demand, as will allowing physician assistants to practice outside of a practice agreement and allowing licensed practical nurses to administer vaccines without supervision. Partnerships in vaccine administration between private and public entities will also expand our capacity to vaccinate. Allowing temporary nurse aides to qualify to transition into certified nurse aides will help address a key workforce need.

Agency Updates

- VDH began utilizing the Johnson and Johnson single dose COVID-19 vaccination ([Source](#)).
- VDEM and VDH created and implemented Community Vaccination Clinics in five localities across the Commonwealth ([Source](#)).
- Virginia Department of Corrections updated the COVID-19 Response Inmate Early Release Plan for state facilities and local jails ([Source](#); [Source](#)).

- Approximately 40% of school staff across Virginia have been fully vaccinated, while around 60% have gotten at least one dose. All school divisions have also submitted plans for in-class options for students ([Source](#)).
- Virginia Department of Education released the Revised Interim Guidance for Reopening PreK-12 Schools This link takes you out of the Virginia Department of Education website (PDF). This revised guidance incorporates elements of the CDC's Operational Strategy for K-12 Schools ([Source](#)).

Court Updates

- The Supreme Court of Virginia extended the declaration of judicial emergency in response to the COVID-19 emergency until April 18, 2021 ([Source](#)).

6. Vaccine Equity in Virginia

The primary vaccination equity focus during the month of March in Virginia were the establishment of community vaccination centers (CVCs) and the establishment of a comprehensive “on-the-ground” community engagement strategy.

Established by VDEM and VDH, the community vaccination centers are helping to administer COVID-19 vaccinations on a larger scale across Virginia and the sites have the capacity to administer 13,000 COVID-19 vaccine doses a day. Launched in five sites across the Commonwealth of Virginia – Danville, Portsmouth, Petersburg, Prince William County, and Norfolk – these sites were selected after the Virginia Department of Emergency Management (VDEM) and the Equity Leadership Task Force (ELT) conducted an equity analysis to determine the communities with the largest number of vulnerable populations and communities with the largest percentage of vulnerable population and greatest COVID-19 impact ([Source](#)). These centers and other avenues for vaccines will only be successful for those with vaccine hesitancy or those in communities of color with a targeted community outreach strategy. Thus, it was the ELT’s recommendation that a vendor, Elite Business Strategies be procured to create comprehensive ground teams that will galvanize communities by walking door to door to engage residents and sign them up at vaccinate.virginia.gov pre-registration system. Through diverse community partnering efforts, VDEM, VDH, and community outreach partners, like Elite, we are working to ensure people are added to the pre-registration list so they can be vaccinated. It is predicted that by April 18, the state will open up to phase two and the pre-registration system will continue. No plans for walk up or same day registration have been announced. CVCs are most appropriately viewed as adding additional vaccination capacity designed to provide vaccine access to vulnerable communities and not as a replacement for existing sites or other avenues for vaccinations, such as local health district clinics, pharmacies, mobile units, etc.

However, some critical barriers remain. One particular limitation of the CVC sites and other avenues for vaccinations is that they still require appointments and are closed PODs that pull from the VDH pre-registration list. This pre-registration requirement is a barrier for older persons, persons who have a mistrust of government, persons with disabilities, and limited English proficiency residents ([Source](#)). Language access remains a major barrier ([Source](#)). Pre-registration for limited English proficiency is proving to be difficult but is improving given the changes made to

the language line as 3/30, as is communication once a vaccination slot is available ([Source](#)). Additionally, VDH and VDEM are developing and executing plans to vaccinate the medically fragile and homebound populations ([Source](#)).

An emerging concern regarding the CVC sites in Virginia is that while these sites are intended for the most vulnerable communities, they have been inundated by individuals who do not live in those communities. This elevates the importance of targeted communications, community outreach, monitoring, and accountability for vaccination equity outcomes at the state and local health district level, to realize vaccination equity plans and strategies. For example, to strengthen accountability for equity outcomes, the Commonwealth of Virginia is using a data-driven approach designed to align relative risk of infection with relative risk of vaccination and prioritize equitable vaccination allocation. Secondly, equitable vaccine allocation is critically important but, unfortunately, it does not guarantee any particular outcomes, especially immediately. Equity in results is heavily impacted by vaccine administration, implementation, and accountability, over time. Thus, immediate results for the CVCs in reaching certain vulnerable populations may not be realistic and instead a comprehensive commitment to genuine health equity is necessary and recommended to be able to reach vaccine hesitant populations who have had a justifiable mistrust of government and healthcare systems for generations.

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.