VDH Plan for Equitable Distribution of COVID-19 Vaccine

JULY 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 June 2021.

This report 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. This report explores vaccine trends over time, vaccination hesitancy, and equity considerations for future vaccine distribution. An overview of recent legislative, executive, and administration actions is also included. 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 ID requirements at registration and check-in during vaccination events (Source).

- **Virginia continues to operate mobile vaccination efforts in locations across the Commonwealth to reach vulnerable populations.** 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; Source).

→ Trends Over Time

- **Vaccination numbers continued to increase, but the pace of vaccinations has slowed. More Virginians are getting vaccinated.** Over 9 million COVID-19 vaccine doses have been administered in Virginia (Source). At present, 58.9% of Virginians have received at least one dose of a vaccine, up from 54.7% at the end of April (Source). Over 4.3 million Virginians have been fully vaccinated, which represents 50.7% of the population.

- **The State of Emergency brought on by the COVID-19 pandemic expired on June 30th in Virginia.** This ended the last remaining public-health restrictions across the Commonwealth including, mandatory mask requirements for unvaccinated individuals and social distancing (Source). Despite the state reaching the goal of 70% of adults having received one vaccine dose, many local vaccination rates are well below what public health experts consider safe for population health (Source: Source; Source).

- **Decrease in life expectancy in the US due to the COVID-19 pandemic, greatest loss in Hispanic/Latino and non-Hispanic Black populations.** A new VCU study was released on the effects of the COVID-19 pandemic on life expectancy of showing the life expectancy loss of ~2 years for the average US adult, but the greatest loss was in the Black and Hispanic/Latino populations (Source; Source).

- **Vaccines have made significant and positive differences in the COVID-19 pandemic** in that they are safe, effective, and overwhelmingly successful at reducing risk of severe illness (Source). Moreover, both cases and deaths have been flattening out because of vaccines (Source). The CDC now indicates that every COVID-19 death is largely preventable, and nearly all COVID-19 deaths now are in people who were not vaccinated (Source; Source).

- **Racial disparities persist: Black and Hispanic/Latino populations continue to receive vaccinations at far lower rates than Whites in Virginia.** Whites have the highest overall numbers and percentages of cases and deaths. Still, disparities are evident. While Whites represent 61% of the population, they represent 50% of cases and 64% of deaths. However, Blacks represent 19% of the population yet 21% of cases and 25% of deaths. When comparing the percentages in the population, Blacks still disproportionately contract COVID-19 and die from it. Similarly, Hispanics/Latinos represent 10% of the population and 19% of cases, yet 7% of deaths.

Table 1: Race, COVID Cases and Deaths, and Vaccinations in Virginia, as of 6/28/21

	% of Vaccinations	% of Cases	% of Deaths	% of Total Population
White	58%	50%	64%	61%
Black	15%	21%	25%	19%
Hispanic	14%	19%	7%	10%
Asian	6%	4%	4%	7%

Source: Kaiser Family Foundation

- **Looking ahead, the actual vaccination rates of most racial/ethnic groups (Black, Hispanic/Latino, and White) are expected to fall behind July 4 projections.** Only the vaccination rate for Asians is expected to meet the target. If this trend continues, chances increase that Black and Hispanic/Latino communities will remain at increased risk for contracting and dying from COVID-19 (Source).

- **Virginia received additional CDC funding to help tackle health disparities.** The CDC awarded $30.6 million to Virginia to address health inequities created and exacerbated in high-risk and underserved communities by the COVID-19 pandemic (Source).

→ Vaccine Hesitancy

- **Virginia reports a higher unvaccinated rate of Blacks and Hispanics/Latinos than the national average, but a far lower rate than the national average for Whites.** This is an important equity point. Virginia is not doing well in vaccinating racial/ethnic minorities compared to the US generally, but is doing well compared to the US on almost all other factors (Source).

- **Vaccine hesitancy continues to decrease nationally and within the Commonwealth** (Source; Source), yet hesitancy remains. Those who are still unvaccinated tend to be younger, people of color, less educated, Republican (or Republican-leaning), and the uninsured (Source).

- **In many instances, the reasons for vaccine hesitancy are decreasing.** Concern over the rapid development, and the belief that the vaccine is not needed have remained steady. However, concern over side effects has dropped by 10% since last reported, and testing of vaccines and the desire to know more about how well the vaccines work has dropped by 7% points (Source; Source).

→ Reducing Hesitancy

- **Vaccine hesitant individuals say several factors could decrease hesitancy.** These factors include: the COVID-19 vaccine receiving full approval from the FDA, rather than the current Emergency Use Authorization; being able to get the COVID-19 vaccine at a place they normally go to for health care; and requiring vaccinations for certain activities (Source).

1. Key Equity Accomplishments

- June: The Equity Leadership Task force (ELT) partnered with Elite Business Strategies and Greene Street Communications to coordinate community engagement and outreach efforts to historically underserved communities (Source). The contract with Elite Business Strategies that provided the hyper-local community outreach expired on June 30. There is a small carry-over contract for Greene Street to provide interim marketing support local health districts from June 30-August 30 until VDH can award a new contract for a statewide communications contractor. As of July 1, each local health district will assume the responsibility for community engagement and outreach. Local health districts will seek the support of the COVID marketing and communications hub exclusively managed by Kelly Vance and Siddall Communications, the current statewide communications contractor (Source: Communications with Kelly Vance and Siddall Communications).

- June: The "Test, Know & Go COVID-19" testing campaign expanded to include messaging about symptomatic testing. These new ads encourage people to get a COVID-19 test when they feel sick or experience symptoms, regardless of vaccination status (Source).

- June: VDH has introduced new tools on the Communication Hub page that focus on: Rural Virginians Resources; Young Adult; and, Children + Parents pages (Source).

- June: To support vaccination efforts, Greene Street Marketing, an ELT partner, provided extensive outreach collateral to support health districts including: Central Shenandoah, Blue Ridge, Cumberland Plateau, West Piedmont, Rappahannock Area and Mount Rogers (Source: Communications with Greene Street team).

- June: To support partners in the field promoting mobile unit efforts across the Commonwealth, Greene Street Marketing, an ELT partner, produced more than 40 pieces of collateral specifically geared toward individual vaccination efforts to assist health districts and canvassers in their grassroots efforts (Source: Communications with Greene Street team).

- June 1: Based on available data at the time, Latinos became the second most vaccinated group in Virginia due in part to the efforts of community clinics across the Commonwealth (Source).

- June 3: The Richmond and Henrico Health Districts shifted to a model where organizations can request a small team to vaccinate people at a variety of sites (Source).

- June 3: VDH began partnering with Dollar General to expand access to no-cost COVID-19 testing at select store locations in Altavista, Williamsburg, and Norfolk. Designed to make testing opportunities readily available for vulnerable communities, the pilot testing program ran June 3-23 on staggered days at participating locations (Source).

- June 4: Governor Northam declared June LGBTQ+ Pride Month in the Commonwealth of Virginia to celebrate the state's LGBTQ+ communities and their fight for inclusion and equality (Source).

- June 7: Virginia Commonwealth University joined other larger universities in Virginia and announced that vaccinations will be required for all students who live, learn, work, or will be on campus for any reason (excluding those with religious or health exemptions). VCU is strongly encouraging employees to follow the guidance of the Public Health Response Team in choosing to be vaccinated as soon as possible (Source; Source).

- June 8: Virginia's COVIDWISE exposure notification app campaign is honored with a Telly award and two Emmy nominations (Source). A marketing campaign led by Madison and Main will continue to promote the COVIDWISE application.

- June 14: The Vaccinate Virginia campaign expanded its reach into rural Virginia by launching a texting and email campaign, new print advertisements, a direct mail campaign, and posters in bars, restaurants, and convenience stores across the state (Source).

- June 15: The CDC awarded $30.6 million to Virginia to address health inequities created and exacerbated in high-risk and underserved communities by the COVID-19 pandemic (Source).

- June 18: About 60% of the state's ZIP codes reported no new cases of the coronavirus over the past week (Source).

- June 18: COVID-19 vaccines were distributed as part of Governor Northam Juneteenth commemoration at Fort Monroe National Monument in Hampton, Virginia (Source).

- June 19: Fairfax County exceeded President Biden's goal for COVID-19 vaccines with 72.8% of people 18 and older in Fairfax having received at least one vaccine dose (Source).

- June 20: It was reported that 4.29 million Virginians had been fully vaccinated as of this date (Source).

- June 20: Vaccinations of children ages 12-15 in the Washington D.C. metro area surged in the first month of eligibility for this age group (Source).

- June 20: As of June 20, 318 million COVID-19 vaccine doses have been administered in the U.S. In the last week, an average of 1.24 million doses per day were administered (Source).

- June 20: Dispelling misinformation about vaccinations, the "Vaccination MythBusters" digital materials continue to reach many Virginians with extremely important messaging. Twelve ads reached more than 1.2 million viewers – six of these ads were in Spanish (Source: Communications with Greene Street team).

- June 20: The Central Shenandoah Health District, in coordination with the VDEM and other supporting partners, offered free COVID-19 vaccines to anyone ages 18+ at World Refugee Day in Harrisonburg (Source).

- June 20: More than 2 million Virginians heard radio advertisements produced by Greene Street airing on fifteen radio stations across the Commonwealth (Source: Communications with Greene Street team).

- June 21: Governor Northam announced that **70% of adults 18+ in the Commonwealth** have received at least one dose of the COVID-19 vaccine – a COVID-19 vaccination target outlined by President Biden (Source; Source).

- June 21: VDH announces nearly 150 pharmacies will expand hours for COVID-19 vaccination as part of the National Vaccine Month of Action (Source).

