VDH Plan for Equitable Distribution of COVID-19 Vaccine

JUNE 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 (ELT). It provides an overview of vaccination equity in the Commonwealth of Virginia, including key equity accomplishments for the month of May 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 executive and administration actions at the federal and state levels is included. In addition, the report explores vaccine trends over time, vaccination access and hesitancy, and equity considerations for future vaccine distribution. Key findings include:

→ Targeted Community Efforts

- **VDH and VDEM are continuing to engage in promising practices to reduce inequities.** These promising practices include: Eliminating vaccination pre-registration requirements and increasing walk-up vaccination clinics (Source; Source); collaborating with trusted community leaders (Source); creating targeted outreach efforts to at-risk communities (Source; 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).

- **Virginia continues to operate some Community Vaccination Centers (CVC) and has launched mobile vaccination efforts in locations across the Commonwealth to reach vulnerable populations.** CVCs have been important places for communities to receive vaccines (Source; Source). Virginia will shortly move to disband CVCs and into operating more mobile vaccination sites. Starting in mid-May, the Virginia Department of Health began regularly announcing information about opening mobile sites (Source), especially in areas in which vaccine access is difficult, like rural and underserved locations (Source). Community clinics are also helping to vaccinate underserved populations (Source).

- **Adolescents ages 12 to 17 are being vaccinated.** In May, state-run community vaccinations centers began offering the two-dose Pfizer vaccine to adolescents (ages 12-15), and eight CVCs are offering walk-in appointments (Source). While data are still emerging, Virginia compares well with national trends when examining vaccinations for people ages 10-39. Virginia is well ahead of the current national average (Source; Source).

→ Trends Over Time

- **Vaccinations continued to increase, but the pace of vaccinations has slowed. More Virginians are getting vaccinated.** Over 8.18 million vaccine doses have been administered in Virginia, and over 9.2 million vaccines have been received (Source). As of May 31, 54.7% of Virginians have received at least one dose of a vaccine, up from 45% at the end of April (Source). This figure compares favorably with the 50.5% national vaccination rate (total population) receiving at least one dose (Source). Over 3.78 million Virginians have been fully vaccinated, which represents 44.3% of the population. On average, Virginia is administering approximately 38,500 vaccinations per day (Source). **Racial disparities persist; Black and Hispanic populations continue to receive**

vaccinations at far lower rates than whites in Virginia. As displayed in Table 1, whites constitute 50% of Virginia's COVID-19 cases, but have received 61% of vaccinations (Source). By comparison, Blacks constitute 21% of Virginia's cases, but have received 14% of vaccinations; Hispanics constitute 19% of Virginia's cases and have received 13% of vaccinations; Asians constitute 4% of Virginia's COVID-19 cases and have received 6% of vaccinations (Source). We see this disparity amplified in urban areas, such as the Richmond/Henrico health district where in May it was reported that Black residents accounted for more than 75% of the COVID-19 cases, 60% of hospitalizations and deaths, and only 25% of vaccinations, while Whites were 14% of cases, 65% or more of vaccinations, and death rates were also considerably lower (Source; Source).

Table 1: Race, COVID Vaccinations, Cases, and Deaths in Virginia, as of May 24, 2021

	% of Vaccinations	% of Cases	% of Deaths	% of Total Population
White	61%	50%	64%	61%
Black	14%	21%	25%	19%
Hispanic	13%	19%	7%	10%
Asian	6%	4%	4%	7%

Source: Kaiser Family Foundation

→ Vaccine Hesitancy

- **Vaccine hesitancy continues to decrease nationally and within the Commonwealth** (Source; Source). Hesitancy remains among many groups including: Black and Brown communities; those living in rural areas; parents; and adults under 35. Vaccination numbers have continued to increase, yet enthusiasm for getting vaccinated has slowed across racial and ethnic groups (Source). Adults living in rural areas were more likely to report receiving at least one dose of a vaccine (39%) compared to those living in urban (31%) and suburban areas (31%) (Source).

- **A majority of parents in Virginia are willing to have their children vaccinated**, according to the results of a statewide poll on vaccine hesitancy and return to school conducted by the Research Institute for Social Equity (RISE) at the L. Douglas Wilder School of Government and Public Affairs at Virginia Commonwealth University (VCU) (Source). In Virginia, vaccine hesitancy among adults under age 35 is lower than those of older age groups with 51% of those ages 18 to 34 saying that they were likely to get vaccinated (Source).

→ Vaccine Access

- **There are a number of factors that can contribute to lack of vaccination access across the Commonwealth.** These include: language barriers, immigration status, 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

- May: Throughout May, the Equity Leadership Taskforce (ELT) provided analysis for a data-driven approach to inform community engagement and placement of mobile vaccination clinics. Tools included street maps to identity points of interest (schools, grocery stores, places of worship, etc.) to plan outreach and over 30 tailored analyses to 20 local health districts in six VDEM regions. (Source: Communications with Deloitte Team).

- May: Elite/Educate Vaccinate, an ELT partner reported the following: Total event reach – 162,574; Collateral distributions – 136,754; Households reached – 74,454; Household engagement reach – 191,324; Total cumulative reach – 493,653; Total community partnerships – 241; Total touchpoints – 526; Cumulative partnerships and touchpoints – 767 (Source: Communications with Elite/Educate Vaccinate Team).

- May: To support mobile units, Greene Street Marketing, an ELT partner provided extensive marketing materials in both print and digital formats to promote vaccine equity, including: signage on public transportation; community toolkits; business collaborations; outreach plans for the homeless and those in long-term health care facilities, webinars and listening sessions; scannable QR codes; and campaigns for events honoring Asian Americans and Pacific Islanders, "It's Our Shot Virginia" statewide day of action campaign, seniors, LGBTQ communities, and the Muslim community. (Source: Communications with Greene Street team).

- May: Elite/Educate Vaccinate program reached the highest number of weekly activities (194) and cumulative partnerships and touchpoints in the month of May. Successfully expanded engagement teams and established Mobile Outreach and Vaccine Equity (MOVE) teams to support vaccination efforts (Source: Communications with Elite/Educate Vaccinate Team).

- May 3: The Food and Drug Administration (FDA) set to authorize Pfizer COVID-19 vaccine for adolescents by early next week (Source).

- May 3: Throughout this week and in coordination with HBCU COVID Awareness and Resilience Day, Greene Street produced collateral to support the effort; these materials were branded for individual HBCUs and featured the phrase "A Shot of Hope." Further, 103JAMZ (WOWI) in Hampton, Virginia aired a thirty-second radio advertisement for a Pre-Mother's Day Celebration event hosted by Elite Business Strategies. iHeartMedia ran the advertisement 23 times in a 24 hour period for 103JAMZ (WOWI). This advertisement had 95,000 impressions—20,000 more than the average. (Source: Communications with Greene Street team).

- May 4: The Virginia Department of Health (VDH) hosted a COVID-19 Vaccine Town Hall that was live broadcast and streamed online (Source).

- May 4: VDH launched an online tournament asking people to make predictions on the future COVID-19 pandemic and are offering a reward to people with the most accurate guesses (Source).

- May 5: 2,783,936 people in Virginia (32%) have been fully vaccinated (Source).

- May 5: Virginia begins shifting coronavirus vaccine supplies to primary care physicians (Source).

- May 5: Walk-in vaccinations for COVID-19 begin being offered at 342 CVS locations in Virginia (Source).

- May 5: Richmond City Health District opened a walk-up COVID-19 vaccination clinic (Source).

- May 5: Mount Rogers Health District opens vaccination clinics at Marion Senior High School and the Bristol public library (Source; Source).

- May 5: Chesterfield Health District provides walk-in vaccinations at clinic hosted at Virginia State University (Source).

- May 6: Governor Northam announced plans to lift COVID-19 mitigation measures on June 15 (Source; Source).

- May 6: 66% of Virginia Department of Corrections inmates have been fully vaccinated (Source).

