Rapid Translation of COVID Vaccine Hesitancy Data into Real-Time Guidance for Health Care Facilities

A. Rani Elwy, PhD
Core Investigator, Center for Healthcare Organization and Implementation Research, VA Bedford Healthcare System
MPI, BridgeQUERI
Director, Implementation Science Core, Psychiatry and Human Behavior
Associate Professor, Alpert Medical School, Brown University

Northwestern University, Prevention Science & Methodology Group Virtual Grand Rounds, January 11, 2022
The views expressed in this presentation are those of the author and do not necessarily reflect the position or policy of the Department of Veterans Affairs or the United States government.

Funded by QUE 20-017
President Lincoln established the VA during the Civil War: “To care for him who shall have borne the battle, and for his widow, and his orphan”

Updated: “To care for those who shall have borne the battle and for their families and survivors.”

Veterans Health Administration is America’s largest integrated health care system
- 1,244 healthcare facilities,
  - 170 medical centers
  - 1,074 outpatient sites of care
- 9 million enrolled Veterans each year
- 335,000 employees, approximately 30% are Veterans
Embedded Researcher in VA Healthcare

• By working together, researchers, decision-makers, and implementers have a better chance of identifying the most relevant and pressing challenges within the health system.

• The collaboration between these groups closes the ‘gap’ between them by creating understanding and buy-in to the need for research and the complexity of decision-making processes for creating and sustaining change.

• A process of learning and iteration can help to continuously improve the health system to reach established goals and targets.

WHO, 2021
ORD’s QUERI Program and Other VA Entities Facilitate Translating Research into Clinical Practice

January 2020

VA HEALTH CARE

Efforts to Prioritize and Translate Research into Clinical Practice
QUERI’s Three-Fold Strategic Methodology

**Implement**
Plan, deploy, and sustain effective practices across diverse settings
- Enhance Veteran access to cutting-edge, personalized treatments

**Evaluate**
Conduct rigorous evaluations to optimize programs and policies affecting Veterans
- Develop mutually beneficial partnerships
- Inform rollout of high-priority initiatives

**Disseminate & Sustain**
Promote the application of implementation and quality improvement sciences across the translation spectrum
- Drive a culture of learning and knowledge translation across VA
# Bridge QUERI RRT Team

“Learn quickly, (don’t be afraid to) fail quickly, and apply lessons to move forward quickly” – Dr. Carolyn Clancy

<table>
<thead>
<tr>
<th>Name</th>
<th>Title/Role</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dani Miano</td>
<td>BA</td>
</tr>
<tr>
<td>Lara Lobrutto</td>
<td>MA</td>
</tr>
<tr>
<td>Beth Ann Petrakis</td>
<td>MPP</td>
</tr>
<tr>
<td>Rick Carbonaro</td>
<td>MS</td>
</tr>
<tr>
<td>Elizabeth Maguire</td>
<td>MSW</td>
</tr>
<tr>
<td>Taryn Erhardt</td>
<td>MA</td>
</tr>
<tr>
<td>Angela Kyrish</td>
<td>MA</td>
</tr>
<tr>
<td>Allen Gifford</td>
<td>MD (RRT Co-Lead)</td>
</tr>
<tr>
<td>Marla Clayman</td>
<td>PhD</td>
</tr>
<tr>
<td>Amanda Midboe</td>
<td>PhD (BridgeQUERI MPI)</td>
</tr>
<tr>
<td>Guneet Jasuja</td>
<td>PhD</td>
</tr>
<tr>
<td>Sarah Javier</td>
<td>PhD</td>
</tr>
<tr>
<td>David C. Mohr</td>
<td>PhD</td>
</tr>
<tr>
<td>Steven Asch</td>
<td>MD, MPH</td>
</tr>
<tr>
<td>D. Keith McInnes</td>
<td>(Corresponding PI BridgeQUERI)</td>
</tr>
</tbody>
</table>
Bedford WWII Vet First VA Patient To Get Coronavirus Vaccine

World War II veteran Margaret Klessens, 96, was the first VA patient in the country to receive the coronavirus vaccine.

Registered nurse Sandra Getchell gives the COVID-19 vaccine to World War II Veteran Margaret Klessens, aged 96, a resident of VA Bedford Healthcare System's community living center.