- June 21: Central Shenandoah Health District announced they will host a Community Information Team to promote COVID-19 vaccine efforts throughout the health district. Outreach will include door-to-door canvassing in residential neighborhoods and at local businesses in Rockingham, Augusta, Rockbridge, Bath, and Highland counties, as well as in the cities of Harrisonburg, Staunton, Waynesboro, Lexington, and Buena Vista. The Community Information Team will provide health education, information about upcoming COVID-19 vaccine clinics, and registration opportunities for specific clinics (Source).

- June 21: Arlington County collaborates with local restaurants to encourage residents to get vaccinated by using cocktail napkins and coasters with QR codes to schedule a vaccine appointment (Source).

- June 21: 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 most recent VDEM COVID-19 vaccine hesitancy and return to work poll indicating African American households were twice as likely to have a member lose a job, be placed on furlough, or who had their work pay or hours reduced compared to Whites (15%). Asian and Hispanic/Latino respondents reported the same hardships almost as frequently as African Americans (26% and 23% respectively) (Source; Source).

- June 22: VDH added the new Delta variant to the *Variants of Concern* dashboard (Source).

- June 22: As of midnight, 319 million vaccine doses had been administered in the U.S. with an average of 1.05 million doses per day in the last week (Source).

- June 22: VDH announced that its free COVID-19 exposure app, COVIDWISE is now easier for users to find and schedule a COVID-19 vaccine in addition to providing valuable vaccination-related information and resources from VDH and the CDC (Source).

- June 22: UVA faculty and staff will be required to get vaccinated for COVID-19 or will be required to submit to weekly testing (Source).

- June 22: Dr. Danny Avula completed a satellite media tour where he spoke one-on-one with morning TV and radio hosts across the Commonwealth about what Virginia parents need to know to keep their children safe from COVID-19 this summer (Source; Source: Communications with Kelly Vance and Siddall Communications).

- June 23: Governor Northam issued a proclamation calling the General Assembly into a special session on Monday, August 2, 2021. This session is set to address possible uses for the almost $4.3 billion that Virginia is receiving under the American Rescue Plan Act's Coronavirus State Fiscal Recovery Fund (Source).

- June 23: Mount Rogers Health District and the Bristol State Liners team provided a free ticket, free popcorn, and a free soft drink to everyone who gets vaccinated at their Vaccine Night event (Source).

- June 23: CDC Director Dr. Rochelle Walensky said: "[COVID-19 vaccines] are nearly 100% effective against severe disease and death – meaning nearly every death due to COVID-19 is at this point entirely preventable" (Source).

- June 23: 65.5% of the adult population in the US had received at least one dose of a COVID-19 vaccine, according to the CDC (Source).

- July 23: A new VCU study was released on the effects of the COVID-19 pandemic on life expectancy of showing the life expectancy loss of ~2 years for the average US adult, but the greatest loss was in the Black and Hispanic/Latino populations (Source).

- June 24: Approximately 40% of the Tidewater region, which includes King and Queen, New Kent, and King William counties, is fully vaccinated (Source).

- June 24: The Piedmont Health District, in coordination with VDEM, announced they will begin hosting a Community Information Team to support COVID-19 vaccination efforts throughout the health district, including door to door canvassing in residential neighborhoods and local businesses (Source).

- June 24: The CDC Director extended the eviction moratorium, which was scheduled to expire on June 30, 2021 through July 31, 2021. She said this was the final extension (Source).

- June 24: VDH partnered with Nexstar media to host its 5th virtual town hall to answer questions Virginia parents have about the COVID-19 vaccine and talk about what teens and children can expect in the upcoming school year (Source).

- June 24: The “It’s Our Shot, Virginia!” campaign continues to reach the Hispanic and Latino communities – three ads in Spanish have achieved more than 19,000 impressions each, amounting to more than 57,000 impressions since their debut earlier this spring (Source: Communications with Greene Street team).

- June 25: The One Virginia Plan Online Toolkit continues to expand diversity, equity, and inclusion throughout Virginia through creating collective impact, sustainable change, innovation, and productivity across state government and other sectors of Virginia. The ONE Virginia Plan is helping to build access and success for all state agencies, but in particular prioritizing those state agencies that are COVID-19 facing (Source).

- June 25: Virginia's newly launched Equity Dashboards provide a transparent view of how the Commonwealth and each of its 95 counties and 38 independent cities compare with other communities across seven different social determinants of health (Source). The Equity-in-Action dashboard shows where some COVID funding has been allocated, and the Equity-at-a-Glance dashboard provides policy makers with real time data for future decision making about America Rescue Plan funding from a state and locality perspective (Source; Source).

- June 27: Television advertisements have aired on Northern Virginia's Telemundo Station designed to appeal to a broad Hispanic and Latino audience encouraging free, safe, and effective COVID-19 vaccinations, educating communities about how to get vaccinated. More than 1.2 million viewers have seen the commercials weekly. Additional television advertisement encourages the African American audience to get vaccinated have aired on multiple television stations throughout the Commonwealth and have been seen weekly by more than 12.5 million viewers (Source: Communications with Greene Street team).

- June 27: Advertisements encouraging COVID-19 vaccinations among marginalized populations were seen on more than 300 buses throughout the Commonwealth – more than 7 million people saw the advertisements (Source: Communications with Greene Street team).

- June 30: 58.9% of the entire Virginia population has received at least one dose of the COVID-19 vaccine; 50.7% of Virginians have been fully vaccinated (Source).

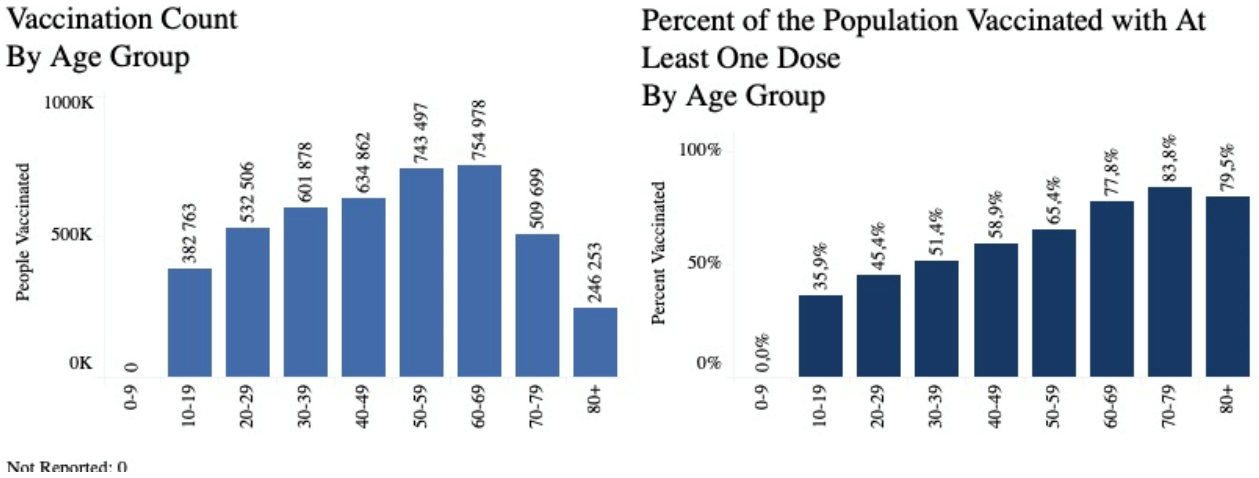
- June 30: Vance/Siddall Communications created a tool kit for vaccines at pharmacies statewide (Source: Communications with Kelly Vance).

- June 30: The State of Emergency brought on by the COVID-19 pandemic expired in Virginia (Source). The state prepares for new equity focused laws to become effective as of July 1 (Source).

2. Vaccination Equity in Virginia

At the end of June, over 9 million COVID-19 vaccine doses have been administered in Virginia, and over 9.7 million vaccines have been received (Source). At the end of June, Virginia ranked 13th in the country for the percentage of distributed vaccines that have been administered (Virginia was 12th in May), and 88.99% of vaccines received have been administered (Source). At present, 58.9% of all Virginians have received at least one dose of a vaccine, up from 54.7% at the end of May (Source). This figure compares favorably with the 54.4% national vaccination rate (total population) receiving at least one dose (Source). Over 4.3 million Virginians have been fully vaccinated, which represents 50.7% of the population and that compares favorably with the 46.7% national fully vaccinated rate. On average, Virginia is administering approximately 16,045 vaccinations per day (Source).

Figure 1: Vaccinations by Age (One dose)



Source

Over 60 Vaccinations

Those ages 60+ represent roughly 34.2% (1.51 million) of the number of people who have received at least one dose. The percentage of those 60+ receiving vaccines continues to decline as more people outside of this age range get vaccinated. The percentage of people with at least one dose of the reported ages are: Those age 60-69 account for 17.1% (754,978); those age 70-79 comprise 11.6% (509,699); and those age 80-89 account for 5.6% (246,253) (Source).

Under 40 Vaccinations

Virginia began vaccinating those ages 12 and above in May 2021 (Source). As per Virginia's COVID-19 vaccine data, the percentage of people with at least one dose of the reported ages are: ages 10-19 account for 8.7% (382,763); 20-20 account for 12.1% (532,506); and 30-39 account for 13.7% (601,878). These numbers represent roughly 34.4% (1.51 million) of the people who received at least one dose, which is up from 32.5% (1.32 million) at the end of May.

Race and Ethnicity

According to VDH data as of June 30, the percentages of vaccinations for Blacks and Hispanics/Latinos have risen slightly from last month. In June, Blacks received 15% of vaccinations (up from 14% in May) whereas Hispanics/Latinos have received 14% of vaccinations (up from 13% in May). There has been no change in the percent of Asians vaccinated. Whites received 58% of vaccinations (down from 61% last month), which is reflective of Blacks and Hispanics/Latinos receiving slightly more vaccines. There have been no reported percentage changes in the percent of cases and deaths from last month (Source).