- May 6: More than half of all Virginians over the age of 65 are fully vaccinated and approximately 80% have received at least one shot (Source).

- May 6: 63,000 16- and 17-year olds in Virginia have been vaccinated (Source).

- May 6: Three-quarters of Virginia's school personnel have received at least one dose and two-thirds are fully vaccinated (Source).

- May 6: Beginning the week of May 10 there will be mobile units distributing vaccines in underserved communities. They are expecting to administer 200 to 250 shots per day (Source).

- May 6: People can now text "GetVax" to find the vaccination location nearest them (Source).

- May 9: 34% of Virginians are fully vaccinated and over 3.9 million Virginians have received their first dose (Source).

- May 10: FDA approved the Pfizer COVID vaccine for use with children ages 12 to 15; CDC approval pending (Source; Source).

- May 12: Providers across the Commonwealth can begin vaccinating those ages 12-15 following federal approval today of the Pfizer-BioNTech COVID-19 vaccine for use in adolescents. (Source).

- May 12: Lord Fairfax Health District holds free COVID-19 testing clinic at Frederick Douglass Park in Winchester (Source).

- May 12: Piedmont Health District to opens mobile vaccination clinics in Farmville (Source).

- May 12: All public Richmond and Henrico Health Districts COVID-19 vaccination events accept walk-ups, no appointments needed (Source).

- May 12: McDonald's promotes vaccine information on coffee cups while Uber and Lyft to give free rides to vaccine sites (Source).

- May 13: Greene Street created and disseminated Ramadan and Eid Mubarak digital advertisements to encourage vaccinations, while reinforcing that getting vaccinated does not invalidate the fast. The Ramadan advertising campaign utilized geotargeting with more than 630,000 impressions. (Source: Communications with Greene Street Team).

- May 13-14: Rappahannock-Rapidan Health District has COVID-19 vaccination events in Culpepper (Source).

- May 14: In April, Greene Street and the ELT created the "It's Our Time, It's Our Shot, Virginia" campaign to be utilized in the private sector for paper bill inserts to reach communities who did not have consistent access to broadband internet. As part of this ELT initiative, in mid-May, Virginia Dominion Energy customers and customers of Danville Utilities began receiving vaccination information entitled, "It's Our Shot, Virginia" in the form of bill inserts and/or electronic text messages (Source: Communications with Greene Street and the Equity Leadership Task Force). Over two million residents were reached.

- May 14: State-run community vaccination centers (CVCs) to begin offering COVID-19 vaccine to adolescents (Source).

- May 14: CDC says fully vaccinated people largely do not need to wear a mask or social distance in most situations (Source).

- May 14: Executive Order 72 provides new guidance for fully vaccinated individuals to align with new CDC guidance – masks are no longer required for fully vaccinated people in most indoor settings. Governor Northam will ease capacity and social distancing restrictions on May 28 (Source; Source).

- May 14: The Equity Leadership Taskforce held a media preview day to publicly launch the two equity dashboards which demonstrate the Commonwealth's commitment to advancing equity across the state (Source; Source).

- May 17: The state-supported mobile vaccination units began this week in south central Virginia with additional units having begun in southwest VA and in southeastern VA. (Source: Communications with VDEM team).

- May 17: Radio advertisements geared toward rural populations in Southwest Virginia began airing in Nottaway, Prince Edward, and Cumberland the week of May 17 (Source: Communications with Greene Street Team).

- May 17: The Research Institute for Social Equity (RISE) at the L. Douglas Wilder School of Government and Public Affairs at Virginia Commonwealth University (VCU) released the results of the VDEM COVID-19 vaccine hesitancy and return to school poll indicating majority of Virginia parents are willing to have their children vaccinated (Source).

- May 18: New River Health District holds final large COVID-19 vaccination clinic at Virginia Tech's Lane Stadium (Source).

- May 18: Virginia Commonwealth University launches a new vaccination campaign, "This Shot Matters," to encourage people to get vaccinated (Source).

- May 18: Virginia launches nation's first statewide equity dashboards: Equity-in-Action and Equity-at-a-Glance (Source; Source). These first-in-the-nation dashboards are devoted to measuring inequity across the major social determinants of health outlined in HJR 537 that declares racism a public health crisis, which is unprecedented nationally. Through these dashboards, Virginia's leadership will serve as a guidepost for leaders in public and private sectors to close equity gaps to improve access to general and COVID resources (Source).

- May 18: "It's Our Shot Virginia," a statewide day of action, serves as an interactive call to action intended to galvanize residents, elected local, state, and federal leaders, faith leaders and faith communities, grassroots stakeholders, and stakeholder organizations in support of the Commonwealth's vaccination efforts (Source). Greene Street provided campaign and multimedia marketing support, Elite canvassers provided on-the-ground outreach, and Vance-Siddall Communications encouraged Virginia residents to serve as vaccine ambassadors with a media hub of resources (Source: Vance-Siddall Communications)

- May 18: Greene Street Communications successfully fulfilled the terms of its contract, including its budget, with VDH. Moving forward, VDH reassigned communications to two of its other vendors: Vance-Siddall Communications and Identika. VDH is currently working with Greene Street to develop another short-term contract focused on communications with vulnerable populations. VDH is also working on releasing a request for proposals for an equity focused communications contractor to support communications in the next phase of the COVID-response and recovery process. (Source: Communications with VDH leadership).

- May 19: Norfolk Tides baseball team host COVID-19 vaccination clinic during first home opening game (Source).

- May 20: University of Virginia announces that students who live, learn, or work at the university during the 2021-22 academic year must be fully vaccinated (Source).

- May 21: Several key milestones: Virginia reports under 500 new COVID cases per day, nearly 50% of Virginians have at least one vaccine dose (Source).

- May 25: Moderna announces that its vaccine is safe and effective for children ages 12 to 17 (Source).

- May 25: Southside Health District, in coordination with the Virginia Department of Emergency Management (VDEM) and other supporting partners, begin offering free COVID-19 vaccines in a series of smaller and more local clinics, primarily in rural and underserved areas where vaccine access can be challenging (Source).

- May 25: Virginia Community College System students, faculty, and staff will not be required to be vaccinated to be on campus this fall (Source).

- May 25: Virginia health officials are rolling out mobile COVID-19 vaccination clinics throughout the western side of Hampton Roads (Source).

- May 25: Half of U.S. adults are now fully vaccinated (Source).

- May 26: VDH hosts a public COVID-19 vaccination clinic with Diversity Richmond (Source).

- May 26: Central Virginia Health District announces updated schedules and locations for an ongoing series of mobile vaccination clinics (Source).

- May 26: To promote vaccine awareness, especially among African Americans ages 21-40, the Peninsula Educate and Vaccinate team organized and help a concert featuring Myra Smith at the Paradise Ocean Club at Fort Monroe in Hampton (Source).

- May 27: Final week for free COVID-19 testing in Prince William Health District (Source).

- May 28: The lifting of all COVID restrictions of distancing and capacity restrictions took effect (Source).

