



BROWN  
Alpert Medical School

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

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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**

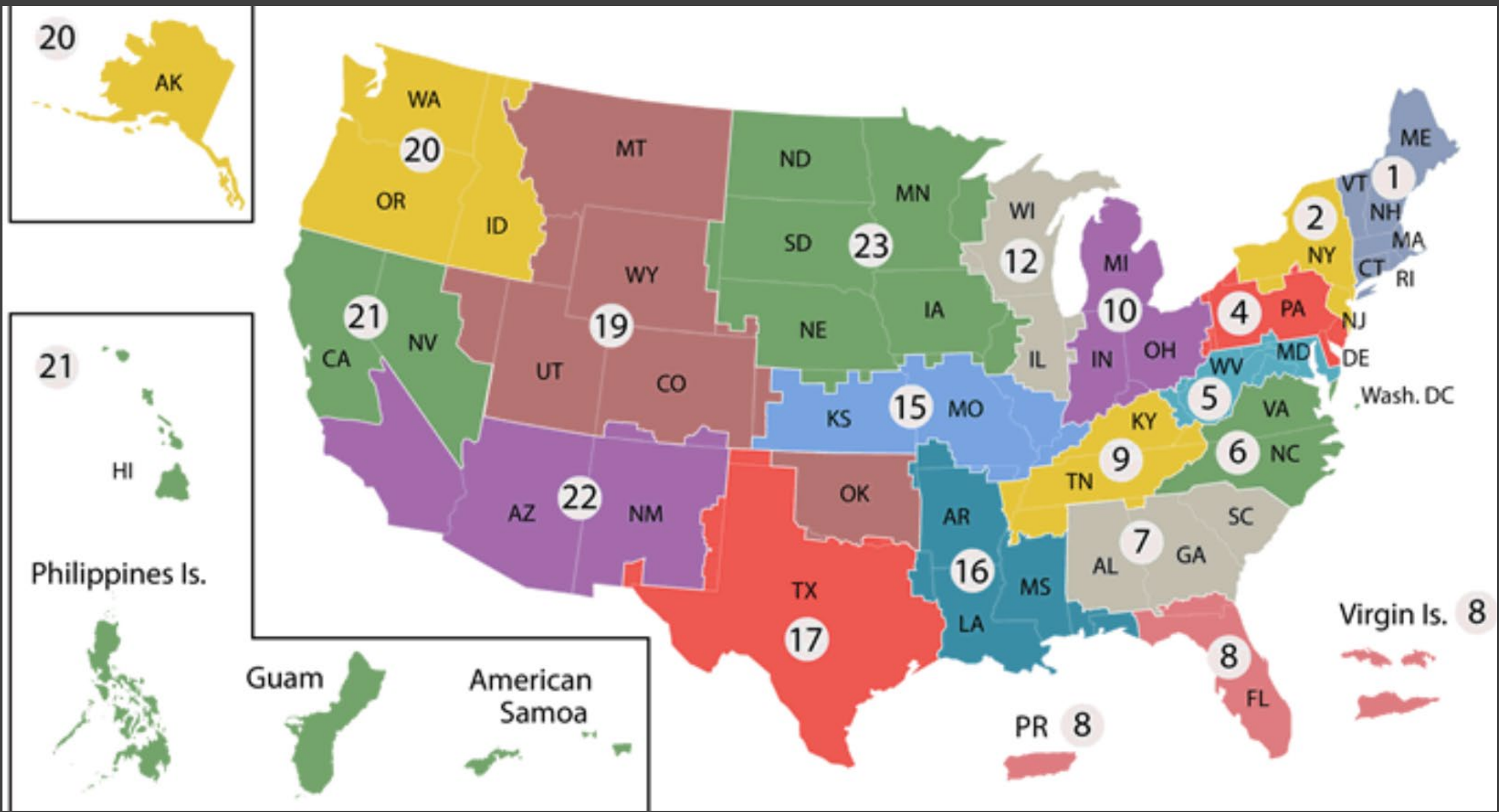
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VA



U.S. Department  
of Veterans Affairs

- 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.



**VA Quality Enhancement Research Initiative**

EVIDENCE INTO PRACTICE

ORD's QUERI  
Program and Other  
VA Entities Facilitate  
Translating Research  
into Clinical Practice



United States Government Accountability Office

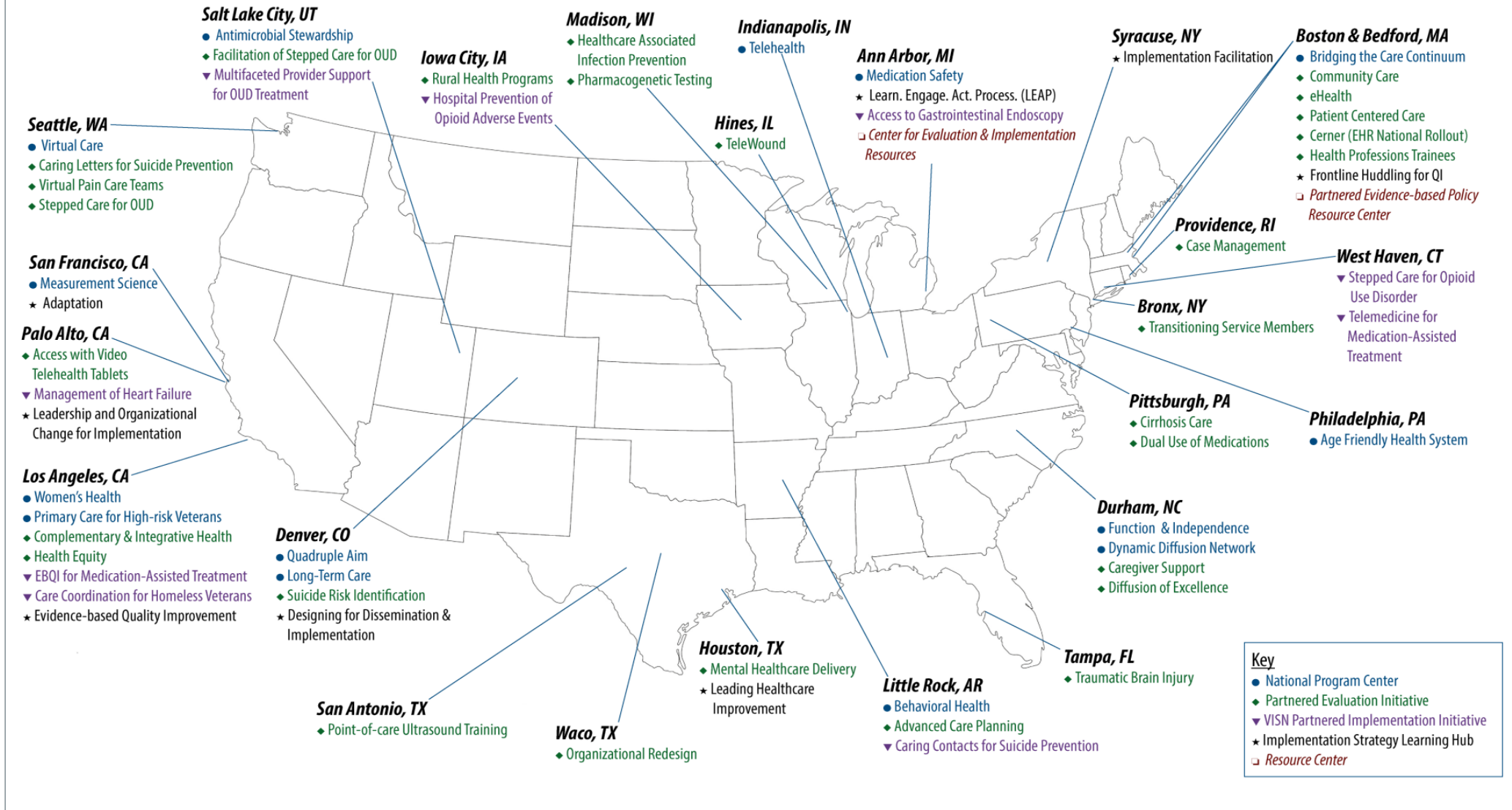
Report to the Ranking Member,  
Committee on Veterans' Affairs, House  
of Representatives

January 2020

## VA HEALTH CARE

# Efforts to Prioritize and Translate Research into Clinical Practice

# QUERI's National Network of Centers



**Key**

- National Program Center
- ◆ Partnered Evaluation Initiative
- ▼ VISN Partnered Implementation Initiative
- ★ Implementation Strategy Learning Hub
- Resource Center

## 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***

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D. Keith McInnes (Corresponding PI BridgeQUERI)

# 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.



Samantha Mercado, Patch Staff

Posted Mon, Dec 14, 2020 at 2:55 pm ET | Updated Mon, Dec 14, 2020 at 3:37 pm ET

Like 310 Share

Replies (5)



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.



US Crime + Justice Energy + Environment Extreme Weather Space + Science

LIVE TV Edition

# 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 Asmelash, CNN

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

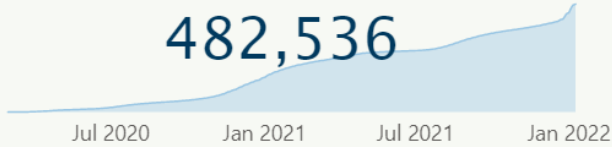


Andrew Miller, a housekeeper in the Environmental Management Service at the VA Bedford Healthcare System, was the first employee to receive the Covid-19 vaccine on Monday.