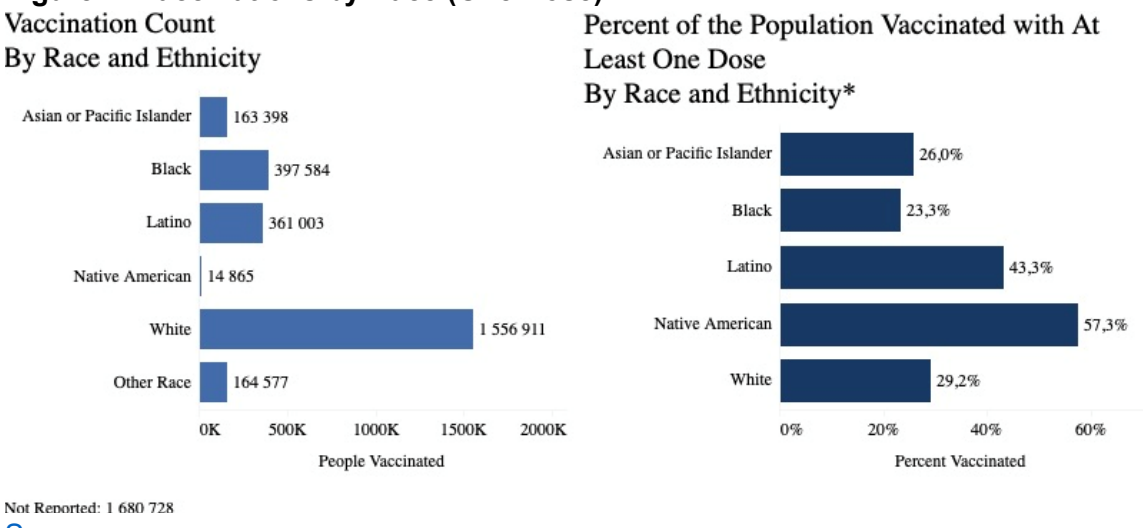
While these findings show some progress, the data continue to reveal important racial inequities. Whites continue to disproportionately receive vaccines (58%) when compared with their percentage of COVID cases (50%). Disparities remain for Blacks and Hispanics/Latinos regarding percentage of cases and percentage of vaccinations, with Blacks constituting 21% of cases yet 15% of vaccinations and Hispanics/Latinos constituting 19% of cases and 14% of vaccinations. A positive is that Asians account for 4% of cases yet 6% of vaccinations. Further, missing race data continue to complicate analyses; however, VDH will be providing updates to this data in the coming days or weeks, which could provide a different snapshot. As those who are unvaccinated comprise the bulk of COVID-19 deaths and now that the CDC considers nearly every new COVID-19 death to be entirely preventable (Source), it is critical to expand the focus of achieving equity.

Table 1: Race, COVID Cases and Deaths, and Vaccinations in Virginia, as of June 28, 2021

	% of Vaccinations	% of Cases	% of Deaths	% of Total Population
White	58%	50%	64%	61%
Black	15%	21%	25%	19%
Hispanic	14%	19%	7%	10%
Asian	6%	4%	4%	7%

Source: Kaiser Family Foundation

Figure 2: Vaccinations by Race (One Dose)



Not Reported: 1 680 728

Source

Community Vaccination Centers, Mobile Vaccination Units, and Other Updates

Community Vaccination Centers (CVCs) continue to be open across the Commonwealth, although many are ending operations in June. As a reminder from the May equity report, 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). These CVCs were made possible through FEMA funding and are not designed to replace existing local, small-scale efforts (Source). In May, state-run CVCs began offering the two-dose Pfizer vaccine to adolescents (ages 12-15), and eight CVCs are offering walk-in appointments (Source). CVCs have been important places for communities to receive vaccines (Source; Source).

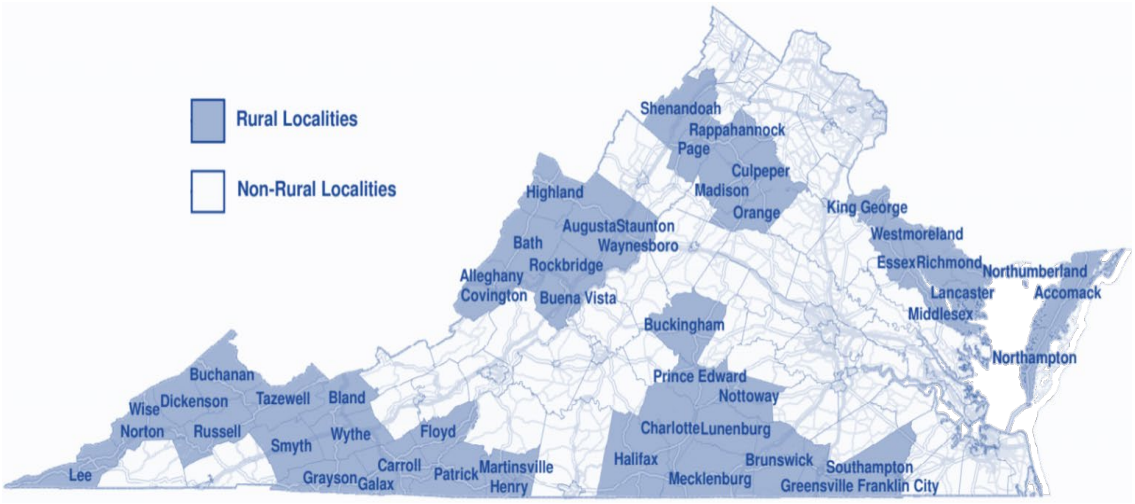
Virginia is currently disbanding CVCs and moving into operating more mobile vaccination sites. Starting in mid-May, the Virginia Department of Health began regularly announcing information about opening mobile sites (Source), especially in areas in which vaccine access is difficult, like rural and underserved locations (Source). Mobile health units give underserved communities a way to access COVID-19 vaccinations when they might have tremendous difficulty doing so otherwise.

In June, other developments reinforced the need for a long-term focus on vaccine equity. First, the CDC "awarded $30.6 million to Virginia to address health inequities created and exacerbated in high-risk and underserved communities by the COVID-19 pandemic" (Source). Second, on June 22, VDH announced improvements to the free COVID-19 exposure app, COVIDWISE. This app now makes finding and scheduling a COVID-19 vaccination easier while also providing critical vaccination information, such as resources, notifications, and also alerts if users "have been in close contact with an individual who anonymously reported a positive COVID-19 test result" (Source; Source). On June 8, this app was honored with a Telly Award and two Emmy nominations (Source). Third, on June 21, VDH announced that nearly 150 pharmacies will expand their hours for COVID-19 vaccinations as part of the National Vaccine Month of Action (Source). Fourth, on June 22, VDH added the new Delta variant to the Variants of Concern dashboard (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).

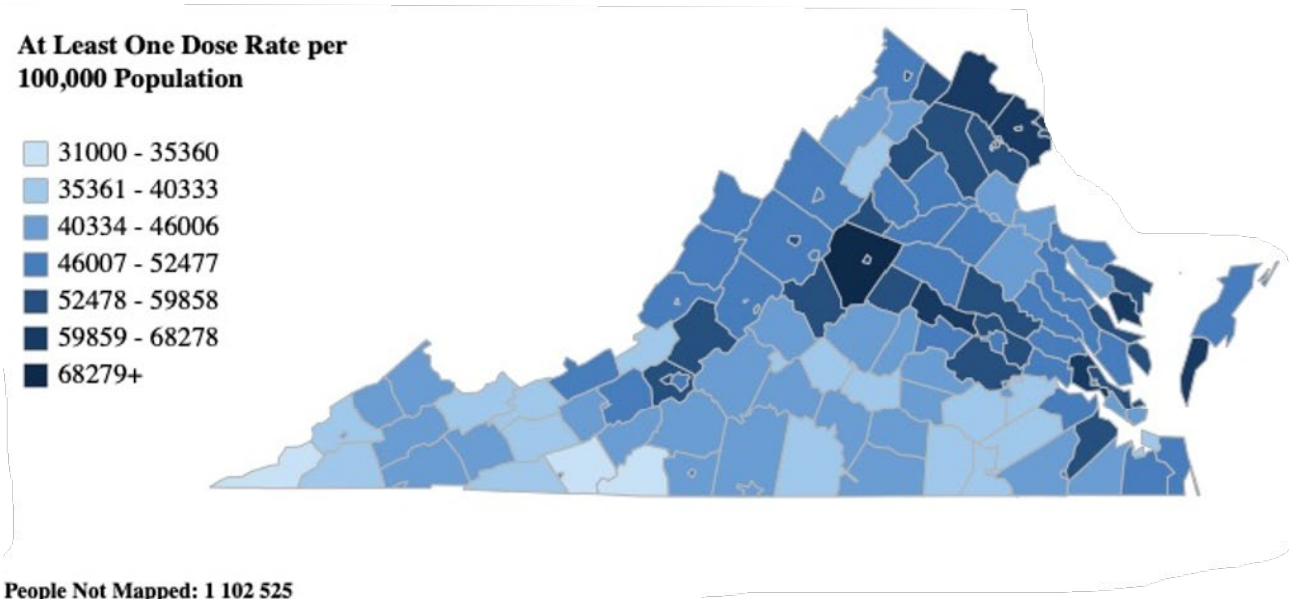
Figure 3: Rural and Non-Rural Areas in Virginia



