

# COVID Vaccination Strategies in Rural Communities

*Increasing Accessibility and Acceptance*

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**University Hospitals**

Cleveland | Ohio

# Learning Objectives

- Review current state of COVID vaccination in rural community
- List common themes that contribute to vaccine hesitancy
- Discuss strategies to increase COVID vaccination acceptance among hospital caregivers and the community

# Our Hospitals and Community



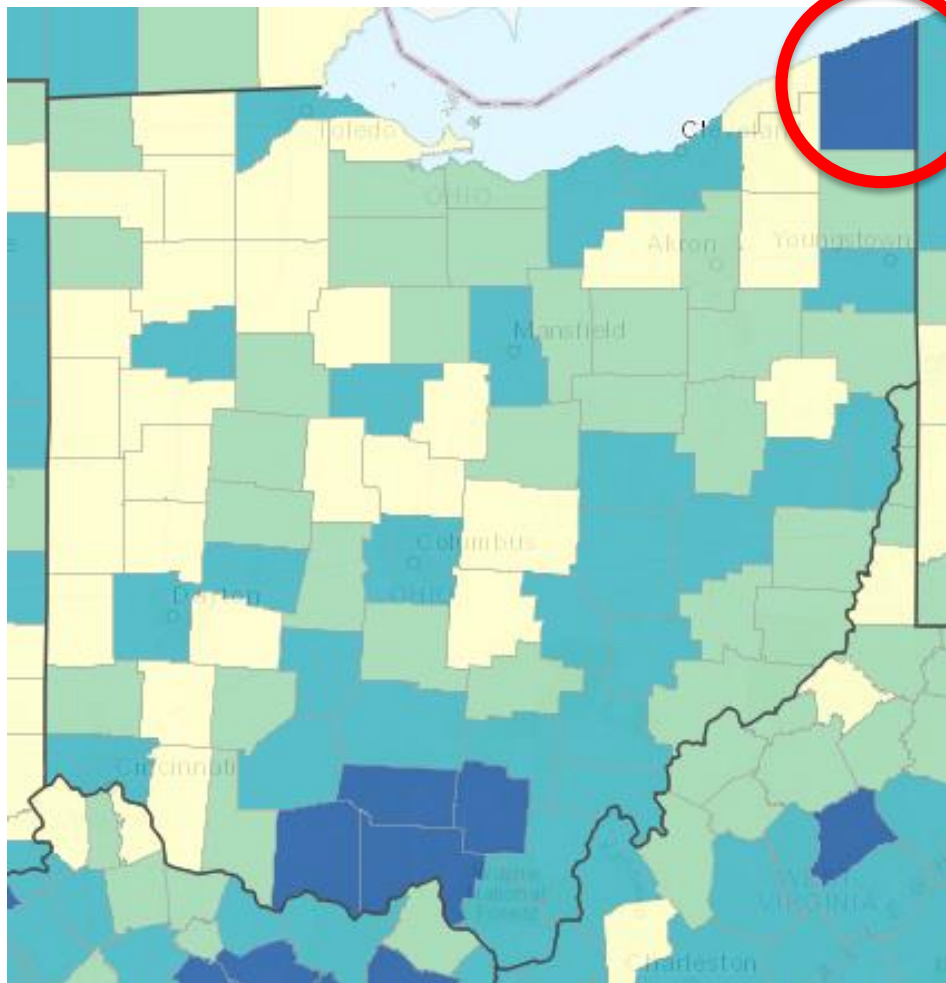
# Rural Areas – Population and Healthcare

- Rural population may be at a greater risk of severe complications from COVID-19
  - Older, higher rates of underlying chronic disease, more likely to have a disability
- Rural healthcare is limited and often not easily accessible
  - EMS travel long distances to respond
  - Shortage of healthcare professionals
  - Public health departments are serving larger geographic regions as well
  - Limitations on telemedicine

# COVID Impact on Rural Communities

- Social Vulnerability Index: tool that helps public health officials and emergency response personnel identify areas that are more at risk of extra assistance before, during, and after a hazardous event
- Variables used:
  - Socioeconomic status
  - Household composition and disability
  - Minority status and language
  - Housing type and transport
- Range: 0-1 (higher values indicating greater vulnerability)  
<https://www.atsdr.cdc.gov/placeandhealth/svi/index.html>

