VDH Plan for Equitable Distribution of COVID-19 Vaccine

MAY 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

COVID-19 UNIFIED COMMAND

VDH VIRGINIA DEPARTMENT OF HEALTH

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Contents

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 April 2021.

This report also compares Virginia's equitable vaccination progress with other states in Region 3 of the Federal Emergency Management Agency (FEMA), namely Delaware, the District of Columbia, Maryland, Pennsylvania, and West Virginia. An overview of recent legislative and executive activities at both the federal and state levels is included. In addition, the report explores vaccine hesitancy, changes over time, and equity considerations for future vaccine distribution. Key findings include:

Targeted Community Efforts

- **Virginia continues to operate Community Vaccination Centers (CVC) in locations across the Commonwealth to reach vulnerable populations and has opened a new location.** The original CVC sites (Danville, Petersburg, Prince William County, Portsmouth, and Hampton Roads/Norfolk) continue to be operational. Further, VDH and VDEM in partnership with the National Guard opened a CVC at the Virginia National Guard (VNG) Armory in Blackstone (Source). A continuing issue is that such sites are being inundated with out-of-town residents who are not from the targeted communities (Source).

- **Virginia has enhanced equitable vaccine distributions by continuing to use ratios for risk of infection and rate of vaccination**. Nationally and in Virginia, although Blacks and Latinos continue to have higher COVID-19 cases, hospitalizations, and deaths, whites continue to be vaccinated at higher rates. Virginia is using evidence-based criteria which align with risk of infection to prioritize equitable vaccine allocation in health districts (Source; Source).

- **VDH and VDEM are continuing to engage in promising practices to reduce inequities.** These promising practices include: Making the registration process as simple and accessible as possible (Source); collaborating with trusted community leaders (Source); creating targeted outreach efforts to at-risk communities (Source); providing information in multiple languages (Source); and removing requirements to show ID or other forms of documentation at registration or check-in during vaccination events (Source).

Vaccinations have Increased but Racial Disparities Persist

- **More Virginians are getting vaccinated.** Approximately 45% of all Virginians have received at least one dose and 1 in 3 (32%) are fully vaccinated. Now in Phase 2 (as of April 18), all Virginians age 16 and older can schedule vaccine appointments (Source; Source). Nearly 80 percent of teachers, school staff, and childcare workers have received at least one shot of the COVID-19 vaccine (Source). Between March and April 2021, vaccination rates in Virginia increased from 25.9% to 45% (Source), slightly above the national one-dose vaccination rate of 44.33% (Source).

- **Blacks and Hispanics continue to be disproportionately infected with COVID-19; however, whites continue to be disproportionately vaccinated** (Source). For example, Blacks have received 14% of vaccinations but constitute 21% of the COVID-19 cases. Hispanics have received 11% of vaccinations but constitute 20% of COVID-19 cases. Comparatively, whites have received 63% of vaccinations but constitute 50% of the COVID-19 cases. Over 1.4 million of the doses administered in Virginia have no race or ethnicity data reported (Source).

  Table 1: Virginia COVID-19 Vaccinations, Cases, Deaths and Total Population by Race/Ethnicity, as of 4/26/21

	% of Vaccinations	% of COVID-19 Cases	% of COVID-19 Deaths	% of Total Population in Virginia
White	63%	50%	64%	61%
Black	14%	21%	25%	19%
Hispanic	11%	20%	7%	10%
Asian	5%	4%	4%	7%

  Source: Kaiser Family Foundation

- **While rural counties' overall risk levels have declined, risks remain elevated, and these areas continue to have lower vaccination rates.** Between March and April 2021, the elevated risk for rural areas has increased and rural vaccinations have decreased (Source; Source). While Virginia has continued to show 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 (Source; Source).

Vaccine Hesitancy

- In Virginia, vaccine hesitancy among Black and Brown communities is decreasing (Source) at a more rapid rate than white communities (Source). White Republicans have one of the highest rates of vaccine hesitancy when compared to members of other political parties (Source). Other groups, such as long-term care facility staff, also observe high rates of vaccine hesitancy (Source). Emerging data has revealed that Black and Brown communities experience difficulties accessing the COVID-19 vaccine. As such, access difficulties are contributing factors to lower vaccination rates for people of color (Source).

Vaccine Access

- There are a number of factors that can contribute to lack of vaccination access across the Commonwealth. These include: language barriers, transportation needs, people with disabilities, and individuals experiencing homelessness. The CDC has said health equity means every person has an opportunity to achieve optimal health regardless of their skin color, education level, gender identity, sexual orientation, occupation, their neighborhood, and disability status (Source).

1. Key Equity Accomplishments

- April: The U.S. Department of Health and Human Services (HHS) established the COVID-19 Community Corps. Organizations are encouraged to register and support the effort by joining the COVID-19 Community Corps. Members receive timely, accurate information to share with their family, friends, and neighbors (Source).

- April: The Equity Leadership Taskforce (ELT) is using a data driven approach to inform community engagement and placement of mobile vaccine clinics. Specifically, each health district received a "communities in need" analysis to identify populations with elevated health risk, low income, and disproportionate COVID-19 impact; the data team provided 41 street maps to canvassers from Elite Business Strategies so that they could implement on-the-ground, door-to-door community engagement; lastly, the team provided comprehensive analysis for the placement and leveraging of mobile vaccine clinics to health districts in VDEM region 3 to include the Piedmont and Southside health districts. This comprehensive analysis is provided to all health districts who request this analysis. Statewide mobile clinics are scheduled to launch on or after May 10.

- April: Equity Leadership Taskforce (ELT) partner, Elite/Educate Vaccinate hosted or participated in 209 activities, reaching tens of thousands of people. The team's efforts resulted in 22,355 registrations for both first- and second-doses of the COVID-19 vaccines statewide, and 166 community partnerships contribute to continued engagement and outreach opportunities. Priority group tiers have been operational since March, and Elite/Educate Vaccinate has begun expanding into areas including Roanoke, Richmond, Henrico, Chesapeake, Hampton, Newport News, Western Tidewater, LENOWISCO, Pittsylvania, and others.

- April: Equity partner, Greene Street Communications launched the "This Is Our Shot!" campaign to reach Black and Hispanic/Latino communities. This campaign consists of radio (18 stations) and TV commercials (Telemundo), billboard and bus advertisements (+300 buses), and digital media assets, which are active throughout the Commonwealth. This campaign was also leveraged in a "bill insert" with Dominion Energy, which may be replicated with other companies. These advertisements are designed to reach Black and Brown communities, communities without consistent access to internet, and provide trustworthy information on vaccine equity and access. Greene Street Communications reports that target advertisements are seen by millions of people due to geo-targeting metrics.

- April: Equity partner, VCU RISE created a statewide vaccine survey and is currently conducting data collection from a diverse range of Virginia residents to learn about local attitudes and perceptions related to vaccine hesitancy and interest in child vaccinations by parents. The results of this initiative will be available by or before May 17 and thus will be reported in the June 1 report.