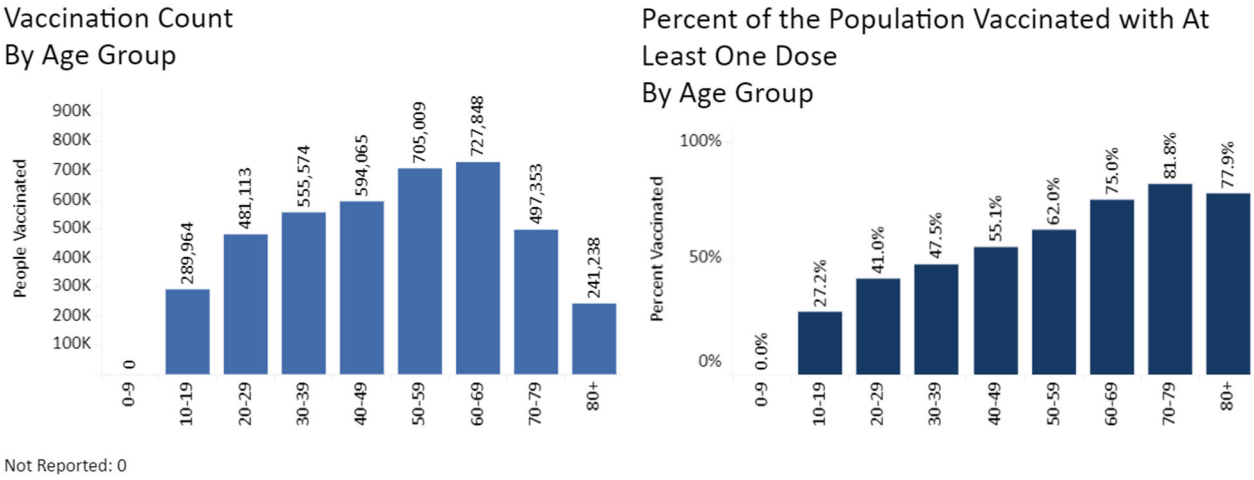
- May 28: On May 3, the Office of Health Equity at VDH submitted a work plan and grant proposal for 27 million in funding for vaccine equity initiatives from the Centers for Disease Control (CDC). The project is entitled, *National Initiative to Address COVID-19 Health Disparities Among Populations at High-Risk and Underserved, Including Racial and Ethnic Minority Populations and Rural Communities* CDC-RFA-OT21-2103. The notice of successful award was made May 28, 2021 to the Office of Health Equity.

- May 31: Over 8.18 million vaccine doses have been administered in Virginia and 54.7% of the population have received at least one vaccine dose (Source). Virginia is well-poised to meet the “70% with at least one dose” goal by July 4, 2021 given by the Biden-Harris administration.

2. Vaccination Equity in Virginia

At the end of May, over 8.18 million vaccine doses have been administered in Virginia, and over 9.2 million vaccines have been received (Source). At present, 54.7% of Virginians have received at least one dose of a vaccine, up from 45% at the end of April (Source). This figure compares favorably with the 50.5% national vaccination rate (total population) receiving at least one dose (Source). Over 3.78 million Virginians have been fully vaccinated, which represents 44.3% of the population. On average, Virginia is administering approximately 38,500 vaccinations per day (Source). At the end of May, Virginia ranked 12th in the country for the percentage of distributed vaccines that have been administered (up from 13th in April), and 85.43% of vaccines received have been administered (Source).

Figure 1: Vaccinations by Age (One dose)



Source

Over 60 Vaccinations

Those ages 60+ represent roughly 35.9% (1.46 million) of the number of people who have received at least one dose (4.67 million). This percentage is lower than April's number of 48.4% due to more people outside of the 60+ age range receiving vaccines. The percentage of people with at least one dose of the reported ages are: Those age 60-69 make up 17.8% (727,848); those age 70-79 comprise 12.2% (497,343); and those age 80-89 account for 5.9% (241,238) (Source).

Under 40 Vaccinations

The Centers for Disease Control and Prevention (CDC) now recommends that the Pfizer COVID-19 vaccine can be given to those ages 12 and older (Source), and Moderna recently announced that its vaccine is safe and effective for children ages 12 to 17 (Source). As of May 12, Virginia began vaccinating those ages 12 and above (Source). As per Virginia's COVID-19 vaccine data, the percentage of people with at least one dose of the reported ages are: those ages 10-19 account for 7.1% (289,964) of vaccination counts; 20-20 account for 11.8% (481,113); and 30-39 account for 13.6% (555,574). These numbers represent roughly 32.5% (1.32 million) of the people in Virginia who received at least one dose.

Race and Ethnicity

The percent of vaccinations has remained the same for Blacks between April and May (~14%). However, Black and Hispanic populations continue to receive vaccinations at far lower rates than whites in Virginia. As Table 1 depicts, while whites constitute 50% of Virginia's COVID-19 cases, they have received 61% of vaccinations (Source). By comparison, Blacks constitute 21% of cases and have received 14% of vaccinations; Hispanics constitute 19% of cases and have received 13% of vaccinations; Asians constitute 4% of cases and have received 6% of vaccinations (Source). As Figure 2 displays, white Virginians continue to be disproportionately vaccinated with respect to Black and Latino populations in particular.

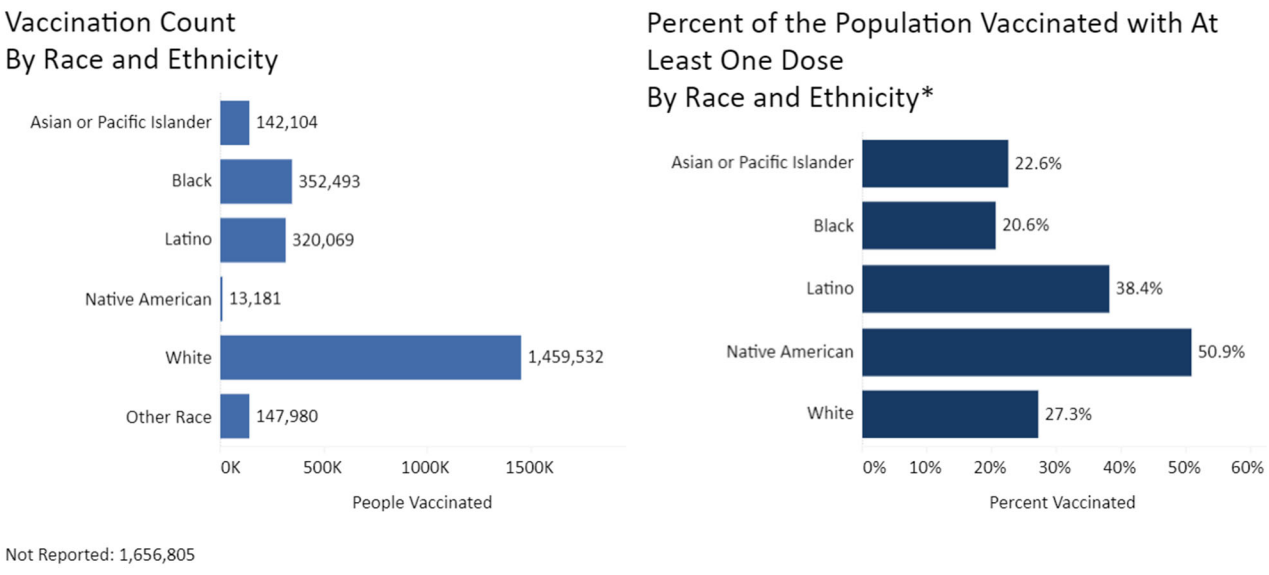
However, some improvements are evident. In late April, Hispanics accounted for 20% of COVID cases and 11% of vaccinations; in late May, Hispanics accounted for 19% of cases and 13% of vaccinations. Thus, for Hispanics, cases are slightly down, and vaccinations are slightly up. For Asians, there have been no reported changes from late April to late May for the percentage of cases, but vaccinations are up by roughly 1%.

Table 1: Race, COVID Cases and Deaths, and Vaccinations in Virginia, as of May 24, 2021

	% of Vaccinations	% of Cases	% of Deaths	% of Total Population
White	61%	50%	64%	61%
Black	14%	21%	25%	19%
Hispanic	13%	19%	7%	10%
Asian	6%	4%	4%	7%

Source: Kaiser Family Foundation

Figure 2: Vaccinations by Race (One Dose)



Not Reported: 1,656,805

Source

Community Vaccination Centers

Community Vaccination Centers (CVC) continue to be open across the Commonwealth. The Virginia Department of Emergency Management (VDEM) and the Virginia Department of Health (VDH) opened CVCs earlier this year to administer COVID-19 vaccinations on a larger scale while also targeting high-risk communities to improve equitable access and distribution (Source). Several 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). In May, state-run community vaccinations centers began offering the two-dose Pfizer vaccine to adolescents (ages 12-15), and eight CVCs are offering walk-in appointments (Source). Vaccinations for this age group started on Friday, May 14, although numerous families that arrived before Friday were turned away, leading to extensive media coverage (Source). CVCs have been important places for communities to receive vaccines (Source; Source).