Source

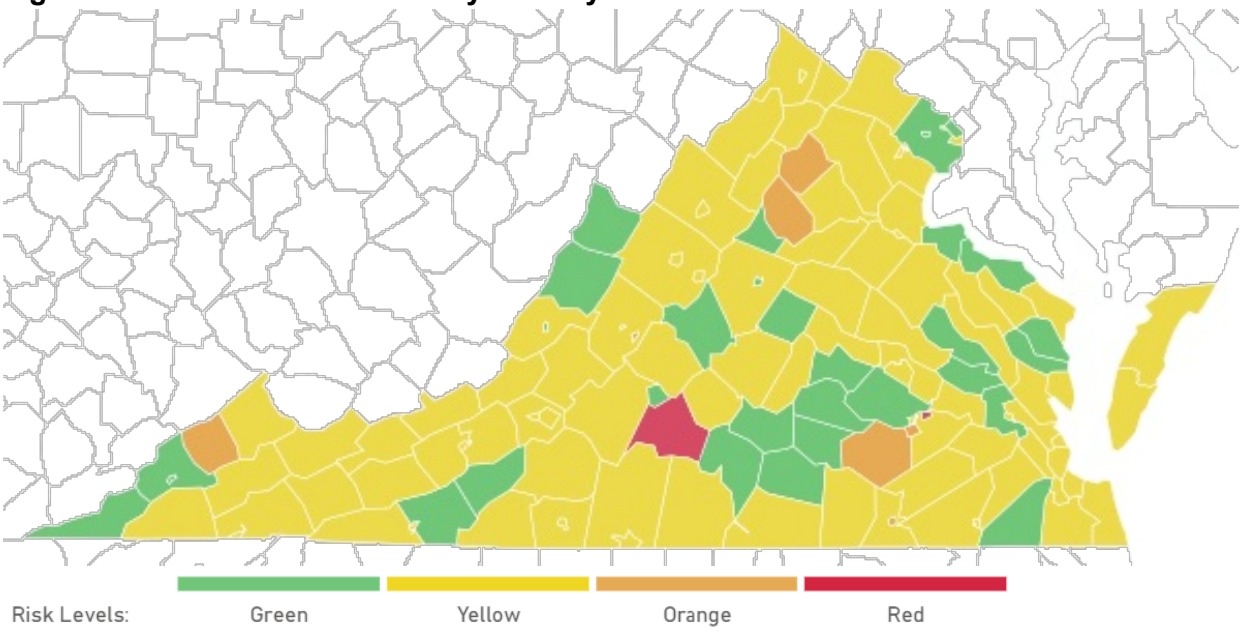
In both May and June, the elevated risk for rural areas showed marked improvements, yet vaccination disparities remain an issue (Source; Source). Some rural areas continue to experience equity issues in terms of access to vaccines (Figure 4), although risk levels for rural areas in Virginia are declining and, in some cases, show marked improvements with far more areas being classified as low risk levels (Figure 5). Vaccination hesitancy remains an issue throughout the Commonwealth (Source; Source).

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



Source

Figure 5: COVID-19 Risk Levels by Locality



Source

Infections and Deaths Since Vaccine Availability

Vaccines have made significant and positive differences to the COVID-19 pandemic in that vaccines are safe, effective, and overwhelmingly successful at reducing risk of severe illness (Source). Moreover, both cases and deaths have been flattening out because of vaccines (Source). The CDC now indicates that every COVID-19 death is largely preventable, and nearly all COVID-19 deaths now are in people who were not vaccinated (Source; Source). As shown below, vaccines appear to have positively affected public health, yet disparities in cases and deaths are still evident concerning race, age, and for rural populations. Given the intersectionality between these categories, there have been some improvement in equity, yet inequities in cases and deaths remain.

Despite the existence of life-saving vaccines, numerous disparities are still evident in terms of infections and deaths. These are especially critical concerning: 1) race; 2) age and sex; and 3) urban-rural divides.

First, as shown in Table 2, concerning race, Whites have the highest overall numbers and percentages of cases and deaths. Still, disparities are evident. While Whites represent 61% of the population, they represent 50% of cases and 64% of deaths. However, Blacks represent 19% of the population yet 21% of cases and 25% of deaths. Thus, when comparing the percentages in the population, Blacks still disproportionately contract COVID-19 and die from it. Similarly, Hispanics/Latinos represent 10% of the population and 19% of cases yet 7% of deaths.

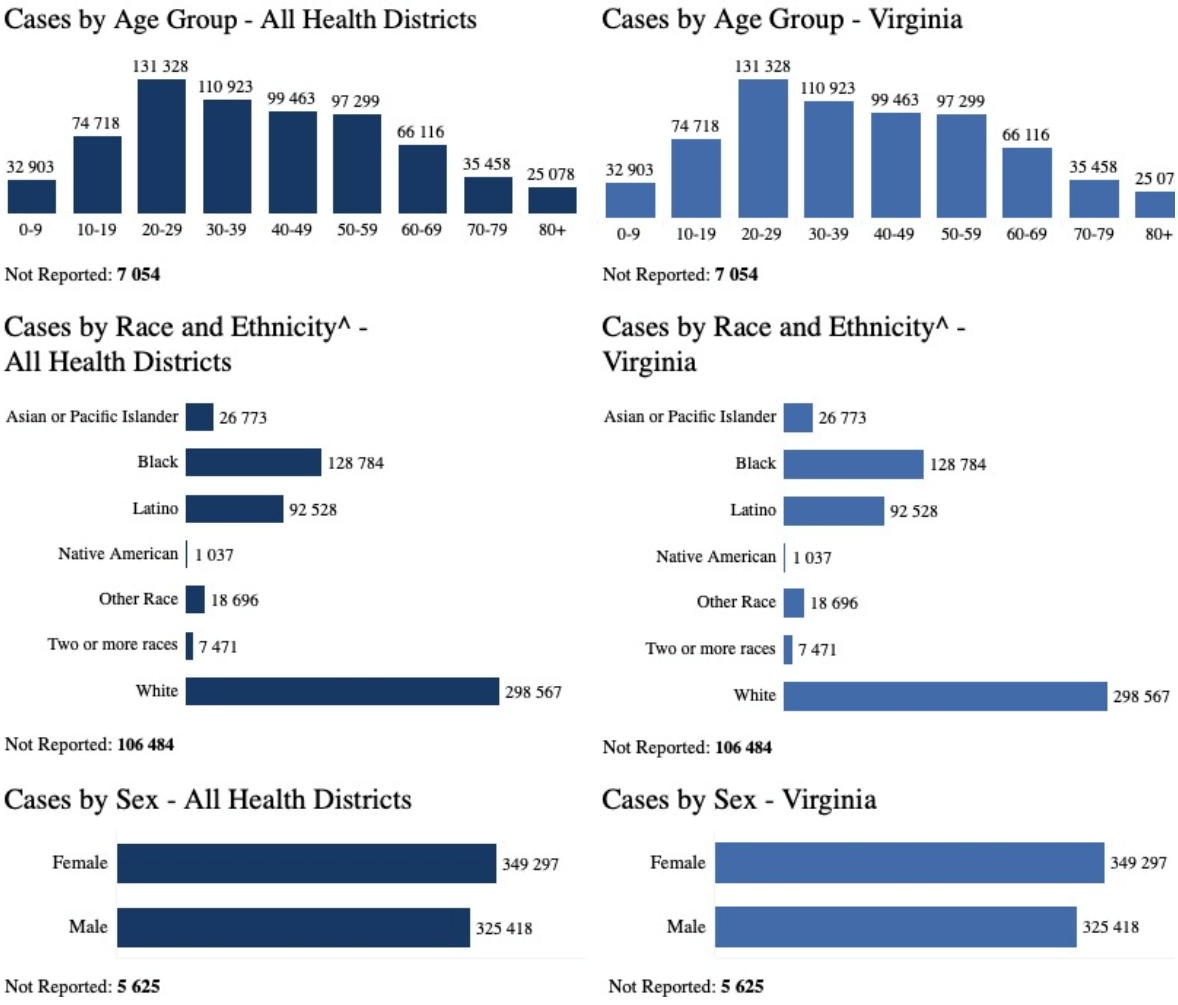
Table 2: Comparisons of COVID-19 Cases, Deaths, and Population

