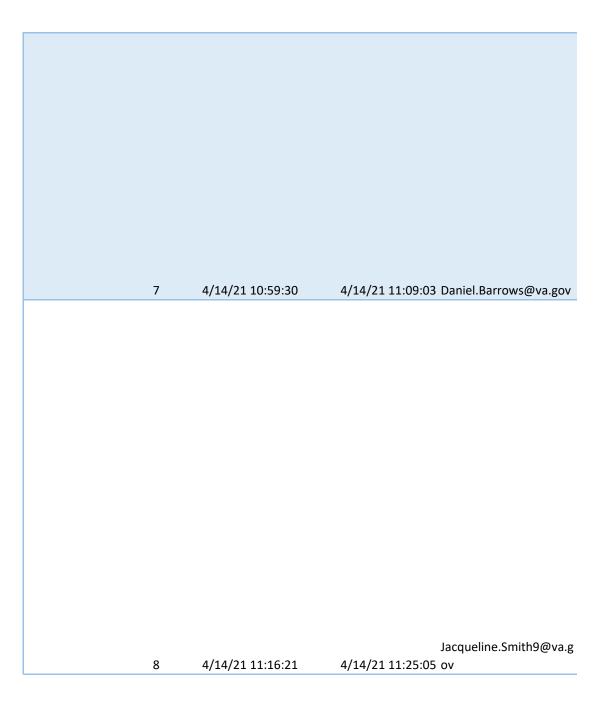
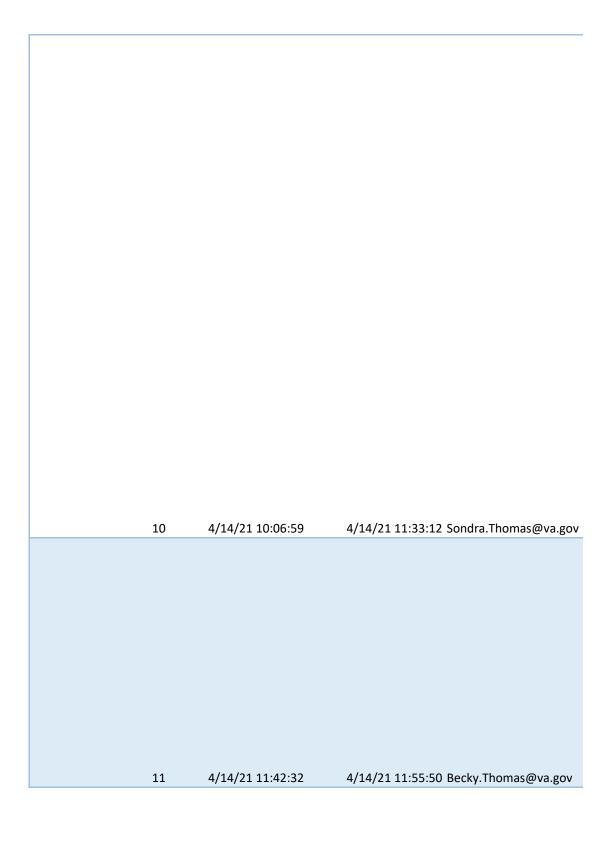
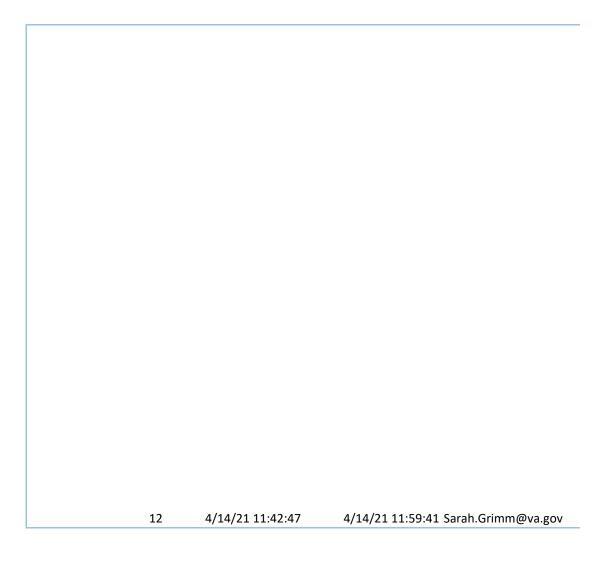


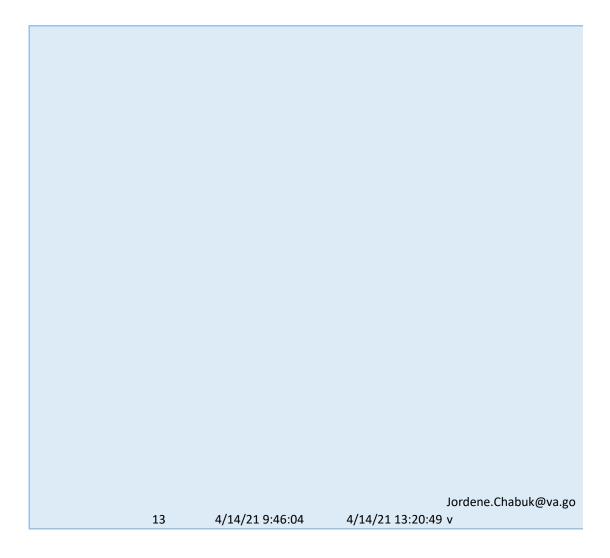
5 4/14/21 10:08:31 4/14/21 10:37:36 Brian.Long1@va.gov 4/14/21 10:47:32 4/14/21 11:03:14 David.Lusk@va.gov 6