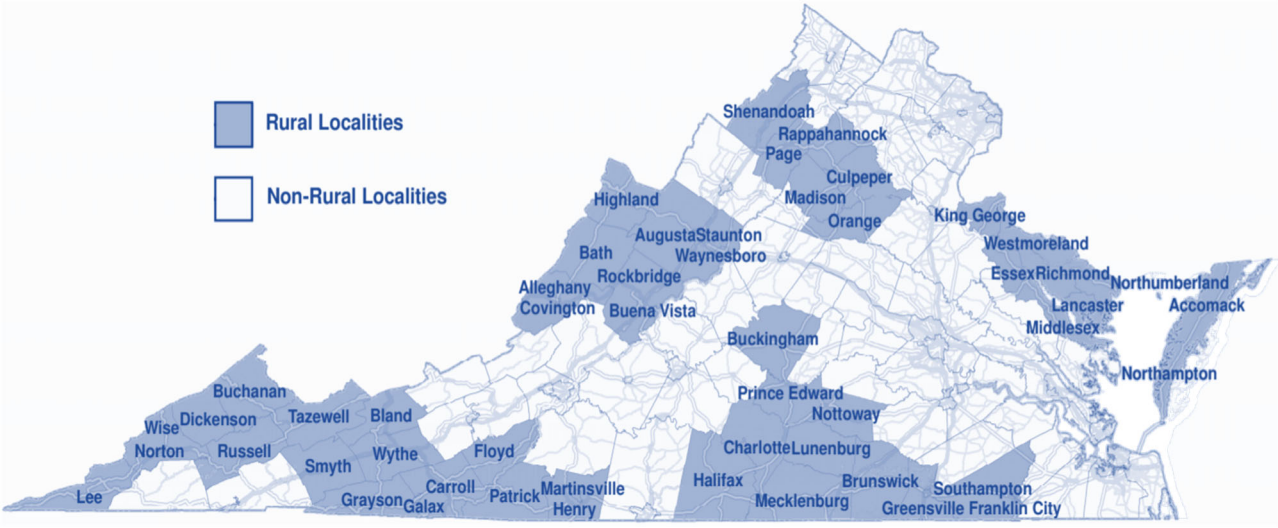
Mobile Vaccination Units

Virginia will shortly move to disband CVCs and into operating more mobile vaccination sites. Starting in mid-May, the Virginia Department of Health began regularly announcing information about opening mobile sites (Source), especially in areas in which vaccine access is difficult, like rural and underserved locations (Source).

Rural Areas

Figure 3 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). In Virginia, it is clear that "[a] lack of access to COVID-19 vaccines and accurate information is hindering residents of rural areas," making it critical for local health districts to address such disparities (Source).

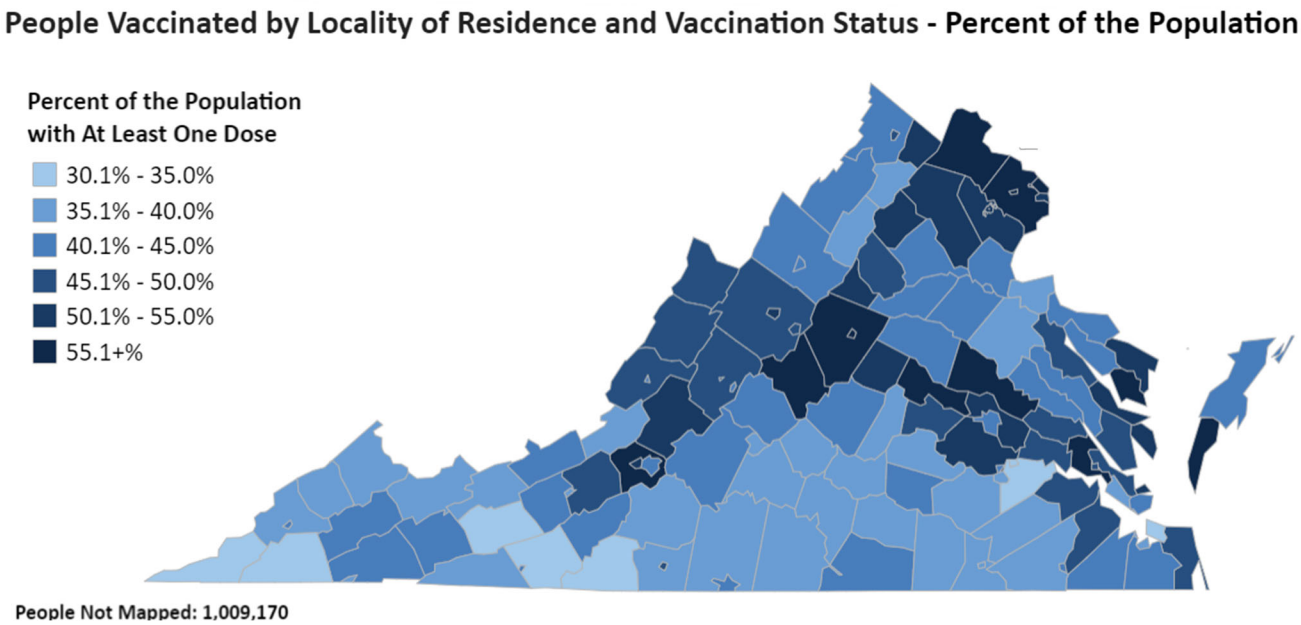
Figure 3: Rural and Non-Rural Areas in Virginia



Source

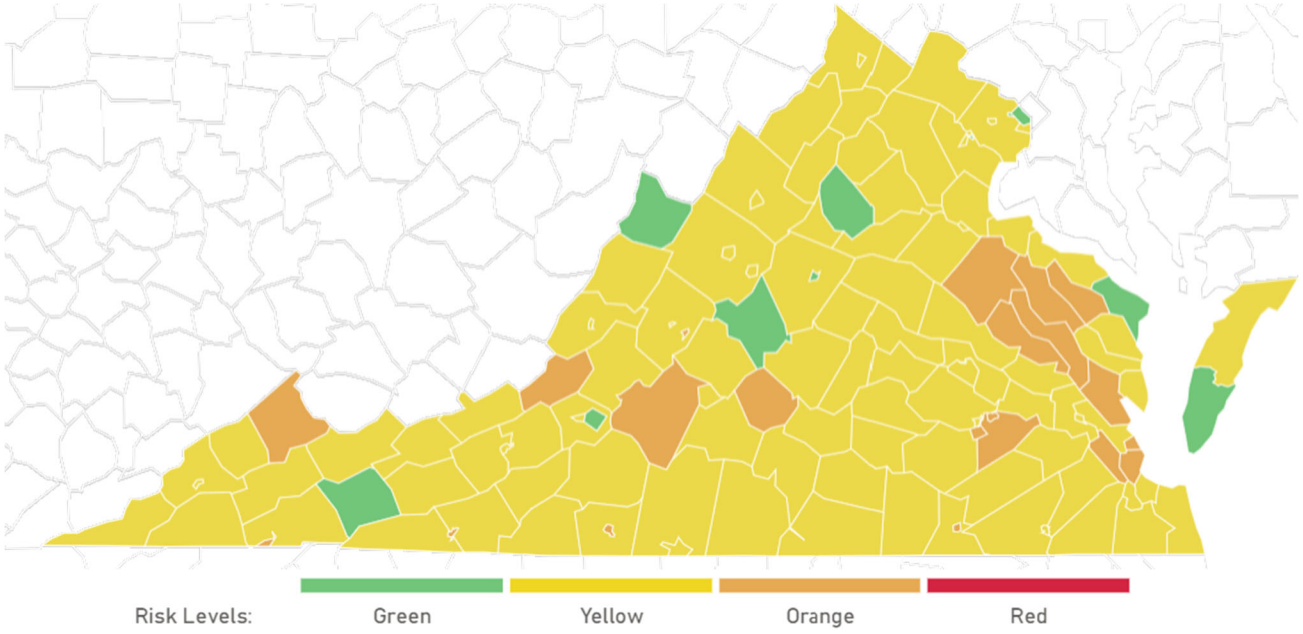
In May, the elevated risk for rural areas has shown marked improvements, and vaccinations in rural areas are increasing (Source; Source). Still, some rural areas continue to experience equity issues in terms of access to vaccines (Figure 4), although risk levels for rural areas in Virginia are declining (Figure 5). Vaccination hesitancy in rural areas is also a factor for lower vaccination rates (Source).