- April 2: Governor Ralph Northam announced several efforts aimed at increasing Virginia's vaccinator workforce to support the continued expansion of COVID-19 vaccinations across

the Commonwealth, including a new initiative, Virginia Volunteer Vaccinator Registry Program (VVVR), to recruit eligible individuals interested in administering vaccines (Source).

- April 4: Norfolk moves into Phase 1c and opens up appointments to residents age 16 and older (Source).
- April 5: Virginia reached 4 million vaccinations doses administered (Source).
- April 5: VDH and the ELT hosted a webinar on Rebuilding and Elevating the Essential Health Workforce as part of National Public Health Week (Source).
- April 6: VDH and the ELT hosted a webinar on Advancing Racial Equity Webinar featuring Dean Susan T. Gooden which highlighted the work of the ELT and the Health Equity Work Group as part of National Public Health Week (Source).
- April 6: VDH announces a new service for deaf and hard of hearing Virginians who use American Sign Language (ASL). Virginia is the first state to provide real-time ASL support for COVID-19 and vaccine information. Callers can connect directly with ASL-fluent representatives via videophone or webcam and ask questions to get clarification on an array of issues and concerns related to COVID-19 vaccine, all in their primary language (Source; Source).
- April 6: Nearly 80% of teachers, school staff, and childcare workers have received at least one-dose of the COVID-19 vaccine (Source).
- April 9: COVID-19 vaccines open to all ages 16+ in Richmond area only (Source).
- April 9: The CVC at the Virginia Beach Convention Center utilized walk-up registration and allowed some limited same-day vaccine appointments (Source).
- April 9: US Department of Justice issued a memo to states regarding civil rights and intellectual disabled or developmentally disabled so as to improve equity for these groups.
- April 9: VDH and the Equity Leadership Taskforce (ELT) hosted a webinar on Constructing COVID-19 Public Health Resilience with a discussion between Dr. Norm Oliver, General Stan McChrystal, and Chris Fussell as part of National Public Health Week (Source).
- April 12: Portsmouth Health District expands COVID-19 vaccinations to Phase 2 Recipients (Source).
- April 13: U.S. Centers for Disease Control and Prevention (CDC) and the U.S. Food and Drug Administration (FDA) called for a pause on the use of the Johnson and Johnson vaccine after six recipients in the United States developed a rare disorder involving blood clots within about two weeks of vaccination (Source).
- April 13: The Equity Leadership Taskforce (ELT) hosted the Advisory Council on Health Disparity and Health Equity (ACHDHE) as part of National Public Health Week (Source).

- April 14: Fairfax County moves into Phase 2; all individuals in the Fairfax Health District who are 16 or older will be eligible to schedule a vaccine appointment directly through VaccineFinder.org starting Sunday, April 18 (Source).
- April 15: Roanoke City and Alleghany Health Districts held a vaccination clinic at Berglund Center for any member of the general public to allow walk-up registrations (i.e., no registration or appointment was necessary). Walk-in doses were administered on a first-come, first-served basis (Source).
- April 16: Over 1 in 3 Virginians (38.7%) have received at least one dose of a vaccine; approximately 1 in 4 of the population have been fully vaccinated (23.5%) (Source).
- April 18: Virginians age 16 and older can schedule their own COVID-19 vaccine appointments at vaccinate.virginia.gov or by calling 877-VAX-IN-VA. Assistance is available in English; Spanish, and more than 100 languages, including American Sign Language (Source). This statewide movement to Phase 2 came one day before the Biden Administration challenged the entire country open vaccination to all age 16 and above.
- April 19: VDH and VDEM, in partnership with the Virginia National Guard, opened a Community Vaccination Clinic (CVC) in Nottoway April 19 to administer COVID-19 vaccinations at the VNG Armory in Blackstone (Source).
- April 19: Virginia sent out a "Public Safety Alert" to all cell phones in the Commonwealth stating, "Virginians 16+ are eligible for the COVID-19 vax - vaccinate.virginia.gov call 877-829-4682."
- April 20: A large-scale COVID-19 vaccination clinic is opened in Fairfax County, Virginia, at former Lord and Taylor in Tyson's Corner with the capacity to vaccinate 3,000 people a day, as vaccine supplies allow (Source).
- April 20: State Health Commissioner Norm Oliver, members of the health equity working group, and Virginia community stakeholders met with FEMA and White House officials at Norfolk State University to discuss promising practices in health equity.
- April 22: The Pittsylvania/Danville Health District held two COVID-19 vaccination clinics for pre-registered and walk-in COVID-19 vaccinations (Source).
- April 23: New Kent County held a walk-up vaccination clinic (pre-registration not required) at New Kent High School (Source).
- April 25: Richmond and Henrico Country held their first walk-in clinic at Richmond Raceway and reserved all 500 shots for the immigrant and refugee community, in an effort to support the hardest-to-reach populations. Support and marketing for this event was conducted in coordination with the local government, nonprofit leaders, community groups, and faith leaders (Source).

- April 26: The Rappahannock-Rapidan Health District is now offering walk-in COVID-19 vaccinations for those 18 and older to provide greater flexibility to residents who want to get vaccinated (Source).

- April 27: The Equity Leadership Taskforce (ELT) unveiled two new equity data dashboards during the Health Equity Working Group meeting. These dashboards celebrate Virginia's leadership in equity and serve as a call to action for leaders to close the gaps to improve Virginians' access to resources. The *Equity in Action* Dashboard provides data on PPE Partnerships, Medicaid Expansion, Unemployment Benefits, Food Distribution, and SWaM (Small, Women, and Minority-Owned) Business Support (Source). The *Equity at a Glance* dashboard provides information on income and poverty, educational attainment, food access, unemployment, broadband access, and housing insecurity (Source). These two public facing dashboards are critical to charting different risk factors, COVID-19, and vaccine equity.

- April 27: The Johnson and Johnson COVID-19 vaccine was re-authorized. Thousands of doses are now available across health departments and pharmacies in the Commonwealth (Source).

- April 27: The Prince William Health District began its first of several planned COVID-19 mobile vaccine clinics in Woodbridge. The mobile clinics are open to Virginian's 16 years old and older (Source).

- April 30: A ceremonial bill signing ceremony was held in Norfolk for SB1296 which established 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 (Source). HB 2085 which requires local and interjurisdictional agencies to include provisions in their emergency operations plans to ensure that such plans are applied equitably and that the needs of minority and vulnerable communities are met during emergencies (Source).

- April 30: 45% of Virginians have received at least one dose of a COVID-19 vaccine; 32% of the population are fully vaccinated (Source).