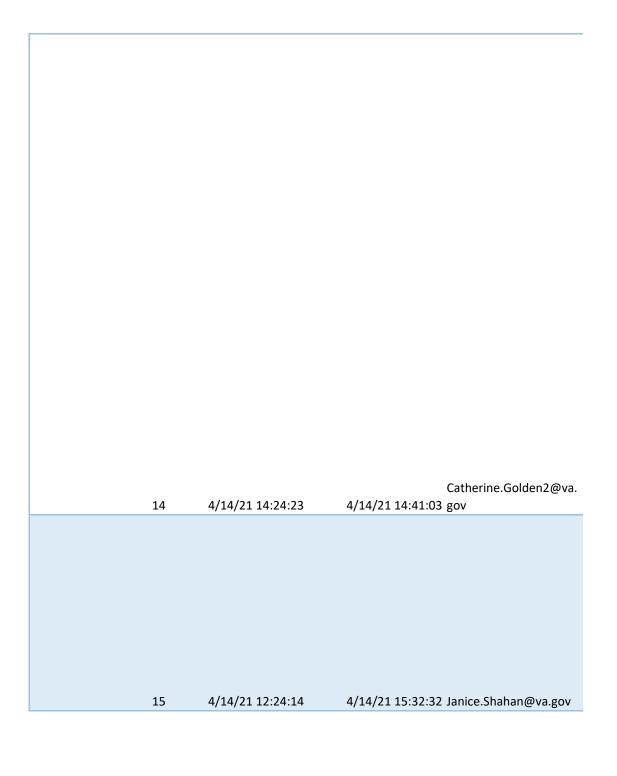


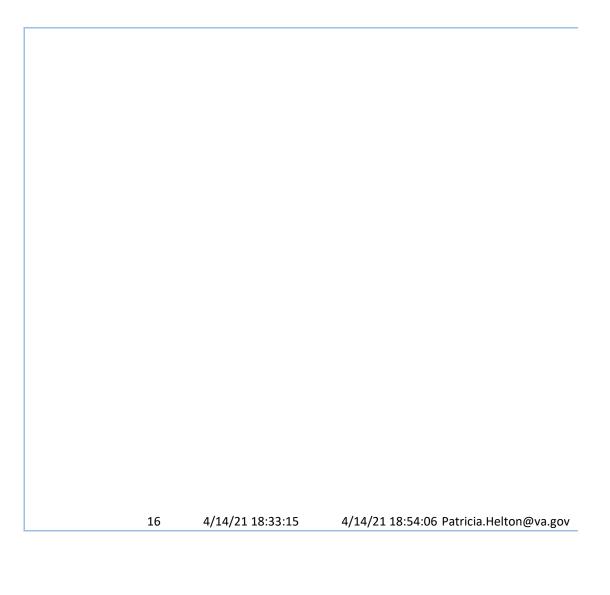


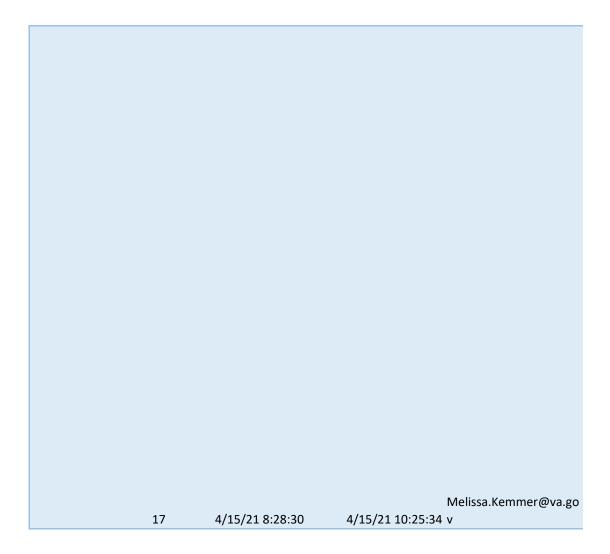


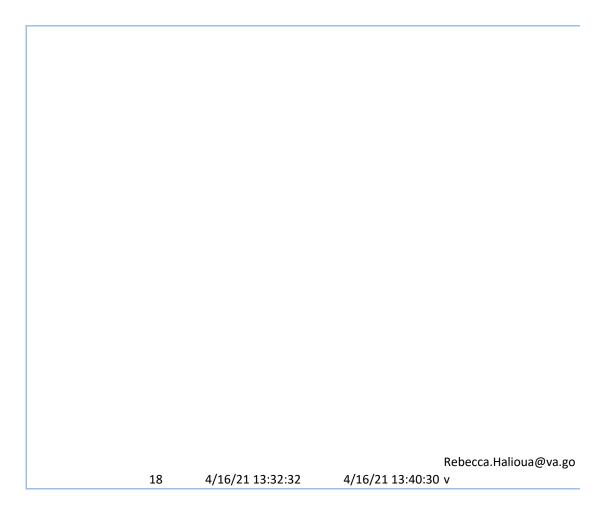


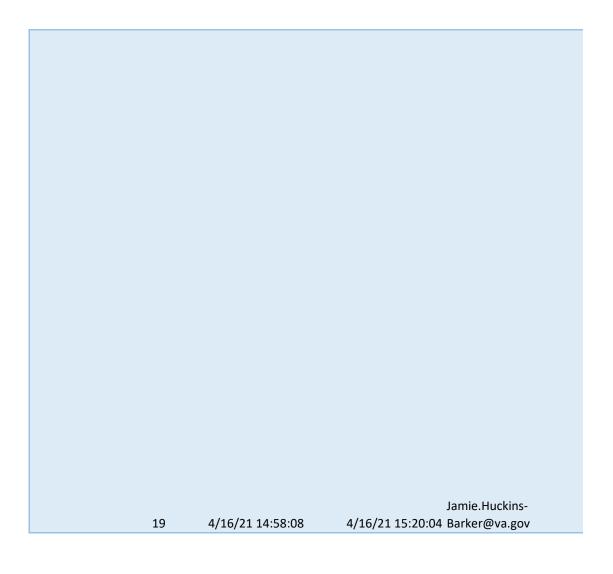


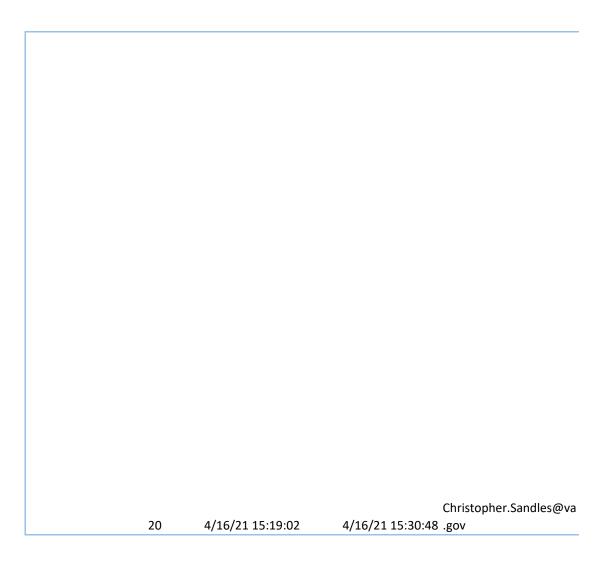


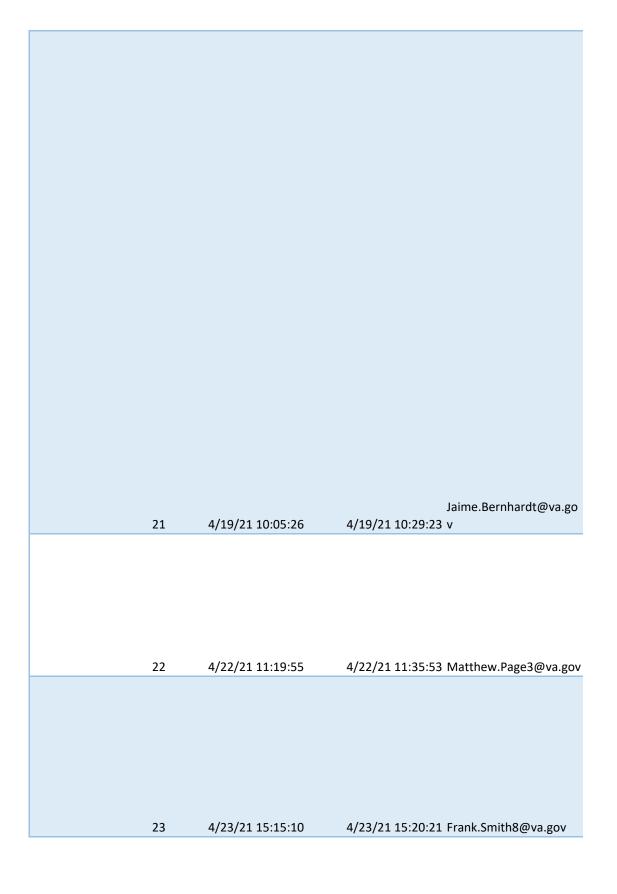


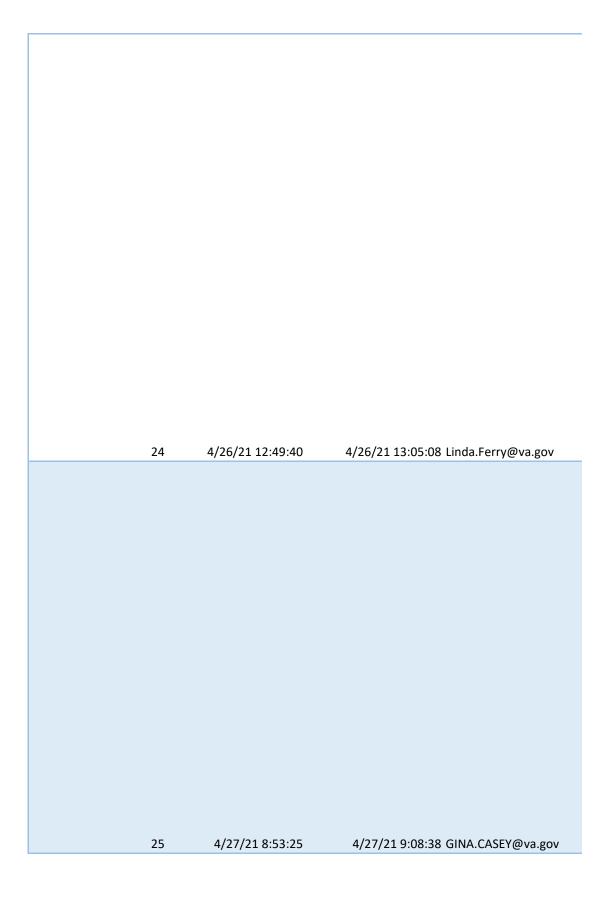


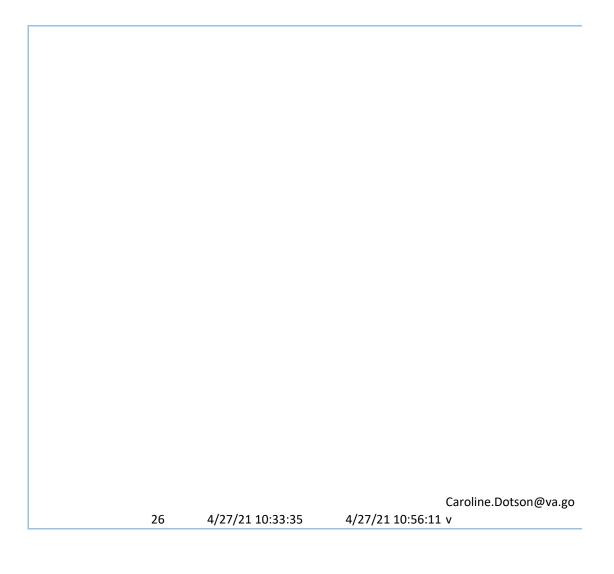


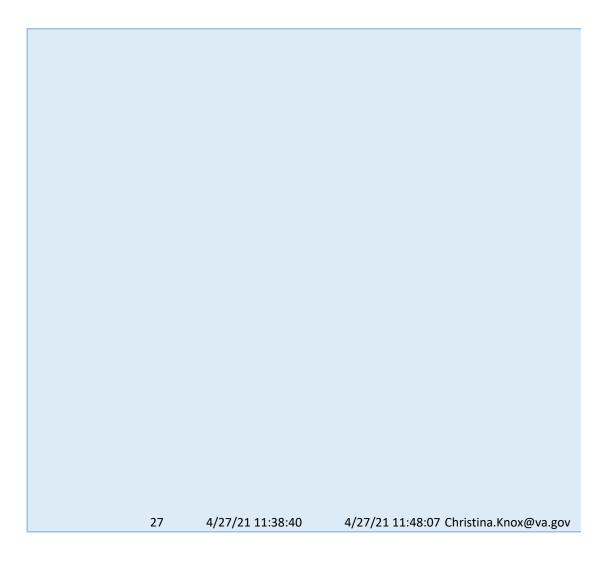




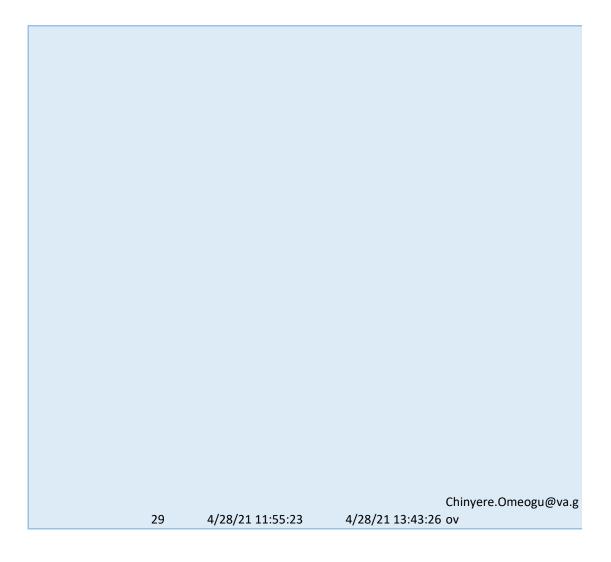


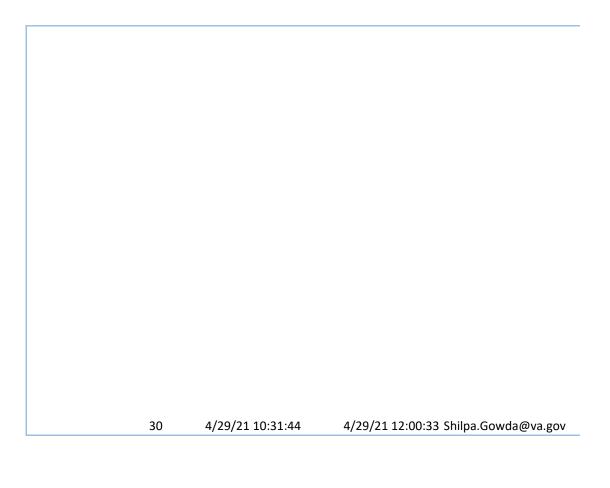


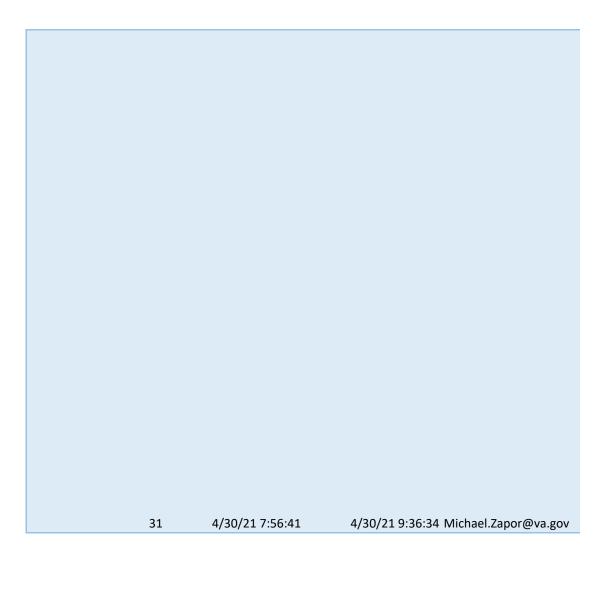


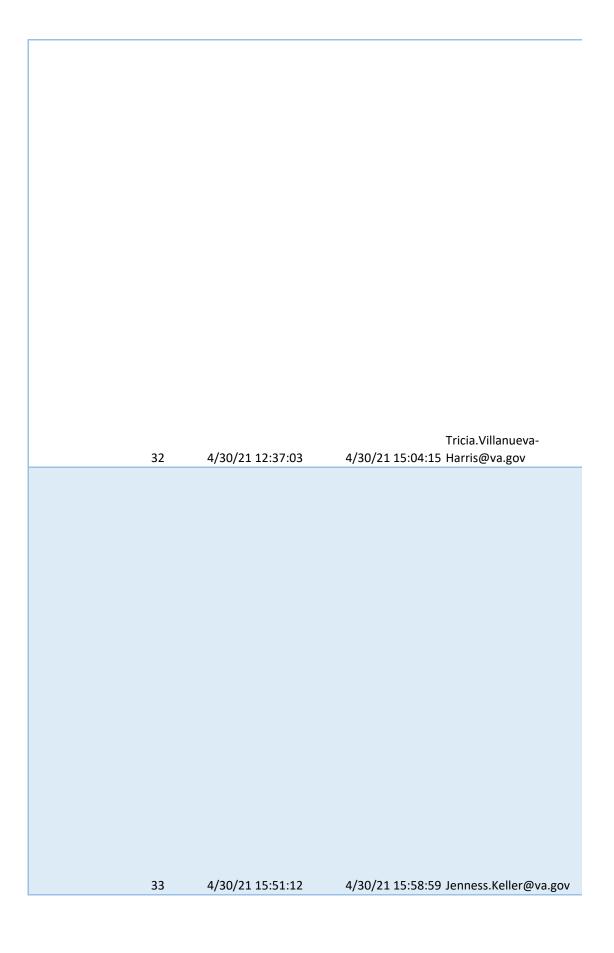


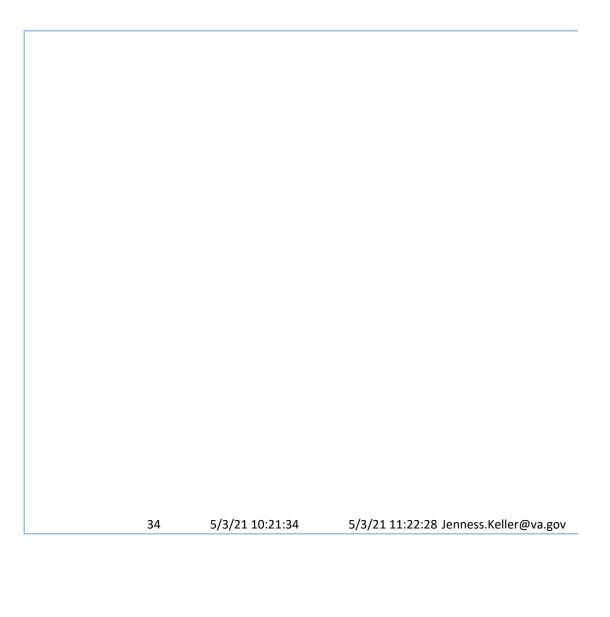
28	4/28/21 9·29·46	4/28/21 9·43·05 Meghan McKee@va gov
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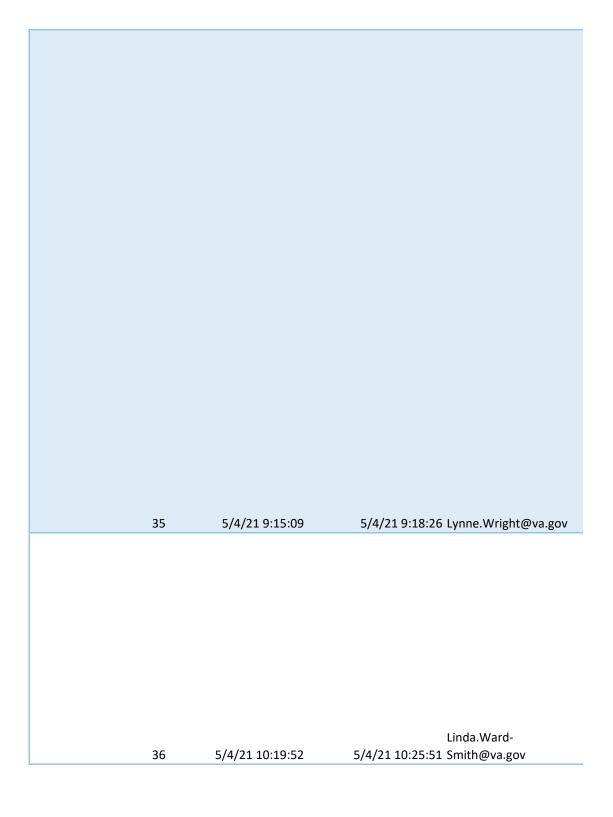