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

Source: Kaiser Family Foundation

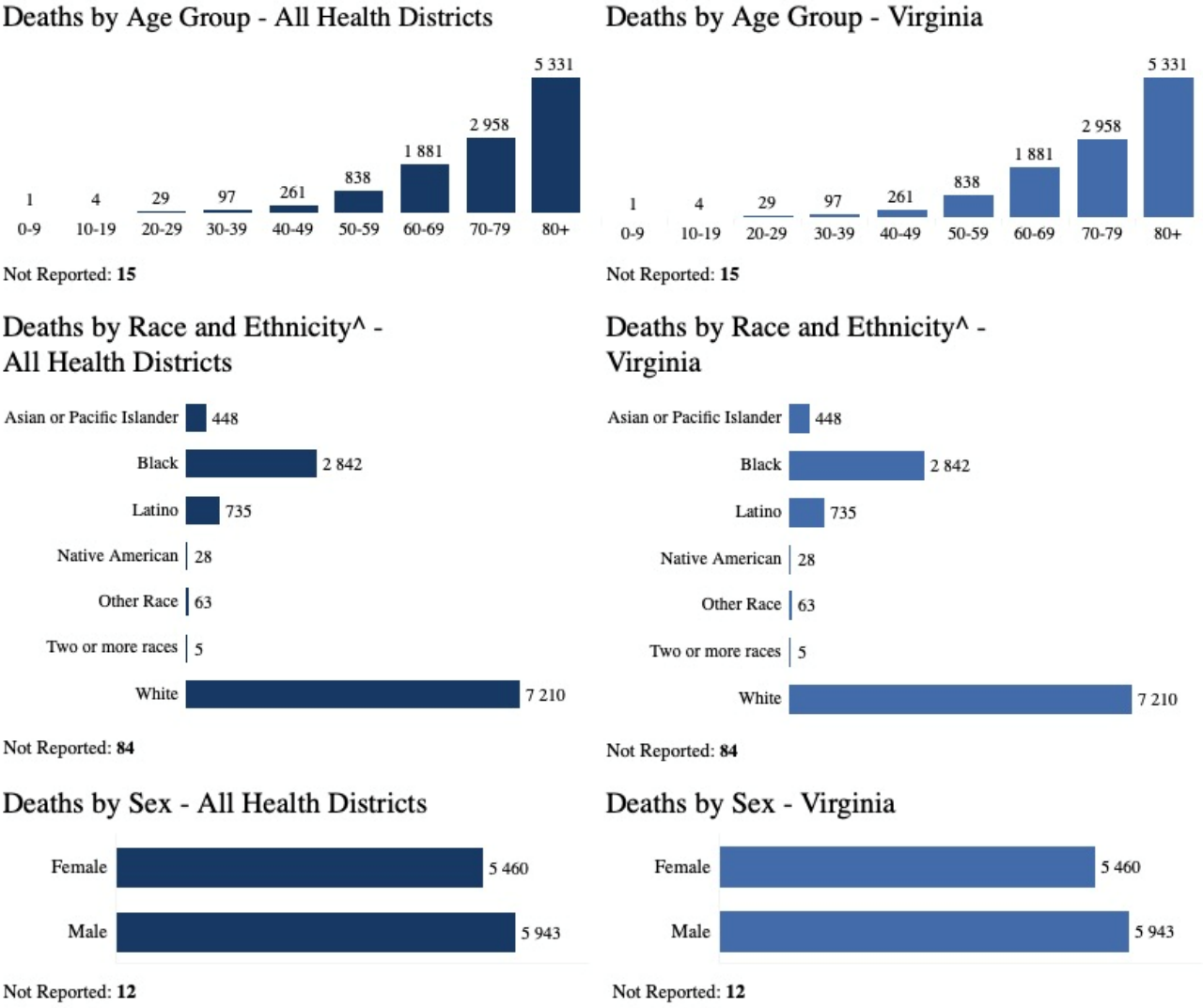
Second, as evident in Figures 6 and 7, patterns emerge in terms of age and sex concerning cases. Concerning age, those ages 20-29 comprise the group with the single largest number of cases. Concerning sex, those identifying as females tend to represent slightly more COVID-19 cases. Patterns are also evident in terms of age and sex concerning deaths. As expected, those ages 50+ comprise most of the deaths from COVID-19 with the bulk occurring in the age 80+ category. However, those identifying as male tend to die at a higher rate than those identifying as female.

Figure 6: Cases of COVID-19 in Virginia: Demographics



Source

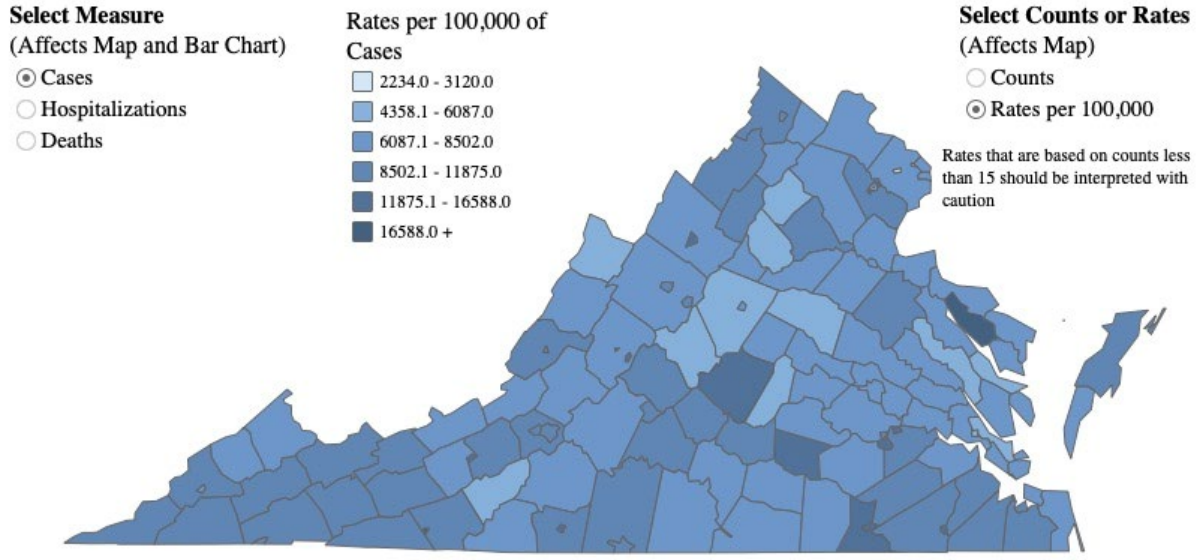
Figure 7: Deaths of COVID-19 in Virginia: Demographics



Source

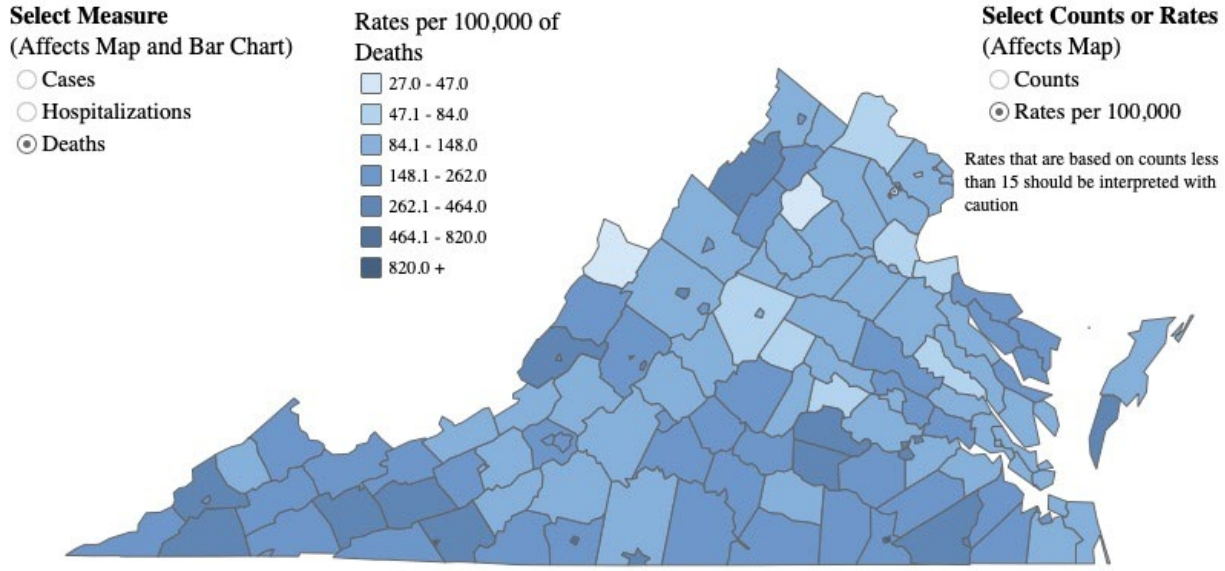
Third, as shown in Figures 8 and 9, urban and rural disparities are evident in terms of cases as measured by rates per 100,000 people. More rural counties continue to show disproportionate cases, with particularly notable clusters in the southwest and southeast portions of Virginia. Similarly, more rural counties continue to show disproportionate deaths with notable clusters in the southwest, southeast, and central-north regions.