## At a Glance

### VA COVID-19 Cumulative Cases

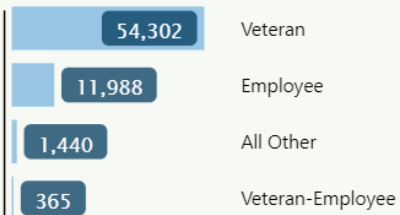
482,536



Patient Category  Race & Ethnicity

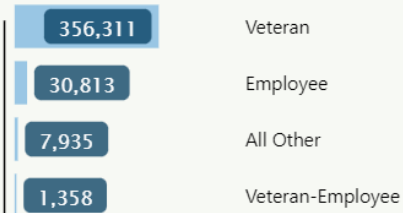
#### Active Cases

68,095



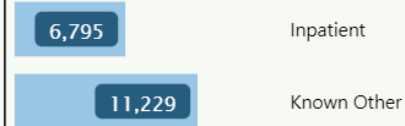
#### Convalescent Cases

396,417



#### Known Deaths

18,024



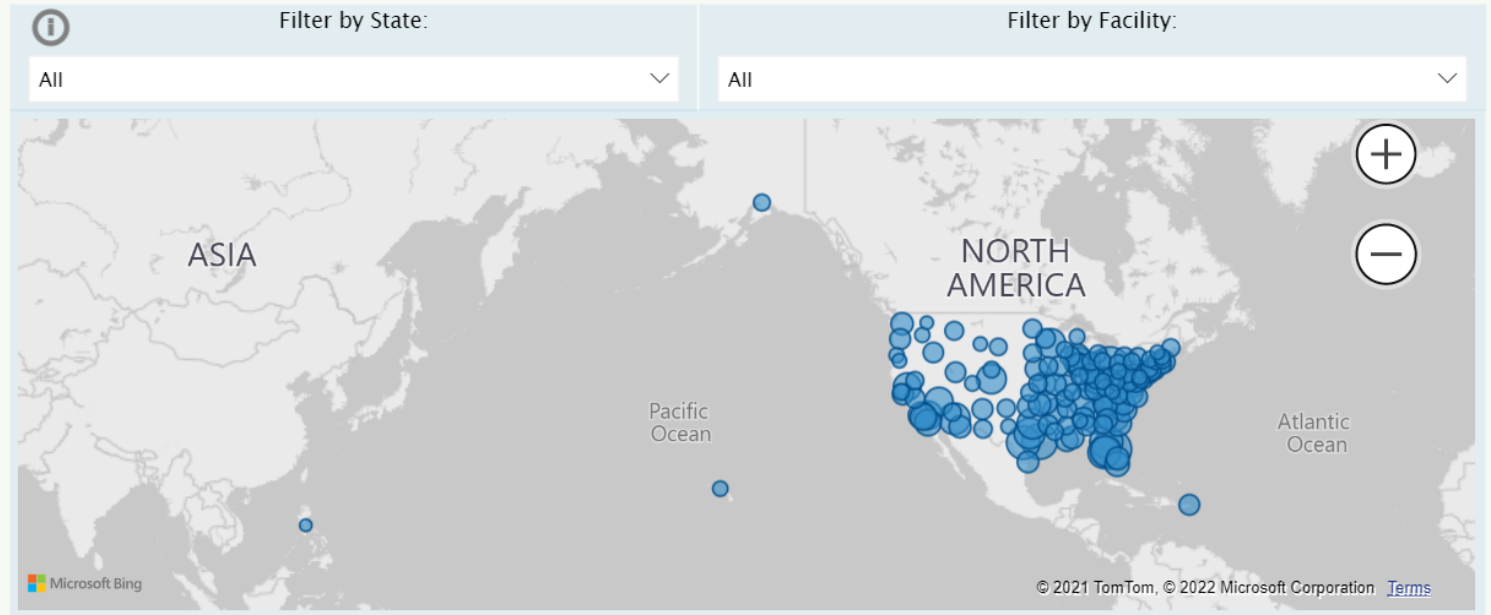
Show Me All Facilities

Compare to JHU CSSE

Cases Last Updated:

1/10/2022 7:31:15 PM

Reset



Total Individuals Fully Vaccinated  
4,350,814

Veterans Fully Vaccinated  
3,861,161

Veterans Given Additional Dose  
1,269,280

Employees Fully Vaccinated  
320,936

Federal Partners Fully Vaccinated  
29,046

Others Fully Vaccinated  
139,671

#### Individuals Receiving Vaccinations

Group By:

Facility (Expand for Recipient Type)	Dose 1/2 (Pfizer or Moderna)	Dose 2/2 (Pfizer or Moderna)	Additional Dose (Pfizer or Moderna)	Dose 1/1 (Janssen)
Albany, NY HCS	11,820	11,571	4,500	1,210
Alexandria, LA HCS	14,523	13,892	3,488	797
Altoona, PA HCS	16,046	15,567	6,100	764
Amarillo, TX HCS	12,758	11,954	3,136	1,104
Anchorage, AK HCS	9,527	9,161	3,108	1,400
Ann Arbor, MI HCS	38,736	37,431	16,300	1,042
Asheville, NC HCS	22,287	21,465	7,507	2,227
<b>Total</b>	<b>4,245,340</b>	<b>4,045,056</b>	<b>1,269,280</b>	<b>305,758</b>

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

# Goals of the Project

- 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*



ELSEVIER

Contents lists available at [ScienceDirect](#)

# Vaccine: X

journal homepage: [www.elsevier.com/locate/jvacx](http://www.elsevier.com/locate/jvacx)



## 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<sup>a,b,\*</sup>, Marla L. Clayman<sup>a</sup>, Lara LoBrutto<sup>c</sup>, Danielle Miano<sup>a</sup>, Beth Ann Petrakis<sup>a</sup>, Sarah Javier<sup>d,e</sup>, Taryn Erhardt<sup>d</sup>, Amanda M. Midboe<sup>d,e</sup>, Richard Carbonaro<sup>a</sup>, Guneet K. Jasuja<sup>a,g</sup>, Elizabeth M. Maguire<sup>a</sup>, Angela Kyrish<sup>a</sup>, Steven M. Asch<sup>d,f</sup>, Allen L. Gifford<sup>c,g,h</sup>, D. Keith McInnes<sup>a,h</sup>

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)

Vaccine 38 (2020) 5861–5876



A framework for the systematic consideration of ethics, equity, feasibility, and acceptability in vaccine program recommendations



Shainoor J. Ismail<sup>a,c,\*</sup>, Kendra Hardy<sup>a</sup>, Matthew C. Tunis<sup>a</sup>, Kelsey Young<sup>a</sup>, Nadine Sicard<sup>b</sup>, Caroline Quach<sup>b,c,d</sup>

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<sup>d</sup> Infection Prevention and Control, Department of Clinical Laboratory Medicine, CHU Sainte-Justine, Montreal, Canada  
<sup>\*</sup> Metro City Medical Clinic, Edmonton, Canada

Vaccine 33 (2015) 4161–4164



Vaccine hesitancy: Definition, scope and determinants



Noni E. MacDonald<sup>\*,1</sup>, the SAGE Working Group on Vaccine Hesitancy<sup>1</sup>

Department of Paediatrics, Dalhousie University, Canadian Centre for Vaccinology, IWK Health Centre, Halifax, Canada

EBioMedicine 2 (2015) 792–793



Commentary

Unpacking Vaccine Hesitancy Among Healthcare Providers



Noni E. MacDonald<sup>a,\*</sup>, Eve Dubé<sup>b</sup>

<sup>a</sup> Dalhousie University and Canadian Centre for Vaccinology, IWK Health Center, Halifax, NS, Canada

<sup>b</sup> Institut national de santé publique du Québec and Centre de recherche du CHU de Québec – Université Laval, Québec, QC, Canada

## Section 3: Definition of Vaccine Hesitancy, its Scope and Vaccine Hesitancy Determinants Matrix

**SAGE Deliverable: Define vaccine hesitancy and its scope**

The Working Group reviewed vaccine hesitancy definitions and models, discussed the nuances of demand versus hesitancy and the role of communication in hesitancy, and determined that:

### Definition: Vaccine Hesitancy

*Vaccine hesitancy refers to delay in acceptance or refusal of vaccines despite availability of vaccine services. Vaccine hesitancy is complex and context specific, varying across time, place and vaccines. It is influenced by factors such as complacency, convenience and confidence.*

## **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 4**

Vaccine hesitancy categories represented by specific codes.

Vaccine hesitancy category	Framework domain	Framework code	Exemplar quote
<b>Vaccine dissent</b> Those who are not in favor of vaccines in general	Contextual influences	Religion, culture, gender or socio-economic	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).
<b>Vaccine deliberation</b> Those engaged in watchful waiting, need for more data on vaccine safety	Barriers and facilitators	Personality traits/ characteristics	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).
<b>Vaccine distrust</b> Distrust about vaccines grounded in distrust in government and systems	Vaccine-specific issues	Vaccine development	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).
<b>Vaccine indifference</b> Those who say they are not concerned about COVID-19	Barriers and facilitators	COVID susceptibility/exposure (perceived, heuristic)	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).
<b>Vaccine skepticism</b> This represents a fears of illness, unnatural substances, and/or elite conspiracy	Contextual influences	Historical influences	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).