2. Vaccination Equity in Virginia

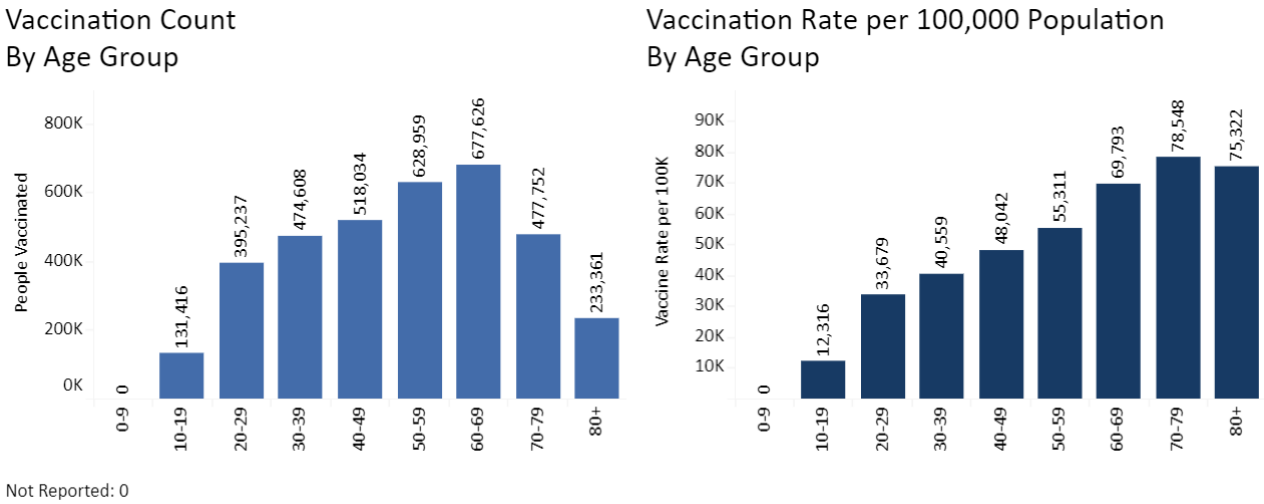
Over 6.3 million vaccine doses have been administered in Virginia. Approximately 45% of all Virginians have received at least dose and approximately 1 in 3 are fully vaccinated (32%). Between March and April 2021, vaccination rates in Virginia increased from 25.9% to 45% (Source), which is slightly above the national one-dose vaccination rate of 44.3% (Source).

Over 2.7 million Virginians have been fully vaccinated in Virginia, which represents 32% of the population. Virginia is administering approximately 72,000 vaccinations per day on average with the majority taking place in local health departments and pharmacies (Source; Source). Over 6.3 million COVID-19 vaccines have been distributed throughout the Commonwealth (Source). To date, Virginia has distributed 80.5% of the federal vaccines it has received (Source).

Elderly Vaccination

- The elderly are accounting for a smaller share of total vaccinations administered (Source). Between March and April 2021, the elderly vaccination rates (those age 60+) in Virginia decreased from 54.7% to 39.3% (Source).

Figure 1: Vaccinations by Age



Source

Race/Ethnicity

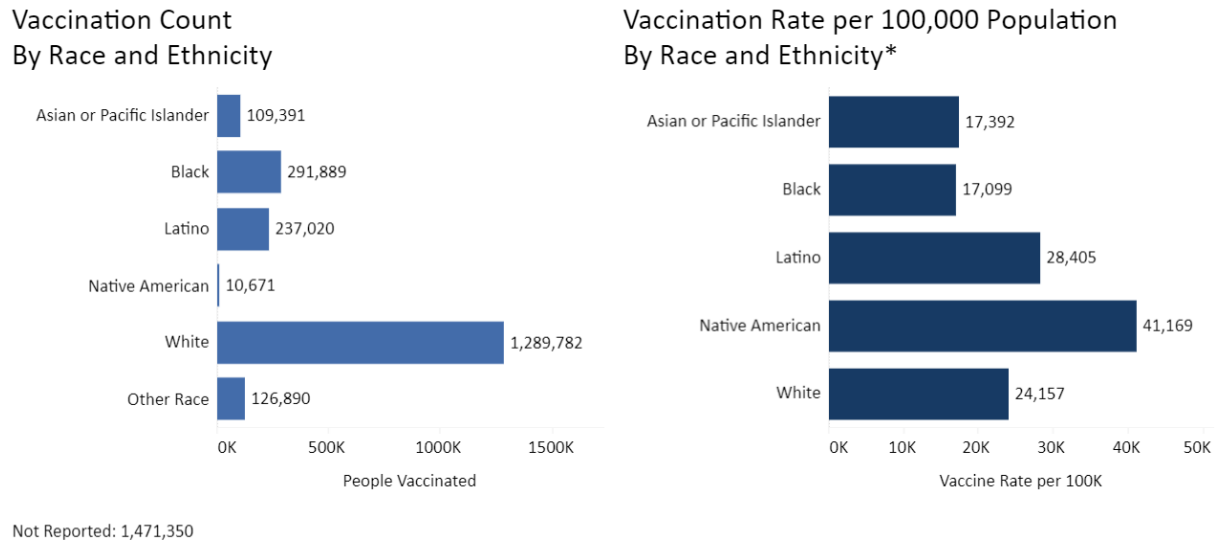
The percent of vaccinations has remained steady for Blacks over the past month (14% in both March and April). However, Black and Hispanic populations are still receiving vaccinations at far lower rates than whites in Virginia. As Table 2 depicts, while whites constitute 50% of Virginia's COVID-19 cases, they have received 63% of vaccinations (Source). By comparison, Blacks constitute 21% of Virginia's COVID-19 cases and have received 14% of vaccinations; Hispanics constitute 20% of Virginia's COVID-19 cases and have received 11% of vaccinations. Asians constitute 4% of Virginia's COVID-19 cases and have received 5% of vaccinations (Source). As Table 2 indicates, nearly two-thirds of vaccinations were administered to white Virginians.

Table 2: Virginia COVID-19 Vaccinations, Cases, Deaths and Total Population by Race/Ethnicity, as of 4/26/21

	% of Vaccinations	% of COVID Cases	% of COVID Deaths	% of Total Population in Virginia
White	63%	50%	64%	61%
Black	14%	21%	25%	19%
Hispanic	11%	20%	7%	10%
Asian	5%	4%	4%	7%

Source: Kaiser Family Foundation

Figure 2: Vaccinations by Race



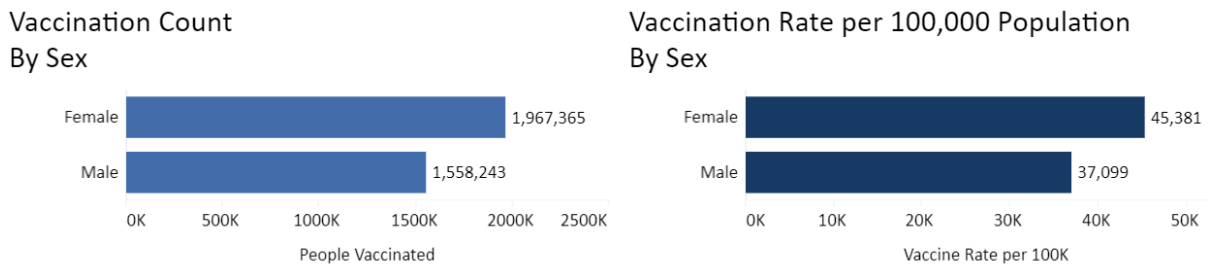
Not Reported: 1,471,350

Source

Vaccinations by Sex

The percent of vaccinations by sex is higher for females (55.8%) than males (44.2%). As displayed in Figure 4 females are more likely to be vaccinated than males in Virginia.