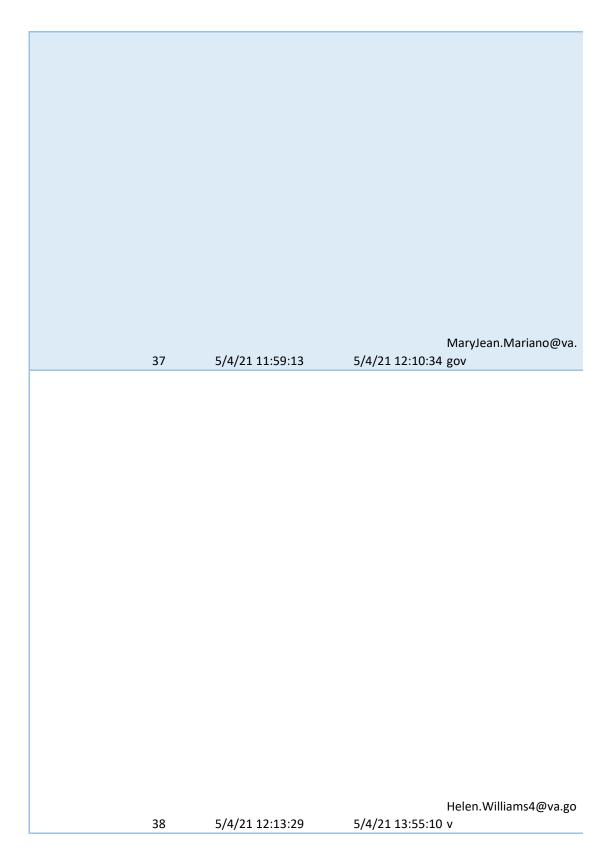


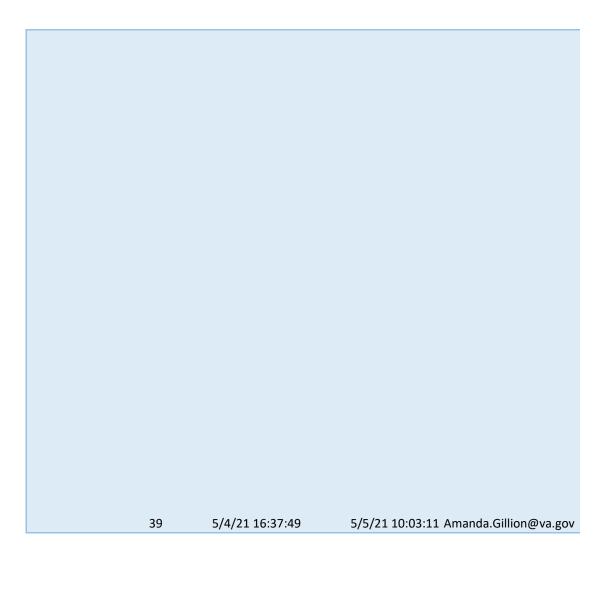


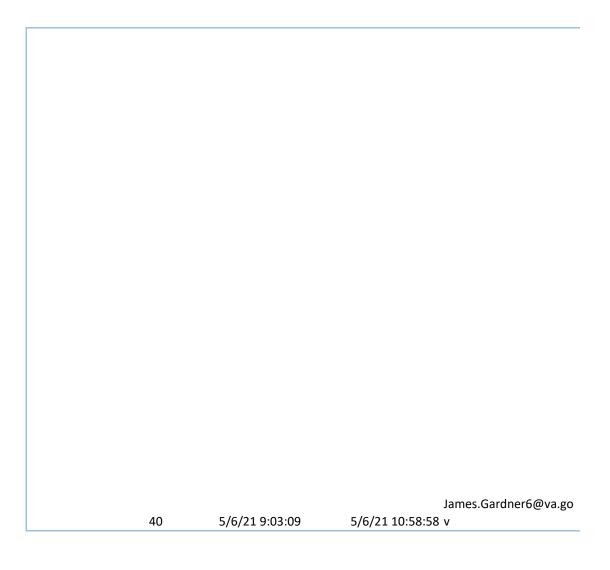




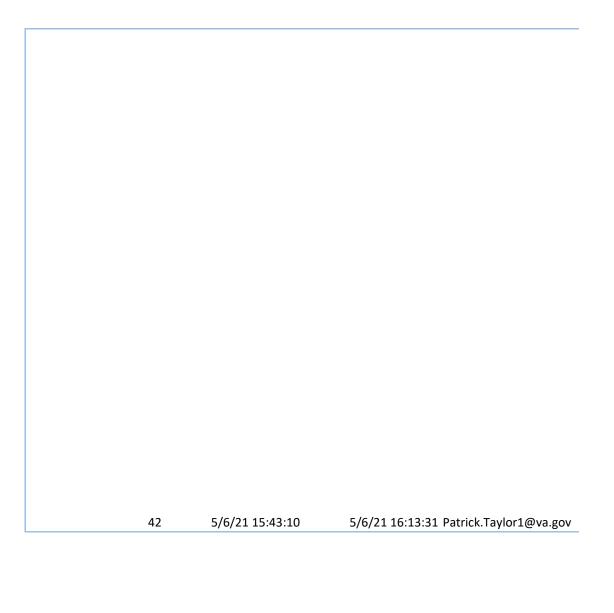


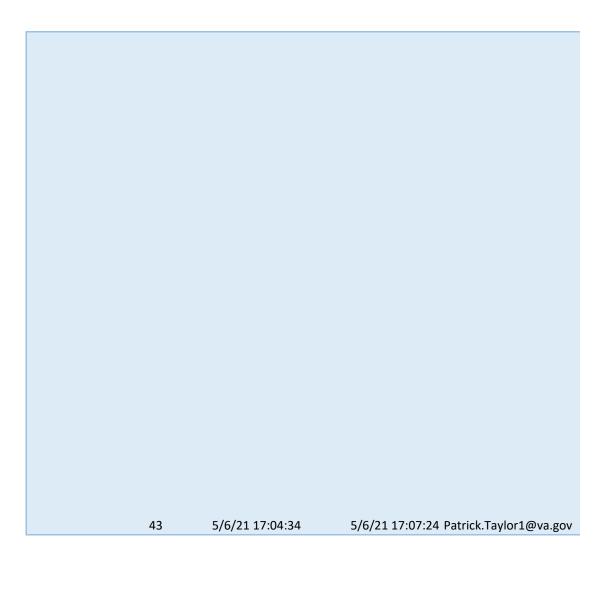


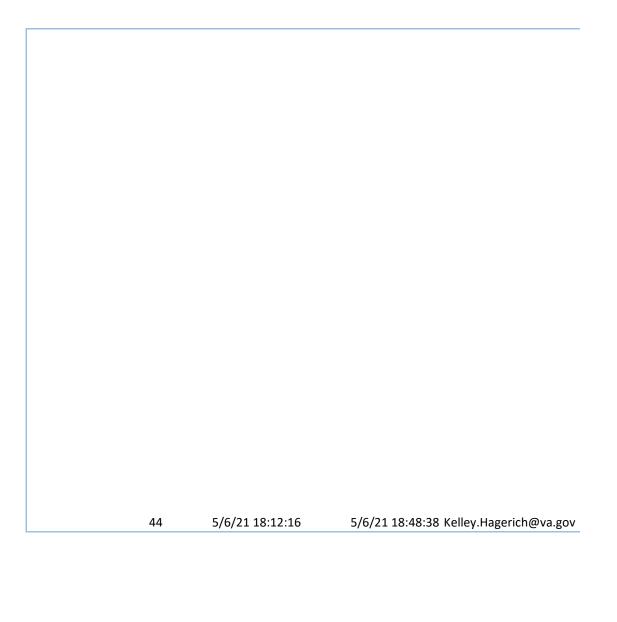


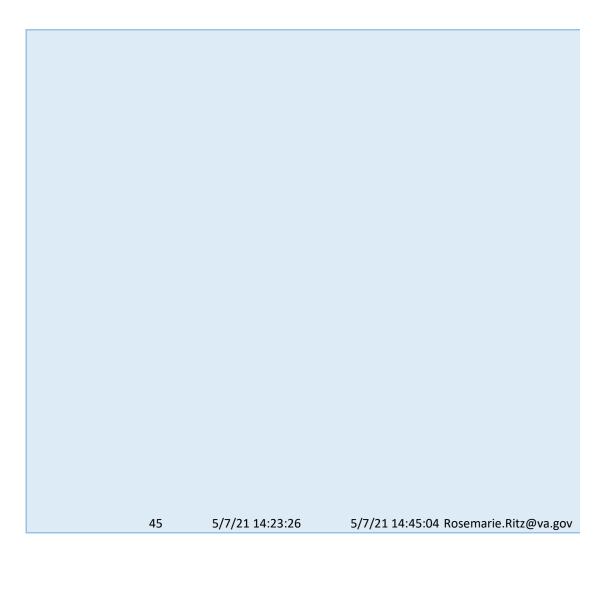


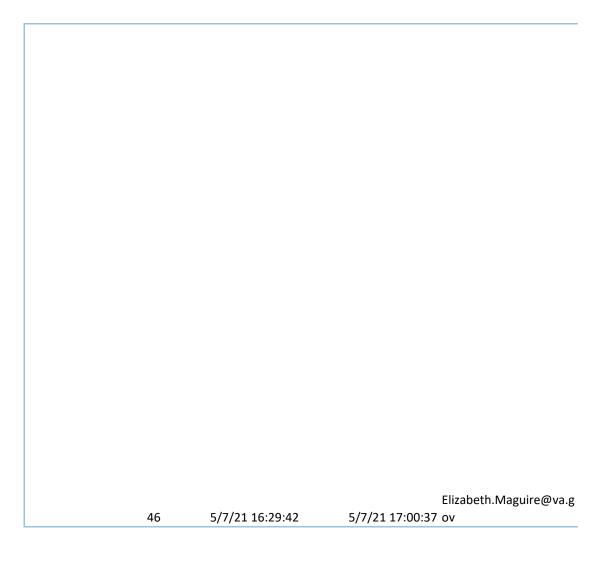
Carrie.henderson1@va. 41 5/6/21 11:08:16 5/6/21 11:13:52 gov

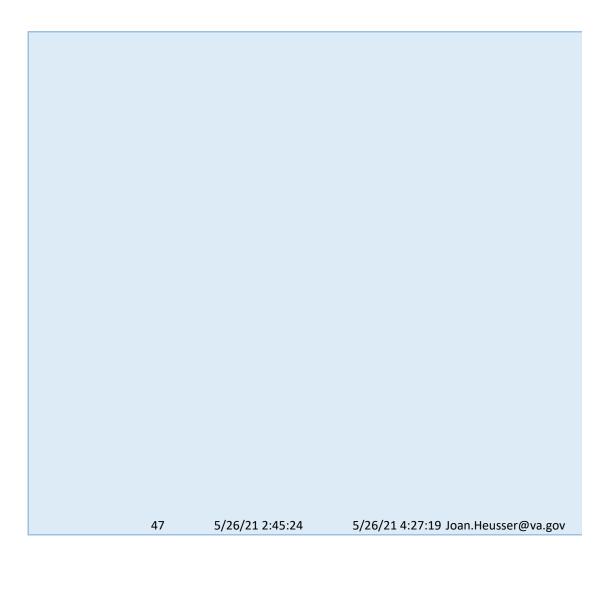












Name	Please provide your name, position title, and contact information.	Is this submission an idea for a Promising Practice or existing Promising Practice?	What is the name of your Promising Practice?
Jeanne Fridley	Jeanne Fridley, VISN 5 DoD Program Manager	Idea for a Promising Practice	"My Why" COVID-19 Vaccinations: Protecting Our Families and Communities
Lyn Johnson	Lyn Johnson VA Community Outreach Specialist	Existing Promising Practice	VA NY Harbor Newsletter Section "COVID Talks" Veterans discuss COVID vaccination and advocacy

Aditya Arya	Aditya Arya, NP, f845- 831-2000 x215675	Idea for a Promising Practice	Myth Busters: I need answers!
			"I did " have some short
			video vignettes of Veterans and staff depend on target audience sharing why they got the vaccine. Select individual who represent the
			population you are trying to change their thinking & behavior. Also have some " i did because i love my family/my spouse/my

Idea for a Promising

children/my

grandchildren.