# SVI Map – Ohio



## Ashtabula County, Ohio

2018 Overall SVI Score:

**0.7857**

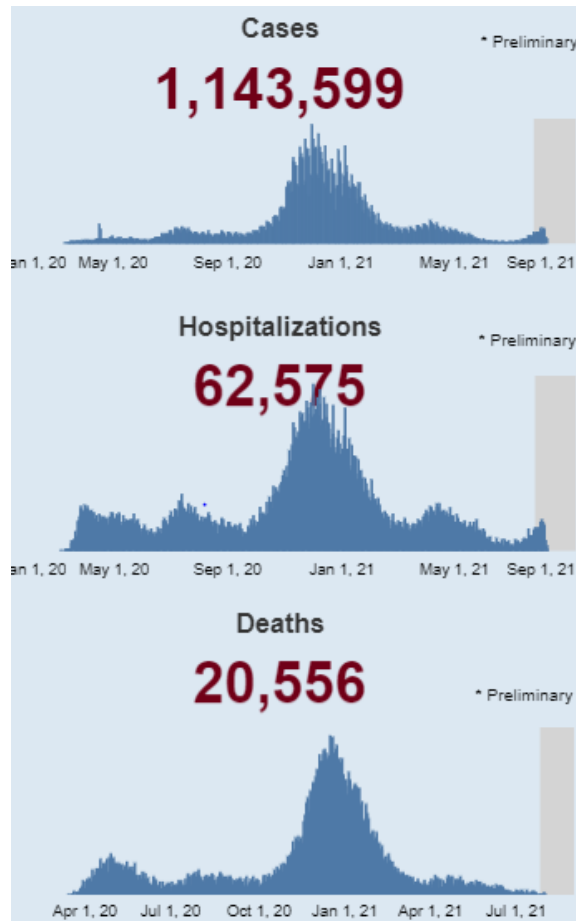
Possible scores range from **0** (lowest vulnerability) to **1** (highest vulnerability).

A score of **0.7857** indicates a **high** level of vulnerability.

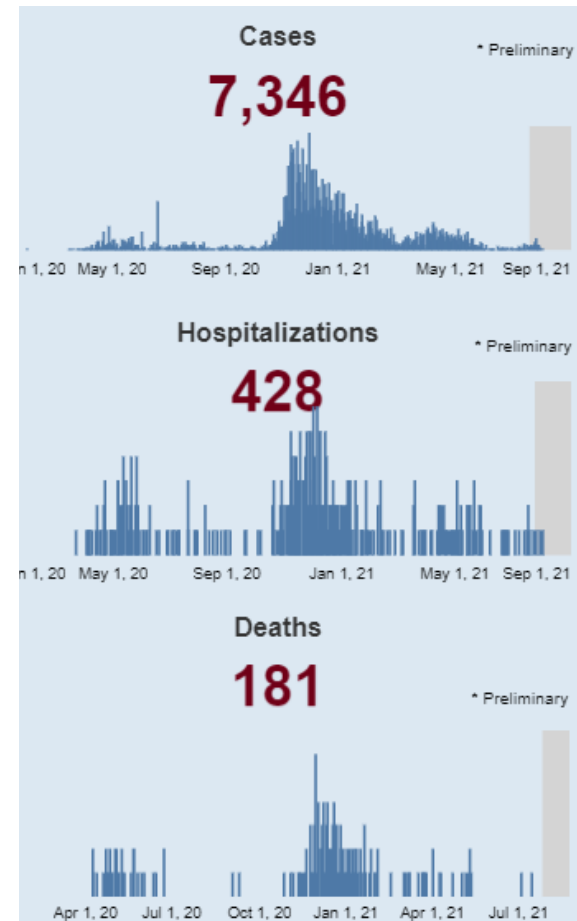
County	SVI	Range
Geauga	0.0901	Low
Cuyahoga	0.6809	Mod – High
Trumbull	0.464	Low - Mod

