| ID | Start time | Completion time | Email |
|---|---|---|---|
| 1 | 4/14/21 9:10:01 | 4/14/21 9:35:29 | Jeanne.Fridley@va.gov |
| 2 | 4/14/21 9:23:27 | 4/14/21 9:36:52 | Lyn.Johnson2@va.gov |

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| | 3 | 4/14/21 9:01:08 | 4/14/21 10:24:54 | Aditya.Arya@va.gov |
| | 4 | 4/14/21 10:01:32 | 4/14/21 10:31:19 | Anne.Sanford1@va.gov |

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

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| | 7 | 4/14/21 10:59:30 | 4/14/21 11:09:03 | Daniel.Barrows@va.gov |
| | 8 | 4/14/21 11:16:21 | 4/14/21 11:25:05 | Jacqueline.Smith9@va.gov |

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| 9 | 4/14/21 9:54:17 | 4/14/21 11:30:49 | Latricia.Wells@va.gov |

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| | 10 | 4/14/21 10:06:59 | 4/14/21 11:33:12 | Sondra.Thomas@va.gov |
| | 11 | 4/14/21 11:42:32 | 4/14/21 11:55:50 | Becky.Thomas@va.gov |

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| 12 | 4/14/21 11:42:47 | 4/14/21 11:59:41 | Sarah.Grimm@va.gov |

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| | | | Jordene.Chabuk@va.go |
| 13 | 4/14/21 9:46:04 | 4/14/21 13:20:49 | v |

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| | 14 | 4/14/21 14:24:23 | 4/14/21 14:41:03 | Catherine.Golden2@va.gov |
| | 15 | 4/14/21 12:24:14 | 4/14/21 15:32:32 | Janice.Shahan@va.gov |

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| 16 | 4/14/21 18:33:15 | 4/14/21 18:54:06 | Patricia.Helton@va.gov |

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| | | | | Melissa.Kemmer@va.go |
| | 17 | 4/15/21 8:28:30 | 4/15/21 10:25:34 | v |

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| | | | Rebecca.Halioua@va.go |
| 18 | 4/16/21 13:32:32 | 4/16/21 13:40:30 | v |

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| 19 | 4/16/21 14:58:08 | 4/16/21 15:20:04 | Jamie.Huckins-Barker@va.gov |

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| | 20 | 4/16/21 15:19:02 | 4/16/21 15:30:48 | Christopher.Sandles@va.gov |

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| | 21 | 4/19/21 10:05:26 | 4/19/21 10:29:23 | Jaime.Bernhardt@va.gov |
| | 22 | 4/22/21 11:19:55 | 4/22/21 11:35:53 | Matthew.Page3@va.gov |
| | 23 | 4/23/21 15:15:10 | 4/23/21 15:20:21 | Frank.Smith8@va.gov |

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| 24 | 4/26/21 12:49:40 | 4/26/21 13:05:08 | Linda.Ferry@va.gov |
| 25 | 4/27/21 8:53:25 | 4/27/21 9:08:38 | GINA.CASEY@va.gov |

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| | | | | Caroline.Dotson@va.go |
| | 26 | 4/27/21 10:33:35 | 4/27/21 10:56:11 | v |

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| 27 | 4/27/21 11:38:40 | 4/27/21 11:48:07 | Christina.Knox@va.gov |

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| 28 | 4/28/21 9:29:46 | 4/28/21 9:43:05 | Meghan.McKee@va.gov |

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| | 29 | 4/28/21 11:55:23 | 4/28/21 13:43:26 | Chinyere.Omeogu@va.gov |

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| 30 | 4/29/21 10:31:44 | 4/29/21 12:00:33 | Shilpa.Gowda@va.gov |

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| 31 | 4/30/21 7:56:41 | 4/30/21 9:36:34 | Michael.Zapor@va.gov |

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| 32 | 4/30/21 12:37:03 | 4/30/21 15:04:15 | Tricia.Villanueva-Harris@va.gov |
| 33 | 4/30/21 15:51:12 | 4/30/21 15:58:59 | Jenness.Keller@va.gov |

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| 34 | 5/3/21 10:21:34 | 5/3/21 11:22:28 | Jenness.Keller@va.gov |

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| | 35 | 5/4/21 9:15:09 | 5/4/21 9:18:26 | Lynne.Wright@va.gov |
| | 36 | 5/4/21 10:19:52 | 5/4/21 10:25:51 | Linda.Ward-Smith@va.gov |

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| | 37 | 5/4/21 11:59:13 | 5/4/21 12:10:34 | MaryJean.Mariano@va.gov |
| | 38 | 5/4/21 12:13:29 | 5/4/21 13:55:10 | Helen.Williams4@va.gov |