Figure 3: Vaccinations by Sex



Not Reported: 11,385

Source

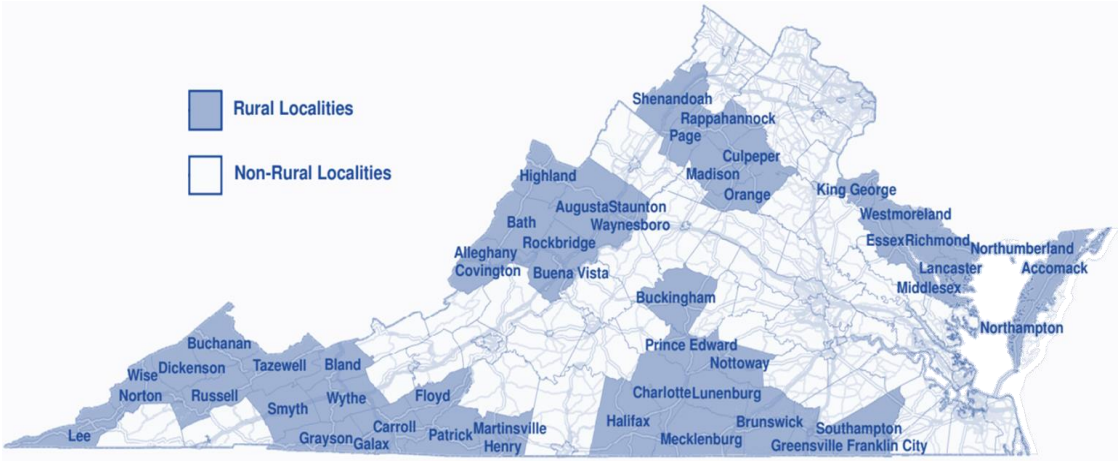
Data Gaps Impacting Equity

The VDH Dashboard displays vaccination counts on three demographic groups, by age, by race and ethnicity, and by sex. Currently, the state provides age information for every vaccination administered (0 vaccinations not reported) and information on the sex for all vaccinations administered except 0.18% (11,385 vaccinations not reported). However, there is no race and ethnicity information for approximately 1 in 4 (23.1%) of vaccination doses administered. More than 1.4 million of the vaccine doses administered in Virginia have no race and ethnicity data reported (Source). In comparison, this missing data is more than the total number of vaccinations administered in the state of Delaware, Washington DC, and West Virginia (Source; Source; Source).

Rural Areas

Figure 4 below displays the rural (non-metropolitan) areas in Virginia as defined by the Office of Management and Budget (OMB) (Source). Areas in blue are rural localities while areas in white are considered non-rural (as defined by the OMB).

Figure 4: Rural and Non-Rural Areas in Virginia

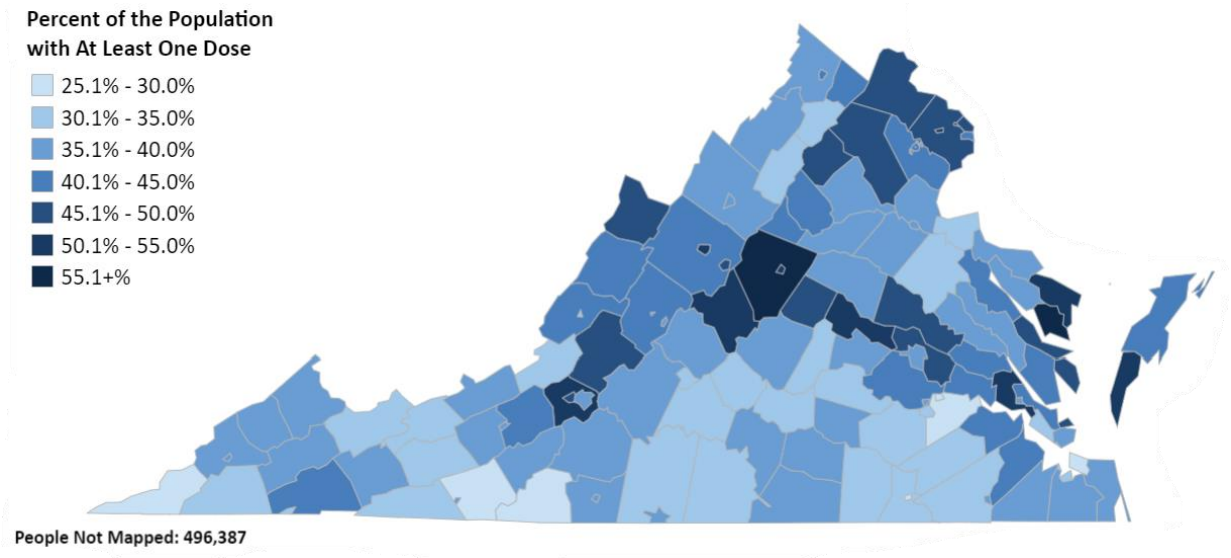


Source

Between March and April, the elevated risk for rural areas has increased and rural vaccinations has decreased (Source; Source). While Virginia has continued to show 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 5). The darker the blue the higher the vaccination rate per 100,000. Many rural areas in Virginia have elevated risk (Figure 6). Several challenges persist for vaccination efforts in Virginia's rural communities (Source; Source), including:

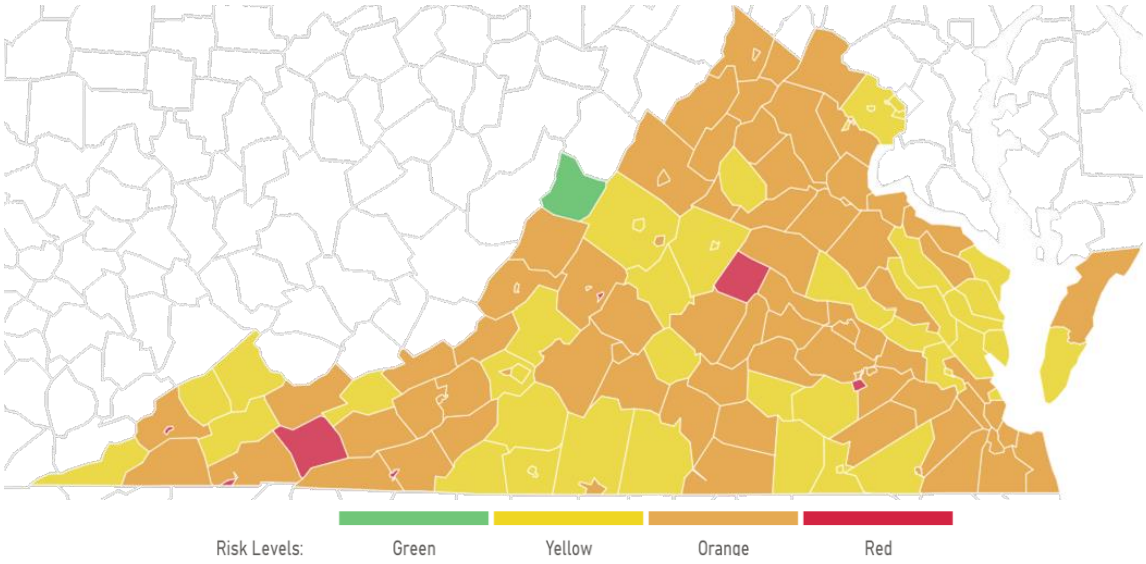
- Poor broadband access which impacts the heavily technology-driven vaccination registration system;
- Limited regional healthcare centers which impact vaccine access and the number of vaccinators; and
- Vaccination hesitancy in rural communities.