# State of Ohio | COVID - 19 Dashboard

## State of Ohio

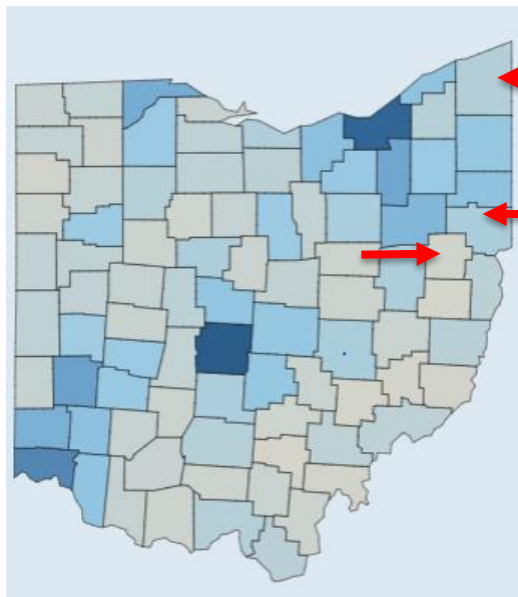


## Ashtabula County



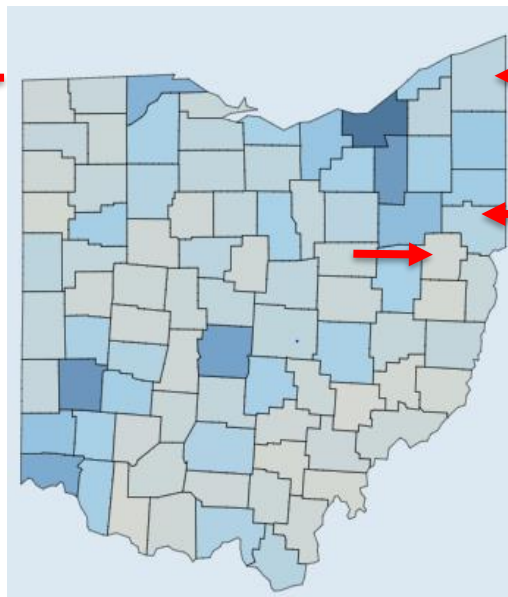


## Cases



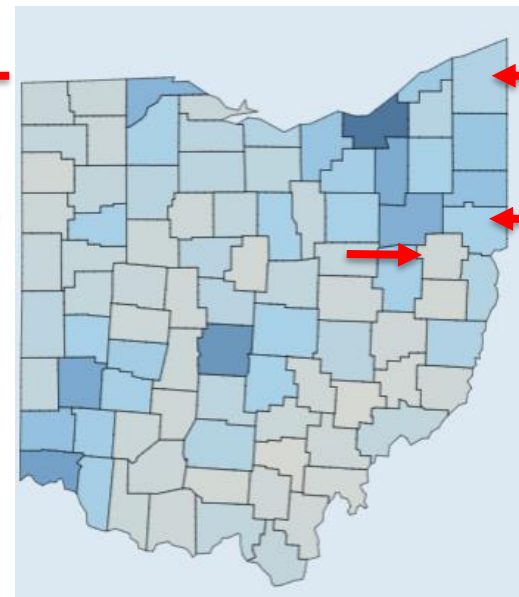
County	Number
Ashtabula	7,346
Carroll	2,066
Columbiana	9,353