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| 39 | 5/4/21 16:37:49 | 5/5/21 10:03:11 | Amanda.Gillion@va.gov |

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| | 40 | 5/6/21 9:03:09 | 5/6/21 10:58:58 | v |

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

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| 42 | 5/6/21 15:43:10 | 5/6/21 16:13:31 | Patrick.Taylor1@va.gov |

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| 43 | 5/6/21 17:04:34 | 5/6/21 17:07:24 | Patrick.Taylor1@va.gov |

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| 44 | 5/6/21 18:12:16 | 5/6/21 18:48:38 | Kelley.Hagerich@va.gov |

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| 45 | 5/7/21 14:23:26 | 5/7/21 14:45:04 | Rosemarie.Ritz@va.gov |

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| | 46 | 5/7/21 16:29:42 | 5/7/21 17:00:37 | Elizabeth.Maguire@va.gov |

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| 47 | 5/26/21 2:45:24 | 5/26/21 4:27:19 | Joan.Heusser@va.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 |

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| Aditya Arya | Aditya Arya, NP, f845-831-2000 x215675 | Idea for a Promising Practice | Myth Busters: I need answers! |
| Anne Sanford | Anne Sanford, Anne.Sanford1@VA.gov | Idea for a Promising Practice | "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 children/my grandchildren. |

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| Brian Long | Brian Long, Executive Video Producer. Brian.long1@va.gov | Idea for a Promising Practice | "Vaccinated" sticker for the employee ID |
| David Lusk | David J. Lusk,, Ed.D. David.Lusk@va.gov Deputy Director Client Services, CoLead GAO Training Area of Concern | Idea for a Promising Practice | Covid 19 Vaccines |

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| Daniel Barrows | Daniel Barrows, Program Analyst, daniel.barrows@va.gov, 925-519-4183 | Idea for a Promising Practice | Testimonial Videos from Veterans who have received the vaccine |
| Jacqueline Smith | LPN | Idea for a Promising Practice | Look at me, I'm fine |

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

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| 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 | Becky Thomas, Clinical Social Worker, 216-791-3800 X 64976 | Idea for a Promising Practice | I Did It, So Can You |

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| Sarah Grimm | Sarah Grimm, HR Assistant, ELR, 216-791-2300 x42164 Sarah.Grimm@va.gov | Idea for a Promising Practice | Focus on the Future |

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| Jordene Chabuk | Jordene Chabuk, Communications Specialist, OIT; jordene.chabuk@va.gov | Idea for a Promising Practice | "Let's Get It-I Got Mine!" Veteran videos - series |

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| 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 | Janice Shahan, Contract Specialist, janice.shahan@va.gov | Idea for a Promising Practice | Tagline |

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| Patricia Helton | Patricia Helton, Instructional Systems Specialist, 850-206-7156, patricia.helton@va.gov | Idea for a Promising Practice | Myth Busters |

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

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| Rebecca Halioua | Becky Halioua, Recreation Therapist x7398 | Idea for a Promising Practice | Vet & Vaccinated |

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| Jamie Huckins-barker | 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 accurate information to the public the better. | Idea for a Promising Practice | Community COVID Vaccine Town Hall |

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| Christopher Sandles | Christopher Sandles, Medical Center Director, 210-617-5140 | Existing Promising Practice | Vaccine Hesitancy-Telephone Town Hall |

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| Jaime Bernhardt | Jaime Bernhardt, Health Care Education Specialist; Jaime.Bernhardt@va.gov | 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) |

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| 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 | Gina Casey RN, Care Manager gina.casey@va.gov | Idea for a Promising Practice | Vaccine Voice |

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| Caroline Dotson | Caroline Dotson, LCSW, Health Behavior Coordinator. 479-443-4301 x 65207 | Idea for a Promising Practice | Measurement for Motivational Interviewing |

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| Christina Knox | Crissy Knox, Amb Care Nurse Manager | Idea for a Promising Practice | Verteran/Employee Vignettes |

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| Meghan Mckee | Meghan McKee,<br>PharmD BCPS - Clinical Pharmacy Specialist - Home Based Primary Care.<br>Meghan.mckee@va.gov<br>484-744-4779 | Idea for a Promising Practice | Vaccine for ALL arms |

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| Chinyere Omeogu | Chinyere Omeogu; Director, Durham VAMC Employee Health; chinyere.omeogu@va.gov; 9192860411 ext. 176291 | Idea for a Promising Practice | All on Board - Effectively Communicating Benefits & Risks of COVID 19 Vaccination |