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



Source

Figure 5: COVID-19 Risk Levels by Local Level



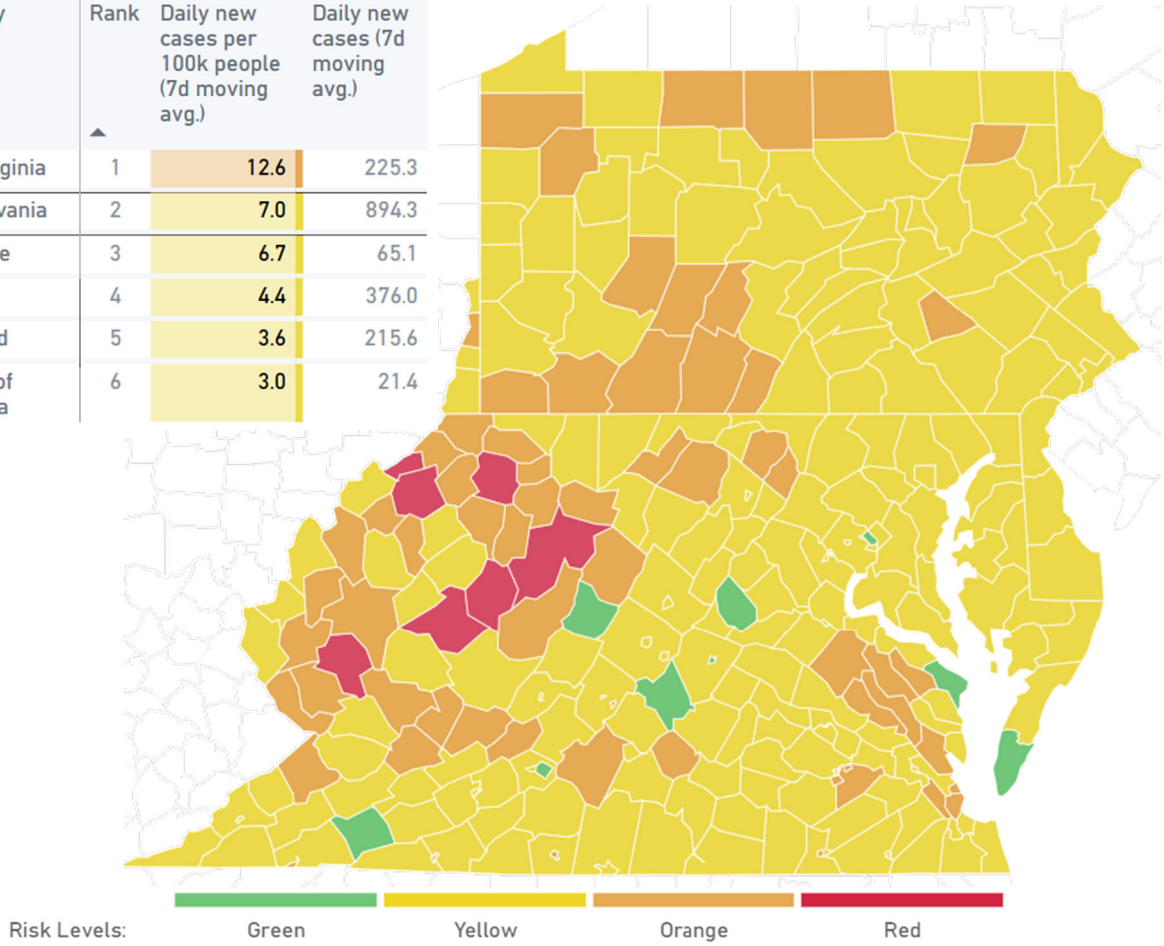
Source

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. Virginia is currently ranked third in the region in terms of COVID-19 vaccine doses administered per 100 people (Source). Regarding risk level (Figure 6), Virginia has 376 daily new cases (seven day rolling average) in the region, at 7 new cases per 100,000 people. This places Virginia fourth out of sixth in terms of risk.

Figure 6: 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.)
West Virginia	1	12.6	225.3
Pennsylvania	2	7.0	894.3
Delaware	3	6.7	65.1
Virginia	4	4.4	376.0
Maryland	5	3.6	215.6
District of Columbia	6	3.0	21.4

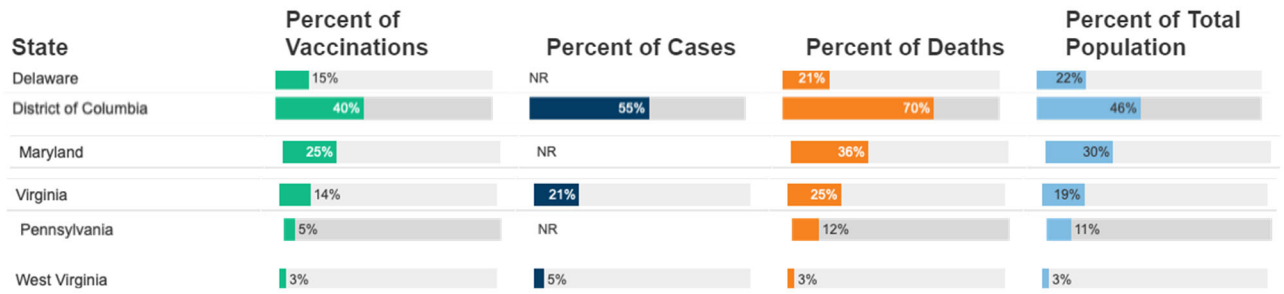


Source

FEMA Region 3 and Race/Ethnicity

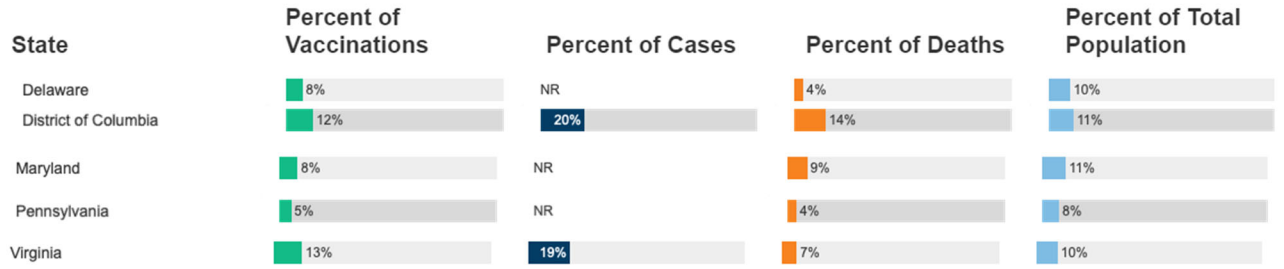
All areas in FEMA Region 3 continue to show clear racial disparities in percentages of vaccines administered to populations versus those in the population. Overall, whites have received a disproportionately higher share of vaccinations than Blacks, Hispanics, and Asians. Still, some improvements are evident in that some gaps between percentage of cases and percentages of vaccinations are narrowing slightly. For instance, in late April, Hispanics received 11% of vaccinations, and in late May, they received 13%. Comparative state vaccination rates by race and ethnicity is challenging because of reporting inconsistency (Source). Data are current as of May 24, 2021.

