



COVID-19 VACCINE ROLLOUT IN RURAL COMMUNITIES: CHALLENGES, INNOVATIONS, AND UNMET NEEDS

The GHPC COVID Collection

As part of ongoing efforts to support Federal Office of Rural Health Policy grantees, the Georgia Health Policy Center technical assistance team facilitated a virtual conversation in early February with rural, frontier, and Tribal grantees to understand the COVID-19 vaccine rollout experience in rural communities across the country. What follows is a summary of learnings around local rollout challenges, stories of success and innovation for overcoming barriers to vaccine rollout, and a summary of unmet local needs.

UNIVERSAL CHALLENGES PRESENT IN RURAL COMMUNITIES, TOO

The virtual conversation included representatives of health care providers, including those self-identifying as a hospital, health system, or health center, as well as participants from nonprofits, local public health departments, and health collaboratives.

Participants reported that the most significant vaccine rollout challenges in rural communities are in fact the same universal challenges faced by the rest of the nation. Nearly seven in 10 respondents said vaccine supply posed the greatest obstacle. More uniquely rural challenges (e.g., transportation and distance) came in a distant third place in terms of ranking of challenges.

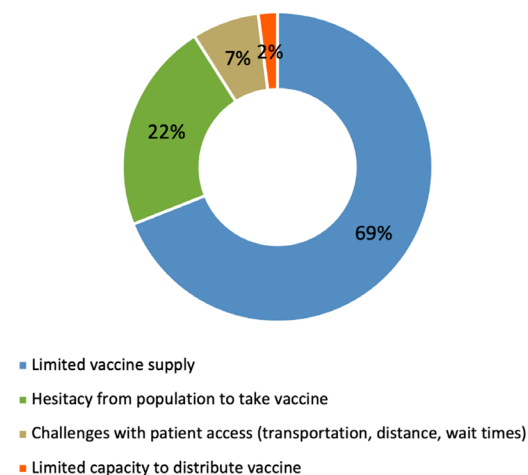
Respondents were allowed to select multiple roles in terms of how their organization was assisting with the local vaccine rollout. Most respondents reported having a role in educating the community about the COVID-19 vaccine. Responses were fairly evenly distributed around other roles involving planning, logistical support, and actual vaccine distribution.

VACCINE ROLLOUT CHALLENGES

Discussions largely revealed well-known challenges:

- *Universal vaccine rollout challenges dominate.* Universal challenges like vaccine supply and registering older adults online are present in rural communities and are top of mind for participants.

Poll 1: What is the most significant vaccine challenge in your community?



- *Strategies to address uniquely rural challenges are being planned.* Common rural challenges like transportation and long distances to vaccine distribution sites are recognized as an equity challenge that sites are aware of and are planning to address once initial demand at easier-access sites is met. Additionally, lack of internet access and technology equipment (e.g., smart phones) poses a challenge to booking appointments for some rural residents. Finally, there was concern that some mass vaccination sites (e.g., in sports arenas) may discourage older adults due to the amount of walking involved.



- *Misinformation and vaccine hesitancy are widespread.* Nearly all participants mentioned the prevalence of misinformation, including among rural people-of-color populations (e.g., distrust of the health system) and among those with certain political beliefs (e.g., do not believe the COVID-19 pandemic is real). Further, there is concern that hesitancy among rural health care workers may further hamper trust-building with the broader community. Communities are actively working to gain an understanding of local beliefs early so that they can plan targeted outreach efforts.
- *Some rural populations will be hard to reach.* Outreach to get information to hard-to-reach populations (e.g., homeless, undocumented, non-English-speaking, or those without internet access) will require partnerships with trusted stakeholders and community-based organizations.