Anne Sanford,

Anne Sanford

Anne.Sanford1@VA.gov Practice

Brian Long, Executive
Video Producer. Idea for a Promising "Vaccinated" sticker for
Brian Long Brian.long1@va.gov Practice the employee ID

David J. Lusk,, Ed.D. David.Lusk@va.gov Deputy Director Client Services, CoLead GAO

Training Area of

Idea for a Promising

Covid 19 Vaccines

David Lusk Concern Practice

Daniel Barrows,

Program Analyst,

daniel.barrows@va.gov, Idea for a Promising

Veterans who have
Daniel Barrows

925-519-4183

Practice

received the vaccine

Idea for a Promising

Jacqueline Smith LPN Practice Look at me, I'm fine

Let's get Vaccinated! Idea for a Promising The Life You Save Might Latricia Wells Practice Be Your Own.

Sondra Thomas	Sondra Thomas, Management Analyst, 703-249-3083	Idea for a Promising Practice	Our Community and We're All in this Together!
	Becky Thomas, Clinical Social Worker, 216-791-	Idea for a Promising	
Becky Thomas	3800 X 64976	Practice	I Did It, So Can You

Sarah Grimm, HR Assistant, ELR, 216-791-

2300 x42164 Idea for a Promising

Sarah Grimm Sarah.Grimm@va.gov Practice Focus on the Future

Jordene Chabuk,
Communications
Specialist, OIT; Idea for a Promising Mine!" Veteran videos Jordene Chabuk jordene.chabuk@va.gov Practice series

Catherine Golden	Catherine Golden, Program Manager Peer Support Services, 216- 791-3800, x66820	Idea for a Promising Practice	Vaccine Acceptance through Peer Support Staff
	Janice Shahan, Contract		
Janice Shahan	Specialist, janice.shahan@va.gov	Idea for a Promising Practice	Tagline

Patricia Helton, **Instructional Systems** Specialist, 850-206-

7156,

Idea for a Promising

Patricia Helton

patricia.helton@va.gov Practice

Myth Busters

Melissa Kemmer, Dental Hygienist, Erie VA Medical Center, 814-860-2106, melissa.kemmer@va.go Idea for a Promising Feel, Felt, Found Melissa Kemmer v Practice method Becky Halioua,

Recreation Therapist

Idea for a Promising

Rebecca Halioua

x7398

Practice

Vet & Vaccinated

COmmunity outreach through things like town halls run by VA officials, but conducted in community setting- with the option of in person or virtual attendance.

Open it up to the public not solely veterans, this information needs to be disseminated to everyone and more opportunity to give

Jamie Huckins-barker the

accurate information to Idea for a Promising the public the better. Practice

Community COVID Vaccine Town Hall

Christopher Sandles, Medical Center Director Existing Promising

, 210-617-5140 Practice

Christopher Sandles

Vaccine Hesitancy-Telephone Town Hall

Jaime Bernhardt	Jaime Bernhardt, Health Care Education Specialist; Jaime.Bernhardt@va.go v	Idea for a Promising Practice	From Here to There: A GPS COVID App for VA
Matthew Page	Matthew Page RRT, VP #1384	Idea for a Promising Practice	There is no name for this practice but I think this vaccine is in its infant stage.
Frank Smith	Frank Smith, CHOS RN, frank.smith8@va.gov	Existing Promising Practice	Changing veterans minds one at a time (city focused)

Linda Ferry	Linda Hyder Ferry, MD, MPH; Chief, Preventive Medicine Section, Loma Linda VAMC (605): linda.ferry@va.gov	Idea for a Promising Practice	Personal Story on Electronic Messages Boards and Local VAMC homepages "All in this Together"
	Gina Casey RN, Care Manager	Idea for a Promising	
Gina Casey	gina.casey@va.gov	Practice	Vaccine Voice

Caroline Dotson, LCSW, Health Behavior

Coordinator. 479-443- Idea for a Promising 4301 x 65207 Practice

Measurement for Motivational Interviewing

Caroline Dotson

Crissy Knox, Amb Care Idea for a Promising Verteran/Employee Christina Knox Nurse Manager Practice Vignettes Meghan McKee, PharmD BCPS - Clinical Pharmacy Specialist -Home Based Primary

Care

Meghan.mckee@va.gov Idea for a Promising

Meghan Mckee

484-744-4779 Practice

Vaccine for ALL arms

Chinyere Omeogu;
Director, Durham VAMC
Employee Health;
chinyere.omeogu@va.g
ov; 9192860411 ext. Idea for a Promising & Risks of COVID 19
Chinyere Omeogu
176291
Practice
Vaccination

Dr. Shilpa Gowda; Director, Occupational Employee Health; desk phone number: 504-507-

7897; VA email:

Shilpa Gowda

Idea for a Promising

shilpa.gowda@va.gov Practice

Video Messages from

Occupational Employee

Health

Use of the Medium Online Publishing Dr. Michael Zapor, Platform to Inform and Deputy Chief of Staff, Educate about Martinsburg VAMC Existing Promising Coronavirus Disease and Michael Zapor (michael.zapor@va.gov) Practice Vaccines Tricia May Villanueva-Harris, MD - Huntsville VA Clinic Medical Director BVAHCS

Jenness Keller, VHEC,

SFVA

Jenness Keller

Tricia Villanueva-harris 2565338477 ext 8774

Idea for a Promising Practice

Existing Promising

Practice

Vaccinating to Save Lives -One Veteran at a time

A weekly virtual forum

Jenness Keller VHEC, Jenness Keller SFVA Existing Promising Practice

Tele-Town Hall on COVID-19 Operations and Vaccinations.

LYNNE WRIGHT, RN MH Idea for a Promising Building confidence in Lynne Wright NURSE CASE MANAGER Practice vaccine

> Linda Ward-Smith, Registered Nurse, 214- Idea for a Promising 642-2138

Linda Ward-smith

Practice

reaching the communities in which we live

MaryJean Mariano,
Ph.D., staff psychologist, Idea for a Promising
Mary Jean Mariano 206 277 3027 Practice Vaccine Buddy System

Helen Williams, HPDP & VHE Coordinator, helen.williams4@va.gov Montana VA Health

Montana VA Health

Care System

Existing Promising Practice

Postcard mailer and open forum phone calls (TEAMS based):
"Moving toward vaccine

acceptance"

Helen Williams

Amanda R. Gillion,
Pharm.D. Acute Care
Clinical Pharmacy Help Us Win The War
Supervisor Memphis Against Coronavirus:
VAMC. 901-523-8990 Idea for a Promising The Road Back To
Amanda Gillion ext 6585 Practice Normal

James Gardner, TCF Data Analyst in the Office of the Director, William S. Middleton Memorial Veterans Hospital (607), james.gardner6@va.gov

, 608-256-1901 ext

11289

Existing Promising

Practice

Building COVID Vaccine Confidence With Minority Veterans: A

Motivational

Interviewing Based

Approach

James Gardner

Janelle Wormuth, VISN
23 Pharmacy Executive,
Janelle.Wormuth@va.g
ov; Kevin Kratz, VISN 23
Pharmacy Program
Manager,
Kevin.Kratz@va.gov;
Carrie Henderson, VISN
23 HRO Lead,
carrie.henderson1@va.g Existing Promising
ov Practice

Carrie Froemming

V23 Covid Vaccine Outreach to Rural Veterans and SLA Patrick Taylor, LMSW,
PACT Social Worker, 210 Idea for a Promising
862-9900 Practice

Patrick Taylor

G.E.T. W.E.L.L. (Guide, Encourage, Talk, Warrant, Educate, Learn and Legitimize); complete breakdown available G.E.T. W.E.L.L. (Guide, Encourage, Talk, Patrick Taylor, LMSW, Warrant, Educate, Learn PACT Social Worker, 210 Idea for a Promising and Legitimize); further Patrick Taylor 862-9900 Practice breakdown available Kelley Hagerich, MD,
MPH Staff Physician VA
San Diego/MOVE
Physician
Director/National Lead
for MOVE Provider
Champions;

Kelley.Hagerich@va.gov Idea for a Promising ; 202-669-0628 Practice Pop-up Farmer's Markets in Food Deserts Combined with COVID-19 Vaccination Clinics

Kelley Hagerich

Rosemarie Ritz RN , cell 610 462 3358, brownrosemarie@yaho | Idea for a Promising Rosemarie Ritz o.com Practice VIP A. Rani Elwy, PhD, QUERI Rapid Response Team Lead, VA Bedford Healthcare System,

Rani.Elwy@va.gov Tel: Existing Promising

Elizabeth Maguire 781-885-8785

Practice

3-Step Plan for Reaching Vaccine Acceptance

Joan Heusser, RD, NBCHWC, Health Promotion
Disease Prevention
Program Manager,
joan.heusser@va.gov,
Caroline (Renn)
Sweeney, PhD, NBCHWC, Health Behavior
Coordinator,
caroline.sweeney@va.g
Existing Promising
OV
Description
Learning Sessions (for practice)

Joan Heusser

What type of Veterans does this practice serve?	How does this practice promote vaccine acceptance?	What are the specific steps you took, or would take, to implement your practice and the timeline/timeframe for each?	What departments are involved in implementing your practice?
Both	Individuals who choose to be vaccinated do so for many reasons, however, I have noticed many get vaccinated to protect otherstheir grandparents, immuno-compromised children, their elderly patients, etc. I believe VA should host a campaign featuring Veterans and employees sharing their "My Why" storieswhy did they get vaccinated? Who are they protecting? How does being vaccinated support our society, community, and neighborhoods? I think this type of campaign would promote positive stories regarding COVID-19 vaccinations and encourage others to receive their vaccination.	package would contain employee and Veteran messaging and provide guidance on how to feature, "My Why" stories. I would request the Public Affairs Officer at each VA medical center take photos of Veterans and employees with captions or handwritten signs stating "My Why" with their personal reason for obtaining the vaccination. This could be conducted at vaccination clinics being held at the medical	At the facility-level, Public Affairs, Executive Leadership, and staff
Both	Veterans speak unfiltered in "their own words" to their fellow veterans about COVID vaccines and their advocacy for their fellow veterans to go to VHA to get vaccinated.	Promote Peer Advocacy and Peer Champions to reach out to their fellow veterans, spouses, and caregivers to get vaccinated. Veterans trust their fellow Veterans more than anyone else. Who better to promote vaccination.	Public Affairs, Community Outreach, and Vaccination Centers

Both	Veterans who have shared concerns about the vaccine often point to theories on issues with vaccines, conspiracy theories, lack of meaningful understanding of the vaccine, or fear of reachtions	- I would like to offer scheduled vaccine myth buster sessions via virtual sessions that can be VISN wide, facility wide, or national, to bust these common myths.	I would involve Infectious disease,
	to others who look like them/talk like them etc. select a Vet Center Veteran (couple of different ages) who resembles Veterans you are trying to reach; select Veterans who are black (again different ages); other minorities for video vignettes. This same concept can be used with staff. Also select individuals in jobs that have been low in vaccination rates not sure do not want to assume what those might be housekeeping, food service, union reps again not sure of the demographics . consider geographic when seeking representative individuals. Also, family members of Veterans	on VA network that plays in waiting rooms etc; send out some to staff via email; MyHealtheVet some could be used as PSAs on TV channels; YouTube; Facebook; VA internet site etc Also leverage vignettes to be used in VBA and	VA EES Employee Education System has broadcast video capability . EES has been involved with vaccines awareness and training

Organizations

of VHA staff

and/or Caregivers

Both

Both	Staff and veterans will know and feel safer around those that have the sticker on their employee ID.	Design a brightly colored small sticker that can be placed on the employee ID that states simply, "vaccinated" so that veterans and staff know you've received the vaccination. Contract out the manufacturing of the stickers and ship them to all the VAMC's for giving to staff once they've received their full vaccinations.	EES graphics to design the sticker.
	Reduce Fear, Support the Safety of the COVID	What I am hearing in Civilian World is typical, people are blowing things out of proportion. i.e. the Johnson and Johnson showed some clotting concerns, key is the population is 6 out of over 2 million I think. VA and Healthcare in general pulled the vaccine to ensure safety. Veterans and Staff should know that every step and vaccine is monitored closely to quickly identify anything that is out of acceptable range and take quick action. Due to close monitoring we are safe. Perhaps a poster reflecting safety of vaccines	
Both	Vaccines		Marketing

			An example of this is a
			testimonial video that
	Veterans will be more		we did to encourage
	accepting of vaccine if	I would advocate for the	Veterans with SCI/D to
	they hear stories from	public affairs	participate in telehealth
	other Veterans about	departments along with	some time back when
	receiving the vaccine	the medical media	we were attempting to
	and how it has allowed	departments at each of	increase utilization. An
	them to resume some	the medical centers	example of that can be
	normalcy (visiting	reach out to Veterans	viewed on YouTube at
	grandchildren, family,	requesting voluntary	this link:
	going back to activities,	participation in the	https://www.youtube.c
	etc.). Veterans trust	production of	om/watch?v=LjwGDZhN
Both	other Veterans.	testimonial videos.	iwl

I was the COVID vaccinator at the Phoenix VA from 12/21/20 to 3/1/21. As I administer the vaccine and veteran are scare about the vaccine. I inform them "Look at me I'm fine. I got the vaccine 1st prior to administer it to you." Then give them information of the vaccine if they have questions. It is the general information that receive the vaccine 1st everyone give at the

COVID vaccine clinic

was inform to give.