Figure 7: Black People as a Share of COVID-19 Trends, FEMA Region 3



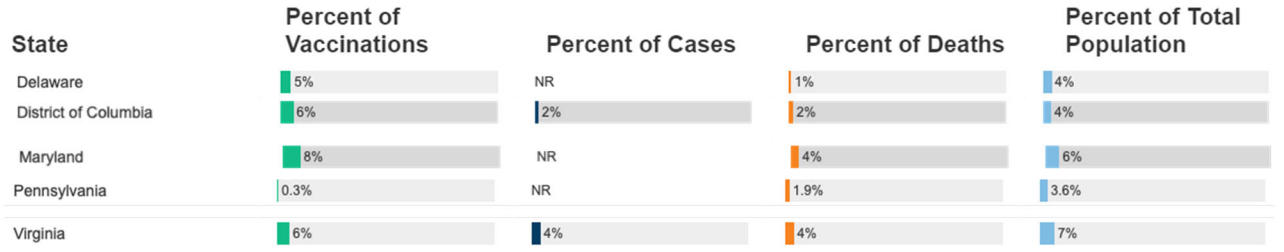
Source

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



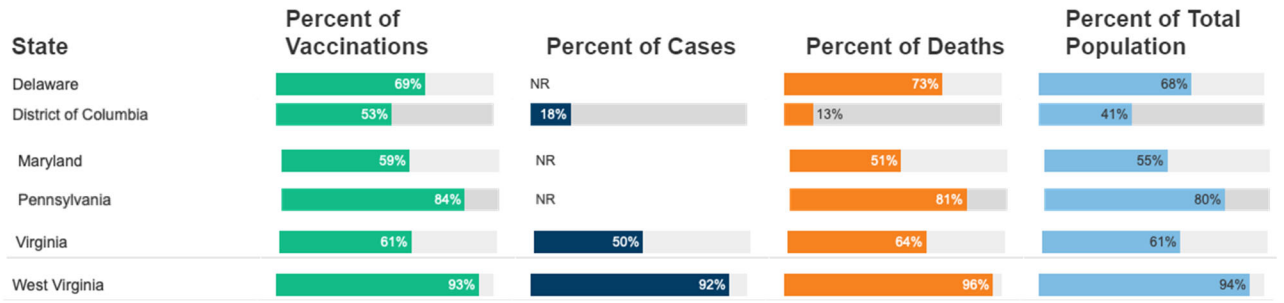
*Data unavailable for West Virginia; Source

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



*Data unavailable for West Virginia; Source

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



Source

FEMA Region 3 and Over 60 Vaccinations

As shown in Table 2, across FEMA Region 3, there are noted improvements in the percentage of those age 65+ receiving at least one vaccine dose. Those age 65+ with at least one vaccine dose are near or over 75% of that given population. 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 2: Comparison of Population and Vaccination Demographics, 65+, FEMA Region 3

	Virginia[1]	Delaware	District of Columbia	Maryland[1]	Pennsylvania	West Virginia
% of population 65+ with at least one dose	88%	90%	82%	87%	96%	74%
% 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, CDC, and data portals for FEMA Region 3, and HealthData.gov state profiles.

FEMA Region 3 and Under 40 Vaccinations

The Centers for Disease Control and Prevention now recommends that the Pfizer COVID-19 vaccine can be given to those ages 12 and older (Source). Comparisons of vaccinations by age using publicly reported state- and national-level data is complicated by states and the federal government often reporting age ranges differently. However, while data are still emerging, Virginia compares well with national trends when examining vaccinations for people ages 10-39 as percentages of the population. In every category, Virginia is well ahead of the current national average.

Table 3: Virginia-U.S. Vaccination Comparisons, Ages 10-39

Virginia (at least one dose)	Ages 10-19	Ages 20-29	Ages 30-39
	27%	41%	47%

United States (at least one dose)	Ages 12-15	Ages 16-17	Ages 18-24	Ages 25-39
	1.8%	1.8%	7.7%	19.7%

Sources: CDC estimates, VDH COVID-19 Vaccine Data Portal, and USAFacts.

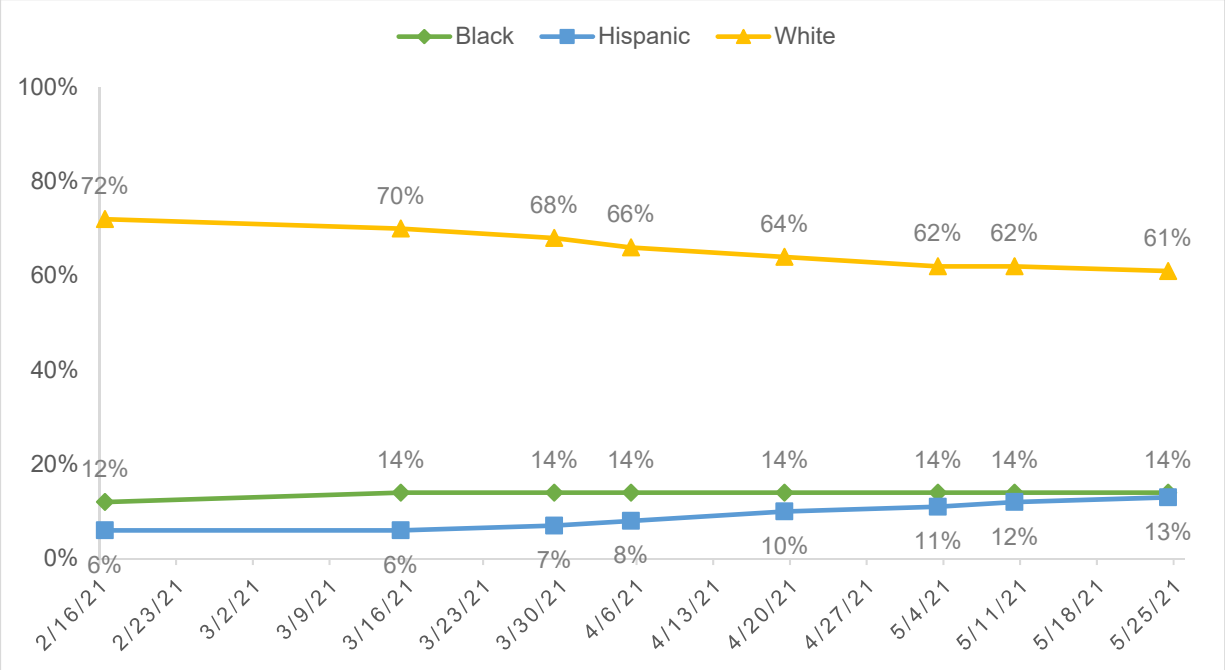
4. Trends Over Time

As the push to get "shots in arms" continues in Virginia and across the U.S., progress is being made as more people become eligible to get vaccinated and become more willing to get vaccinated. However, disparities remain. This section examines progress and disparities further, and covers topics including: racial groups as a share of total vaccinations in Virginia; the 7-day average in Virginia; and, mental health trends.

Racial Groups as a Share of Total Vaccinations

In Virginia, the percentage of whites as a share of total vaccinations has decreased over time, while the percentage of Hispanics has increased and the percentage of Blacks has remained relatively stable (Source). However, Blacks and Hispanics still represent a much smaller share of total vaccinations than whites.