Figure 8: Cases of COVID-19 in Virginia, Urban and Rural



Source

Figure 9: Deaths from COVID-19 in Virginia: Urban and Rural



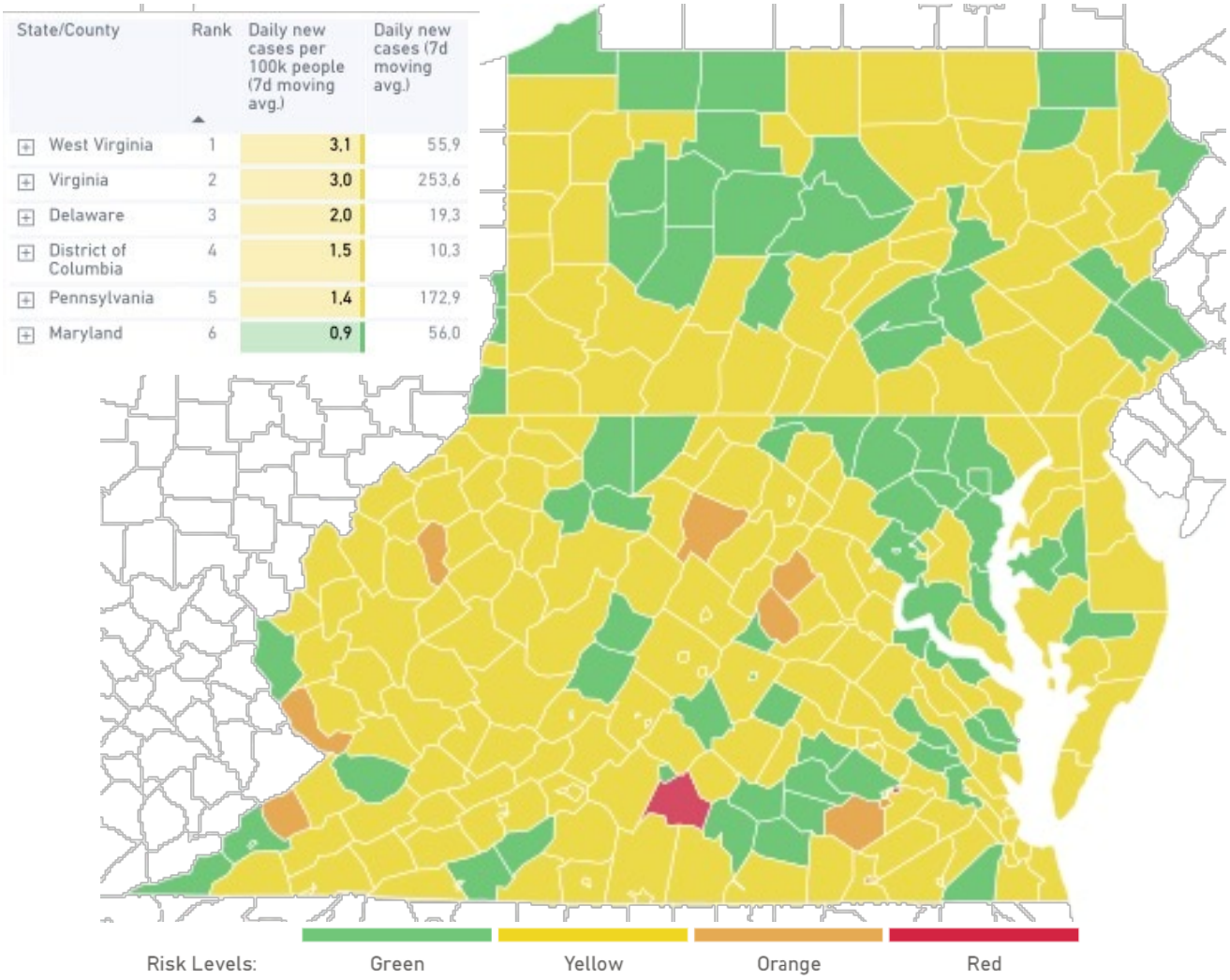
Source

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 10) in June, Virginia has seen improvements over past months. The Commonwealth has 253.6 daily new cases (seven day rolling average and down from 376 in May), at 3 new cases per

100,000 people (down from 4.4 in May). This places Virginia second out of six in terms of COVID-19 risk level.

Figure 10: COVID-19 Risk Levels* by County across FEMA Region 3

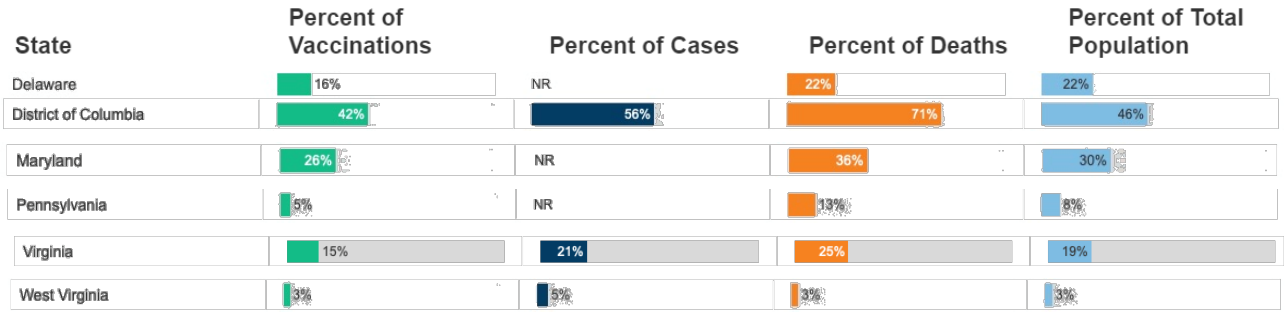


Source

FEMA Region 3 and Race/Ethnicity

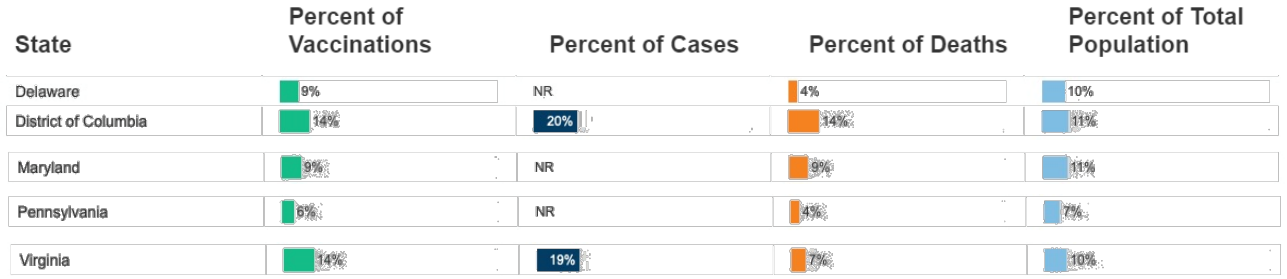
All areas in FEMA Region 3 continue to show clear racial disparities in percentages of vaccines administered to populations versus those in the population. As noted earlier, across Region 3, both Blacks and Hispanics/Latinos have seen small improvements in vaccination percentages. Virginia is a leader in starting to close gaps between the percentage of cases and the percentage of vaccinations for Blacks, Hispanics/Latinos, and Asians. Still, comparative state vaccination rates by race and ethnicity is challenging because of reporting inconsistency (Source). Data are current as of June 28, 2021.

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



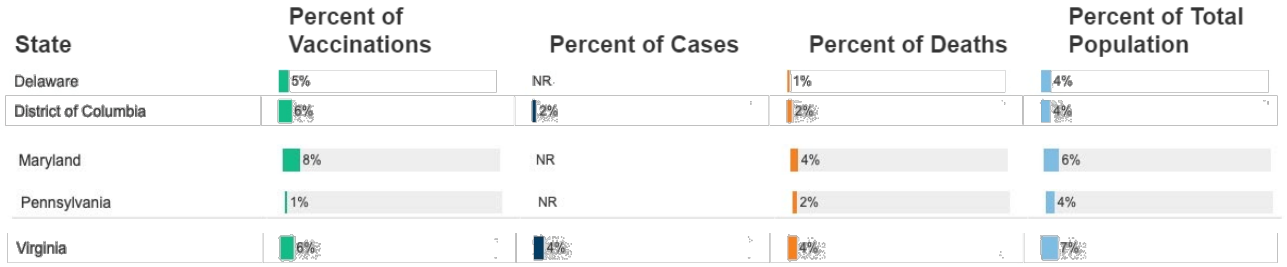
Source

Figure 12: Hispanics as a Share of COVID-19 Trends, FEMA Region 3*



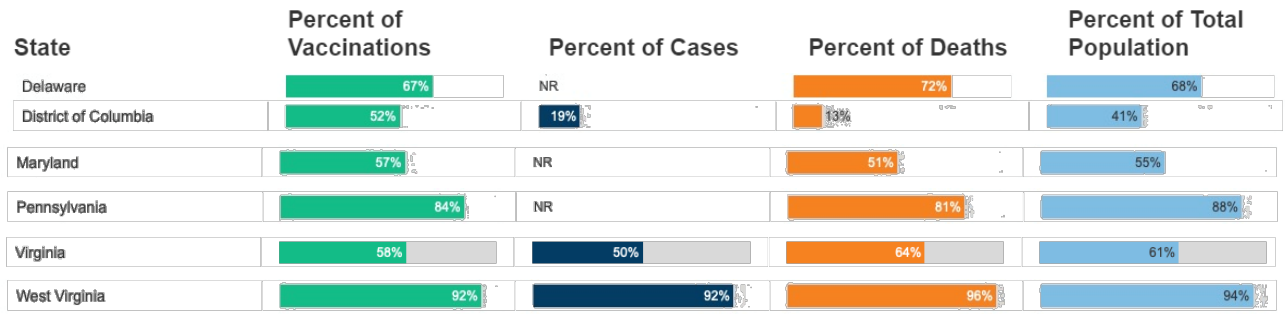
*Data unavailable for West Virginia; Source

Figure 13: Asians as a Share of COVID-19 Trends, FEMA Region 3*



*Data unavailable for West Virginia; Source

Figure 14: Whites as a Share of COVID-19 Trends, FEMA Region 3



Source

FEMA Region 3 and Over 60 Vaccinations

As shown in Table 3, across FEMA Region 3, there continue to be improvements in the percentages of those age 65+ receiving at least one vaccine dose, although vaccinations are clearly slowing down. In most cases, those ages 65+ who have at least one dose are at or over 85% of the given populations. Comparisons across states remain 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, 65+, FEMA Region 3

	Virginia[1]	Delaware	District of Columbia	Maryland[1]	Pennsylvania	West Virginia
% of population 65+ with at least one dose	89%	92%	85%	90%	99%	75%
% 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

Comparisons of vaccinations by age using publicly reported state- and national-level data are complicated by states and the federal government often reporting age ranges differently. However, as data continue to emerge, 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 and has shown slight improvements in all categories as compared to May. The FDA and CDC approved the Pfizer COVID vaccine for use with children ages 12 to 15 in May (Source; Source).

Table 4: Virginia-U.S. Vaccination Comparisons, Ages 10-39

Virginia (at least one dose)	Ages 10-19	Ages 20-29	Ages 30-39
	30.43%	43.67%	49.4%

United States (at least one dose)	Ages 12-15	Ages 16-17	Ages 18-24	Ages 25-39
	2.8%	2%	8.1%	20%

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

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 further examines progress and disparities, and it covers topics including: COVID-19 infection and death rates; racial groups as a share of total vaccinations in Virginia; and the 7-day average in Virginia.