It's not just doctors and nurses who are getting the first vaccines. Some housekeeping staff are at the top of the list

By Leah Asmsolash, CNN

Updated 1:01 PM ET, Tue December 15, 2020

Andrew Miller, a housekeeper in the Environmental Management Service at the VA Bedford Healthcare System, was the first employee to receive the Covid-19 vaccine on Monday.
At a Glance

VA COVID-19 Cumulative Cases

482,536

Active Cases

- Veteran: 54,302
- Employee: 11,988
- All Other: 1,440
- Veteran-Employee: 365

Total: 68,095

Convalescent Cases

- Veteran: 356,311
- Employee: 30,813
- All Other: 7,935
- Veteran-Employee: 1,358

Total: 396,417

Known Deaths

- Inpatient: 6,795
- Known Other: 11,229

Total: 18,024

Total Individuals Fully Vaccinated: 4,350,814

<table>
<thead>
<tr>
<th>Facility (Expand for Recipient Type)</th>
<th>Dose 1/2 (Pfizer or Moderna)</th>
<th>Dose 2/2 (Pfizer or Moderna)</th>
<th>Additional Dose (Pfizer or Moderna)</th>
<th>Dose 1/1 (Janssen)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Albany, NY HCS</td>
<td>11,820</td>
<td>11,571</td>
<td>4,500</td>
<td>1,210</td>
</tr>
<tr>
<td>Alexandria, LA HCS</td>
<td>14,523</td>
<td>13,892</td>
<td>3,488</td>
<td>797</td>
</tr>
<tr>
<td>Altoona, PA HCS</td>
<td>16,046</td>
<td>15,567</td>
<td>6,100</td>
<td>764</td>
</tr>
<tr>
<td>Amarillo, TX HCS</td>
<td>12,758</td>
<td>11,954</td>
<td>3,136</td>
<td>1,104</td>
</tr>
<tr>
<td>Anchorage, AK HCS</td>
<td>9,527</td>
<td>9,161</td>
<td>3,108</td>
<td>1,400</td>
</tr>
<tr>
<td>Ann Arbor, MI HCS</td>
<td>38,736</td>
<td>37,431</td>
<td>16,300</td>
<td>1,042</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>4,245,340</strong></td>
<td><strong>4,045,056</strong></td>
<td><strong>1,269,280</strong></td>
<td><strong>305,758</strong></td>
</tr>
</tbody>
</table>

Cases Last Updated: 1/10/2022 7:31:15 PM

Vaccines Last Updated: 1/7/2022 7:01:19 PM
Problem Statement

- Despite widespread availability, some Veterans (and employees) are not willing to receive one of the 3 COVID-19 vaccines available to them.
- 6-month Rapid Response project to support the National Center for Health Promotion and Disease Prevention undertaken from December 30, 2020-June 30, 2021.
- VA Quality Enhancement Research Initiative (QUERI) Programs focused on improvement science have created Rapid Response Teams to support VHA Program Offices with critical, short-term needs, through a Memorandum of Understanding.
To inform the National Center for Health Promotion and Disease Prevention’s ongoing efforts to increase vaccine uptake across the VA Healthcare System, we conducted:

- **Interviews with Veterans and employees** (January-June, 2021)
- A survey of the Veteran Insight Panel (March 12-28, 2021)
- Analysis of All Employee Survey vaccine questions (August 2021)
- to use findings to support communication about vaccines
Part 1: Interviews with Veterans and Employees

32 Veteran and 31 employee interviews conducted January-June 2021
Vaccine hesitancy as an opportunity for engagement: A rapid qualitative study of patients and employees in the U.S. Veterans Affairs healthcare system

A. Rani Elwy a,b,*, Marla L. Clayman a, Lara LoBrutto c, Danielle Miano a, Beth Ann Petrakis a, Sarah Javier d,e, Taryn Erhardt d, Amanda M. Midboe d,e, Richard Carbonaro a, Guneet K. Jasuja a,g, Elizabeth M. Maguire a, Angela Kyrish a, Steven M. Asch d,f, Allen L. Gifford c,g,h, D. Keith McInnes a,h
VA EMPLOYEE INTERVIEWS ABOUT THE COVID-19 VACCINE

We are looking for VA employees of Community Living Centers (CLCs) to participate in a project on perceptions of the COVID-19 vaccine.