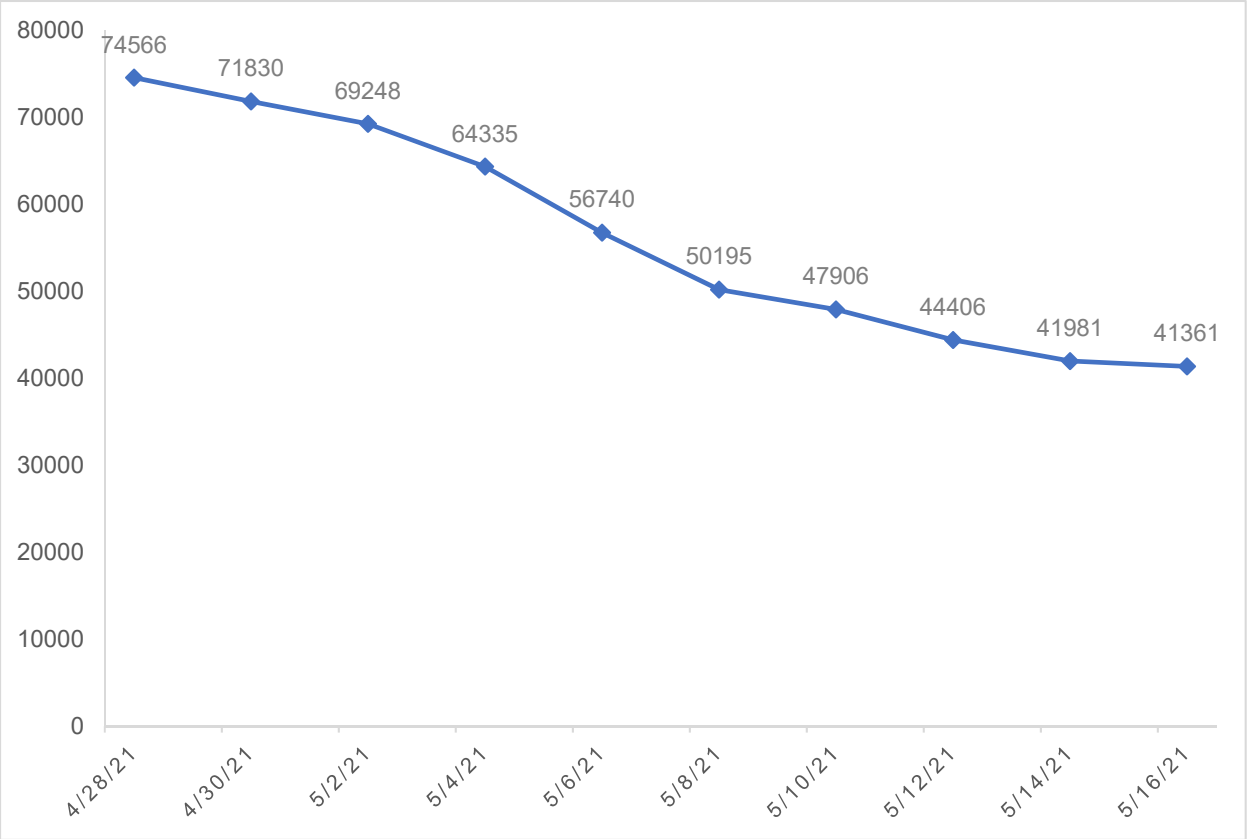
Figure 11: Share of Total Vaccinations in Virginia



Doses Administered

While there is still demand for the vaccine, this demand is decreasing in Virginia and across the U.S. (Source). In Virginia, the 7-day doses administered average has declined from 74,566 on April 28 to 37,321 on May 26 (Source).

Figure 12: 7-day Doses Administered Average in Virginia



Mental Health

Mental health has also been negatively impacted by the pandemic. At the beginning of the pandemic (March 2020), 32% said that stress or worry related to the pandemic had a negative impact on their mental health. This increased to 53% by June 2020, and decreased to 47% as of March 2021 (Source). This number may continue to decrease as the situation improves.

Virginia fares slightly better when compared to nearby states and to the U.S. as a whole regarding reports of negative mental health impacts among adults (Source):

- Virginia: 31%
- Delaware: 37%
- Maryland: 37%
- Pennsylvania: 37%
- North Carolina: 34%
- United States overall: 38%

5. Vaccine Access[1]

In addition to vaccination hesitancy, there are a number of factors contributing to vaccination access across the commonwealth including, language barriers and immigration status, 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). As noted earlier, in Virginia, it is clear that "[a] lack of access to COVID-19 vaccines and accurate information is hindering residents of rural areas," making it critical for local health districts to address such disparities (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).

Immigration Status

In Virginia, approximately one in eight residents (13%) is an immigrant (Source). Noncitizen immigrants may experience a number of possible access-related barriers to vaccinations. Noncitizen immigrants are more likely to be uninsured and have decreased access to routine health care (Source). They may not know the COVID-19 vaccine is available at no cost (Source). Noncitizen immigrants may have increased fears about possible vaccine side effects and may have concerns about immigration related consequences to obtaining the vaccine (Source; 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

[1] Section 5 includes information from the May 2021 report.

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.

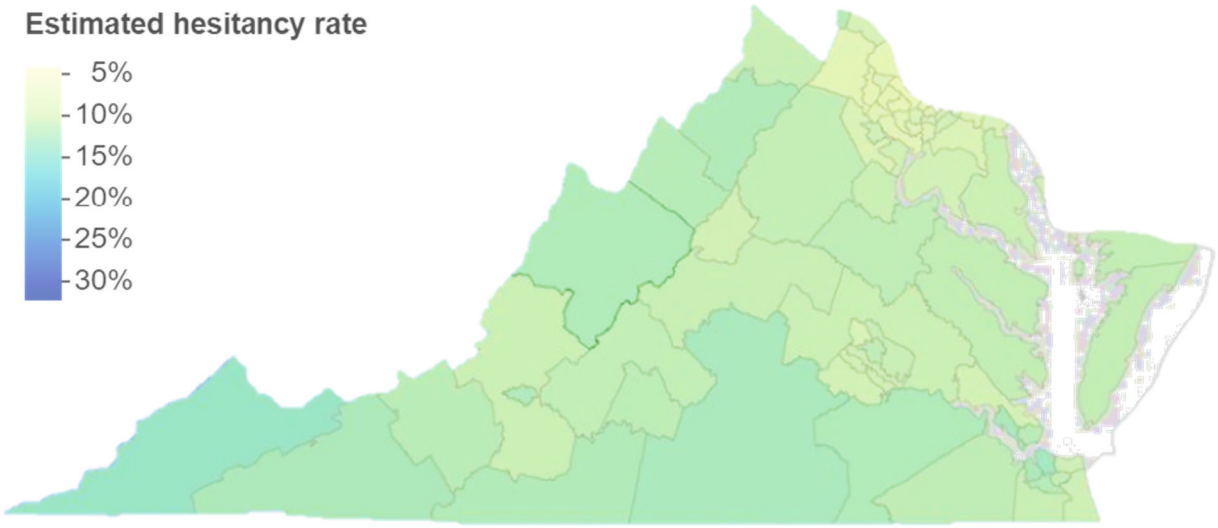
Homeless

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 impacted 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).

6. Vaccine Hesitancy

Figure 7 displays estimated vaccination hesitancy by county in Virginia, where the estimated hesitancy rate is relatively low across the commonwealth.

Figure 7: Vaccinations Hesitancy by County



Source

Vaccine hesitancy continues to decrease nationally (Source) and within the Commonwealth (Source), yet hesitancy remains among many groups. These groups include:

- Black and Brown communities
- Those living in rural areas
- Parents
- Adults under 35

The following sections explore each of these groups further and provides group-specific vaccine hesitancy data.

Hesitancy in Black and Brown Communities

Vaccination numbers have continued to increase, yet enthusiasm for getting vaccinated has slowed across racial and ethnic groups (Source). The percent of Black adults in the United States who received at least one dose of the vaccine or who planned to do so rose by 12 percentage points from January to February 2021 (35% to 47%) and by eight percentage points from February to March (47% to 55%). This figure increased by four percentage points (up to 59%) by the end of April. Similarly, the share of Hispanic adults who said they had received at least one dose of the vaccine or planned to do so rose by only three percentage points between March and April (61% to 64%), compared to increases of 10% and 9% in previous months (Source).

Potential reasons for these changes include:

- Concerns over blood clots linked to the Johnson and Johnson vaccine,
- A lack of information about the vaccine,
- Logistical barriers to getting vaccinated, and
- Questions about eligibility (Source).