Figure 5: Vaccinations by Locality – Rate per 100,000 Population



Source

Figure 6: COVID-19 Risk Levels by Local Level



Source

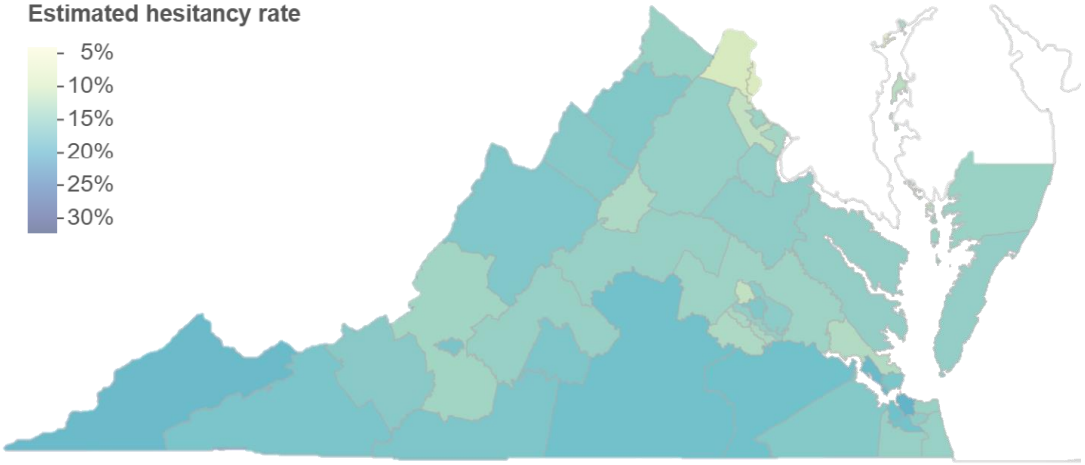
Community Vaccination Centers

Community Vaccination Centers (CVC) are open across the Commonwealth. The Virginia Department of Emergency Management (VDEM) and the Virginia Department of Health (VDH) continue to open CVCs to administer COVID-19 vaccinations on a larger scale while also targeting high-risk communities to improve equitable access and distribution (Source). Ten statewide CVCs are made possible through FEMA funding and are not designed to replace existing local, small-scale efforts (Source). The CVCs can be found on the "Vaccine Finder Tool," but are located at the end of the list, after pharmacies, mass vaccinations sites, and local health director events (Source).

3. Vaccine Hesitancy

Although vaccine hesitancy continues to decrease nationally (Source) and within the Commonwealth (Source), hesitancy still remains a significant barrier to combating the coronavirus pandemic. Figure 7 below displays estimated vaccination hesitancy in Virginia by county. The darker the blue shade the higher the estimated vaccination hesitancy rate.

Figure 7: Vaccinations Hesitancy by County



Source

Conversations around vaccine hesitancy tend to focus on Black and Brown communities, although hesitancy among Black and Brown communities is actually decreasing (Source). Between December 2020 and March 2021, the number of Black adults in the United States who said that they had already gotten the vaccine, or would get it as soon as possible, increased from 20% to 55%. Hispanic adults who said that they had already gotten the vaccine, or would get it as soon as possible, increased from 26% to 61% within the same time frame. In comparison, white adults increased from 40% to 64% (Source).

Vaccine hesitancy should also be examined through a political lens, as white Republicans tend to have one of the highest rates of vaccine hesitancy when compared to members of other political parties (Source). Between December 2020 and March 2021, the number of Republican adults in the United States who said that they had already gotten the vaccine or would get it as soon as possible increased from 28% to 46%. In comparison, Democrats increased from 47% to 79% (Source).

Other groups, such as long-term care facility staff, also have high rates of vaccine hesitancy (Source). Hesitancy among the one group can put other groups (i.e. residents of long-term care facilities) at significant risk.

In Virginia, minority groups and Democrats were among the most likely to get vaccinated. A January 2021 poll found that 73% of minorities would get an FDA-approved, no-cost vaccine, compared to 69% of whites. Eighty-eight percent of Democrats said that they would get vaccinated, compared to 60% of Republicans and 77% of independents (Source).

Virginia Department of Health (VDH) and the Virginia Department of Emergency Management (VDEM) are working to combat and decrease vaccine hesitancy, which in turn increases protection of communities against the coronavirus. In pursuit of this comprehensive effort, the connection between vaccine hesitancy and structural racism and other inequities within the vaccine distribution system must be clear. Although mistrust of the vaccine certainly exists, many marginalized communities face additional barriers such as unequal access or a lack access to broadband/internet, transportation to and from vaccination sites, and time constraints, among many others. By not addressing these barriers, many individuals who want to get vaccinated may not be unable to receive the COVID-19 (Source). Their inability is not due to hesitancy, but rather due to the structural inequities deeply embedded within public health and healthcare systems.

Agency Efforts to Mitigate Vaccination Hesitancy

To reduce inequities and to provide greater access to marginalized communities, the Equity Leadership team recommends that VDH and VDEM consider the widespread application of promising practices such as (some of these are currently under consideration or in progress):

- Making the registration process as simple and accessible as possible, including door-to-door community engagement and outreach and a pivot to on-site registration (Source).
- Partnering with the White House Health Equity Task Force and fully leveraging and integrating the SME of the Virginia Health Equity Working Group (Source).
- Collaborating with trusted community leaders, who can in turn encourage other members of their community to get vaccinated (Source).
- Creating sustained and targeted outreach and communication efforts to at-risk or hesitant communities, such as providing vaccine education, establishing mobile vaccine clinics (Source) and providing information in multiple languages (Source).
- Removing requirements to show ID or other forms of documentation upon registration or check-in during vaccination events (Source).
- Creating a Virginia vaccine survey to better understand perceptions of residents (Source).
- In addition, those working to reduce vaccine hesitancy can promote equity by better understanding why individuals may not be getting vaccinated, and by distilling differing nuances among groups that may be typically considered homogeneous. In many cases, individuals may be hesitant but still interested in getting vaccinated. Rather than focusing only on why some refuse vaccinations, there can also be a focus on what questions people may have and how education can best be provided (Source). Empathy and sustained relationship building with on-the-ground community engagement to address vaccine hesitancy, rather than a critical or rushed approach, is the most promising way forward in promoting vaccination acceptance (Source).