# 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 Survey

*Fielded March 12-28, 2021*

# VA's Survey of Healthcare Experience of Patients

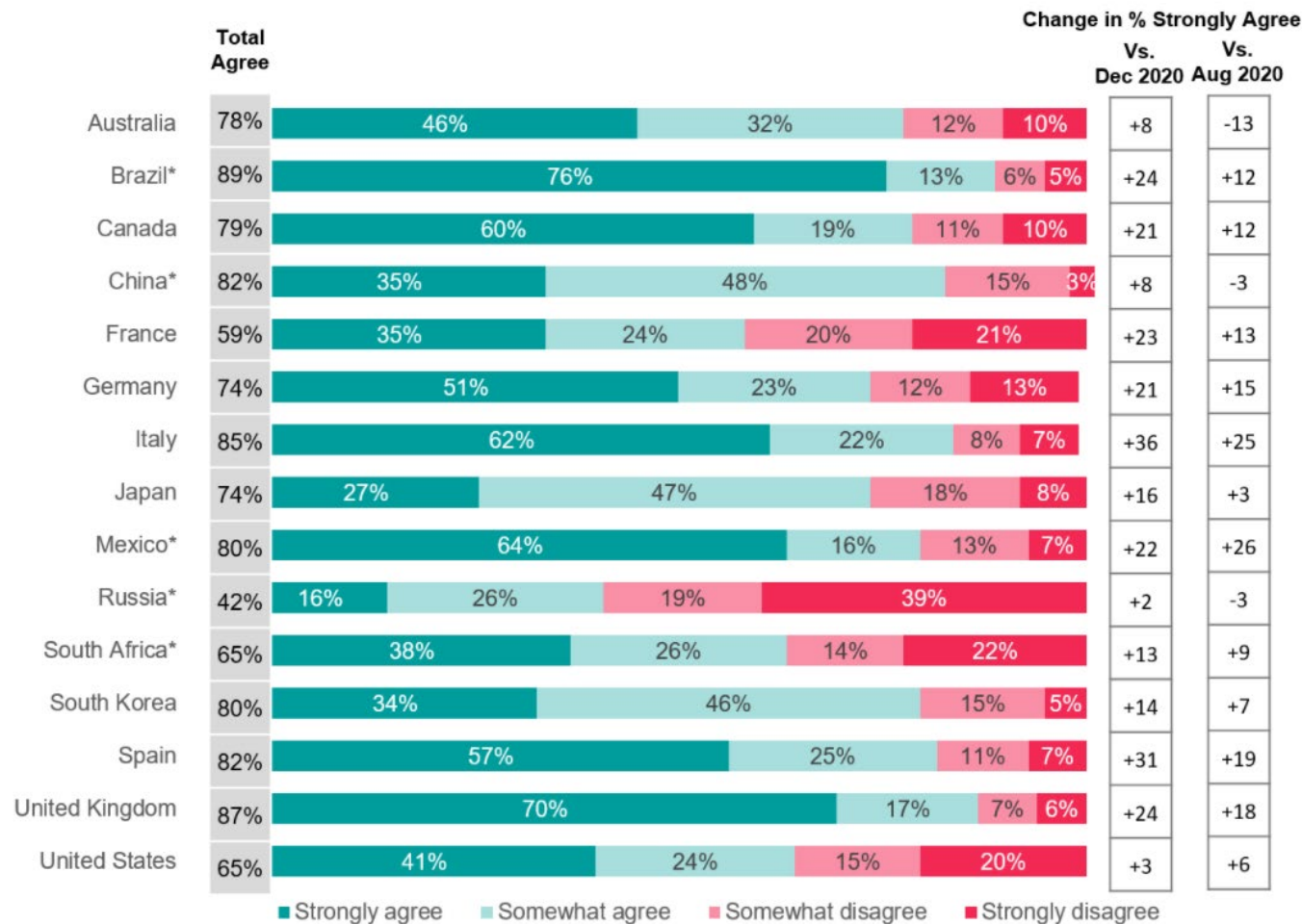
Good patient experience is good medicine



© Saturday, January 30, 2021 4:00 pm [Health](#) [Vantage Point Contributor](#) [5k views](#)



*“If a vaccine for COVID-19 were available to me, I would get it”*



Q. To what extent do you agree or disagree with each of the following: If a vaccine for COVID-19 were available, I would get it  
 n=12,076 online adults aged 16-74 across 15 countries; excludes those who report receiving the vaccine  
 Source: Ipsos Global Advisor, February 25-28, 2021; February data excludes those who stated they have received the vaccine  
 \* Online samples in Brazil, China, Mexico, Russia, and South Africa tend to be more urban, educated, and/or affluent than the general population

Ipsos has been involved in ongoing COVID-19 vaccine surveys

[COVID-19 vaccination intent has soared across the world | Ipsos](#)

SHEP VIP  
Survey:  
4 Main Parts

About COVID-19 and the  
pandemic

COVID-19 vaccines

About your healthcare

About you



November 3, 2021

# Attitudes and Intentions of US Veterans Regarding COVID-19 Vaccination

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

» [Author Affiliations](#) | [Article Information](#)

*JAMA Netw Open.* 2021;4(11):e2132548.

doi:10.1001/jamanetworkopen.2021.32548

**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.

Skip to Q10 next

- 9) Do you intend to get a vaccine for COVID-19?

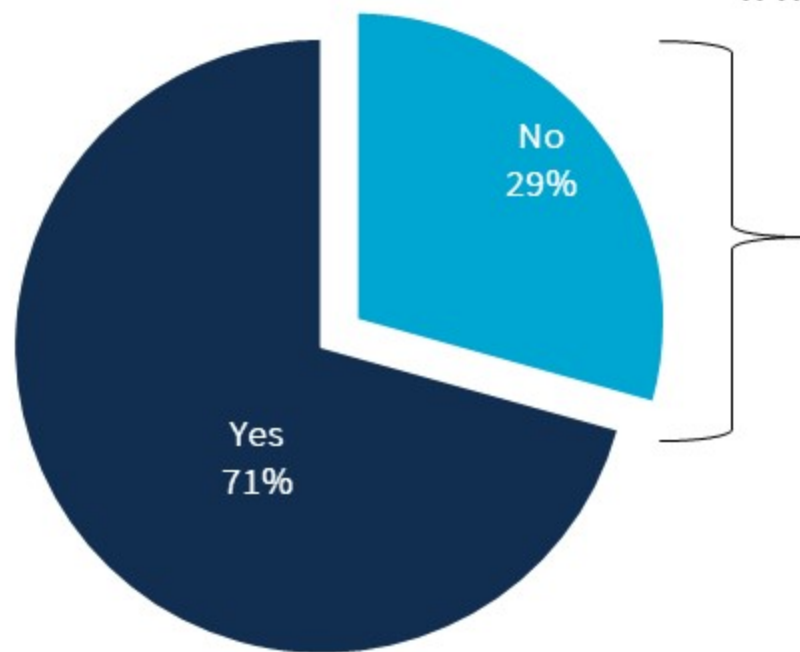
- a) Definitely will not
- b) Probably will not
- c) Not sure
- d) Probably will
- e) Definitely will

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)

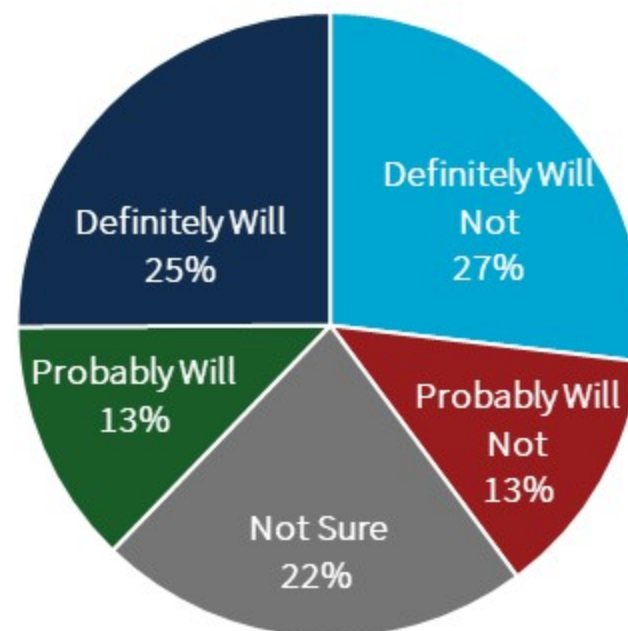
9B. Where do you plan to get your COVID-19 vaccine?  
 At a VA facility  
 Outside the VA  
 Wherever I can  
 Not sure

## Have you received a COVID-19 vaccine? (n=1,156)

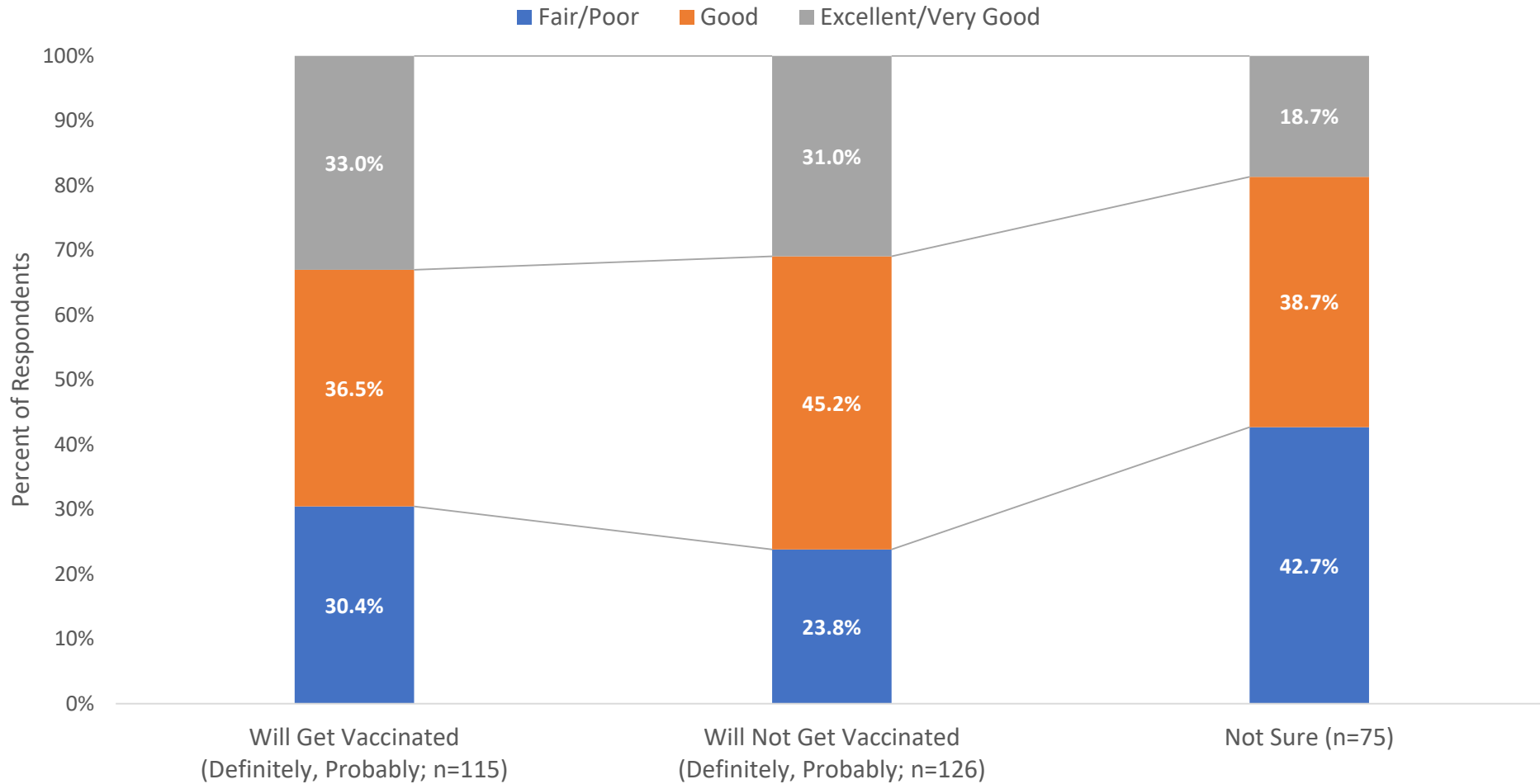
(First of two shots received included in "Yes")