## Hospitalizations



County	Number
Ashtabula	428
Carroll	144
Columbiana	518

## Deaths



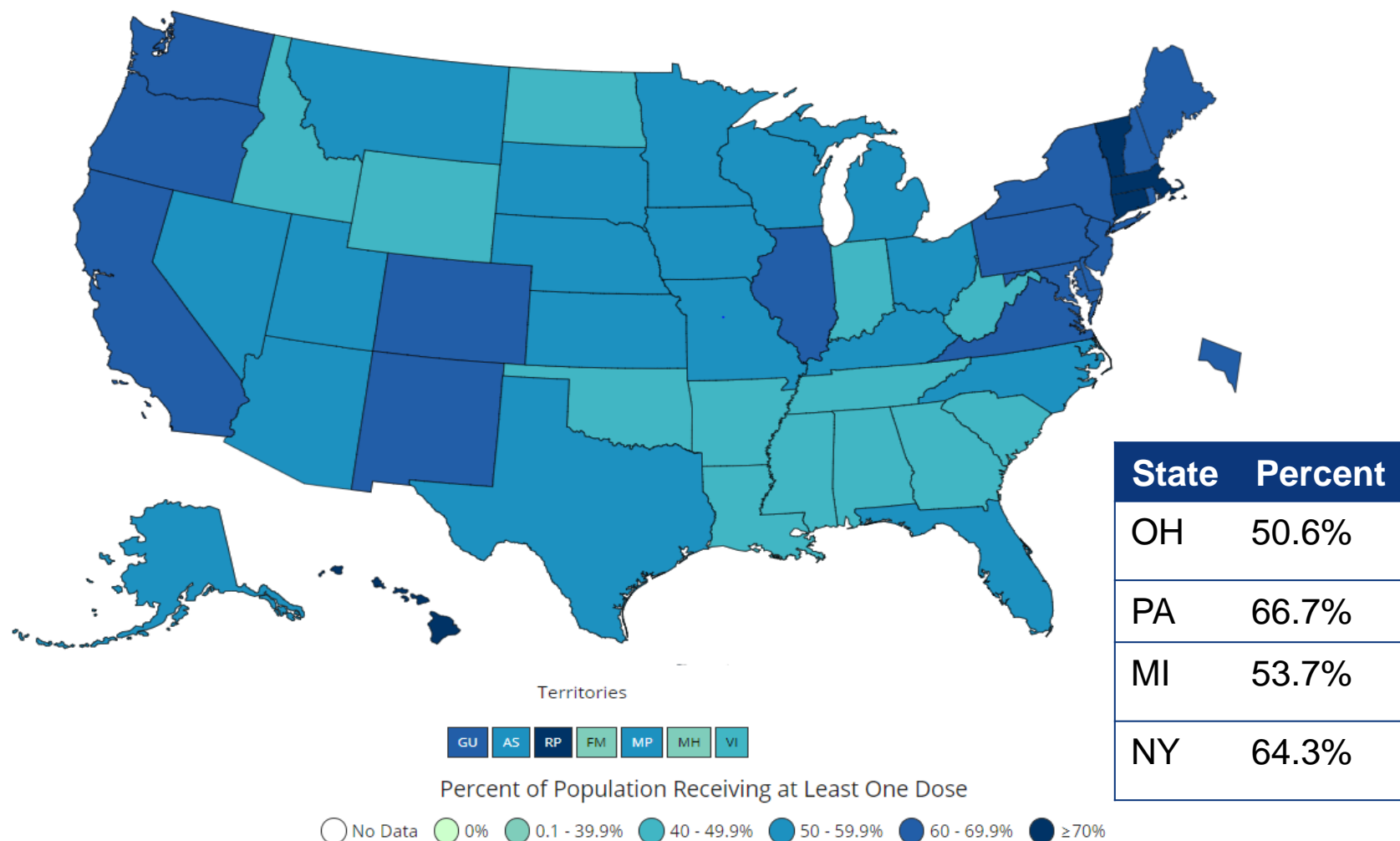
County	Number
Ashtabula	181
Carroll	49
Columbiana	236