4. Vaccine Access

In addition to vaccination hesitancy, there are a number of factors contributing to vaccination access across the commonwealth including, language barriers, transportation needs, people with disabilities, and individuals experiencing homelessness. The CDC has said health equity means

every person has an opportunity to achieve optimal health regardless of their skin color, education level, gender identity, sexual orientation, occupation, their neighborhood, and disability status (Source).

Language

Over 16% of Virginians speak a language other than English at home (Source). Dozens of languages are spoken in Virginia but the language spoken most commonly is Spanish (7.7%), while Arabic, Chinese, Korean, and Vietnamese are also common (each at approximately 1%) (Source; Source). However, less than half of Spanish speakers and about a quarter of those who speak other language in Virginia speak English less than "very well" (Source). Regarding immigrants, those ages 5 and older report Spanish as the most commonly spoken language (Source). Additionally, noncitizen immigrants may not know if they are eligible to receive the vaccine and they may also fear that obtaining the vaccine could negatively affect their or a family member's immigration status (Source).

According to the CDC, approximately 6% of adults in Virginia are deaf or have serious difficulty hearing (Source). Trained interpreters can provide services for deaf and hard of hearing Virginians who use American Sign Language (ASL) (Source). In early April 2021, Virginia became the first state to offer real-time ASL support for COVID-19 vaccine information, though this service is limited to its vaccine call center not vaccination on-site locations (Source).

Transportation

Millions of older adults, low-income individuals, and people of color do not have cars, do not drive, or do not live near (or have access to) public transportation (Source). On March 29, 2021, President Biden issued a statement promising to place vaccination sites within five miles of most (90%) Americans homes (Source). Additionally, a significant challenge is getting vaccinations administered to homebound older adults. Approximately 2 million Americans are homebound and 5 million have health conditions that make leaving their residences difficult (Source). Nearly 25% of Virginia's older homebound adults live in a rural area of the commonwealth (Source).

People with Disabilities

According to the CDC, about 1 in 4 adults in Virginia (23.6%) have some type of disability (Source). Adults with disabilities are more likely to be inactive, have high blood pressure, smoke, and be obese (Source). Additionally, 12.1% of adults in Virginia have a mobility disability and 5.7% are unable to live independently (Source). President Biden also announced new efforts to provide transportation and assistance for the nation's most at-risk seniors and people with disabilities to access vaccines (Source). Currently a community outreach plan in tandem with the Virginia Department of Medical Assistance Services launched in early April. According to a Department of Medical Assistance Services (DMAS) official, DMAS doubled the number of homebound members vaccinated in the month of April. Outreach to the homebound population went from 21% to 43% having received at least one dose. DMAS vaccinated 24,000 members the week of April 19-23.

Homeless

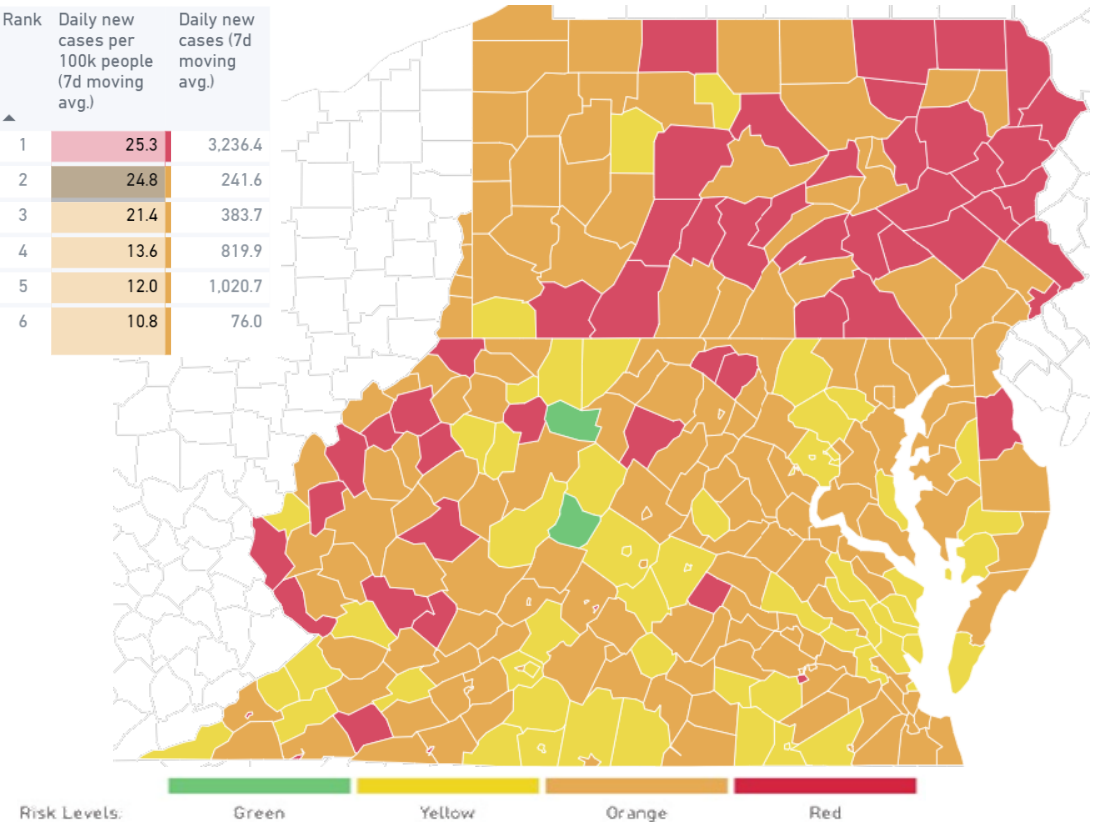
People experiencing homelessness are among the hard-to-reach vulnerable populations (Source). The pause in administering the one dose Johnson and Johnson COVID-19 vaccine impacts the ability of state and local officials to vaccinate individuals who are the most vulnerable (Source), including those experiencing homelessness (Source). Many individuals experiencing homelessness also have underlying medical conditions and are among the highest-risk for contracting the COVID-19 (Source).

5. 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 fourth in the region in terms of COVID-19 vaccine doses administered per 100 people, which is an improvement from the end of March 2021 in which Virginia was ranked fifth (Source). Regarding risk level (Figure 8), Virginia has the second lowest daily new cases (seven day rolling average) in the region, at 13 new cases per 100,000 people, an improvement from late March 2021 (17.7 new cases per 100,000 people) (Source).