Information from these interviews will allow us to develop strategies that the VA National Center for Health Promotion and Disease Prevention can use to address concerns about the vaccine.
Directed Content Analysis
(Hsieh & Shannon, 2005)
1.0 Contextual influences
1.1 Media environment
1.2 Social networks
1.3 Healthcare Providers
1.4 Historical influences
1.5 Religion, culture, gender or socio-economic
1.6 Politics, policies
1.7 Geographic or transportation barriers
1.8 Perception of pharmaceutical industry
1.9 Influential leaders, immunization program gatekeepers and anti-or pro-vaccination lobbies

Influences arising due to historic, socio-cultural, environmental, health system/institutional, economic or political factors.

2.0 Barriers and Facilitators
2.1 Individual-level barriers/facilitators
   2.1a Knowledge/awareness
   2.1b Beliefs/attitudes about health and prevention
   2.1c Personality traits/characteristics
   2.1d Medical and vaccine history
   2.1e COVID susceptibility/exposure (perceived, heuristic)
2.2 Interpersonal-level barriers/facilitators
   2.2a Impact on family/friends/patients
2.3 Community/society-level risk/benefit

Barriers or facilitators arising from personal perception of the vaccine or influences of the social/peer environment.
### 3.0 Vaccine, vaccination-specific issues
- 3.1 Misinformation
- 3.2 Vaccine development
- 3.3 Side effects
  - 3.3a Short-term (side effects)
  - 3.3b Long-term (side effects)
- 3.4 Mode of administration
- 3.5 Design of vaccination program, mode of delivery
- 3.6 Reliability and/or source supply of vaccine, vaccination equipment
- 3.7 Vaccination schedule
- 3.8 Changes in attitude over time

Directly related to vaccine or vaccination.

### 4.0 VA/Military
- 4.1 Work environment
- 4.2 Trust in the VA
  - 4.2a Military experience
- 4.3 Prioritization scheme
- 4.4 Scheduling
- 4.5 Information accessibility
- 4.6 Information content
- 4.7 Suggestions/opportunities for improvement

If suggestions are something we infer, note that.
The Landscape of COVID-19 Vaccines is Constantly Changing

IDEAS

The Surprising Key to Combatting Vaccine Refusal

It’s not just one problem—and we’re going to need a portfolio of approaches to solve it.

FEBRUARY 28, 2021

Derek Thompson
Staff writer at The Atlantic

5 Types of Vaccine Hesitancy:
• Vaccine dissent
• Vaccine deliberation
• Vaccine distrust
• Vaccine indifference
• Vaccine skepticism
<table>
<thead>
<tr>
<th>Vaccine hesitancy category</th>
<th>Framework domain</th>
<th>Framework code</th>
<th>Exemplar quote</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vaccine dissent</td>
<td>Contextual influences</td>
<td>Religion, culture, gender or socio-economic</td>
<td>Well, [taking the vaccine] has a lot to do with my culture. I believe I was raised not to really take some medication and I don't like medication and that's just me personally (Staff).</td>
</tr>
<tr>
<td>Vaccine deliberation</td>
<td>Barriers and facilitators</td>
<td>Personality traits/characteristics</td>
<td>So I guess I would describe myself as not an early adopter of anything, so I'm, I'm not the first one to buy anything. Try anything, I basically like to sit back and I may be interested in something, a product, or a service or medication, but I'll sit back and watch what happens and see if there's any unintended consequences of for the rollout of whatever the product or service, a vaccine or medication happens to be (Veteran).</td>
</tr>
<tr>
<td>Vaccine distrust</td>
<td>Vaccine-specific issues</td>
<td>Vaccine development</td>
<td>Uh, yeah, so I know that there is, you know, a lot of different trials or whatever they do to approve something so. And I guess when you see that something's FDA approved, you know it went through the correct channels, the correct process to get approved. So when it wasn't, it's like what was what was different this time. What was potentially skipped (Staff).</td>
</tr>
<tr>
<td>Vaccine indifference</td>
<td>Barriers and facilitators</td>
<td>COVID susceptibility/exposure (perceived, heuristic)</td>
<td>No, I don't expect that I'll get it. I think if I was gonna get it I would have had it by now (Veteran).</td>
</tr>
<tr>
<td>Vaccine skepticism</td>
<td>Contextual influences</td>
<td>Historical influences</td>
<td>And then there's always a fear which I know could be very far-fetched. But there's always a fear like what's in this injection, like is it a tracker? Is it? You know what I mean? And then you think of things you know, being a nurse is when you think of things like the Tuskegee syphilis trial and things like that... I know that I'm going to get the same vaccine as the Caucasian sitting next to me, but you just have that fear. You just don't know (Staff).</td>
</tr>
</tbody>
</table>
Moving to Vaccine Acceptance