Both

I have inform all the veteran that I have administer the COVID vaccine while I was working in the COVID clinic and inform all of the veterans at I have prior for it to be administer to veterans

and I'm fine

COVID vaccine clinic at the Phoenix VA from 12/21/20 to 3/1/21

Back in February, I was called on a Saturday afternoon by the VAMC Richmond and scheduled for the following Tuesday for the first vaccine. When I arrived, I was impressed with how efficient the process was, the courtesy of the personnel that engaged me during the appointment, how well organized the VAMC staff was. I have shared this information with family, friends, and fellow Veterans. I had Allow Veterans and the same experience on Public service Employees to share my second announcements can be appointment. I believe shared throughout VA their experience in this encouraged many Medical Centers, Vet getting the vaccine in a short public service of them to get the Centers, Veteran Both announcement. vaccine. Support Groups, etc.

	Mobile Units:		
	It allows the community to see "Action," first-hand and people who look like them taking Action versus sitting on the sidelines taking about past historical content of fear and lack of trust, especially in communities of color.		
Both	Do a promotional mobile unit in strategic locations to serve vulnerable communities of color. Have volunteers and Allied staffers on-hand to distribute information and knowledge to build trust, ease fears, and disseminate accurate information about vaccines, and explain in laymen terms (not hightech technical terms)	locations in selected cities, especially those greatly effected by COVID19 within communities of color with dates/times/informative sessions to receive the vaccine, or just learn about the benefits and to earn their TRUST.	Occupational Health Medical Personnel and a few Administrative staff members and Logistics for drivers/schedulers to strategic locations. Volunteers within the agency and community.
	Having targeted short (30 -45 sec) videos or	Target urban and rural specific messages including people from	

		Target ι
	Having targeted short	specific
	(30 -45 sec) videos or	includin
	brochure cards	that cor
	reflective of the	have re
	community that a clinic	vaccine
	is in or where veterans	commu
	are served and show	benefits
	someone known and	story. If
	accepted to/in the	that the
	community who talks	relates
	about the vaccine	way the
	(benefits and/or	willing t
Both	receiving it) .	positive

Target urban and rural specific messages including people from that community who have received the vaccine. They can communicate the benefits and share their story. If it is someone that the community relates to in a positive way they may be more willing to react more positively.

seceived the
c. They can
unicate the
s. and share their
f it is someone
e community
to in a positive
ey may be more
to react more
ely.

Should be all - someone
who can identify
community specific
individuals, someone to
get the recording or
printing and someone
to get it shared to the
community
(video/print).

hopeful futures surrounding vaccinated populations reinforce the ideas that the individual is in control of People gathering, their future. In times of uncertainty, people psychologically find ways to ground themselves and exert control over what they are able to-reminding them that the future is bright in terms of being and being healthy will help to reinforce the idea that vaccinations exert that control that they seek to find over their external somewhat how getting a uncontrollable circumstances. In turn, the idea will be reinforced by positive stories and outlooks others are sharing.

the affected populations, with quickly-seen images of people. spending time together, enjoying social activities... and doing the things that they may currently be unable to do together. For example, visiting nursing homes, grandparents holding social, being connected, new babies, giving hugs and kisses, shows of camaraderie among friends, etc. are an individual way to It could be as simple as seeing a poster on the wall with a reminder of vaccination will help these things come to pass, or a sustained event where stories could be shared, and something could be

I'm not really sure who deals with marketing or campaigns.

Mine!" Veteran videos series • Who: Veterans of multiple populations (demographics/ages/era s/gender/race/rural/urb an) • What: They speaking personally that they've received their vaccines and WHY it's important ■ngage: Closing shot showing how to contact VA for (1) questions/FAQs and (2) to make appointments PLUS (2) also possibly mention they can also do whatever works best for them, including vaccine at local outlets, health facilities, clinics • Length: SHORT: OPIA, VHA each/10-30 seconds Communications/Digital •Distribution: OPIA to Media, PAOs/VHA local and national radio TBD by OPIA and VHA VAMCs, OEI, VA Both and TV as PSAs AND to Communications **Enterprise Offices**

Both	Peer Support staff are uniquely poised to aid in tackling vaccine hesitancy among veterans, given their supportive role in veteran care. Often times, veterans are much more transparent and direct with Peer Support staff compared to their medical providers and feel more comfortable with an intervention if a Peer endorses the intervention.	educational session specific to the Peers on the COVID vaccine rollout and answered questions that the Peers had about the vaccine. This session not only better prepared the	Psychology Service Peer Support and ID clinic staff
Both	Employees and contractors using the VA email system would be encouraged to add an electronic sticker and/or a statement to their signature block stating, "I got my COVID-19 vaccine."		All. Everyone using the VA email system would be encouraged to add this to their signature block.

Video could create a script identifying common myths. They would work with COVID vaccine specialists and Public Affairs/EES Marketing to ensure accuracy to debunk the myths. (4 weeks) 2. Get copyright permission to use the term "Myth Busters" its format. MythBusters is an Australian-American science entertainment television program created by Peter Rees and produced by Australia's Beyond **Television Productions.** The series premiered on the Discovery Channel on January 23, 2003. 3.Broadcast final

3.Broadcast final products on VAMC, CBOCs and YouTube.
4. Send out the myth

EES Broadcast and video; VAMCs Public Affairs officers, EES Marketing; EES

n Debunk common myths

Debunk common myths busters via Instagram,

sales before I became a how to get this to the Dental Hygienist. There veterans. Maybe a was a technique called along the lines of "I understand how you feel..., Others have felt television commercial? the same way..., What they have found is that..." This can be applied so many ways. I When a veteran is use it all the time even now in my dental chair. could this play on our

So maybe something along the line of... "I understand how you feel. You aren't sure if the vaccine has been are a little nervous about possible side effects, you keep to yourself and don't go around others or large groups" Other veterans Video or graphic could have felt the same way. be displayed on social What our veterans have media as well.

mailer, but as a veteran feel, felt, found. It went we get so much mail..so how much is actually read? Maybe a Maybe just a closed circuit commercial within our facilities? waiting for their appt televisions. I feel like this would at least plant the seed and if asked after their appt if they would like to schedule a vaccine maybe they researched enough, you would be more willing? Our MSA's could implement a dialogue that uses the same fundamentals when discussing vaccination?

no answer

Social media campaign using the #VetAndVaccinated. Create a video with veterans discussing their first hand experience with having the vaccine, video can review common misconceptions being answered from the vets perspective and experience as well as them presenting facts in their own words. Video can be sent out on social media, emails, clips can be made into TV commercials.

first hand experience and information from veterans who have had the vaccine delivered to and their quotes about other vets.

Additional social media posts with veteran pics Veterans, medical media, PAO, media the shots, etc. outlets?

soon as possible, reach out to public settings like churches, community centers, and universities that have space for public (socially distanced) town halls. I'd advertise publicly, possibly even on the news, and request media coverage. I'd make the town hall specific- advertise the topic of the town hall. I'd open the events to the public, not just the VA. This is a public Provides a platform for health crisis, not a at individual VA medical dissemination of veteran crisis. Access to centers: Public accurate information information should not Relations, Legal, Media, and opportunity for be gated. I'd offer **Executive Directors** veterans or the public to multiple town halls and Offices, Infectious ask questions and get include ID/vaccine Disease, Pharmacy answers from experts in experts, VA officials, (vaccine-ready training), person, experts who mental health Psychology, community have also gotten professionals, and representatives (e.g. vaccinated and who live media representatives pastor of church where Both in their communities. with public facing town hall is being held).

called Broadband to conduct these calls, which are not new for us, only using them for vaccination outreach. STVHCS has 65k unvaccinated veterans and plan to call 10k of them a week until we we've called them all. The calls include live polling questions, and the opportunity to take live Q&A on the line with the entire audience. The polling questions and responses are recorded and at the conclusion of the call the vendor provides the responses which include the phone numbers. We use of professionals at thier the responses to target callbacks and schedule those who indicated Pharmacy, MAS, messaging and makes it they would now like to Infectious Disease,

be vaccinated as a result Nursing, Public Affairs

Allows potentially likeminded veterans to be heard and educated collectively, but a multidisciplinary group VA medical center. Takes national more personal.

	This practice will provide confidence in finding the location within a VA facility where vaccines are	SimLEARN is experimenting with a GPS idea for locating equipment (such as wheelchairs) in a VA facility. This leads me to believe there are capabilities to map VA facilities for GPS. VA would create an app for Veterans where they would select the VA facility and COVID vaccine location (per email confirmation) and the app would "walk" with them to the location. Starting from entrance to VA property (to including parking), the app would show the Veteran how to navigate the VA facility with confidence allowing them to get where they need to go to check-in for COVID	Office of Connected Care, VA Mobile for app development; Facilities
Both	There should be acceptance as long as there is a paper signed that states the government is responsible for any ill effects from taking this in the future	Any drug takes years in trials before given to the public. This has been given in less than a year.	All
	More personalized by area, direct education and intent https://www.washingtonpost.com/politics/2021/04/17/veterans-coronavirus-vaccine/		Could be CHOS, additional MMU, Home
Rural			health

Both	Use the photo of Home setting and personal story of a Veteran who will have broad appeal to their peers for both male and female messages. Needs to have the message of being "in service" for each other's protection like the appeal they feel towards each other from being in the military.	Have 2 or 3 different poster images of Veterans that would rotate each day on the electronic messages boards so that you have various age ranges from 25 to 80 yo. Needs to be reasons for vaccine acceptance that appeals to the minds of those who were originally just have not been convinced it is safe or worth the risk and then they made the decision to take the vaccine to protect themselves and others they care about. Appealing to the "good for everyone by doing my part".	You need Public Relations, and Veterans Experience Coordinator and then media services to create the brief video or poster image.
Both	reduce barrier by real world relationship	I share my story to the Veterans (I have been serving as many's nurse for several years). I tell them of my uncle's death from Covid right before the vaccine became available. I tell them of the research I have reviewed; I share my experience with the vaccine; I review with people of color the significant risk statistics, I reveal that I too am a POC (Venezuelan) and how that impacted my decision.	Primary Care

within the VHA and are best practice for data collection, tracking of information, and to help clarify needs from patient to provider. The input of a simple measure (5-10 questions) to determine the level of confidence that a Veteran has in COVID vaccines would have multiple benefits. 1. The VA would have a

visual measure of where

Veterans are in the stages of change/confidence in the vaccine, which would help determine how to best focus mass efforts.

2. A clinician or staff member who administered the short measure would see in rates in their readiness

The VHA would use Motivational Interviewing, Stages of Change, and tailored questions to build this simple measure. Time estimated to create the measure, input a national template, and train staff through TMS on use with patients real-time how a Veteran would be approximately implementation of this 4 months.

All departments would have access to practice.