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| Shilpa Gowda | Dr. Shilpa Gowda; Director, Occupational Employee Health; desk phone number: 504-507-7897; VA email: shilpa.gowda@va.gov | Idea for a Promising Practice | Video Messages from Occupational Employee Health |

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| Michael Zapor | Dr. Michael Zapor, Deputy Chief of Staff, Martinsburg VAMC (michael.zapor@va.gov) | Existing Promising Practice | Use of the Medium Online Publishing Platform to Inform and Educate about Coronavirus Disease and Vaccines |

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| Tricia Villanueva-harris | Tricia May Villanueva-Harris, MD - Huntsville VA Clinic Medical Director BVAHCS 2565338477 ext 8774 | Idea for a Promising Practice | Vaccinating to Save Lives -One Veteran at a time |
| Jenness Keller | Jenness Keller, VHEC, SFVA | Existing Promising Practice | A weekly virtual forum |

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| Jenness Keller | Jenness Keller VHEC, SFVA | Existing Promising Practice | Tele-Town Hall on COVID-19 Operations and Vaccinations. |

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| Lynne Wright | LYNNE WRIGHT, RN MH NURSE CASE MANAGER | Idea for a Promising Practice | Building confidence in vaccine |
| Linda Ward-smith | Linda Ward-Smith, Registered Nurse, 214-642-2138 | Idea for a Promising Practice | reaching the communities in which we live |

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| Mary Jean Mariano | MaryJean Mariano, Ph.D., staff psychologist, 206 277 3027 | Idea for a Promising Practice | Vaccine Buddy System |
| Helen Williams | Helen Williams, HPDP & VHE Coordinator, helen.williams4@va.gov Montana VA Health Care System | Existing Promising Practice | Postcard mailer and open forum phone calls (TEAMS based): "Moving toward vaccine acceptance" |

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

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| James Gardner | 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 |

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| Carrie Froemming | Janelle Wormuth, VISN 23 Pharmacy Executive, Janelle.Wormuth@va.gov; Kevin Kratz, VISN 23 Pharmacy Program Manager, Kevin.Kratz@va.gov; Carrie Henderson, VISN 23 HRO Lead, carrie.henderson1@va.gov | Existing Promising Practice | V23 Covid Vaccine Outreach to Rural Veterans and SLA |

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| Patrick Taylor | Patrick Taylor, LMSW, PACT Social Worker, 210-862-9900 | Idea for a Promising Practice | G.E.T. W.E.L.L.L. (Guide, Encourage, Talk, Warrant, Educate, Learn and Legitimize); complete breakdown available |

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| Patrick Taylor | Patrick Taylor, LMSW, PACT Social Worker, 210-862-9900 | Idea for a Promising Practice | G.E.T. W.E.L.L. (Guide, Encourage, Talk, Warrant, Educate, Learn and Legitimize); further breakdown available |

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| Kelley Hagerich | Kelley Hagerich, MD, MPH Staff Physician VA San Diego/MOVE Physician Director/National Lead for MOVE Provider Champions; Kelley.Hagerich@va.gov ; 202-669-0628 | Idea for a Promising Practice | Pop-up Farmer's Markets in Food Deserts Combined with COVID-19 Vaccination Clinics |

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| Rosemarie Ritz | Rosemarie Ritz RN , cell 610 462 3358, brownrosemarie@yahoo.com | Idea for a Promising Practice | VIP |

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| Elizabeth Maguire | A. Rani Elwy, PhD, QUERI Rapid Response Team Lead, VA Bedford Healthcare System, Rani.Elwy@va.gov Tel: 781-885-8785 | Existing Promising Practice | 3-Step Plan for Reaching Vaccine Acceptance |

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| Joan Heusser | Joan Heusser, RD, NBC-HWC, Health Promotion Disease Prevention Program Manager, joan.heusser@va.gov, Caroline (Renn) Sweeney, PhD, NBC-HWC, Health Behavior Coordinator, caroline.sweeney@va.gov | Existing Promising Practice | COVID Vaccine Weekly Learning Sessions (for facility staff) |

| 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? |
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| Both | Individuals who choose to be vaccinated do so for many reasons, however, I have noticed many get vaccinated to protect others--their grandparents, immuno-compromised children, their elderly patients, etc. I believe VA should host a campaign featuring Veterans and employees sharing their "My Why" stories---why 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. | communication plan and media package to share with the VA medical centers. The 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 center and CBOCs. These photos could be featured on the intranet, internet, and social media. I believe | At the facility-level, Public Affairs, Executive Leadership, and staff supporting the COVID-19 vaccination clinics. At the national level, Media Relations would need to create the promotional materials for the campaign. |
| 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 |