• “If I was single, I probably wouldn't have got it, but because I'm married and have a kid at home and I gotta make sure, like I said, my wife’s out of work, so I gotta make sure I'm working. So, I didn't wanna- I just weighed the pros and cons and I said it’d be kind of selfish of me if I don't take the vaccine and then I get it [COVID-19], then people will have been like, oh you should have. You should have took this.” (Veteran)
Part 2: SHEP/Ipsos Veteran Insight Panel Panel Survey

Fielded March 12-28, 2021
VA’s Survey of Healthcare Experience of Patients

Good patient experience is good medicine
Ipsos has been involved in ongoing COVID-19 vaccine surveys.
SHEP VIP Survey: 4 Main Parts

- About COVID-19 and the pandemic
- COVID-19 vaccines
- About your healthcare
- About you
Attitudes and Intentions of US Veterans Regarding COVID-19 Vaccination

Guneet K. Jasuja, PhD, MPH$^{1,2}$; Mark Meterko, PhD$^{3,4}$; Ledjona D. Bradshaw, MPH$^3$; Richard Carbonaro, PhD$^1$; Marla L. Clayman, PhD, MPH$^1$; Lara LoBrutto, MPH$^5$; Danielle Miano, BA$^1$; Elizabeth M. Maguire, MSW$^1$; Amanda M. Midboe, PhD$^{6,7}$; Steven M. Asch, MD, MPH$^{6,8}$; Allen L. Gifford, MD$^{2,4,5}$; D. Keith McInnes, ScD, MS$^{1,4}$; A. Rani Elwy, PhD$^{1,9}$

Author Affiliations | Article Information

COVID-19 Vaccines

The next questions are about vaccinations in general and COVID-19 vaccines in particular.

7) In the past 5 years, how often have you received the annual flu shot?
   a) Never/Sometimes/Usually/Always (Note: this is SHEP/CAHPS NSUA response scale)

8) Have you received a COVID-19 vaccine?
   a) Yes, a first shot
   b) Yes, both shots
   c) No

   7.1 Will you be going back for your second shot?
       Yes / No / Not sure.

   7.2 Where did you get your COVID19 vaccination?
       □ At a VA facility
       □ Outside the VA
       MM note: “Wherever” and “Not Sure” options did not seem appropriate for this group.

9) Do you intend to get a vaccine for COVID-19?
   a) Definitely will not
   b) Probably will not
   c) Not sure
   d) Probably will
   e) Definitely will

9A. If you were to decide to get it, where would you be most likely to get your COVID-19 vaccine? (Same response options as 9B)

9B. Where do you plan to get your COVID-19 vaccine?
   □ At a VA facility
   □ Outside the VA
   □ Wherever I can
   □ Not sure

Skip to Q10 next
Have you received a COVID-19 vaccine? (n=1,156)  
(First of two shots received included in "Yes")

If not already vaccinated (n=339)...Do you intend to get a COVID-19 vaccine?

- Yes 71%
- No 29%
- Definitely Will: 25%
- Probably Will: 13%
- Probably Will Not: 27%
- Not Sure: 13%
- Not Sure: 22%
Veterans who were "Not Sure" whether they will get vaccinated were more likely to describe their overall health as "Fair" or "Poor" and less likely to describe it as "Excellent" or "Very Good" than those in other vaccine intention groups.
Veterans who were "Not Sure" whether they will get vaccinated were more likely to describe their **overall mental or emotional health** as "Fair" or "Poor" and less likely to describe it as "Good" than those in other vaccine intention groups.
Reason for Not Getting COVID-19 Vaccine
(Or for Not Being Vaccinated Yet) | Hesitancy Type | Do you intend to get a COVID-19 vaccine?
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Definitely Not</td>
</tr>
<tr>
<td>I am concerned about side effects from the vaccine.</td>
<td>Skepticism</td>
<td>✗</td>
</tr>
<tr>
<td>The COVID vaccine is new, so I want to wait a while before deciding.</td>
<td>Deliberation</td>
<td>✗</td>
</tr>
<tr>
<td>I prefer gaining natural immunity.</td>
<td>Skepticism</td>
<td>✗</td>
</tr>
<tr>
<td>I prefer to use as few medicines as possible.</td>
<td>Skepticism</td>
<td>✗</td>
</tr>
<tr>
<td>I do not trust the healthcare system to act in my best interests.</td>
<td>Distrust</td>
<td>✗</td>
</tr>
<tr>
<td>I do not trust vaccines.</td>
<td>Dissent</td>
<td>✗</td>
</tr>
<tr>
<td>I am eligible for a COVID-19 vaccine but have not yet been able to get an appointment.</td>
<td>Non-hesitancy issues related to policy and process/logistics</td>
<td></td>
</tr>
<tr>
<td>I am not eligible for a COVID-19 vaccine at this time.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Getting a COVID-19 vaccine is too difficult.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Indicates that the reason was one of the top 5 most frequently endorsed in that vaccine intention group.*