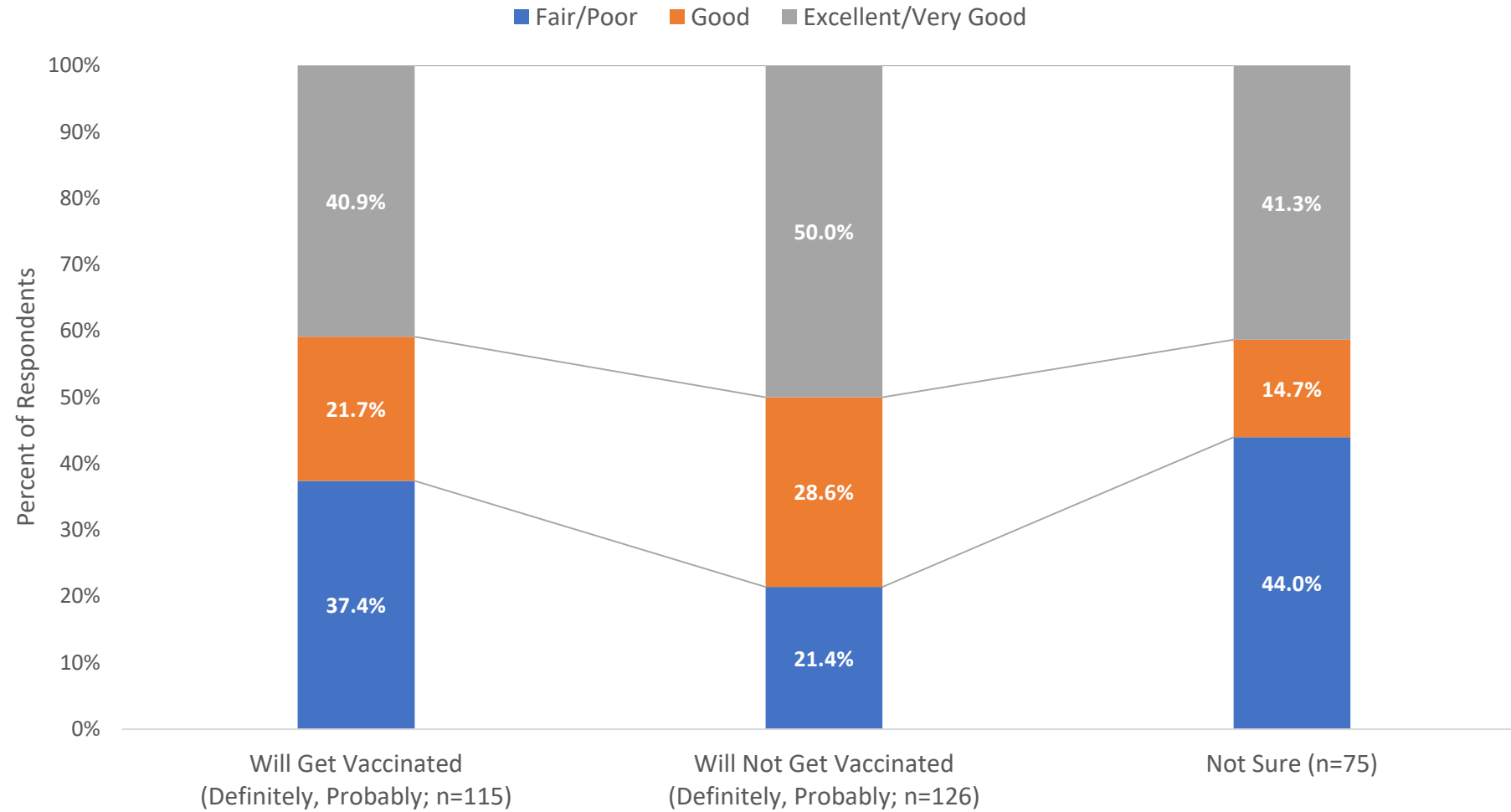
If not already vaccinated (n=339)...Do you intend to get a COVID-19 vaccine?



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.



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

Reason for Not Getting COVID-19 Vaccine (Or for Not Being Vaccinated Yet)	Hesitancy Type	Do you intend to get a COVID-19 vaccine?			
		Definitely Not	Probably Not	Unsure	Probably Will
I am concerned about side effects from the vaccine.	Skepticism	☒	☒	☒	☒
The COVID vaccine is new, so I want to wait a while before deciding.	Deliberation	☒	☒	☒	
I prefer gaining natural immunity.	Skepticism	☒	☒	☒	
I prefer to use as few medicines as possible.	Skepticism		☒	☒	☒
I do not trust the healthcare system to act in my best interests.	Distrust	☒	☒	☒	
I do not trust vaccines.	Dissent	☒			
I am eligible for a COVID-19 vaccine but have not yet been able to get an appointment.	Non-hesitancy issues related to policy and process/logistics				☒
I am not eligible for a COVID-19 vaccine at this time.					☒
Getting a COVID-19 vaccine is too difficult.					☒



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# Reasons for being vaccinated

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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%)

# 3 –Step Plan for Increasing Vaccine Acceptance Among Veterans

## 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

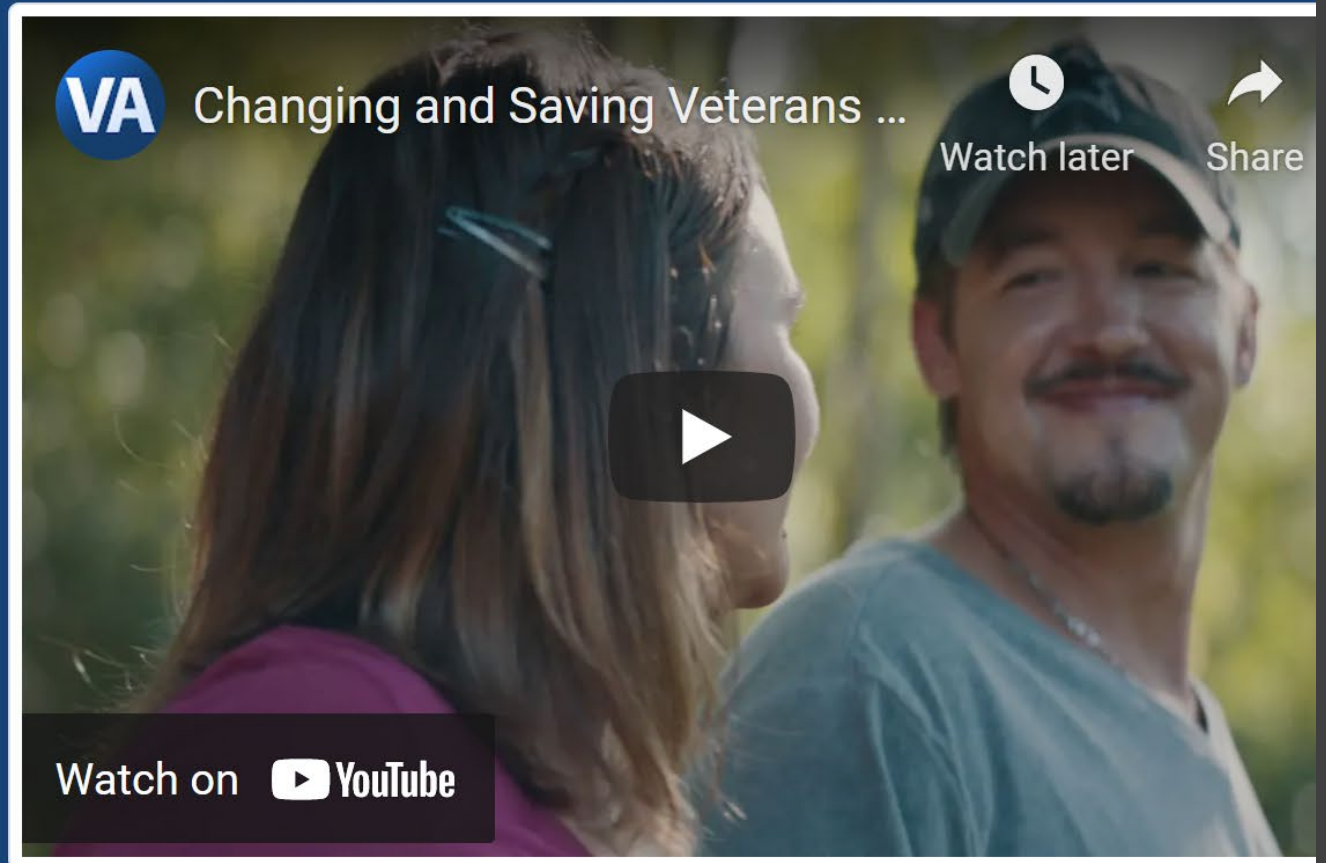
## 3. USE VETERANS' WORDS: Veterans who have been vaccinated against COVID-19 say they did this to protect others and themselves

- 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

## COVID-19 Vaccine Hesitancy among Veterans and VA Employees

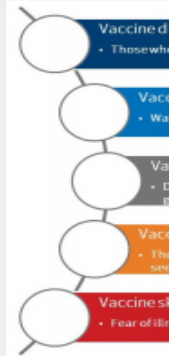
Results of a qualitative study

### Interviews with:

- » 16 VA employees and 15 Veterans
- » Across 3 VA medical centers
- » Conducted January — March 2021

Interviews were analyzed using a rapid, deductive, directed content analysis approach. We then classified each segment of coded text into categories of vaccine hesitancy<sup>1</sup>.