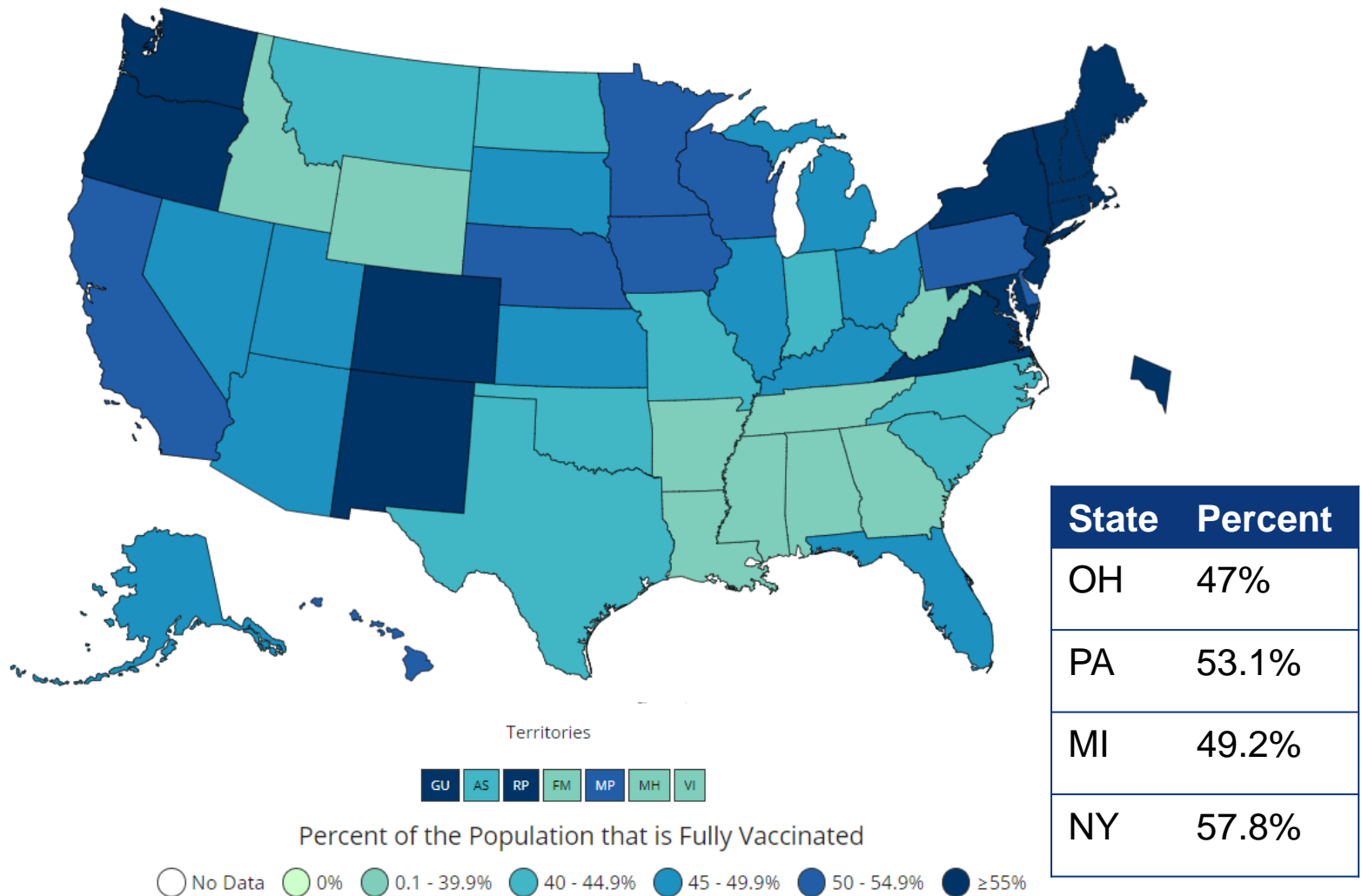
# Limitations of Vaccine

- A. Vaccine supply
- B. Resources to help register older adults
- C. Lack of public transportation
- D. Long-distances
- E. Limited internet access
- F. Political beliefs and misinformation
- G. Cultural skepticism
- H. Lower health literacy rates/perceived risk

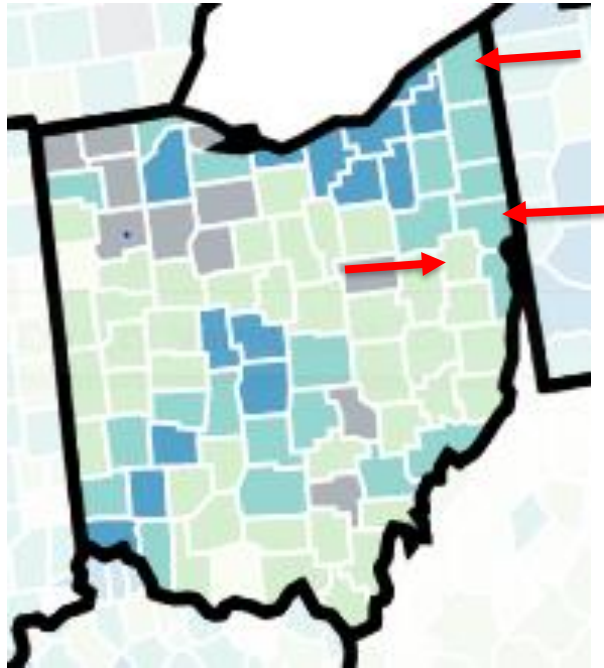
Percent of People Receiving at Least One Dose Reported to the CDC by State/Territory and for Select Federal Entities for the Total Population