Figure 8: COVID-19 Risk Levels* by County across FEMA Region 3

State/County	Rank	Daily new cases per 100k people (7d moving avg.)	Daily new cases (7d moving avg.)
Pennsylvania	1	25.3	3,236.4
Delaware	2	24.8	241.6
West Virginia	3	21.4	383.7
Maryland	4	13.6	819.9
Virginia	5	12.0	1,020.7
District of Columbia	6	10.8	76.0

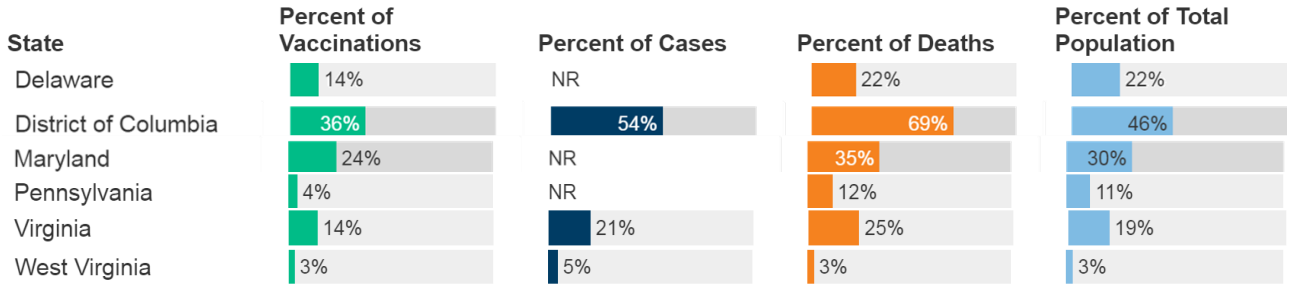


Source

FEMA Region 3 and Race/Ethnicity

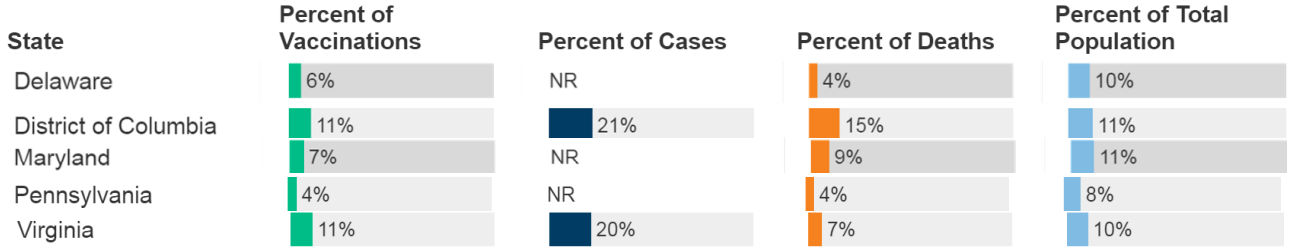
All areas in FEMA Region 3 continue to show clear racial disparities in percentages of vaccines administered to populations versus those in the population. Overall, whites continue to receive a disproportionately higher share of vaccinations than Blacks, Hispanics, and Asians. Comparative state vaccination rates by race and ethnicity is challenging because of reporting inconsistency (Source). The region has seen some slight improvements in vaccinations percentages for historically marginalized communities, however. For instance, at the end of March 2021 Hispanic people in Virginia accounted for 7% of all vaccinations whereas at the end of April 2021 they account for 11%. However, as Figure 10 indicates Hispanics comprise 20% of Virginia's COVID cases, as of the end of April they have received only 11% of the vaccinations. Virginia has also seen a 1% rise in vaccination shares for Asians over the last month (Figure 12).

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



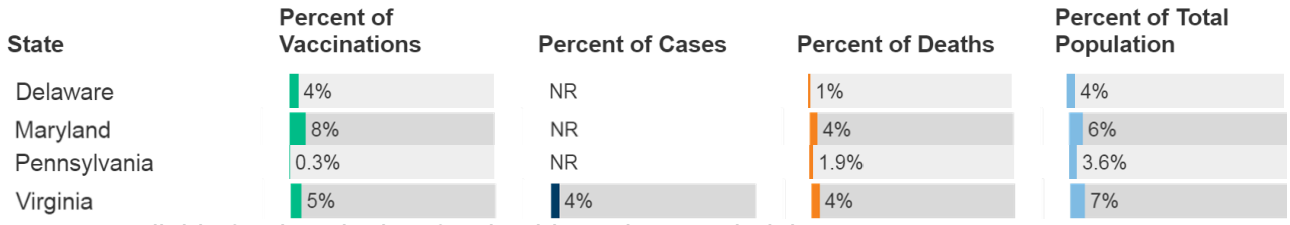
Source

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



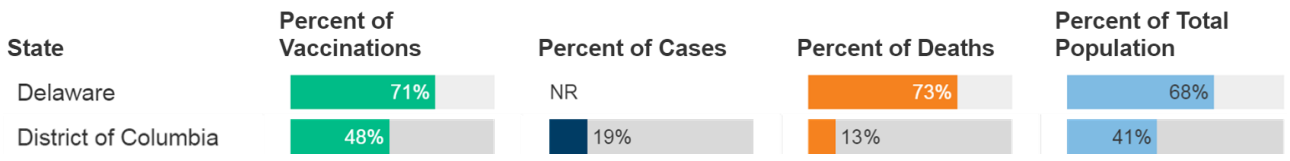
*Data unavailable for West Virginia; Source

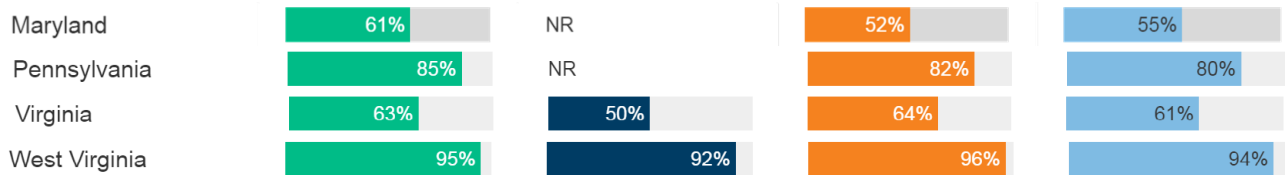
Figure 11: Asian People as a Share of COVID-19 Trends, FEMA Region 3*



Data unavailable for the District of Columbia and West Virginia; Source

Figure 12: White People as a Share of COVID-19 Trends, FEMA Region 3





Source

FEMA Region 3 and the Elderly

As shown in Table 3, across the FEMA Region 3, there are noted improvements in the percentage of those age 65+ receiving at least one dose of a vaccine. Comparisons across states are complicated given: a) differences in publicly reported data (e.g., cumulative doses versus one dose versus two doses); b) age groupings (e.g., listing ages 60-69 or ages 65-69); c) numbers of persons outside of those age 65+ working in critical areas necessitating vaccination priority; and d) those who cross state lines to receive vaccinations. Further, reporting by doses administered is complicated by publicly accessible data often not distinguishing between the two-dose vaccines (Modern and Pfizer) and the single dose vaccine (Johnson and Johnson).