Other potential reasons that are unique to the Hispanic community include:

- Requests for documentation, especially among those living in immigrant families,
- Uncertainty about vaccination eligibility,
- Being unaware that vaccines are free, and
- Not being able to communicate in Spanish when registering and/or vaccinating (Source).

In addition to addressing the barriers described above, employers can also help decrease vaccine hesitancy. As unvaccinated Black and Hispanic adults are more likely than white adults to have concerns about missing work to receive or to recover from the vaccine (Source), employers could provide paid time off for employees to get vaccinated and to recover from any side effects. In addition, employers could also consider offering cash incentives to get vaccinates and/or to arrange for a medical provider to come to their place of work to administer the vaccine (Source).

Hesitancy in Rural Areas

Adults living in rural areas were more likely to report receiving at least one dose of a vaccine (39%) compared to those living in urban (31%) and suburban areas (31%) (Source). However, rural areas also had the lowest percentage of unvaccinated adults who said that they would get vaccinated as

soon as possible (16%). In comparison, 35% of unvaccinated adults in urban areas and 28% of unvaccinated adults in suburban areas said that they would get vaccinated as soon as possible (Source). This difference in plans to get vaccinated could eventually lead to rural areas falling behind in the percentage of adults reporting at least one dose of a vaccine.

In some cases, and especially among racial and ethnic minorities, rural adults may not be getting vaccinated due to a lack of resources rather than vaccine hesitancy. For example, while 69% of white rural residents agreed that their community had enough vaccination locations to serve local residents, only 53% of Black rural residents agreed. When asked if their community had enough COVID-19 vaccinations to serve local residents, 59% of white residents agreed while only 47% of Black residents agreed (Source).

Hesitancy Among Parents

A majority of parents in Virginia and nationwide are willing to have their children vaccinated. In Virginia, 66% of parents with children ages 12 to 17 reported they are likely to vaccinate their children, and 63% of parents with children ages 11 and under say that they are likely to vaccinate their children (Source; Source). Nationwide, 29% of parents with children ages 12 to 15 reported they would get their child vaccinated as soon as possible, and 32% said they would wait awhile to see how things were going. Additionally, 15% said that they would get their child vaccinated if required by school, and 19% were not willing to get their child vaccinated (Source).

Nationwide, Hispanic parents were the most likely to say that they would get their child vaccinated right away (31%), compared to 30% of white parents and 25% of Black parents (Source).

While parent race and ethnicity did not have a significant impact on the willingness of parents in Virginia to vaccinate their children, parent vaccine hesitancy had a significant impact. Over 90% of parents who said that they were unlikely to get themselves vaccinated were also unlikely to have their children vaccinated (Source). The same held true for parents nationwide, with parents' intentions to vaccinate (or not vaccinate) their children largely lining up with their own vaccination intentions (Source).

Vaccine Hesitancy Among Adults Under 35

In Virginia, vaccine hesitancy among adults under age 35 is lower than those of older age groups with 51% of those ages 18 to 34 saying that they were likely to get vaccinated. In comparison, 23% of those age 35 to 44 were likely, 32% of those age 45 to 64 were likely, and 41% of those 65 and older were likely (Source).

7. Data Gaps Impacting Equity

The VDH Dashboard displays vaccination counts on three demographic groups, by age, by race and ethnicity, and by sex. Concerning age data, no data are currently listed as "not reported" (Source).

Concerning race and ethnicity data, 1,656,805 out of 4,673,122 vaccinations (at least one dose) do not report race data, or 35.4% missing data, making Virginia the highest per-state percentage of

vaccinations with no race data available (Source; Source). Missing race data alone are close to being more than the combined total number of vaccinations administered in the Washington, D.C. and West Virginia (Source; Source). VDH has taken steps to impute missing race and ethnicity data in COVID-19 cases (Source), but predicting race by "surname and neighborhood demographics" is fraught with racial inequity and bias commensurate with unethical uses of technology, data, and artificial intelligence (Source). Thus, other more equitable strategies to address missing data in vaccination reporting are needed (Source; Source).

Concerning gender, 12,152 out of 4,576,622 vaccinations (at least one dose) do not report data on sex, or 0.26% missing data. Further, the categories for sex are limited to male and female and no data on gender identity or sexual orientation is being collected which is a concern for the LGBTQ community (Source). LGBTQ people of color were twice as likely to contract the virus than white cisgender people (Source). Because of the historical discrimination and medical mistreatment of LGBTQ people, there is vaccine hesitancy among this group and more outreach efforts may be needed to ensure vaccine uptake (Source; Source).

Reporting Age Ranges

The Pfizer vaccine is now approved for those ages 12+ (Source), and Moderna has announced that its vaccine is safe and effective for children ages 12 to 17 (Source). At present, Virginia's publicly reported age breakdown as follows: 10-19; 20-29; 30-39; 40-49; 50-59; 60-69; 70-79; 80+) (Source). As more vaccinations take place, it will be critical to continually examine the efficacy of vaccinations for adolescents.

8. Policy and Administrative Updates

Legislative Updates
• Virginia General Assembly is not currently in session (Source).
Executive Updates
• Governor Northam updated Executive Order 72 (effective May 15) to further ease restrictions on the Commonwealth. Indoor gatherings are limited to 100 people, and outdoor gatherings are limited to 250 people. Indoor entertainment venues may hold 50% capacity or 1,000 people, whichever is fewer (Source). Executive Order 72 also lifts the mask mandate for those who have been vaccinated, while those who have not been vaccinated should wear a mask, instead of must wear a mask. • On May 14, Governor Northam issued Executive Order 79 to replace Executive Order 72. ending certain public health restrictions due to COVID-19 (Source). The Virginia Department of Health was given authority to enforce this order. • On May 28, 2021, as per Executive Order 79, the Governor lifted all COVID-19 distancing and capacity restrictions (Source).

Agency Updates
• The Centers for Disease Control and Prevention (CDC) recommend children ages 12 and older receive the Pfizer vaccine (Source). Under Phase 2 the VDH began vaccinating those ages 12 and older (Source; Source) and provided continued guidance on mask wearing that aligns with the CDC's guidance (Source). • The CDC updated their advice for fully vaccinated people as of May 13, 2021 to reflect that fully vaccinated people can resume activities without wearing masks or physically distancing, except where required by federal, state, local, tribal, or territorial laws, rules and regulations, including local business and workplace guidance (Source).
Court Updates
• The Supreme Court of Virginia declaration of judicial emergency in response to the COVID-19 pandemic expired May 30, 2021 (Source).

9. On the Horizon

In Virginia, the primary vaccination equity efforts during the month of May 2021 were the continued operations of community vaccination centers (CVCs), the kick-off of mobile vaccinations units across the commonwealth, and the continuation of a comprehensive "on-the-ground" community engagement strategies. Though more Virginians have received vaccinations, the pace of vaccinations has slowed. In addition, racial equity vaccination gaps remain largely unchanged from the May report.

Virginia will shortly move to disband CVCs and into operating more mobile vaccination sites. Starting in mid-May, the Virginia Department of Health began regularly announcing information about opening mobile sites (Source), especially in areas in which vaccine access is difficult, like rural and underserved locations (Source). As the state continues to disband large-scale community vaccination centers across the commonwealth, increased mobile vaccination units will plan a significant part in reducing vaccination inequity.

The Centers for Disease Control and Prevention (CDC) now recommends that the Pfizer COVID-19 vaccine can be given to those ages 12 and older (Source), and Moderna recently announced that its vaccine is safe and effective for children ages 12 to 17 (Source). As of May 12, Virginia began vaccinating those ages 12 and above (Source). As the summer progresses, and return to in-person schooling approaches, vaccinations for both adolescents ages 12-17 will be especially important.

Lastly, the federal government has provided substantial funding for the Commonwealth of Virginia and VDH to build equity, remove barriers, and build sustainability. It will be critical that leaders, policy makers, and decision makers equitably and responsibly leverage these funds to increase vaccine equity and remedy the systems that caused the disproportionate impact of COVID-19 on underserved and under-resourced communities.

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.