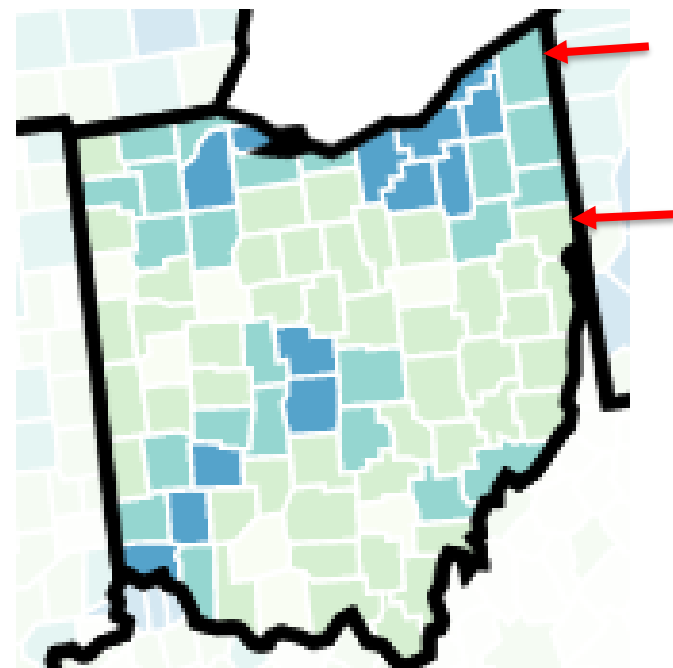
Percent of People Fully Vaccinated Reported to the CDC by State/Territory and for Select Federal Entities for the Total Population



% population with at least 1 dose



% population fully vaccinated



○ 0-29.9%    ● 30-39.9%    ● 40-49.9%    ● 50-69.9%    ● 70%+    ● No Data

County	Percent
Ashtabula	41.4%
Carroll	36.1%
Columbiana	40.8%

County	Number
Ashtabula	40.7%
Carroll	35.4%
Columbiana	39.2%

## Ohio

Age	First Dose	Fully Vaccinated
0-19	14.97%	12.67%
20-29	42.43%	38.18%
30-39	49.49%	45.23%
40-49	55.76%	51.57%
50-59	63.81%	59.74%
60-64	73.74%	69.83%
65-69	81.58%	77.96%
70-74	86.03%	82.77%
75-79	82.30%	78.94%
80+	79.69%	76.29%

## Ashtabula

Age	First Dose	Fully Vaccinated
0-19	11.01%	9.36%
20-29	29.22%	26.04%
30-39	37.08%	33.60%
40-49	44.90%	41.70%
50-59	55.78%	52.52%
60-64	68.01%	64.77%
65-69	79.65%	76.70%
70-74	80.92%	78.74%
75-79	76.30%	74.03%
80+	79.29%	76.75%

# Vaccinating our Caregivers – Why?

- Goal of Zero harm
  - Prevent hospital acquired COVID among patients
  - Promote/ensure zero harm environment for caregivers
  - Role model for community with vaccination hesitancy/misinformation
- Hospital operations
  - Staffing is not only operational issue but safety issue
  - Address stress/burnout caused by COVID and fear
  - Helps prevent call-offs due to family having COVID
- Personal approach as small hospital
  - We care about the safety of all of our caregivers

# Strategies to improve uptake rates

- Employees
  - Education strategies
    - Leadership Rounding
    - Vaccine Scheduling Rounding
    - Open Forum with system leaders
    - Individual Phone Calls
  - Improving Access
    - Easy location
    - One way traffic
    - Schedule every 10 minutes
    - Efficient Staffing
    - Cover multiple shifts





# Strategies to improve uptake rates

## Community

- Education strategies
  - UH Healthy@UH Blog
    - <https://www.uhhospitals.org/Healthy-at-UH/articles/2021/03/what-you-can-expect-after-getting-vaccinated-for-covid-19>
  - Facebook posts
  - Youtube video featuring UH system experts
  - Community Outreach – Wellness Wednesday
  - Healthy Restart Vaccine Playbook
    - <https://www.uhhospitals.org/services/covid-19-vaccine/uh-vaccine-playbook>



## HEALTHY RESTART PLAYBOOK

### How effective are the vaccines?

**Clinical trials have shown all authorized vaccines to be highly effective in preventing severe illness, hospitalization and death.**

COVID-19 vaccine efficacy was measured at different times, and the studies had different exact definitions of COVID-19 disease. This makes it difficult to make a direct comparison of the three.