**Vaccine dissent**  
Well, 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)



### Findings

Of the 16 employees  
8 in each group expr

### Facilitators for receiv

- » talking with trust
- » ease of vaccine a
- » perceptions of fa

Messaging that focuses on the importance of protocols for community- and societal benefits may be more effective at encouraging vaccine uptake than mandates that make people feel that their personal rights are being taken away.

### Conclusions

Vaccine hesitancy is multi-faceted and likely requires multiple strategies for engaging in conversations to address Veteran and VA employee concerns. Messages should involve delivery by trusted healthcare providers and peers and should focus on addressing expected benefits for family, friends, and society.

<sup>1</sup> Thompson D. The surprising key to combating vaccine refusal. The Atlantic Monthly, February 28, 2021. <https://www.theatlantic.com/ideas/archive/2021/02/vaccine-hesitancy-not-just-one-thing/628094/>

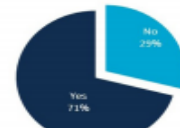


Bridge QUERI Rapid Response Team  
For more information, contact Rani.Elwy@va.gov  
April 2021

## Veteran Attitudes and Intentions Regarding COVID-19 Vaccination

Results from a Survey of the SHEP Veteran Insights Panel (VIP)

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?



Online survey conducted March 12-28, 2021 assessing Veterans':

- » Experiences with COVID-19 and vaccination
- » Attitudes and beliefs regarding COVID-19 vaccines
- » Intentions to get vaccinated, including "vaccine hesitancy"

*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*

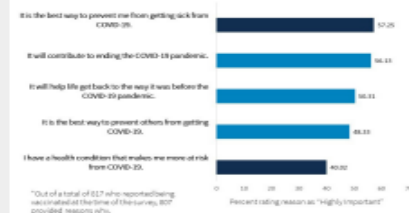
### Preferred formats for learning:

- » Written material about research
- » Talking with someone they know
- » Brief online materials
- » In-depth written material from a news sources
- » Information e-mailed directly to respondent

<sup>1</sup> Thompson D. The surprising key to combating vaccine refusal. The Atlantic Monthly, February 28, 2021. <https://www.theatlantic.com/ideas/archive/2021/02/vaccine-hesitancy-not-just-one-thing/628094/>

Bridge QUERI Rapid Response Team  
SHEP Team  
IPSOS Public Affairs

### Already Vaccinated (n=807): Top Reasons In Favor of Vaccination



For more information, contact Rani.Elwy@va.gov  
April 2021

# 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



Proctor EK, Powell BJ, McMillen JC.  
Implement Sci. 2013 Dec 1;8:139. doi:  
10.1186/1748-5908-8-139.



# 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 DIRECTIVE 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

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

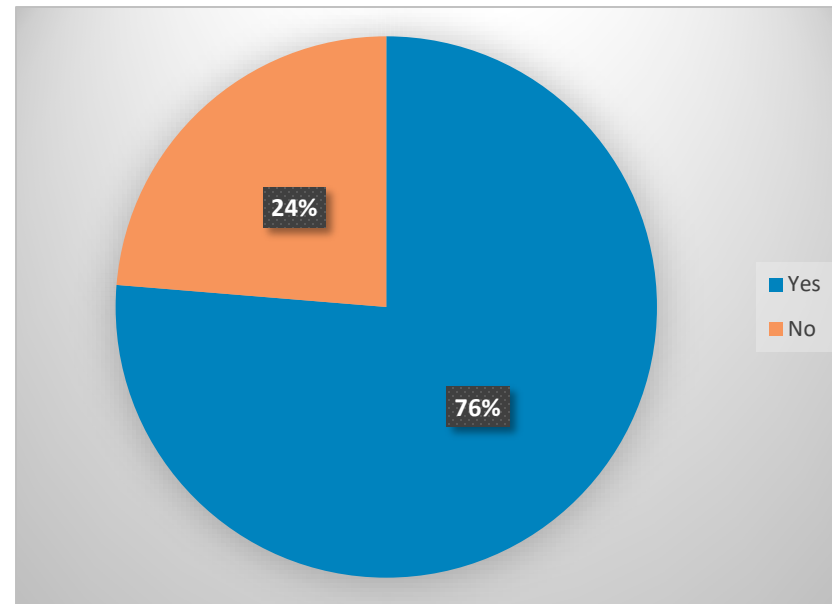
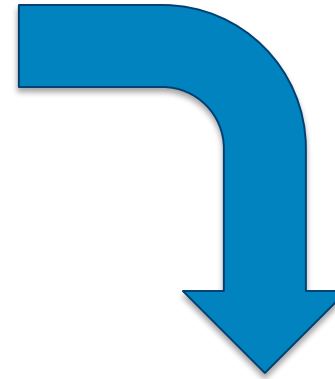
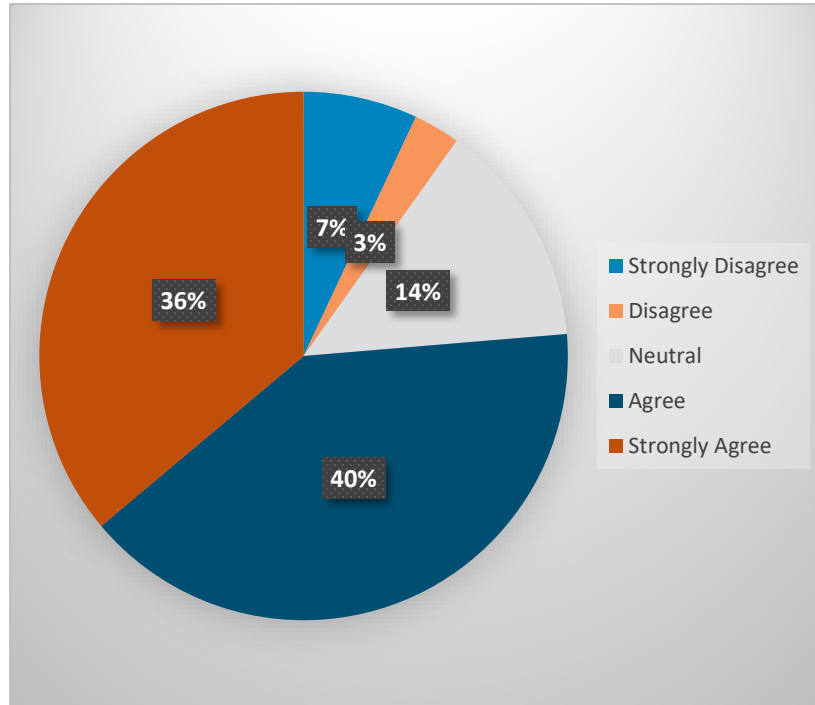
There are **strong associations between state vaccination percentage and AES items**-- negative moderate associations between AES responses, COVID-19 cases and COVID-19 deaths may suggest that places that have more resistance to vaccination have higher case rates

Spearman Correlation Coefficients

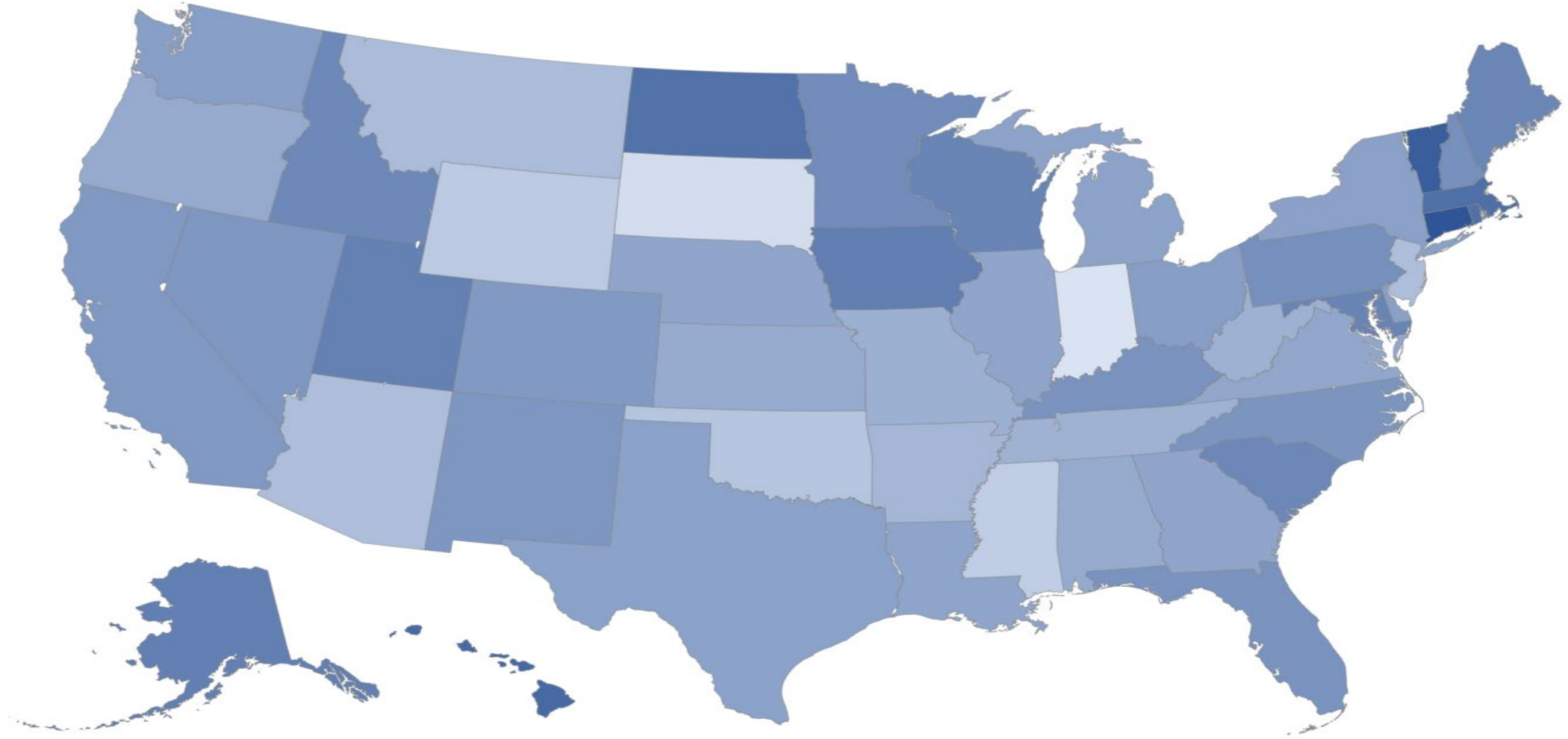
\*\*\*  $p < 0.0001$ ; \*\*  $p < 0.001$ ; \*  $p < 0.05$