Reasons for being vaccinated

Among those vaccinated,

• preventing oneself from getting sick (57%) and
• contributing to the end of the COVID-19 pandemic (56%) were top reasons for getting vaccinated.
Trusted sources for those not vaccinated...

For Veterans unsure about vaccination, their **VA provider was a top trusted source**, compared to those who would definitely not or probably not get vaccinated (26% vs. 15%)
1. INVOLVE TRUSTED PROVIDERS: Veterans trust the VA and their VA provider as sources of information about COVID-19 vaccines
   - What you can say to a Veteran about getting a vaccine really matters!

2. ASK QUESTIONS: Veterans express many different reasons for vaccine hesitancy
   - Take the time to honor each Veteran’s concerns, and tailor each conversation to the needs of the Veteran in front of you
   - Veterans might be concerned about vaccine safety, they may have fears about the newness of the vaccines, or they may not trust government officials based on military experiences. These concerns are real
   - Specifically outreach to Veterans who are known to have fair or poor overall health or mental health, as these groups are more likely to be unsure of whether or not to get vaccinated against COVID-19

3. USE VETERANS’ WORDS: Veterans who have been vaccinated against COVID-19 say they did this to protect others and themselves
   - Draw on altruistic reasons for getting the vaccine, emphasizing benefits to family, friends and society
   - Share other Veterans’ reasons for getting the vaccine
What is the VHA Innovation Ecosystem?

Veterans Health Administration Innovation Ecosystem (VHA IE) is the catalyst for enabling the discovery and spread of mission-driven health care innovation to advance care delivery and service that exceeds expectations, restores hope, and builds trust within the Veteran community.
Process Flow

• Each facility needs to decide who is going to have 1:1 conversations
• As Veterans have indicated that they trust their VA providers, we encourage facilities to give time to their providers to have these conversations
• Providers may be from primary care, geriatrics, mental health, or another service
• We recommend reaching out to Veterans who are known to have fair or poor overall or mental health because these Veterans are most unsure about getting the vaccine
The infographics created by the Bridge QUERI RRT are a great way for busy clinicians and staff to quickly learn about the high points and use them in practice. The RRT results are especially timely given that we, as a system, are working hard to promote vaccine acceptance during the current surge of the Delta variant. – Jane Kim, MD, MPH, Chief Consultant for Preventive Medicine, NCP
3-Step Plan for Increasing Vaccine Acceptance

- **Actor**: doctors, trusted clinicians
- **Action**: emphasize altruism, societal impact of vaccines, through 1:1 conversations (more than one)
- **Action target**: vaccine knowledge, motivation, & acceptance
- **Behavioral target**: willingness to talk about vaccines; vaccines in arms
- **Level**: Micro
- **Analysis**: track 1:1 conversations, vaccines administered

Part 3: All Employee Survey Vaccine Questions

A national census survey of workforce experiences, to provide voluntary and anonymous feedback to leadership

Fielded June 7-28, 2021, analyzed August 2021
Department of Veterans Affairs
Veterans Health Administration
Washington, DC 20420

VHA DIRECTION 1193
Transmittal Sheet
August 13, 2021

CORONAVIRUS DISEASE 2019 VACCINATION PROGRAM FOR VETERANS HEALTH ADMINISTRATION HEALTH CARE PERSONNEL

1. REASON FOR ISSUE: To establish policy and provide guidance for mandatory coronavirus disease 2019 (COVID-19) vaccination among health care personnel (HCP) in the Veterans Health Administration (VHA), hereafter referred to as VHA HCP. **NOTE:** VHA Directive 1193(1), COVID-19 Vaccination Program for VHA HCP, dated July 27, 2021 is no longer valid. This policy, VHA Directive 1193, replaces the July 2021 publication.
VA All Employee Survey COVID-19 Module