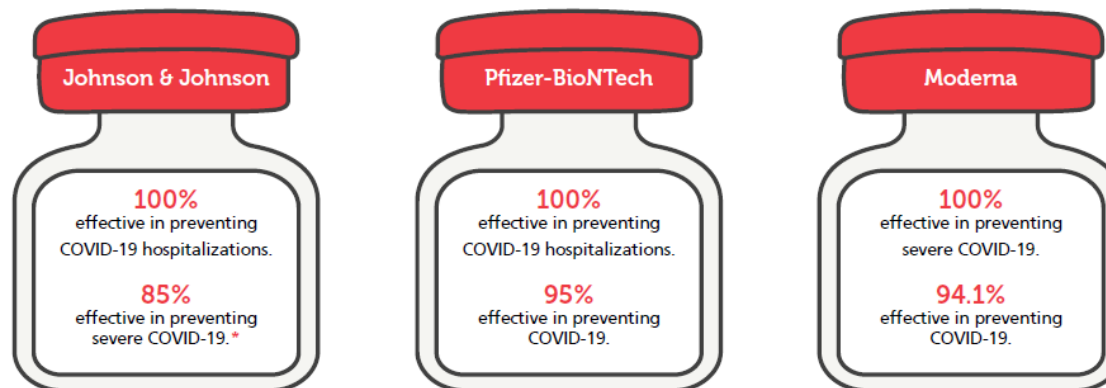
At the time of the **Johnson & Johnson vaccine** clinical trials, new faster-spreading and more severe variants were arising. The Pfizer-BioNTech and Moderna trials were concluded before these variants were being tracked. Recent studies reported by the CDC suggest that the **Moderna and Pfizer-BioNTech vaccines** are highly effective against the current variants, but the vaccines continue to be studied.

The studies measured levels of protection:

- if the vaccine stops you from getting sick with COVID-19
- if it stops you from getting very sick or severely ill
- if it stops hospitalizations from severe COVID-19
- if it stops you from dying from COVID-19

The CDC, the FDA and each of the vaccine manufacturers continue to collect information, study and report on the efficacy of the vaccines.

This is what each manufacturer reported about their clinical trials when they applied to the FDA for Emergency Use Authorization:



\*This vaccine was studied where variants were emerging, including South Africa. There it prevented 82% of severe or critical COVID-19.



## HEALTHY RESTART PLAYBOOK

# What can I expect from my medical provider?

How they will help you get

**R.E.A.D.Y.**<sup>TM\*</sup>

for COVID-19 vaccines.

**R**aise the question. Your doctor should discuss the COVID-19 vaccines and ask you if you have questions or concerns.

**E**ncourage open dialogue and questions. Your doctor should welcome your questions.

**A**cknowledge and respect your concerns. Make sure your questions about COVID-19 and the vaccines are answered by your doctor.

**D**isclose medical information in a way that allows you to better understand your personal risks and benefits when considering the COVID-19 vaccines.

**Y**ou are important to us. Your provider is there to care for you whatever your decision about the vaccines.

\*Built in collaboration with UH Ventures and the Community Health Engagement team using a human-centered design framework

- Collaboration
  - Coordination of daily, large-scale drive-thru clinics with LHD's
  - Multi-System initiatives
  - Vaccine incentives
  - Local School Systems vaccination efforts
  - Recorded PSA  
<https://youtu.be/Jn2mShFDVCc>



## Feedback from Vaccinated

*“I don’t want my daughter to get COVID from me.”*

*“Help get the state back on the positive side.”*

*“Because we don’t want COVID and we want to get back to normal.”*

*“Want to have the family ready for school.”*

*“To protect others and myself against COVID.”*

*“Husband made me.”*

*“Common sense.”*