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| 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, |
| Both | 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 and/or Caregivers | Feature video vignette on VA network that plays in waiting rooms etc;<br>send out some to staff via email; MyHealtheVet some could be used as PSAs on TV channels; YouTube; Facebook ; VA internet site etc<br>Also leverage vignettes to be used in VBA and NCA for employees and Veterans/family members<br>Veterans groups and Veterans Service Organizations | VA EES Employee Education System has broadcast video capability . EES has been involved with vaccines awareness and training of VHA staff |

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| 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. |
| Both | Reduce Fear, Support the Safety of the COVID Vaccines | 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.<br><br>Perhaps a poster reflecting safety of vaccines… | Marketing |

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| Both | Veterans will be more accepting of vaccine if they hear stories from other Veterans about receiving the vaccine and how it has allowed them to resume some normalcy (visiting grandchildren, family, going back to activities, etc.). Veterans trust other Veterans. | I would advocate for the public affairs departments along with the medical media departments at each of the medical centers reach out to Veterans requesting voluntary participation in the production of testimonial videos. | An example of this is a testimonial video that we did to encourage Veterans with SCI/D to participate in telehealth some time back when we were attempting to increase utilization. An example of that can be viewed on YouTube at this link: https://www.youtube.com/watch?v=LjwGDZhNiwI |
| Both | 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 everyone give at the COVID vaccine clinic was inform to give. | 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 receive the vaccine 1st 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 |

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| Both | Allow Veterans and Employees to share their experience in getting the vaccine in a short public service announcement. | 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 the same experience on my second appointment. I believe this encouraged many of them to get the vaccine. | Public service announcements can be shared throughout VA Medical Centers, Vet Centers, Veteran Support Groups, etc. |

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| | Mobile Units:<br><br>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 high-tech technical terms) | Steps, I would take-is do a PSA announcing a roll-out plan to strategic urban and rural 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. |
| Both | Having targeted short (30 -45 sec) videos or brochure cards reflective of the community that a clinic is in or where veterans are served and show someone known and accepted to/in the community who talks about the vaccine (benefits and/or receiving it) . | 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. | 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). |

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| | hopeful futures surrounding vaccinated populations reinforce the ideas that the individual is in control of 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 social, being connected, and being healthy will help to reinforce the idea that vaccinations are an individual way to exert that control that they seek to find over their external somewhat uncontrollable circumstances. In turn, the idea will be reinforced by positive stories and outlooks | the affected populations, with quickly-seen images of people. People gathering, 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 new babies, giving hugs and kisses, shows of camaraderie among friends, etc. It could be as simple as seeing a poster on the wall with a reminder of how getting a vaccination will help these things come to pass, or a sustained event where stories could be shared, and | |
| Both | others are sharing. | something could be | I'm not really sure who deals with marketing or campaigns. |

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| | Mine!" Veteran videos - series<br><br>•Who: Veterans of multiple populations (demographics/ages/eras/gender/race/rural/urban)<br>•What: They speaking personally that they've received their vaccines and WHY it's important<br>•Engage: 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<br>•Length: SHORT: each/10-30 seconds<br>•Distribution: OPIA to local and national radio and TV as PSAs AND to | | OPIA, VHA Communications/Digital Media, PAOs/VHA VAMCs, OEI, VA Enterprise Offices |
| Both | | TBD by OPIA and VHA Communications | |

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| 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. | I noticed some vaccine hesitancy among Peer Support service staff locally (17 at this VA) at the start of the vaccine rollout. I partnered with a psychologist and a Peer in the Infectious Disease clinic, who agreed to provide an 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 Peers to talk to veterans about their concerns about the vaccine, but it also seemed to increase the Peer staff's comfort level with receiving the vaccine. | 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." | There is a tendency for people's behavior or beliefs to conform to those of the group to which they belong. | All. Everyone using the VA email system would be encouraged to add this to their signature block. |

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| | | 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)<br>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.<br>3.Broadcast final products on VAMC, CBOCs and YouTube.<br>4. Send out the myth | |
| Both | Debunk common myths | busters via Instagram, | EES Broadcast and video; VAMCs Public Affairs officers, EES Marketing; EES |