CDC data from 6/6/21; N=52 states (DC, PR)

# My Organization Provided Fact-Based Information about COVID-19 Vaccines



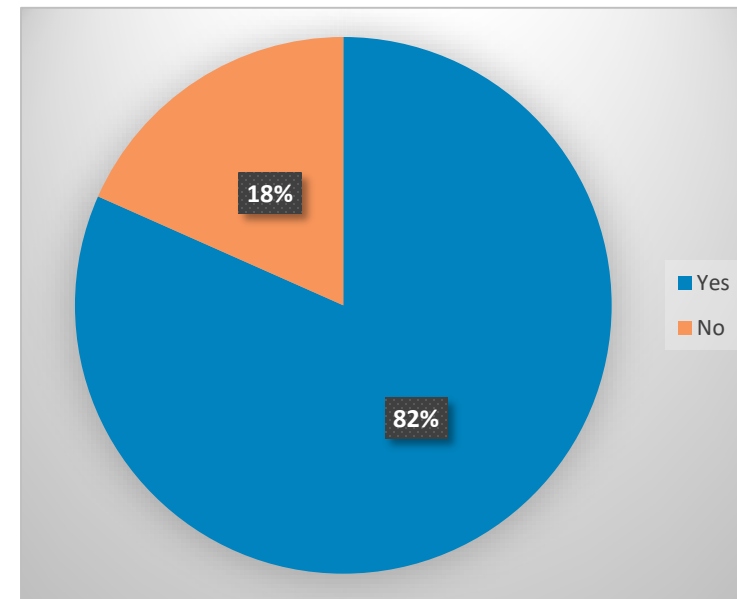
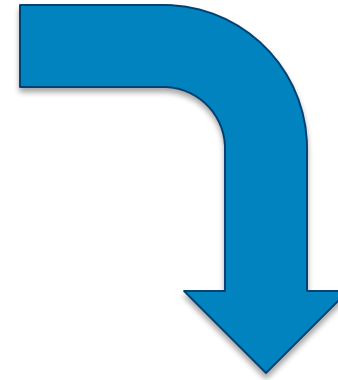
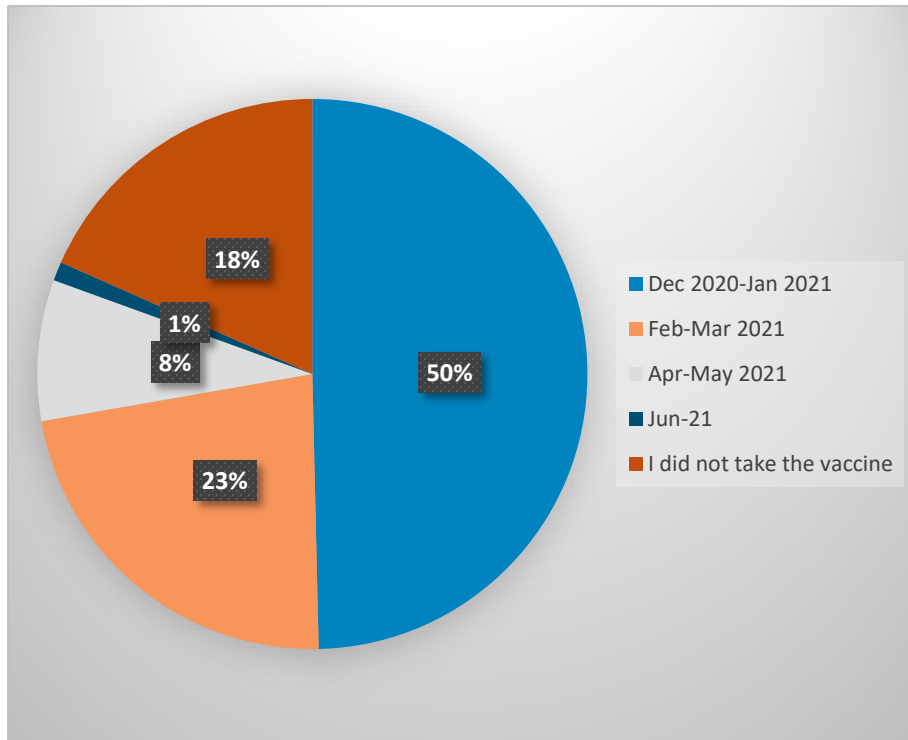
My organization provided fact-based information about vaccines (% agree)



Pre-Decisional—Do Not Share

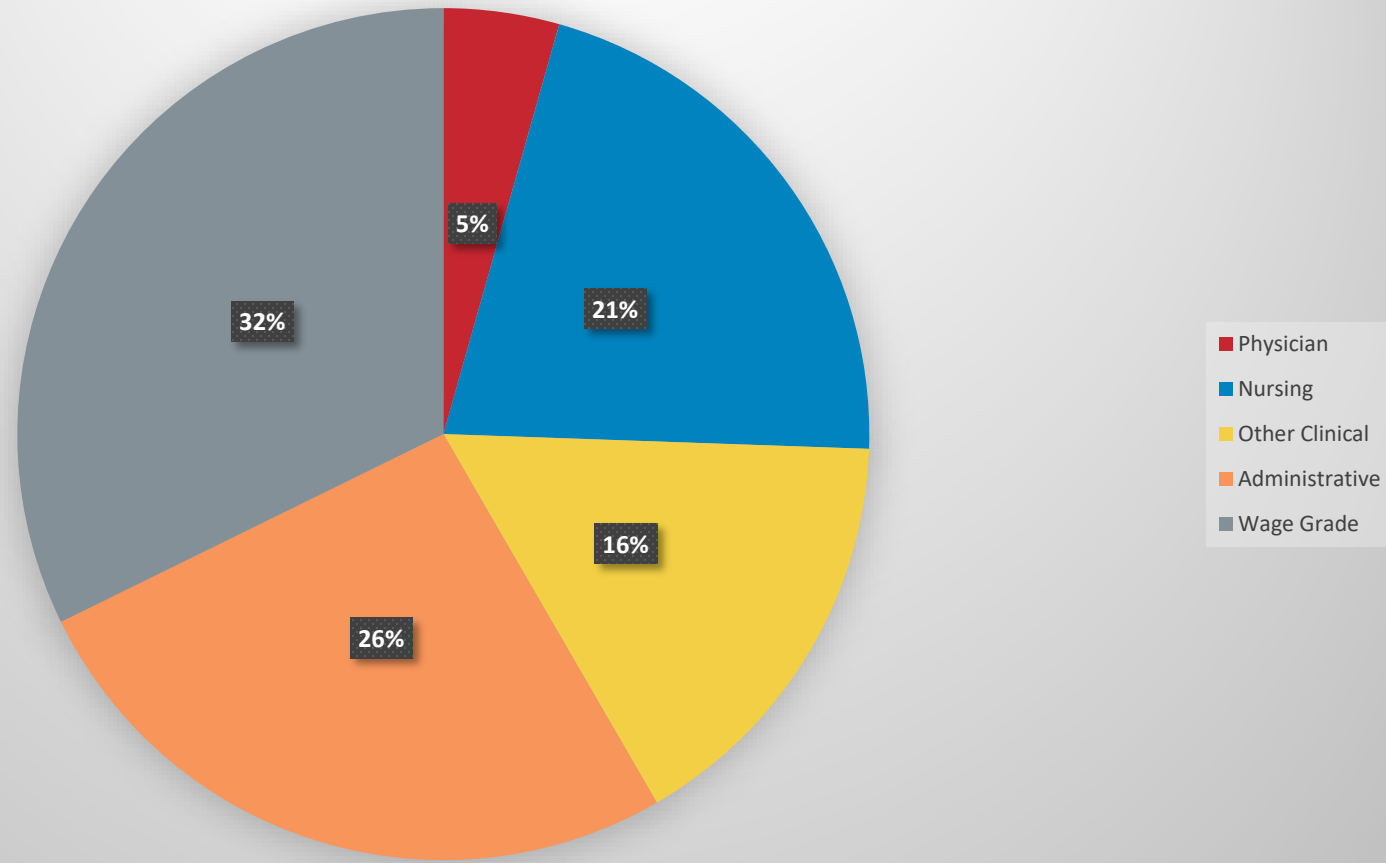
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# When Did You Receive a First Dose of a COVID-19 Vaccine?