COVID-19 Infections and Death Rates

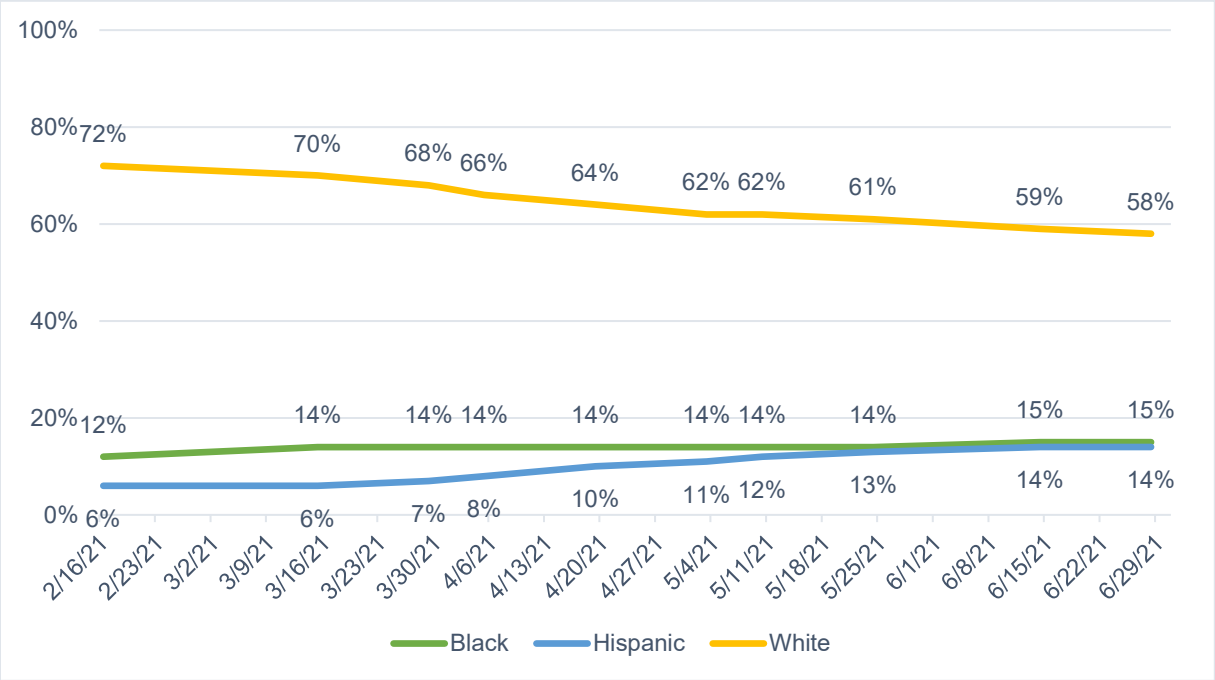
Since COVID-19 vaccines became available, rates of infections and deaths from COVID-19 have dropped dramatically. However, disparities in who is able to get vaccinated and who is choosing to get vaccinated have also led to further disparities in COVID-19 infections and deaths. As Blacks and Hispanics/Latinos have received smaller shares of vaccinations than Whites have received, Blacks and Hispanics/Latinos also typically experience larger shares of infections and deaths. Conversely, the percent of vaccinations among White and Asian populations is higher than their percentages of infections and deaths (Source).

Looking ahead, the actual vaccination rates of most racial/ethnic groups (Black, Hispanic/Latino, and White) are expected to fall behind July 4 projections. Only the vaccination rate for Asians is expected to meet the target. If this trend continues, chances increase that Black and Hispanic/Latino communities will remain at increased risk for contracting and dying from COVID-19 (Source).

Racial Groups as a Share of Total Vaccinations in Virginia

In Virginia, the percentage of Whites as a share of total vaccinations has decreased over time, while the percentages of Blacks and Hispanic/Latinos as shares of total vaccinations have increased (Source). However, Blacks and Hispanic/Latinos still represent a much smaller share of Virginia's total vaccinations than Whites proportionately.

Figure 11: Share of Total Vaccinations in Virginia

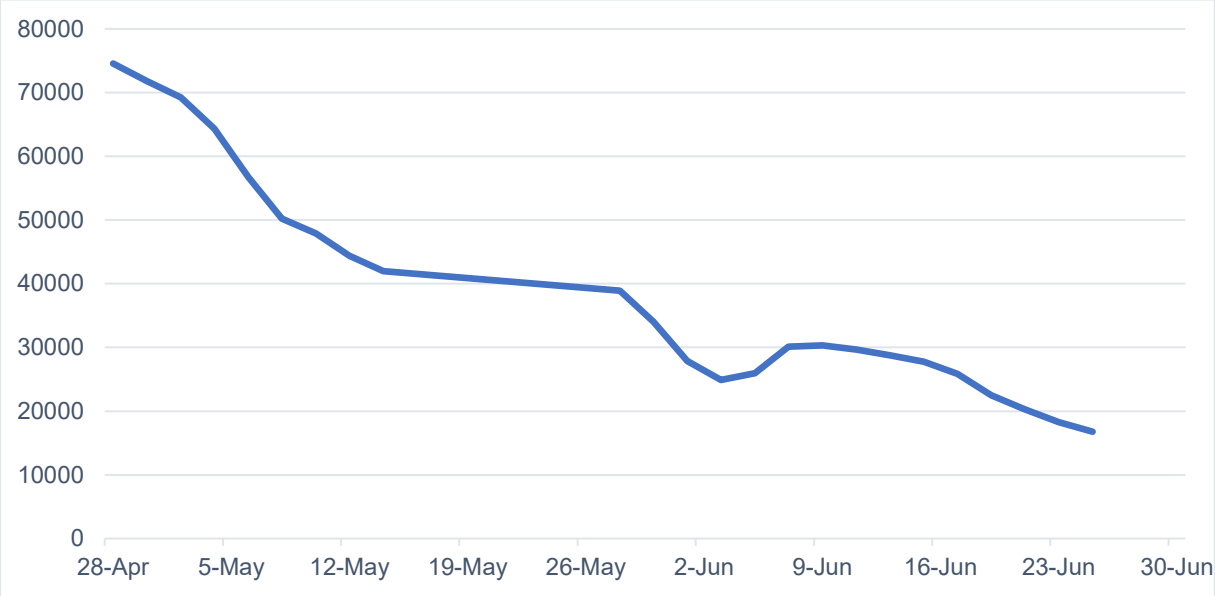


Source

Doses Administered

While there is still demand for vaccines, this demand is decreasing in Virginia and across the United States (Source). In Virginia, the 7-day average has declined from 74,566 on April 28 to 16,776 on June 25 (Source).

Figure 12: 7-day Doses Administered Average in Virginia

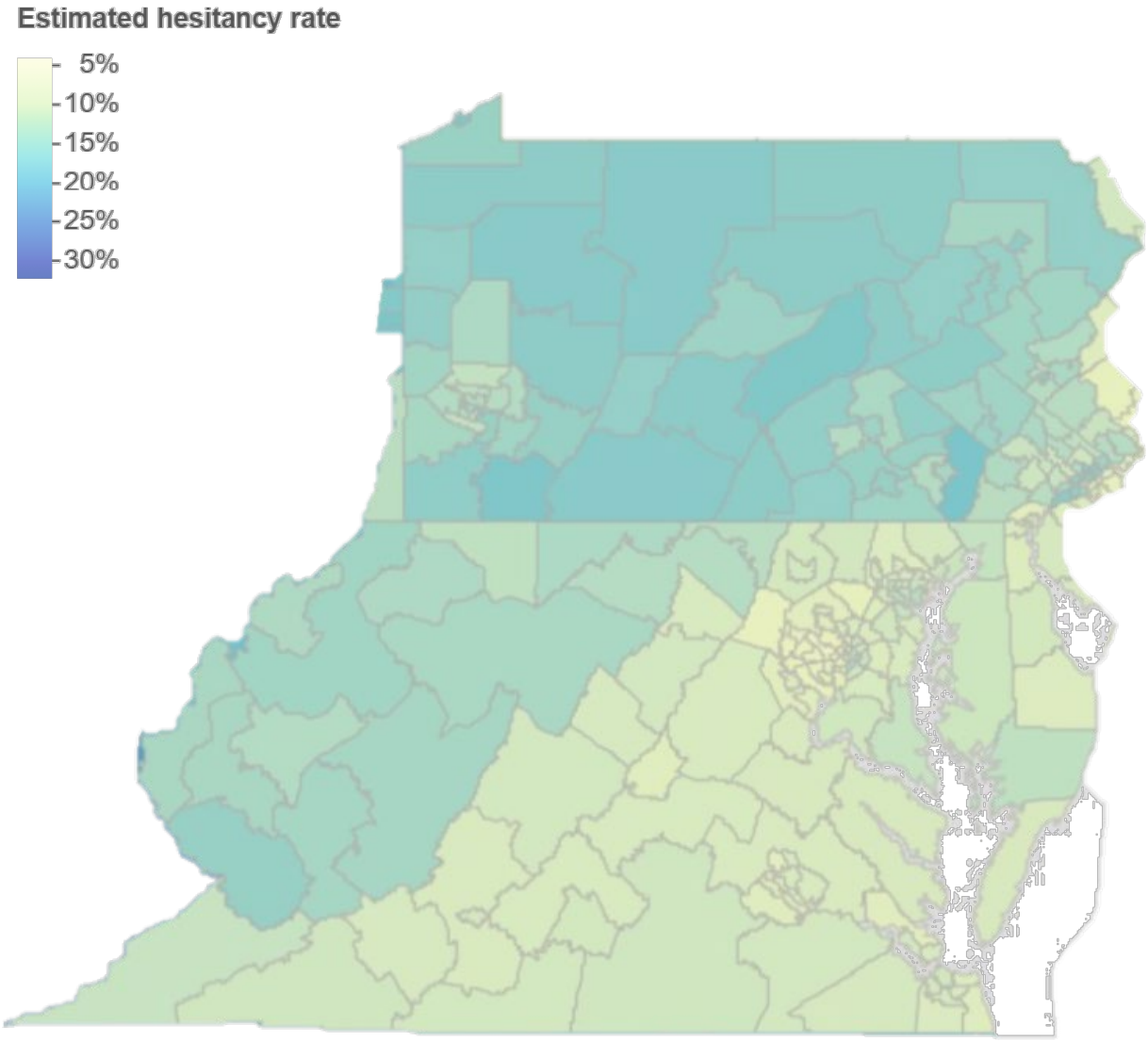


Source

5. Vaccine Hesitancy

Figure 13 displays estimated vaccination hesitancy by county in Virginia. The estimated hesitancy rate is relatively low across the Commonwealth.