SUCCESS STORIES AND INNOVATIONS

Participants shared innovations and strategies that are being used in their local communities to overcome recognized challenges:

- *Identifying trusted spokespeople is critical.* Using trusted community voices is an important strategy for combatting vaccine hesitancy and misinformation. Examples included local health directors and faith-based leaders. The success of these efforts remains uncertain.
- *There is interest in using community health workers and others with strong relationships with the community for outreach.* Community health workers, peer support specialists, community health representatives, care managers, and emergency medical service personnel were all recognized as having strong relationships within communities and can be used to reach residents. These efforts are largely in the planning phases, given constraints with vaccine supply, but it is anticipated that community health workers and others will be used for outreach and patient navigation efforts.
- *Surveys are being done to inform future outreach efforts.* Several communities are conducting surveys of providers and community members to build understanding of local beliefs, effectiveness of rollout plans for specific populations, and the level of misinformation in order to inform future targeted messaging campaigns.
- *Partnerships with community organizations are helping to expand capacity.* Nonprofits and businesses are picking up some slack to assist with COVID-19 testing and to help seniors sign up for vaccinations. Clinics, pharmacies, and community health coalitions are helping seniors without email addresses. In some cases, they are creating email addresses for them and mailing printed confirmations or texting them confirmations of appointment times. Some businesses are offering financial incentives to get staff to vaccinate.
- *Multimodal communication is being used to try to boost community education and outreach.* Facebook Live, radio station programming, and other means to hold weekly town halls are being used to give trusted community officials a platform to get out accurate vaccine information. Some communities report that messaging platforms used to reach voters and send census reminders are being repurposed for disseminating vaccine information.

UNMET NEEDS

Some of the identified unmet needs are universal needs that focus on national-level and state-level vaccine rollout planning. Additionally, some of the unmet needs are anticipated for when vaccine supply is more plentiful and efforts can shift to less eager and harder-to-reach populations and mobile vaccination strategies:

- *Better allocation of information will aid planning.* Like all jurisdictions, rural communities need better information on upcoming supply and consistent allotments to improve vaccine appointment planning.
- *Mobile strategies are generally in the planning, not the implementation, phase.* Given vaccine supply constraints and the desire to administer as efficiently as possible in the beginning, mobile vaccination strategies, while recognized as important for reaching those who are homebound or with transportation issues, are primarily in the planning phases. Use of emergency medical services personnel; using borrowed mobile medical vans; as well as engaging medical students, community health workers, and the National Guard are all in discussion. Additionally, partnering with community organizations for transporting those with limited options (e.g., church buses) is also being discussed.
- *Easing of some regulations can increase workforce capacity.* Easing scope of work restrictions on who can administer vaccines may help with workforce issues, which are anticipated to increase when mobile vaccine strategies begin to be deployed. Increased flexibility with reimbursement or transportation funding could also expand capacity for mobile vaccine strategies (e.g., the use of emergency medical service personnel). Additionally, having training resources and curriculum for community health workers and others called upon for the rollout will expand capacity.
- *There are challenges reporting to state immunization systems.* Automating reporting to state immunization systems through electronic medical records was suggested as one strategy to improve reporting efficiency and timeliness of reporting.
- *Ensuring no vaccine leftovers are wasted is a top priority.* Efforts are underway in many communities to build waitlists and networks between clinics and vaccination sites in order to coordinate distribution of leftover vaccines from missed vaccination appointments so that no doses go to waste. Primary care practices are building lists of their most vulnerable patients with chronic conditions with multiple means of contact for any last-minute vaccination appointments.

NEXT STEPS

GHPC is assisting partners and stakeholders by providing clear, practical resources; responding to client requests; and facilitating important, strategic conversations about the impact of COVID-19. GHPC's Community Health Systems Development Team will continue to provide opportunities for grantees to discuss the impact of COVID-19 pandemic and vaccine rollout on health care delivery, collaborative development, and the health and well-being of rural communities.

For the past 25 years, GHPC has been guided by our commitment to connecting decision-makers with the objective research and guidance needed to make informed decisions about health policy and programs. Please reach out to us if you have any research or policy analysis needs.

For more information:
Georgia Health Policy Center
55 Park Place NE, 8th Floor
Atlanta, GA 30303
404-413-0314
ghpc@gsu.edu
ghpc.gsu.edu