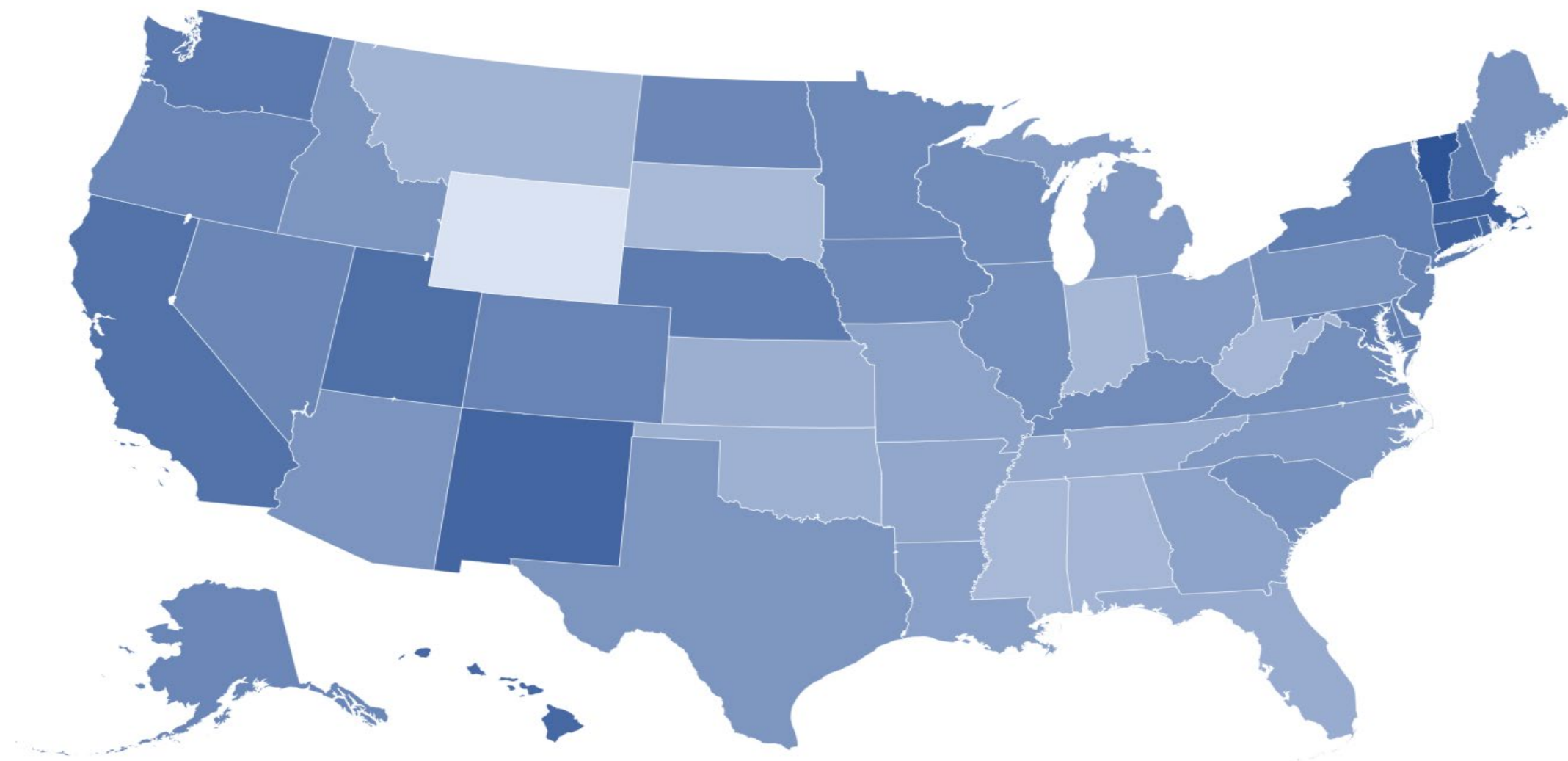
# When Did You Receive a First Dose of a COVID-19 Vaccine?

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)



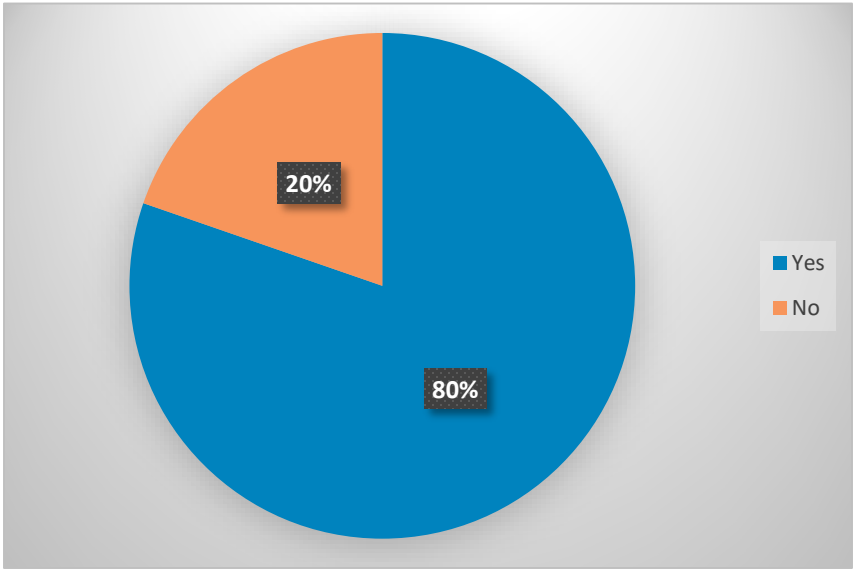
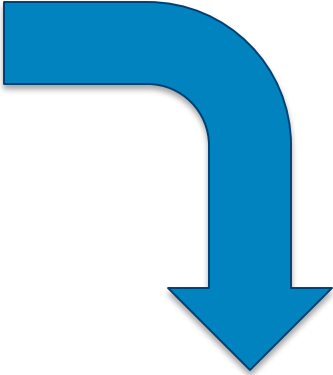
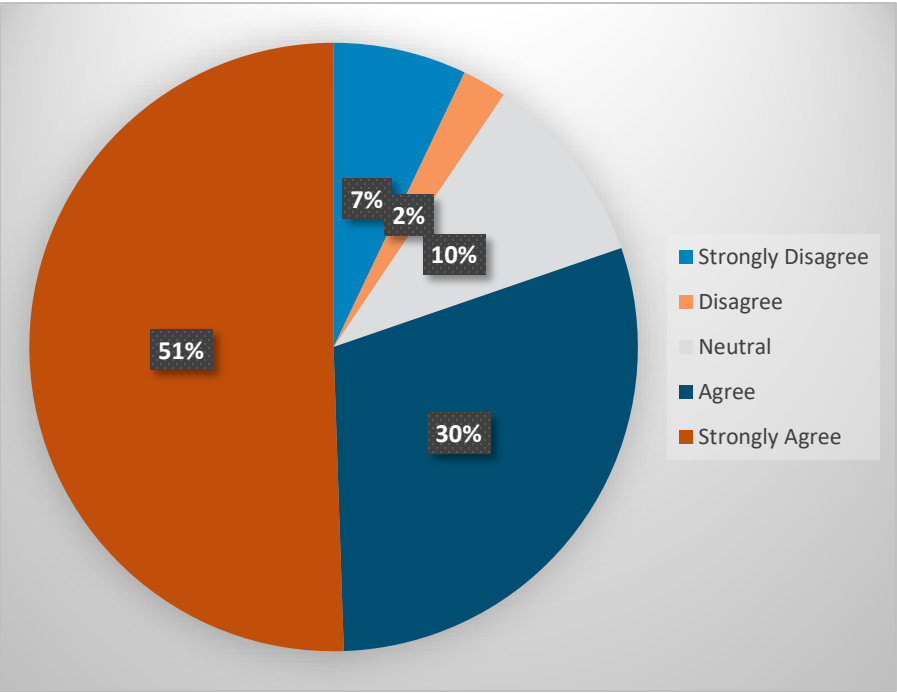


Received at least one dose of a COVID-19 vaccine (%)