Veterans and Employees that had concerns about getting the vaccine. Why they had concerns and what changed their minds. How they feel since getting the vaccine. -ask amb care for patients names and contact them and get consent and have them come in and do a video. This will take collaboration with medical media. If you rushed this could be It would allow Veterans done in a month. with concerns about the 2. Share the stories Vaccines to see that with medical centers to other with the same post on social media or reservations have around the medical gotten the vaccine. At centers on monitors. this point the Veterans -if they are digital this that wanted the vaccine can be very quick, Sent to all Public Affairs have mostly had it so Amb care, Medical we need to foucs on the officer Media, and Public Both hold outs 3. Make posters with relations

vaccine more accessible for those without transportation
2) Need to offer drive up convenience
3) Need to hold

community wide events, offer to non-Veterans - build trust in the community, offer to all Veteran family members

4) Need to educate and

Both

need to document that Rent a mobile van education; individually offer walk up and drive through mass hold community events

communication - emails, *USE the clinical

mailing, etc reminder tool* to send

mailing to everyone who has not received encourage Veterans to

Per CDC send their Vaccine cards

recommendations: to their provider if they covid outpatient clinic

Train interested staff to received in the pharmacy become COVID-19 community leadership vaccination medical media

ambassadors who will nursing

communication at its 1. Enumerate commonly best - Science based, asked questions and Emotional, Simple, myths - areas of Shareable, Interactive. misinformation and provide an emotional It will communicate accurate information to message based on Veterans and science (see examples). employees at an a) Will mRNA interfere emotional and scientific with my genes? level and addresses the b) Are the vaccine audiences concerns and efficacious? Do they uncertainties about the work in real life? COVID 19 vaccine. The c) Will 1 dose be okay communication will be for me? I don't want 2 guided by Siegel who doses? says -'the best way to d) Will the vaccine communicate reduce transmission? If uncertainty of data to i get vaccinated can i go patients is to admit that visit someone who all reports of benefits isn't? Will i be spreading the virus? 1. Public Affairs and and risks of therapies are based on estimates e) Are the vaccines Communication of currently available viable against the 2. Veteran and evidence and it is mutants? Employee champions possible that these can f) How did we get **COVID 19 survivors** change over time'. vaccines so quickly? Did 3. Infectious Disease Veterans and the makers cut corners? 4. Employee employees who are still g) What of side effects? Occupational Medicine

Personalized message from credible, well-respected, high-performing source.
Occupational Employee Health was the backbone of the hospital's COVID-19 pandemic response, allowing healthcare workers to safely perform their duties. We are also the ones

that employees come to 1) Recruiting OEH

for all concerns related Professionals to partake ·

to COVID, including 1 week

testing, questions about 2) Development of the

vaccines, reporting side script - 1 week

effects, etc. We have 3) Film videos - 1 week

public health training 4) Edit videos - 1.5 Occupational Employee and experience. Weeks Health, Public Relations

The internet has become a significant source of both information and misinformation for people seeking to learn about COVID-19 and COVID-19 vaccines. Indeed, social media used by detractors of anti-vaccination rhetoric. This notwithstanding, such forums also offer an opportunity for subject matter experts to inform and to educate surrounding vaccines (such as those against COVID-19). One popular and highly regarded forum is the online publishing platform medium.com.

Both

published seventeen COVID-19-related essays on medium.com, to include several that are specific to vaccines (see: medium.com/@michael zapor). Each of these is no more than fifteen and generally less than and blogs are commonly a ten minute read; none have been published in vaccines to promulgate any official capacity; and all have been vetted through our hospital's PIO. Use of Medium and similar forums is a potentially powerful platform by which subject matter experts and to dispel the myths in the VHA can educate and communicate with our employees, our beneficiaries, and the public at large. Moreover, such posts the VA as an

The essays would be written by recognized subject matter experts in infectious diseases and other medical subspecialties, vetted through the hospital's public information cement a reputation for officer, and approved by the hospital director.

Both	My idea would to create a Mobile team made up of Providers, Nurse Educators and Social Work that travels to locations that our Veterans and their Families gather (Vet Centers/ VAB Meetings/ VSO, etc) are to do Town Halls/ Vaccine Education/Q&A and provide vaccinations on site. By coming to the Veterans and brining them care, this practice would add a personal touch for our Veterans Care, it increases Vaccine confidence and promotes the care we provide the Veterans.	Because the staff, van, PPE, vaccine and equipment are available at most sites, the timeframe should be between 3-4 weeks to set up Town Halls/ Q&A events, set up Media coverage and create the education materials for each event.	Care Services, Public
Both	We are on hand to discuss Veterans questions or concerns about the vaccine. This forum is designed to welcome, hear, understand, and recognize these concerns. We cover topics such as: • What does it mean to be fully vaccinated? • ②an I trust the process that they used to develop the vaccine? • Is it safe for me to take the vaccine if I'm pregnant, on hormone therapy, or PrEP? and any other questions concerning the safety and efficacy of the vaccine.	Jenness Keller, VHEC and Keisha Bellamy HPDP PM currently host these weekly forums from 4:30 to 6:00 pm every Monday.	Veterans Health Education and Information, Health Promotion Disease Prevention, Multi- disciplinary Vaccine Outreach and Education Committee

hosted by the Director of Public Affairs and comprised of a panel that included the Health Care Systems Director, the Deputy Chief of Staff, a staff Physician with Infectious Disease, the Education Program Manager from **Pharmacy Services and** three members of the Vaccination Outreach and Education Team, including myself. The Town Hall lasted for an

hour, the first 20 minutes comprised of presentations that addressed information about the vaccines as well as information on vaccine availability and instructions regarding

how to obtain the vaccine. The remainder Health (all members of of the Town Hall was reserved for Veterans to and Education Team).

The Director of Public Affairs set up the town hall through Broadnet. The format of the Town Hall and panel of participants was decided on by myself, the HPDP PM and the Chief of Integrative

the Vaccine Outreach

Integrative Health, Pharmacy, Primary Care, HPDP, VHEI, Executive Leadership

	- 0		
	a partnership with their		
	PCP provider to have		
	Veteran discuss with		
	PCP the concerns they		
	have which may be		
	causing them concern/		
	hesitation in getting		
	vaccinated. A lot of		
	Veterans are hesitant to		
	get Covid Vaccine as		
	they are afraid or feel		
	that not enough is		
	known about the		
	vaccine and long term		
	impact etc. To get them		
	to come to PCP to		
	discuss concerns and		
	get more education		
	about the vaccine and		
	protection. But it can	Acknowledge where	
	not be a push, it is a	Veteran is at and	
	process of building	support them, but also	
	trust, confidence and in	encourage them to be	
	view of other comorbids	open to talking with	
	to stress the value of	their provider to discuss	
	protection so that other	concerns but also to	
	diagnoses are not	learn more about value	
Both	putting them at greater	of getting vaccine.	MH and PCP
	By sending familiar		
	faces into the		
	communities we live, it		
	will build confidence	Be a community	
	amongst our neighbors.	advocate, spokesperson	
	We trust our neighbors	going into	
	most of the time, so I	neighborhood	
	believe the message of	community centers,	
	promoting and	churches, etc. to spread	
	encouraging vaccine	the word and build	multiple health
	administration should	confidence; partner	districts, community
Both	come from us	with health districts.	centers, etc

I have not and would not be responsible for implementation but this could be coordinated between Volunteer Service and perhaps the Veteran volunteers or **Peer Support Programs** Peer Support Specialists at various facilities. reach out to Steps would be unvaccinated Veterans recruiting volunteers, by phone to encourage providing some basic vaccination, answer education to volunteers questions about side and providing a effects, educate about knowledgeable staff Volunteer Service, Peer herd immunity and point of contact for the Support programs, problem solve practical volunteers to consult as Vaccine clinic leads Both barriers to vaccination. needed. (?nursing?)

> Health Care system who had not received/recorded a COVID 19 vaccine were sent a postcard through partnership with a Sacramento Xerox company. A small group of providers along with PCHMI and HPDP/VHE created outline for the review/use NCP handouts "Moving Veterans to Vaccine Acceptance" which utilize MI strategies. promoted the Save Lives PAO are also helpful in other outreach

> > news).

List of 38,000+ Veterans in the Montana VA

> COVID planning group which included HAS, QM, HPDP & VHE, PAO, Chief Amb Care Nursing, Pharmacy, Enrollment, PCHMI, and our Quad leadership team.

Postcard sent to our Veterans with four goals: promoted phone open forum call. We number to schedule COVID 19 vaccine, promoted upcoming vaccination clinics across MT VA, Act, promoted a weekly promoting via social Friday call with an open media and through forum to ask questions to our health care team (newspaper or local regarding vaccines.

Rural

identified in vaccine been implemented and hesitancy are often is just an idea. I believe complex and may vary to be effective it would based on vaccine type. need to be For the COVID 19 multifactorial and involved the steps listed Vaccine we know the factors include: general below. I would foresee misinformation from this being not only for social media, cultural veterans but concerns, complacency, convenience (ability to 1) Specifically target easily get a shot), underserved confidence, and fear communities such as (speed of development, the black and Hispanic unforeseen future community with negative effects, emphasis on racial and mistrust). economic disparities. This hesitancy has a Also public significant impact on transportation in many reaching herd immunity areas (particularly rural and therefore on our areas and some urban overall ability to return areas) is lacking and this to normal and most prevents people from importantly decrease being able to go to 1) Pharmacy morbidity and mortality pharmacies or vaccine 2) Nursing from coronavirus. events. Would propose 3) Logistics Vaccine hesitancy 4) Directors office setting up vaccine clinics in these 5) Media department among black and

for Health Equity in our facility and aimed to design outreach approaches to address inequity among our mission. Close inspection of our COVID minority veterans vaccination data in February 2021 showed that 55% to 75% of our Black or African American, Asian, American Indian or or Latino, and Multi-Race/Ethnic veterans were unvaccinated.

To provide equitable access to and accurate information on vaccine safety and benefits, and new administration to optimize our efforts to national VA vaccination initiatives, Madison VA's African American Special

vaccinating veterans in January 2021, members of the Madison VA African American **Special Emphasis** Veterans per our ICARE Program (AASEP) began receiving feedback from participated in the regarding their inhibitions and refusal to get vaccinated. We reviewed the data from our Veteran Outreach tool to see if what our Alaskan Indian, Hispanic veterans were telling us data tracking/analysis. directly was also represented and mirrored in the data. As subsequent data described in Question 17, it was.

> In February 2021 the reinstated the diversity equity and inclusion initiatives which gave the Madison VA a boost a member) and Antito developing the

Director and Pharmacy were the primary departments involved in the practice. Our facility had 31 total pharmacists who outreach (this included pharmacy residents). Ellina Seckel and Anita Kashyap provided administrative coordination, material creation, training, and James Gardner provided coordination, initial and analysis, and informed stakeholders of the practice's progress. Additionally, the Madison VA's African American Special **Emphasis Program (of** which James Gardner is Racism Action group (of

has been difficult with VISN 23 are either varying impacts on located in rural or highly Veterans and their rural areas in the families. The developed Midwest. With the process and outreach greatest rurality of efforts encouraged and patients across VHA, fostered confidence for fourteen (14) percent of vaccine administration those Veterans are for Veterans by bringing located in highly rural the vaccine directly to areas, presenting both them in the opportunities and environment and challenges for location in which they innovation to close gaps are most comfortable. in care to provide all One of the networks veterans the same goals was to create a healthcare way for Veterans to opportunities as those receive their vaccine in urban locations. VISN where they are located, 23 implemented COVID ideally without creating vaccine clinics across obstacles for them to eight (8) health care get the vaccine. The systems, and 61 rural Saves Lives Act clinics to achieve closing improved this effort COVID vaccine related even more with our gaps. Outreach efforts ability to also provide were necessary to All Covid Vaccine vaccine to their spouses provide opportunity for Teams/Pharmacy Teams across V23 and caregivers. VISN 23 veteran vaccination in

implement this practice is to inform all active employees of the practice, provide training, provide a rollout date, and implement a new employee orientation training for all onboarding employees who will have direct contact with veteran. Prior to the scheduled rollout date, there

The GET WELL practice promotes vaccine acceptance by showing veterans we don't only supply the vaccine, but we also stand by it and we can assist with any questions, concerns, or need for assistance as appropriate. The idea is workers and training to promote positivity and facts regarding the vaccine to help put the veteran at ease and ensure veteran is accurately informed.

should be enough time allowed for training and All VHA departments questions. On the scheduled date, the application of the practice would take place for current will be introduced as part of the new employee orientation. The training would not need to be implemented more than the VHA.

associated with direct patient care (i.e. social workers, nurses, doctors, greeters/escorts, MSA/PSAs, and any other departments that have patient interaction) and those that provide supervision and leadership within

implement this practice is to inform all active employees of the practice, provide training, provide a rollout date, and implement a new employee orientation training for all onboarding employees who will have direct contact with veterans. The GET WELL practice Prior to the scheduled promotes vaccine rollout date, there acceptance by showing should be enough time veterans we don't only allowed for training and All VHA departments supply the vaccine, but questions. On the associated with direct we also stand by it and scheduled date, the patient care (i.e. social we can assist with any application of the workers, nurses, questions, concerns, or practice would take doctors, need for assistance as place for current greeters/escorts, appropriate. The idea is workers and training MSA/PSAs, and any to promote positivity will be introduced as other departments that and facts regarding the part of the new have patient vaccine to help put the employee orientation. interaction) and those veteran at ease and The training would not that provide supervision ensure veteran is need to be and leadership within Both accurately informed. implemented more than the VHA.

would identify areas of food deserts and food both rural and urban areas. Veterans that are with a variety of local struggling to meet their farms that can supply basic daily needs, such as food and housing are dairy, bread more likely to be disenfranchised from their community and less likely to have access with limited public to reliable medical information about the COVID-19 vaccine. A pop-up farmer's market farmer's combined with healthcare workers administering and promoting COVID-19 vaccines would promote tablets, displays community engagement 6.) Advertise and and a chance for veterans to ask questions and discuss their concerns about the vaccine. By addressing the lack of

healthcare workers able to administer vaccines insecurity in veterans in and provide education 2.) Form partnerships fruits, vegetables, eggs, 3.) Identify food deserts, particularly in those rural and urban areas transportation 4.) Obtain permit if needed to hold pop-up market/vaccination clinic 5.) Acquire necessary supplies including tent,

market

clinic

7.) Host initial farmer's

market/vaccination

8.) Continue on a

Would expect it to be multi-disciplinary and include Nursing, market pop-up farmer's Dietitians, Health Behavior Coordinator, Psychologists, Physicians with an interest in Nutrition,

and Administrators.