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

	Virginia[1]	Delaware	District of Columbia	Maryland[1]	Pennsylvania	West Virginia
% of population 65+ with at least one dose	82%	87%	75%	82%	90%	85%
% of Age 65+ in Population	15.9%	19.4%	12.4%	15.9%	18.7%	20.5%
Estimated Numbers in Population: 65+	1,357,147	188,910	87,512	961,263	2,393,971	367,390

[1] Publicly reports data for 60+. Figures reported in this table reflect persons age 60+.
Sources: US Census 2019 estimates, CDC, and data portals for FEMA Region 3, and HealthData.gov state profiles.

6. Policy and Administrative Updates

Legislative Updates

- 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 2124

Directs the Department of Medical Assistance Services, during a public health emergency related to COVID-19 declared by the U.S. Secretary of Health and Human Services, to 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. The provisions of the bill will not become effective unless the federal government no longer funds reimbursement of claims covered by the provisions of the bill.

§ House Bill 1985

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. The bill provides that the COVID-19 virus is established by a positive diagnostic test for COVID-19 and signs and symptoms of COVID-19 that require medical treatment. The bill provides that such presumption applies to any death or disability occurring on or after March 12, 2020, caused by infection from the COVID-19 virus, provided that for any such death or disability that occurred on or after March 12, 2020, and prior to July 1, 2020, either of the following criteria must be met, and on or after July 1, 2020, and prior to December 31, 2021, both of the following criteria must be met: (i) the claimant received a positive diagnosis of COVID-19 from a licensed physician, nurse practitioner, or physician assistant after either a presumptive positive test or a laboratory-confirmed test for COVID-19 and (ii) the claimant presented with signs and symptoms of COVID-19 that required medical treatment. The bill provides that such presumptions do not apply to any person offered by his employer a vaccine for the prevention of COVID-19 unless the person is immunized or the person's physician determines in writing that immunization would pose a significant risk to the person's health.

§ 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.

§ House Bill 2333 and Senate Bill 1445

VDH established Virginia Volunteer Vaccinator Registry Program (VVVR), a volunteer and training program for eligible healthcare providers to administer the COVID-19 vaccine.

§ Virginia Budgetary Actions

The Virginia State Budget passed the General Assembly on April 7,

2021 during the Reconvened Session.

Executive Updates

- President Biden proclaimed April 5-11, 2021 National Public Health Week to remember all those who give their time, expertise and care into making America healthier, safer, and stronger (Source).
- After meeting the goal of 200 million COVID-19 shots in the first 100 days of his administration on April 21, 2021, President Biden called on all employers to provide paid time off for employees to get vaccinated (Source).

Agency Updates

- On April 1, 2021, Governor Northam announced that VDH could begin vaccinating all people in Virginia ages 16 and older starting on Sunday, April 18 (Source). Some localities began transitioning into this phase sooner, and began allowing pre-registrations from the general public on April 4 (Source).
- Beginning April 18, 2021, Virginians age 16 and older can schedule their own vaccine appointments at vaccinate.virginia.gov or by calling 877-VAX-IN-VA (Source).
- On April 13, 2021, the FDA and CDC recommended all state and local vaccine providers pause administering the Johnson and Johnson COVID-19 vaccine, effective immediately (Source).
- On April 25, 2021, the CDC and the U.S. Food and Drug Administration (FDA) recommend use of Johnson and Johnson's COVID-19 vaccine resume in the United States, after a temporary pause (Source). Reports of adverse events following the use of Johnson and Johnson's Janssen COVID-19 vaccine suggest an increased risk of a rare adverse event called thrombosis with thrombocytopenia syndrome. Nearly all reports of this serious condition, which involves blood clots with low platelets, have been in adult women younger than 50 years old (Source).

Court Updates

- The Supreme Court of Virginia extended the declaration of judicial emergency in response to the COVID-19 emergency until May 9, 2021 (Source).

7. Vaccine Equity in Virginia

In Virginia, the primary vaccination equity efforts during the month of April 2021 were the continued operations of community vaccination centers (CVCs), the establishment of new CVCs, and the continuation of a comprehensive "on-the-ground" community engagement strategy. More Virginians have received vaccinations, but the racial equity vaccination gaps remain largely unchanged.

As noted in last month's report, the community vaccination centers established by VDEM and VDH 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. These sites were selected

after the Virginia Department of Emergency Management (VDEM) and the Equity Leadership Taskforce (ELT) conducted an equity analysis to determine high-risk communities with the largest number of vulnerable populations who are at the highest risk of infections from COVID-19 (Source). Six sites (Danville, Portsmouth, Petersburg, Prince William County, Norfolk, and Nottoway) were initially selected. In April, additional CVCs opened in Hampton Roads (Virginia Beach Convention Center, Hampton Coliseum, and Newport News). CVCs are most appropriately viewed as additional vaccination sites designed to provide vaccine uptake and improved access to vulnerable communities, not as a replacement for existing sites.

The largest issue is that vaccinations of Black and Brown individuals while improving, remain inequitable, compared to whites. Black and Brown communities continue to disproportionately face the most negative health effects of COVID-19 and are under-vaccinated with respect to their proportions in the population (Source). A related issue is that not all vaccination sites appear to have Spanish speakers on hand as well as American Sign Language (ASL) interpreters (Source; Source).

As vaccinations become available to all Virginians over the age of 16, two key issues to consider from an equity lens are vaccine access and vaccine hesitancy. To address vaccine hesitancy, agencies can promote equity by deepening their understanding of why individuals choose not to get vaccinated, and more importantly, why those who were once among the vaccine hesitant have since chosen to get the COVID-19 vaccine. This will potentially provide additional strategies for reaching the vaccine hesitant.

In terms of vaccine equity, data reveal how issues of access negatively affect vaccination rates in Black and Brown communities (Source; Source). Understanding current language and access needs for all localities, ensuring appropriate language resources are available at vaccination sites, and engaging in sustained on-the-ground monitoring of implementation is important. Some best vaccination access practices include making the registration process as simple and accessible as possible, including door-to-door efforts, mobile vaccination efforts, and walk-up on-site registration (Source), collaborating with trusted community leaders, who can encourage other members of their community to get vaccinated (Source), providing education about vaccine and health equity issues, creating targeted outreach efforts to at-risk communities, such as establishing mobile vaccine clinics (Source), providing information in multiple languages (Source), and removing requirements to show ID or other forms of documentation upon registration or check-in during vaccination events (Source). Understanding and addressing vaccine hesitancy and vaccine access specifically within the Commonwealth of Virginia will be important to continue to promote and achieve vaccine equity.

In closing, as more local, state, and federal leaders prioritize racial and cultural equity with fiscal resources to advance vaccine equity and community engagement, increased collaboration among VDH, VDEM, the Health Equity Working Group, and the Office of Diversity, Equity, and Inclusion will be critical for establishing a sustainable diversity, equity, and inclusion infrastructure (in public health and emergency management) and the measurable benchmarks necessary to demonstrate progress over the short- and long-term of the COVID-19 recovery.

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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.