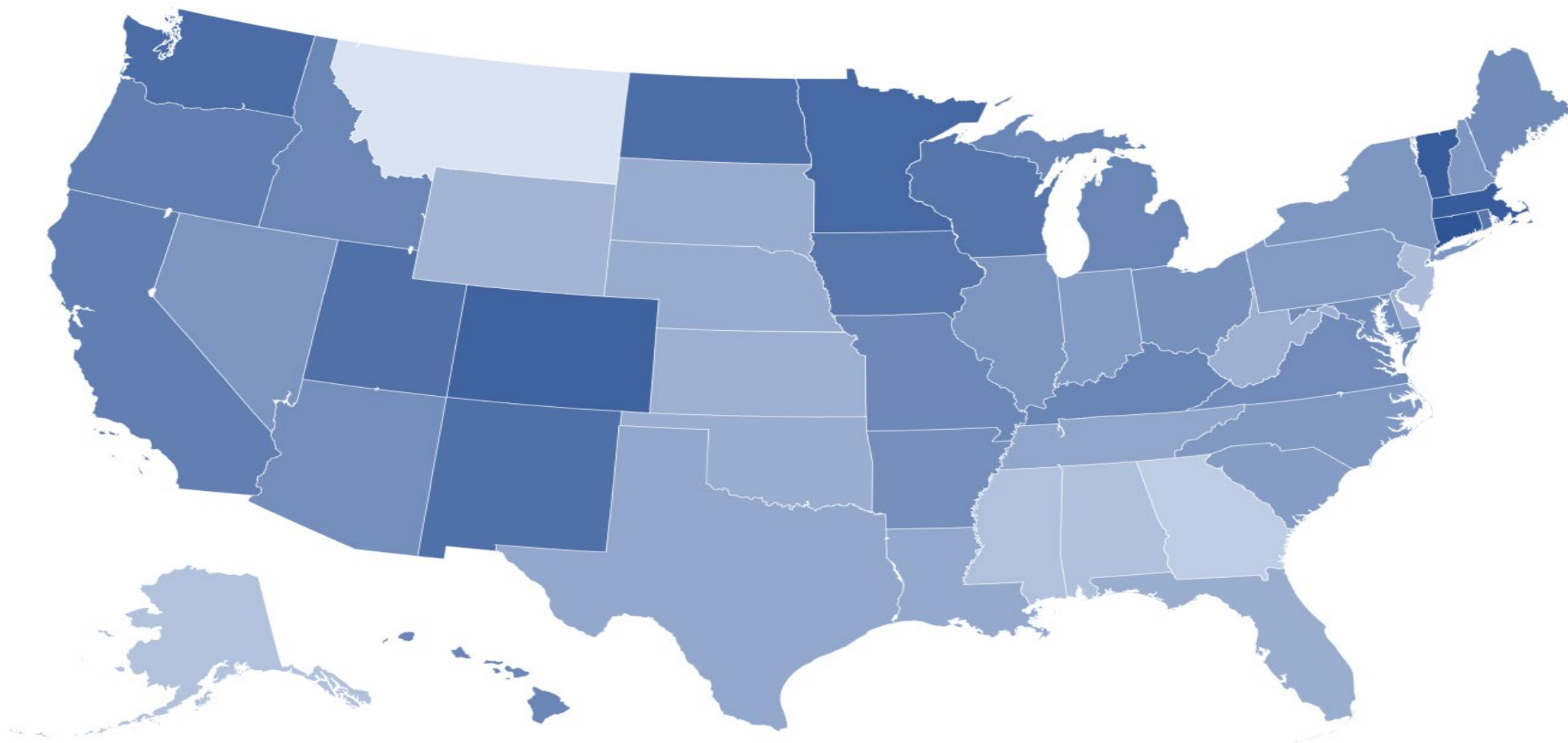


Pre-Decisional—Do Not Share

# If Recommended by National Guidelines, I Will Take a Booster Dose of a COVID-19 Vaccine



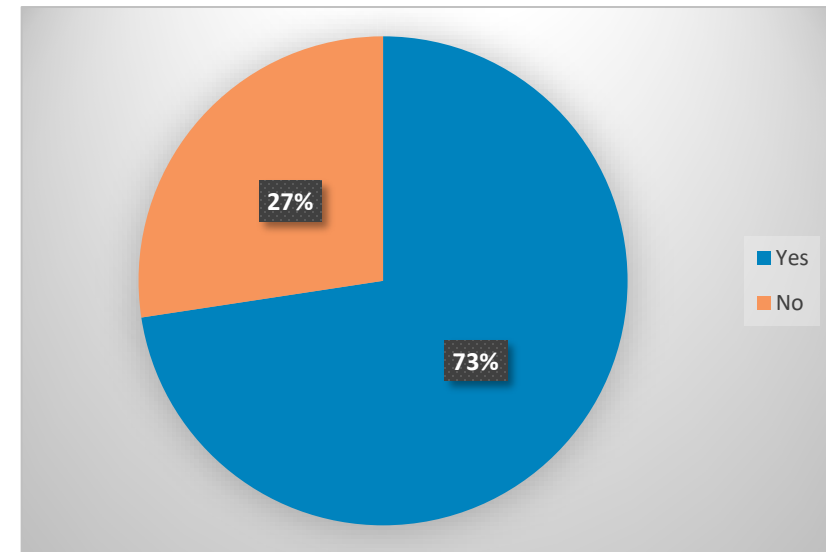
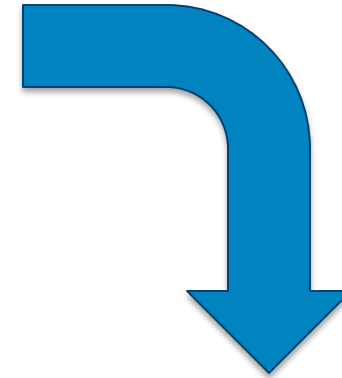
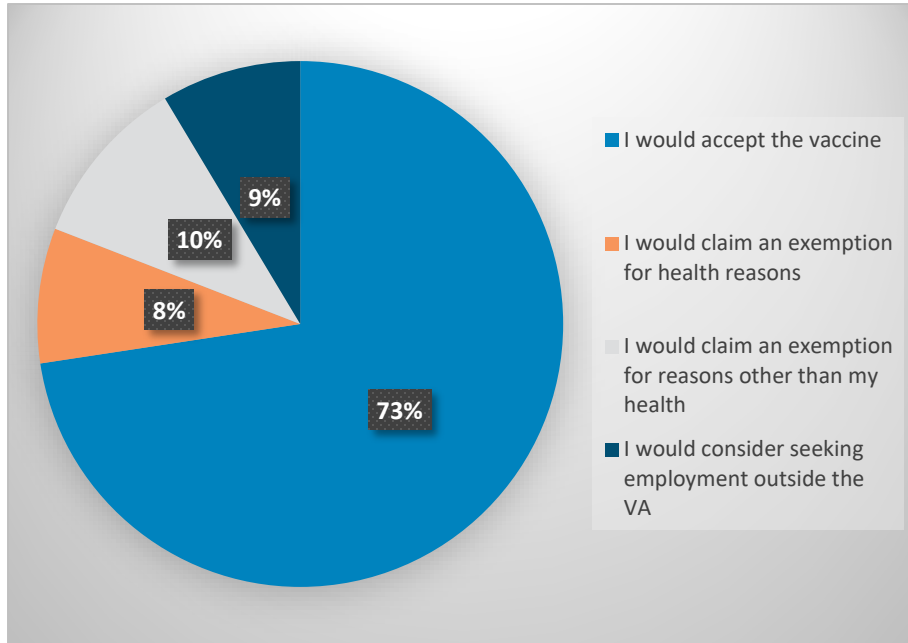
Willing to take a booster dose of a COVID-19 vaccine (% among previously vaccinated)



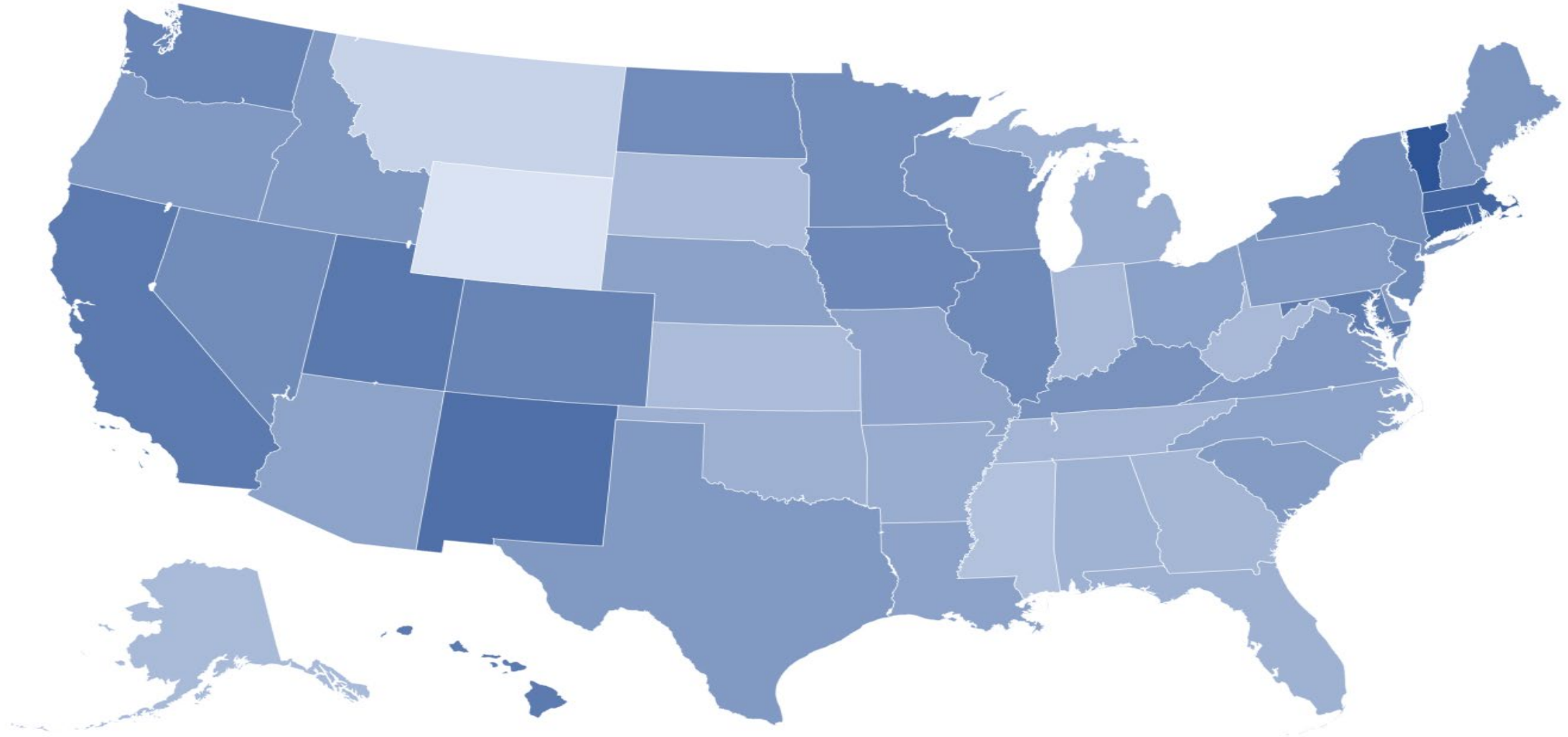
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Pre-Decisional—Do Not Share

# If Annual COVID-19 Vaccination is Required by VA as a Condition of Employment



Accept vaccine as condition of employment %



Pre-Decisional—Do Not Share

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**WHITE HOUSE REPORT:**  
Vaccination Requirements Are  
Helping Vaccinate More People,  
Protect Americans from COVID-19,  
and Strengthen the Economy

OCTOBER 7, 2021



THE WHITE HOUSE  
WASHINGTON

A hand holding a pen over a document, with a large cardboard '@' symbol in the foreground.

# Questions and Thank you!

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