(High Reliability Organization) monthly theme "Deference to Expertise," I would like to propose the Have VIP (Vaccine following: **Immunization Float** Pool) "The Experts" My suggestion is to who keep up with have a VA pilot program continuing changes and where there is a advances, and Currently designated team for focus on Covid, flu but COVID and Flu also promote all vaccinations to help ease the current burden immunizations. Travel to different VA medical on staff members. This center, CBOCS, VA program can be called, community centers, **VA Immunization Float** Listening to veteran, Pool (VIP). The VIP's are coming to help keep staff and community concerns to help your CBOC afloat. educate them re: vaccination truths and The program can have myths and would like to floating nurse(s) and Can include VA Medicial center, CBOC's, VA add in promote MSA(s) to travel to preventive medicine CBOC's, VA medical community centers, VA and health lifestyle centers, and veteran's run clinics in initiatives (Whole community. Wherever centers to run Both Health) Covid/and or flu vaccine needed

Rapid Response Team interviews and survey collaborating with the National Center for Health Promotion and **Disease Prevention** (NCP), we have created a 3-Step Plan that builds local levels. We have on patient-centered communication principles while also being grounded in the lived experiences of Veterans who express vaccine hesitancy. These 3 Steps are: 1) Ask questions, and respond to concerns using the five steps of patient-centered communication; 2) Draw on altruistic reasons for getting the vaccine, emphasizing benefits to family, Veterans' own words

evidence for this approach, as well as the Each facility needs to data with Veterans, and suggested 3-Step Plan for one-on-one conversations to our Veteran Stakeholder Council, as well as at national, regional and presented the data to the Healthcare Operations Center, to the VISN 1 Communications Briefing to Veteran and Congressional Stakeholders, and to our recommend reaching local facility Chief of Staff and Deputy Nurse known to have fair or Executive, will follow-up poor overall or mental meetings with Veterans health because these at facility and state town halls. We have a planned national Chiefs the vaccine (see of Staff presentation, both the QUERI RRT and QUERI RRT project, as friends and society. Use NCP leadership, on May well as Step 1: Ask 19. Other VISN

decide who is going to have the 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. These providers may be from primary care, geriatrics, mental health, or another service. We out to Veterans who are Veterans are most unsure about getting Infographics from the Questions).

Vaccine Communication Weekly all-employee workgroup to address **COVID Vaccine Virtual** education and **Learning Sessions** marketing about the provided employees COVID vaccines. with education and 2. Spoke with Public updates in 3 areas: 1) A Affairs and the vaccine facility vaccine update, communication 2) an update on COVID workgroup and vaccines (science, proposed Weekly COVID developments, Vaccine Learning updates), and 3) Sessions for all-Clinician coaching on employees prior to the Healthy Living Team: addressing vaccine beginning of the vaccine **Health Promotion** hesitancy and increasing roll-out in early **Disease Prevention** confidence. The December, 2020. Program Manager Health Behavior purpose is to educate 3. We planned the agenda for the Learning Coordinator staff on an ongoing basis on current facility sessions: Veterans Health vaccine processes and 1) Facility update **Education Coordinator** vaccination processes, **Facility Public** plan, the vaccine itself, and increase staff 2) COVID Vaccine Affairs/Communications communication skills information and Director and confidence in Infection Prevention updates, addressing Veteran 3) Clinician Coaching Nurse vaccine hesitancy and on communication skills COVID Vaccine to address vaccine increase vaccine Pharmacist confidence. hesitancy and increase

What are the costs associated with your practice?

What primary metric data is tracked and collected to determine

What are the potential risks or barriers of implementing your practice and the your practice's success? proposed mitigations?

If the media campaign is electronic, the costs would be minimal. If promotional items were I would track the % of purchased, such as My Why pins/buttons or stickers, there could be a cost associated with these items. If purchased, they could be provided to those being vaccinated as another incentive or "recognition" that they have been vaccinated. Individuals really like to with them, similar to the "I Voted" stickers given out at the polls.

COVID-19 vaccinations by facility/site prior to the campaign to establish a baseline and employees, I think the assess the % of promotional items were vaccinations at 4 weeks Public Affairs should following the campaign's implementation. I would policy requires. Labor continue to monitor vaccine compliance at monthly intervals following the have something to take implementation of the campaign to see if vaccine compliance increased.

Since the program is voluntary for both Veterans and risks would be low. consent participants for photography as the partners should be informed of the campaign, but since employees would not be required to participate, there should be few negative labor-related issues.

Reproduction and social media. Otherwise minimal costs outside of Feedback from VA local postage to mail VA employees, newsletter to non-social Veterans, Spouses, media Veterans, Spouses, and on content of Caregivers. newsletter.

Executive Leadership Caregivers and Families buy-in to allow Veterans to speak in their own words.

number of veterans who shared concerns and subsequently got the vaccine. Can be identified at the time of vaccination, if they

technology, and

advertising.

attended any such

not sure. sessions.

The video would be limited cost-- VHA EES staff salary already paid; could be some editing

cost. As with any action it is

Advertisement would be primarily no cost for avenues such as Feature video vignette on VA network that plays in waiting rooms of the vill be additional to track direct cause and effect of behavior change. I am sure that there will be multiples activities to target behavior change

etc; so it will be difficult to send out some to staff isolate direct link. You via email; MyHealtheVet could ask vaccines
YouTube; Facebook; VA recipients how they

internet site etc heard about / what
Also leverage vignettes to be used in VBA and NCA for employees and heard about / what
played a role in them coming to get vaccine.
However, i suspect they

Veterans/family will have multiple members reasons which is

members reasons which is Barriers --could be time Veterans groups and common and needed in recruiting

Veterans Service attitude and thus Veterans/Staff/Family

Organizations behavior change. members

They're might be objections to being identified as not having recieved the vaccination due to sticker identifier. The sticker itself would The cost of I think it would promote have to be placed the desire to receive the directly under the date manufacturing and shipping the stickers to vaccination to show you on the employee ID and all the VA service want to do your part in small enough as to not interfere when inserting providers. I don't have making the an estimate for this environment safer for the ID into the our veterans and staff. computer. cost.

> Number of patients with adverse affects of vaccines compared to number of vaccines

delivered.

Cost of posters or

communications

None

I believe minimal if existing resources are used. The telehealth

testimonial video that was produced by the Dallas VA for SCI was

and resources.

In this case it would be difficult to track if the video itself resulted in acceptance of the done using existing staff vaccine, but it certainly will help.

None known

there is no data to collect but that veteran would agree to get the vaccine due to my cheerfulness and smile to veteran and inform them that I got it prior

The cost it to be cheerful, and smile

to them getting it

I don't think nothing

mitigated by positive encouragement to get vaccinated. The anxiety in some reluctant to get the vaccine need to hear other's positive experiences. After taking the vaccine, people should continue the practice of social distancing, hand washing and wearing masks. We're all in this

together.

Risk and barriers will be

Favorable responses from the number of individuals that have taken the vaccine will help combat

Not known at this time. misinformation.

opportunities to advertise via radio announcements, internal agency notifications, and local churches and seek volunteers within the agency; however cost associated with setup/travel for personnel members and mobile vehicle set-up at location site for vaccine based on CDC and distributions could be drastically reduced if VHA employees volunteer some of his/her time on a rotation basis that lives look for indicators such are at stake (being lost) closer to these strategic as transportation locations. Get community involvement hot-shot quick visits to and local elected leaders on-board to collaborate on efforts to that serve within the combat the COVID19 crisis. It's a partnership! or sponsor COVID When lives are being

Utilize metric data for those communities with high-level "hot-spots," Census statistics. Review the populations greatly effected, what age group is being affected more gravely, issues, maybe do some disable population, get local churches involved communities to support this current

The potential risk is lives due to fear, mistrust and misinformation on the benefits of vaccines; however, nothing is 100%/perfect, we all have our part to do in climate/culture to make it safe as possible.

Unknown as it revolves around each center's ability to recruit individuals to record (can be short 30-sec clips) and then show in the waiting area.

Comparison of number of vaccines provided prior to the start and then during the implementation of the program. Can track the pre-post numbers of those who receive the vaccine.

drives.

Cost if some feel it would be too prohibitive; getting different departments to collaborate in a timely manner to make this information and get it out to the community.

Paper, printing, marketing costs to the extent that it would be developed. It could be as small as needed, or infinitely larger.

Vaccination success rates in areas where this marketing is done. If vaccination is advertised

directly on visuals, could Cost of materials to track the numbers market. No personal showing up for information is vaccinations. necessary.

+ Video views
+ Resulting engagement + Finding enough
(e.g., Veterans who are
pageviews/inquiries) to
VA.gov COVID proposed mitigation:
information site -- need way to track origin of locally after vaccinations
Short videos - engagements is the or during vaccination production cost videos process

I did not use a specific metric during my staff meeting where the ID clinic staff educated the Peers locally. However, standard motivational-Risk is limited. Barriers mainly include time for interviewing metrics could be utilized. Or education of this topic. actual vaccination rates Could occur nationally, by clinic following Peer by VISN, or locally at 0 education. each hospital. I wouldn't know how to measure or assess the effectiveness of the Tagline campaign. I think the frequency of occurrence, over time, would be the best indicator. It should be easy to observe, if the Zero idea takes off. None. None at all.

The cost is in the actual development of the product. I am not sure what those costs are because I am not sure if the copyright would have a cost associated staff as actors or contract out for them. There is no cost to distribute the video.

You can track the with it. We can use VA vaccination rates since the shows started airing Busters may not give and compare them to the rates before they started airing.

The owners of the Myth permission or the cost to purchases the rights might be prohibitive.

n/a I have no idea. unknown

Can ask vets at time of vaccine if they have seen or heard of campaign and if it

minimal costs for what campaign and if it can be done by VA staff, influenced their

unknown for cost if the video were made into TV commercial and the cost of broadcasting decision, track this to determine if it increas the number of vets vaccinated.

decision, track this to May not change determine if it increased anyone's mind, but that the number of vets will take place with vaccinated. anything you do.

have them fill out a feedback form asking vaccinated (comfort generally and then comfort with each EUA increased- at the local VA and in the community around the town hall (e.g., local pharmacies, mass vaccination sites).

small legal or ethical risks if one of the town hall speakers gives inaccurate information or misrepresents information- but this is general information and not specific medical advice so risk is lower. Content may need to be pre-approved by Legal and Ethics depts. Same barriers to planning any For in person attendees, public live eventscheduling difficulties, access to space, their comfort with being obtaining occupancy permits, coordinating with local media for coverage, coordinating with local municipalities vaccine clinic utilization regarding attendance limits and local regulations on social distancing/masking. In person events could need symptom screening, requiring

Outreach tends to be expensive, but would ask staff to donate their vaccine). Also watch if time and use donated space. Each event/location would probably be around \$10,000. More if there is a broadcast fee paid for television coverage.

number of veterans reached, and number of daily vaccinations. We've only had one call so far, and will continue to hold one per week for the next 5 weeks. We'll have vaccination data to indicate whether there was an impact on vaccination. However, whether they No risks, other than increase or not, the healthcare system will have the moral victory of knowing we tried to connect with every veteran we care for.

having veterans spread conspiracy theories on the line. We can reeducate while not allowing them to dominate the call.