• 247,430 VA employees completed the All Employee Survey, fielded between June 7-28, 2021, in the following occupation groups:
  • Physicians: N=19,646
  • Nursing: N=70,976
  • Other Clinical: N=60,956
  • Administrative: N=73,531
  • Wage Grade: N=22,321
VA All Employee Survey COVID-19 Module

- My organization provided me with fact-based information about the COVID-19 vaccines.
  - Strongly Disagree, Disagree, Neutral, Agree, Strongly Disagree response options

- When did you receive a first dose of a COVID-19 vaccine?
  - December 2020—January 2021
  - February – March 2021
  - April—May 2021
  - June 2021 (AES survey fielded June 7-28, 2021)
  - I did not take the vaccine

- If recommended by national guidelines, I will take a booster dose of a COVID-19 vaccine.
  - Strongly Disagree, Disagree, Neutral, Agree, Strongly Agree response options

- If annual COVID-19 vaccination is required by VA as a condition of employment:
  - I would accept the vaccine
  - I would claim an exemption for health reasons
  - I would claim an exemption for reasons other than my health
  - I would consider seeking employment outside VA
State-Level Vaccination, Case, and Death Rates with AES items

<table>
<thead>
<tr>
<th>Variable</th>
<th>My organization provided me with fact-based information about the COVID-19 vaccines</th>
<th>Received a first dose of a COVID-19 vaccine</th>
<th>If recommended by national guidelines, I will take a booster dose of a COVID-19 vaccine</th>
<th>If annual COVID-19 vaccination is required by VA as a condition of employment, willing to take vaccine</th>
</tr>
</thead>
<tbody>
<tr>
<td>% State Population Administered 1 Dose of COVID-19 Vaccine</td>
<td>0.54***</td>
<td>0.77***</td>
<td>0.52***</td>
<td>0.73***</td>
</tr>
<tr>
<td>COVID-19 adult case rate per 18+</td>
<td>-0.26</td>
<td>-0.36**</td>
<td>-0.16</td>
<td>-0.29*</td>
</tr>
<tr>
<td>COVID-19 adult death rate per 18+</td>
<td>-0.30*</td>
<td>-0.29*</td>
<td>-0.15</td>
<td>-0.15</td>
</tr>
</tbody>
</table>

There are **strong associations between state vaccination percentage and AES items**—negative moderate associations between AES responses, COVID-19 cases and COVID-19 deaths may suggest that places that have more resistance to vaccination have higher case rates.

CDC data from 6/6/21; N=52 states (DC, PR)
My Organization Provided Fact-Based Information about COVID-19 Vaccines

- 36% Strongly Agree
- 40% Agree
- 14% Neutral
- 3% Disagree
- 7% Strongly Disagree

- 76% Yes
- 24% No
When Did You Receive a First Dose of a COVID-19 Vaccine?

- 50% Dec 2020-Jan 2021
- 23% Feb-Mar 2021
- 18% Apr-May 2021
- 1% Jun-21
- 1% I did not take the vaccine

- 82% Yes
- 18% No
When Did You Receive a First Dose of a COVID-19 Vaccine?

Percent of Employees (by Occupation) who have not received a first-dose of a COVID-19 Vaccine (out of 18% who reported not being vaccinated above)
If Recommended by National Guidelines, I Will Take a Booster Dose of a COVID-19 Vaccine

- 51% Strongly Agree
- 30% Agree
- 10% Neutral
- 7% Disagree
- 2% Strongly Disagree

- 80% Yes
- 20% No
Willing to take a booster dose of a COVID-19 vaccine (% among previously vaccinated)
If Annual COVID-19 Vaccination is Required by VA as a Condition of Employment

- 73% would accept the vaccine
- 9% would claim an exemption for health reasons
- 10% would claim an exemption for reasons other than my health
- 8% would consider seeking employment outside the VA

- 73% would accept
- 27% would not accept
WHITE HOUSE REPORT:
Vaccination Requirements Are Helping Vaccinate More People, Protect Americans from COVID-19, and Strengthen the Economy

OCTOBER 7, 2021
Questions and Thank you!

Rani.Elwy@va.gov
rani_elwy@brown.edu
@ranielwy