Figure 13: Vaccinations Hesitancy by County across FEMA Region 3



Source

Figure 13 shows vaccination hesitancy by county across FEMA Region 3. Virginia's estimate hesitancy rate is lower in comparison to other FEMA Region 3 states. Overall, vaccine hesitancy continues to decrease nationally and within the Commonwealth (Source; Source), yet hesitancy remains. Vaccination rates vary across the Virginia and those who are still unvaccinated tend to be younger, people of color, less educated, Republican (or Republican-leading), and uninsured (Source; Source).

Demographic Breakdown

Demographic breakdowns of the unvaccinated in the United States and Virginia are as follows:

Table 5: Virginia-U.S. Unvaccinated Comparisons, Ages

Virginia	Ages 18-34	Ages 35-54	Ages 55+
	36%	32%	14%

United States	Ages 18-29	Ages 30-49	Ages 50-64	Ages 65+
	29%	41%	20%	9%

Sources: Kaiser Family Foundation and the May 2021 VDEM COVID-19 Vaccine Hesitancy and Return to Work Poll

Table 6: Virginia-U.S. Unvaccinated Comparison Profiles

		Virginia	United States
Race	**White**	26%	56%
	Black	30%	14%
	Hispanic	25%	19%
Party ID	**Democrat**	16%	29%
	Republican	34%	49%
Education Level	**High school or less**	30%	46%
	Some college	35%	34%
	College degree or more	18%	19%

Sources: Kaiser Family Foundation and the May 2021 VDEM COVID-19 Vaccine Hesitancy and Return to Work Poll

Table 6 displays comparison profiles of unvaccinated individuals in Virginia and the United States. Virginia reports a higher unvaccinated rate of Blacks and Hispanics/Latinos than the national average, but a far lower rate than the national average for Whites. This is an important equity point. Virginia is not doing well in vaccinating racial/ethnic minorities compared to the US generally, but is doing well compared to the US on almost all other factors (Source).

Hesitancy in the United States

Across the United States, reasons for vaccine hesitancy vary. Of those who report that they want to “wait and see” before getting vaccinated, concerns include:

- The possibility that the COVID-19 vaccine is not as safe as reported (78%)
- The possibility that the COVID-19 vaccine may negatively impact fertility (44% of those ages 18-49)
- Being unable to get the vaccine from a trusted place (37%)
- Worry over having to pay an out-of-pocket cost to get a COVID-19 vaccine (33%) (Source).

Despite these concerns, there are also factors that those who are hesitant say could help them feel less hesitant. These factors include:

- The COVID-19 vaccine receiving full approval from the FDA, rather than the current emergency use approval (44%)
- Being able to get the COVID-19 vaccine at a place they normally go for health care (46%)
- A requirement to be vaccinated before air travel (41%)
- A requirement to be vaccinated before attending large gatherings such as sporting events and concerts (40%) (Source).

Hesitancy in Virginia

As is the case across the United States, reasons for hesitancy in the Commonwealth of Virginia vary. These include:

Table 7: Reason for Not Getting Vaccinated

	April 2021	May 2021
How quickly the vaccines were developed and tested	72%	72%
Concern of side effects	77%	67%
Feeling that that the vaccine is not needed	43%	42%
Wanting to know more about how well the vaccines work	44%	37%

Sources: April 2021 and May 2021 VDEM COVID-19 Vaccine Hesitancy and Return to Work Polls

As is shown in Table 7 above, in many instances, the reasons for vaccine hesitancy are decreasing. Concern over the rapid development, and the belief that the vaccine is not needed have remained steady. However, concern over side effects has dropped by 10% since last reported, and testing of vaccines and the desire to know more about how well the vaccines work has dropped by 7% points (Source; Source). These changes indicate increased messaging may be having an impact on vaccination hesitancy across the commonwealth.

Vaccinations for Children

As COVID-19 vaccines become available to younger age groups, parents must decide if they wish to have their child vaccinated or not. Typically, in both the United States in general as well as in the Commonwealth, hesitancy to vaccinate children is strongly correlated to parent vaccine hesitancy (Source; Source).

In the United States, 24% of parents reported that their child is already vaccinated. Of those remaining, 18% of parents reported that they would get their child vaccinated right away; 21% preferred to "wait and see;" 14% would only vaccinate their child if required; and 20% of parents said that they would definitely not get their child vaccinated (Source).

In Virginia, parents seem more willing to vaccinate their children than parents in the United States as a whole. 66% of parents with children age 12 to 17 said that they were likely to vaccinate their children, while 63% of those with children 11 and under said that they would be willing to vaccinate them (Source).

6. 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, 1,683,333 out of 4,974,594 vaccinations (at least one dose) do not report race data, or 34% missing data (Source). Missing race data alone are close to being more than the combined total number of vaccinations administered in Washington, D.C. and West Virginia, who are also in FEMA Region 3 (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, 13,088 out of 4,974,594 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 are being collected, thus raising equity concerns for LGBTQ communities (Source) especially in that LGBTQ people of color were twice as likely to contract the virus than White cisgender people (Source). Due to historical discrimination and medical mistreatment, vaccine hesitancy amongst LGBTQ populations is evident, so more outreach efforts may be needed to ensure vaccine uptake (Source; Source).

Reporting Age Ranges

The Pfizer vaccine was approved for those ages 12+ in May, and Moderna announced that its vaccine is safe and effective for children ages 12 to 17 ((Source; Source). At present, Virginia's publicly reported age breakdown is as follows: 0-9, 10-19; 20-29; 30-39; 40-49; 50-59; 60-69; 70-79; 80+. However, such data are incongruent for capturing the vaccination uptake for the 12 to 17 age group (Source). As more vaccinations take place, it will be critical to continually examine the efficacy of vaccinations for adolescents.

7. Policy and Administrative Updates

Legislative Updates

- Virginia General Assembly is not currently in session (Source).
- On June 23, 2021 Governor Northam issued a proclamation calling the General Assembly into a special session on Monday, August 2, 2021. This session is set to address possible uses for the almost $4.3 billion that Virginia is receiving under the American Rescue Plan Act's Coronavirus State Fiscal Recovery Fund (Source).

Executive Updates

- On June 18, 2021, COVID-19 vaccines were distributed as part of Governor Northam Juneteenth commemoration at Fort Monroe National Monument in Hampton, Virginia (Source).
- On June 21, 2021, Governor Northam announced that 70% of adults 18 years and older in the Commonwealth have received at least one dose of the COVID-19 vaccine (Source).
- On June 30, 2021 the State of Emergency brought on by the COVID-19 pandemic expired (Source).

Agency Updates

- The CDC Director extended the eviction moratorium that was scheduled to expire on June 30, 2021 is now extended through July 31, 2021 and this is intended to be the final extension of the moratorium (Source).

Court Updates

- On June 15, the Supreme Court of Virginia extended the Twenty-Third Order of Declaration of Judicial Emergency through July 11, 2021 (Source).

8. On the Horizon

In Virginia, the primary vaccination equity efforts during June 2021 consisted of increased operations of mobile vaccinations units across the Commonwealth and the continuation of a comprehensive “on-the-ground” community engagement strategies. Although more Virginians have received vaccinations, the pace of vaccinations has slowed. In addition, racial equity vaccination gaps remain largely unchanged from the June report.

Starting in mid-May, VDH 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, increased mobile vaccination units located at places of interest (i.e. beaches, amusement parks,

houses of worship, low-income neighborhoods, college and K-12 school campuses, local carnivals, and outdoor festivals and concerts) will play a significant part in reducing vaccination inequity, especially before the fall season. Community clinics have also played significant roles in reducing disparities for minoritized and underserved communities (Source).

While vaccine hesitancy is still concerning, there are factors that those who are hesitant say could help them feel less hesitant. These factors include: COVID information being accessible in diverse languages; the COVID-19 vaccine receiving full approval from the FDA, rather than the current Emergency Use Authorization; being able to get the COVID-19 vaccine at a place they normally go to for health care; and, requirements to be vaccinated before doing certain activities (Source).

Lastly, the federal government has provided substantial funding for the Commonwealth and VDH to build equity, remove barriers, and build sustainability (Source). Further, Virginia has received an additional $4.3 billion in American Rescue Plan funds, which provides a "unique opportunity to equitably invest in Virginia's long-term future" (Source). As a result, many diverse stakeholder groups and policy makers have called for fixing systems that have for generations been neglected or under-funded in Virginia. This includes providing increased language and functional needs access for services and supports across state government that include equitable access for the COVID-19 vaccine but also goes beyond the needs for vaccine equity to provide support for accessing social services, 211, unemployment insurance, food services, rent/mortgage support, and building/measuring diversity-lead innovation in our state agencies. Thus, it will be critical that leaders, policy makers, and decision makers equitably and responsibly leverage these funds to increase vaccine equity and fix the systems that caused the disproportionate impact of COVID-19 on underserved and under resourced communities. This will require that policy makers and local leaders expand their ideas about ways to invest in and build an infrastructure that advances *measurable* diversity, equity, and inclusion across Virginia and in particular, services provided by state and local government. Lastly, the Equity-at-a-Glance dashboard reveals where Virginians need the most help across 133 localities; and therefore, can provide guidance on how to invest American Rescue Plan funds for long-term sustainability and change (Source).

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.