\$2,000-\$3,000

		risks associated with Veterans without smart phones - develop both desktop and smart
cost of app development	# downloads; COVID vaccine customer satisfaction	phone app, to allow users to utilize functionality even if they don't have a smart phone, they can print the instructions for specific VA facility education of Veterans on app download, app use - ensure we KISS when developing app (simple, easy to use)
No cost to the VA but to the CDC and FDA.	More tests are needed	Death or adverse reactions of the population in the future.
fuel, possible staff lodging, possible staff meals, normal staff time.	# of veterans vaccinated, # of veterans reached, # of post outreach eventual vaccinations.	acceptance for trial, communication, resources.

Only VA staff time to recruit Veterans and create the public messages as photographs in Veterans home/or in studio video as brief messages. then rotate them on a schedule electronically on local VA Homepage/Facebook.

None if the Veterans chosen to be on the public messages have a broad appeal to many ethnic/racial and gender groups. And all their messages are varied to Can monitor calls to the their personal situation CoV2 vaccine scheduling and consistent in being clinic to see if the positive and Veterans saw the public encouraging to others to join them.

no apparent risks; a person's fear/lack of confidence can be a barrier.

personal vulnerability; a few minutes of time.

none

messages.

The measure would produce data that could resistant to these include: 1. the percentage of Veterans Veterans. score in the "low to no confidence", "moderate the TMS training of use confidence", "high to total confidence" ranges. 2. What hospitals and regions require the most assistance to achieve increased confidence based on the local administration of the MI discussions impact patient reception and trust of COVID vaccines. measure.

Barrier: Ensuring all staff providing patient care are trained, including those who do not have confidence in the vaccine and may be discussions with Mitigation: Including in of the measure the VHA goals of providing exceptional health care.

Barrier: Veteran frustration or increased risk of agitation in being asked about the COVID vaccine who have little measure. 3. How guided to no confidence/trust. Mitigation: Allowing for Veterans to decline the

The cost is mainly associated with the creation of a national template available in CPRS that may be accessed by all staff.

Everything should be done in house and as

part of normal Increase in vaccines

procedures given none

use of clinical reminder tool to track vaccinations

Education notes in CPRS - creating a note in CPRS or a reminder that shows perhaps a RN provided education vaccines - there are to the Veteran regarding the risk of death related to COVID that interfere with and the safety, efficacy vaccinations. of the vaccines.

Veterans who have pharmacist, provider, or historically declined ALL barriers with those that have religious beliefs

unknown

		RISKS
	Number of questions	1. Veterans do not use social media enough - so do not see the
	posted/discussions ongoing/video shares	videos. 2. The message is not convincing.
	Numbers of Veterans reached - how many hits/likes did the videos	MITIGATION 1. We can post video's
Cost is in terms of time.	get	in the clinic waiting rooms, send to phone
Time for planning and finalizing content Time of Durham VA	Numbers of Veterans and Employees (watching for a change	numbers (if appropriate) and find other avenue 2. Pilot the videos after
videographer and Public Affairs to edit and produce video and post	in trends - increase in vaccine uptake) getting vaccinated after the	production amongst a small group of Veterans and employees and
on social media	video is posted	ensure it is effective

The ideas that employee vaccination is already good - no need for improvement-so why get employee health involved at all in increasing vaccination rates, or that emails already sent are just as efficacious. I've proposed this idea to our local Pandemic **Clinical Advisory** Workgroup, which was supportive, as well as (i.e., Phil Walls), who

Minimal; only slight time away from other work for employees involved; Public Relations staff time for recording and editing

Increase in vaccination supportive, as well as rate among veteran and Public Relations staff civilian employees; as (i.e., Phil Walls), who well as veteran patients fielded these concerns.

There is always a risk whenever publishing on social media. That notwithstanding, the benefits of vaccinerelated informative essays will likely far outweigh the risks, provided that they are fact/evidence-based, include references, and refrain from pejorative commentary. Indeed, each of my essays concludes with the comment: "As with my prior COVID-19-themed posts, my intention here is not to politicize, read, the read ratio, and trivialize the pandemic, but only to provide information and thoughtful commentary. Until my next update regards."

Medium.com provides statistics for each author including the number of views for each article, the number sensationalize, or the number of fans. Moreover, readers are able to provide feedback for each article.

Negligible other than permitting the subject matter experts time during duty hours to write the essays.

The cost would be mainly for Public Affairs, Education materials and if a Mobile Van is needed by the site.
There should be no added cost for staff, PPE, vacation

equipment, etc.

Numbers of Veterans reached/ enrolled/ educated Number of Veterans vaccinated Because this practice involves traveling - risks included vehicular accidents and weather related events. Barriers are due to COVID restrictions, Veteran events/gatherings may be limited in number and participants.

Broadnet collects a lot of data, number of calls,

I am not sure, can check where the calls came now have a contract with Broadnet.

emails are available.

with Public Affairs. We from etc. There are also ELT is on board to use polling capabilities and Broadnet so that is not a barrier.

zero cost, but there could be a high cost if people do get covid especially if compromised by other medical conditions unsure how to answer putting them at high risk? this. daily statistics pulled on the amount of people communities refusing 50,000 (estimate) the covid vaccination receiving vaccination

Difficulty recruiting volunteers who would understand the limits of their role, i.e. not coming across as coercive but simply informative/helpful might be a barrier. Staff support availability may be barrier. Risks seem minimal.

essentially the cost of staff time

percent of contacted veterans who schedule to receive the vaccine

Cost of sending postcards through Xerox company (I will need to find this information. Will post later if possible)
Time to compile list of Veteran

Veteran names/addresses Time to write content Staff time; schedulers, staff participating and leading weekly calls. Number of people that have called into each Friday call.
Changes in Call Center volume of calls and subsequent scheduling into the upcoming COVID vaccination events.

Delay from writing the content of the postcard and time of the postcard arriving in the Veterans hands.

Project at least a two three week delay.

Thank you!

Vaccine cost, transportation cost, staff costs (need to pay pharmacist, RN's to go out in community and then covering their shifts).

Lincrease in % of b population immunized.

Risk - Vaccine adverse effects and medical emergency at time of administration.
Mitigation: Trained personnel to handle medical emergency if needed until EMS arrives
Barriers- Staffing, Cost, Leadership Buy in.
Mitigation: Obtained buy in from hospital leadership.

Due to using human resources for our approximately \$25,500.00 in time spent on the outreach. There were no material tracked whether the resources applicable for veteran was reached, our facility. Other facilities who implement the vaccine (if yes, the this approach might need to offer telephone transferred to our equipment or space to those performing the using the current infrastructure to provide the outreach.

Motivational Interviewing is used in Psychology. Our facility was able to pull from internal Subject Matter facilities might wish to bring in external SMEs.

numericized (0 = no, 1 =yes) where possible, collected in a Data outreach, we estimated Collection Form in Excel by each staff member and overseen by an outreach lead. Staff amenable to receiving veteran was warmscheduling line), received or reported outreach. We suggested having an appointment for a non-VA

which time why they declined and if the veteran wished to follow-up with their Primary Care Physician). phone calls and record This information was recorded in the Experts, however, other patient's chart as well for documentation purposes and as

vaccination, declined (at The practice is scalable but is dependent on staffing. Staff must be trained and provided time to make outreach results. Facilities must identify and leverage staffing sufficient to achieve the outreach goals for their initiative. Vaccinated: Rural: 50.69% (N=68,733)Highly Rural: 46.31% (N=19,768) Urban: 62.04% (N=81,669) Insular Islands: 25%

(n=2)

(N=1,158)

Nation. (Data as of

5/5/21)

The costs associated with the outreach were Unknown: 60.6% reviewed by VISN and

Facility fiscal and

determination that each In VISN23 – over ½ the outreach visit was with Government vehicles have vaccinated have and employees for been either rural or highly rural. This is optimal use of resources. CARES dollars were used for any other VISN in the

OT/COMP time expenditures.

these travel and

Potential risks included adverse weather Percent of Each Rurality impacting travel, which may impact the clinic operations. To mitigate this risk, alternate dates were reviewed for doses to be given and plans were put in place for a "GO NO GO" scenario with facility leadership. Vaccine was protected with thawing and preparation until this was decided. Additionally, a list of number of Veterans we Veterans in next phases of CDC/VHA guidance and later Saves Lives Act recipients were kept for significantly higher than calling when vaccinations were remaining for various reasons towards the end of the day.

The costs associated include the general costs of training, be it departmental, via TMS, or otherwise. The cost would also include the cost of material for pamphlets, quick reference cards, and other reference materials that can be readily available to employees and/or veterans. Lastly, it will cost time from employees to receive

provide training.

the training and time for No current

speakers to create and tracked/collected data;

new concept.

include possibly (inadvertently) validating a veteran's negative stance on the CIOVID-19 vaccine to the point where veteran solidifies a decision to refuse the vaccine. The **GET WELL practice** implements an empathetic, yet educational approach. It could be counterintuitive should the employee express fervent understanding for the negative perspective or selfdisclose negative experiences to the veteran. Mitigating these circumstances would be to "stay in your lane". It is important that we do not speak on what we don't know and only use self-disclosure if it is to

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include possibly validating veterans to the point where veterans solidify a stance on refusing the vaccine. The practice implements an empathetic, yet educational approach. It could be counterintuitive should the employee selfdisclose negative experiences of obtaining the vaccine to veterans. Mitigating these circumstances would be to "stay in your lane". It is important that we do not speak on what we don't know and only use self-disclosure if it benefits veterans and not hinders them. This will need to be implemented in the training and scenarios can be produced to help

Costs would potentially include full or partial payment to farmer partners to subsidize the food, permits, equipment such as tent, farmer's market divided healthy food and tables, and staff time to by the total number of provide education and vaccinations.

1.) Brief survey of veteran customers acceptance of the COVID-19 vaccine both veterans being before and after their visit to the pop-up farmer's market. 2.) Number of veterans The mitigating factor is vaccinated that attended the pop-up veterans that attended the market

The main risk is that the tracking knowledge and cost of the practice may exceed the benefit of vaccinated if vaccine uptake is not as favorable as predicted. that veterans still received the benefit of education about the importance of the COVID-19 vaccine.

Have evaluation box 1-for veterans Re: scheduling and getting vaccines when needed in a timely manner satisfaction 0-5 2- for staff - If helped ease workload, and Start with pilot program · decrease stress due to start with 1 Nurse and 1 not having to take on extra immunization clinic workload

MSA, travel to where

needed.

None- Start off with 1 MSA and 1 Nurse and upon successfully run clinics. Would need evaluate if need to expand

The only cost associated with this practice is a provider's time in having a 1:1 conversation with a Veteran, to learn about their health and their vaccine status, and to learn why they are not willing to accept being vaccinated at this time. Following these questions, providers will be able to use the NCP materials on Moving to Acceptance and **Debunking Common** Myths of the Vaccines to address specific

concerns.

hesitant. However, we feel that, given that they are talking to a trusted provider, they may still be willing to have a conversation, even if they are not ready to move to acceptance. Moving to acceptance is going to take time, and potentially will involve follow-up conversations. Providers should know that more The primary metric is an than one conversation increase in Veterans' may be needed to help vaccination rates at the a Veteran move to facility. vaccine acceptance.

The only risk to the 3-Step Plan is that Veterans may not want to discuss why they are

currently vaccine

COVID Vaccine Learning Sessions: >400 participants initially and >50 attending the sessions currently as of May 2021. We conducted a Teams call survey in April 2021: Potential risk/barrier: How confident do you feel addressing vaccine be a potential risk. hesitancy among Veterans you work with recurring calendar

64 respondents (47%) employee COVID reported they feel very vaccine emails, she confident.

reported they feel somewhat confident. 8 respondents (6%) reported they do not feel confident. If you have interactions pertinent and current asked about and encouraged getting the safety, efficacy, COVID vaccine?

Low attendance would Public Affairs sent out a to increase acceptance? invitation and in allwould regular add that 63 respondents (47%) more information would be available at the weekly COVID Vaccine Learning Sessions. We made sure the vaccine updates had with Veterans, have you information, addressed new developments, concerns, etc., 82 respondents (61%) regarding the vaccine.

No additional costs, however it requires time on the part of the presenters to prepare presentations each week for the COVID Vaccine Learning Sessions.