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| | sales before I became a Dental Hygienist. There was a technique called feel, felt, found. It went along the lines of "I understand how you feel..., Others have felt the same way..., What they have found is that..." This can be applied so many ways. I use it all the time even now in my dental chair.<br><br>So maybe something along the line of... "I understand how you feel. You aren't sure if the vaccine has been researched enough, you are a little nervous about possible side effects, you keep to yourself and don't go around others or large groups" Other veterans have felt the same way. | how to get this to the veterans. Maybe a mailer, but as a veteran we get so much mail..so how much is actually read? Maybe a television commercial? Maybe just a closed circuit commercial within our facilities? When a veteran is waiting for their appt could this play on our 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 would be more willing? Our MSA's could implement a dialogue that uses the same fundamentals when discussing vaccination? Video or graphic could be displayed on social | |
| Both | What our veterans have | media as well. | no answer |

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| Both | first hand experience and information from veterans who have had the vaccine delivered to other vets. | 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. Additional social media posts with veteran pics and their quotes about the shots, etc. | Veterans, medical media, PAO, media outlets? |

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| | | 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 | |
| Both | Provides a platform for dissemination of accurate information and opportunity for veterans or the public to ask questions and get answers from experts in person, experts who have also gotten vaccinated and who live in their communities. | health crisis, not a veteran crisis. Access to information should not be gated. I'd offer multiple town halls and include ID/vaccine experts, VA officials, mental health professionals, and media representatives with public facing | at individual VA medical centers: Public Relations, Legal, Media, Executive Directors Offices, Infectious Disease, Pharmacy (vaccine-ready training), Psychology, community representatives (e.g. pastor of church where town hall is being held). |

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| | | 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 the responses to target callbacks and schedule | |
| Both | Allows potentially like-minded veterans to be heard and educated collectively, but a multidisciplinary group of professionals at thier VA medical center. Takes national messaging and makes it more personal. | those who indicated they would now like to be vaccinated as a result | Pharmacy, MAS, Infectious Disease, Nursing, Public Affairs |

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| Both | This practice will provide confidence in finding the location within a VA facility where vaccines are being administered. | 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 vaccination. Depending | Office of Connected Care, VA Mobile for app development; Facilities Management |
| 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 |
| Rural | More personalized by area, direct education and intent<br><br>https://www.washingtonpost.com/politics/2021/04/17/veterans-coronavirus-vaccine/ | I would like PUG to consider this additional approach | Could be CHOS, additional MMU, Home health |

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| 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).<br>I tell them of my uncle's death from Covid right before the vaccine became available.<br>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 |

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| | within the VHA and are best practice for data collection, tracking of information, and to help clarify needs from patient to provider. | | |
| Both | 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.<br>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.<br>2. A clinician or staff member who administered the short measure would see in real-time how a Veteran 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 would be approximately 4 months. | All departments would have access to implementation of this practice. |

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| | | 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 done in a month. | |
| Both | It would allow Veterans with concerns about the Vaccines to see that other with the same reservations have gotten the vaccine. At this point the Veterans that wanted the vaccine have mostly had it so we need to foucs on the hold outs | 2. Share the stories with medical centers to post on social media or around the medical centers on monitors. -if they are digital this can be very quick, Sent to all Public Affairs officer 3. Make posters with | Amb care, Medical Media, and Public relations |

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| | vaccine more accessible for those without transportation<br>2) Need to offer drive up convenience<br>3) Need to hold community wide events, offer to non-Veterans - build trust in the community, offer to all Veteran family members<br>4) Need to educate and need to document that education; individually via phone calls, or through mass communication - emails, mailing, etc | Rent a mobile van<br>offer walk up and drive thru vaccine event<br>hold community events<br>*USE the clinical reminder tool* to send mailing to everyone who has not received<br>encourage Veterans to send their Vaccine cards to their provider if they received in the community | |
| Both | Per CDC recommendations:<br>Train interested staff to become COVID-19 vaccination ambassadors who will | | covid outpatient clinic<br>pharmacy<br>leadership<br>medical media<br>nursing |

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

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| Both | 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 for all concerns related to COVID, including testing, questions about vaccines, reporting side effects, etc. We have public health training and experience. | 1) Recruiting OEH Professionals to partake - 1 week<br>2) Development of the script - 1 week<br>3) Film videos - 1 week<br>4) Edit videos - 1.5 weeks | Occupational Employee Health, Public Relations |

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| Both | 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 and blogs are commonly used by detractors of vaccines to promulgate anti-vaccination rhetoric. This notwithstanding, such forums also offer an opportunity for subject matter experts to inform and to educate and to dispel the myths surrounding vaccines (such as those against COVID-19). One popular and highly regarded forum is the online publishing platform medium.com. | published seventeen COVID-19-related essays on medium.com, to include several that are specific to vaccines (see: medium.com/@michaelzapor). Each of these is no more than fifteen and generally less than a ten minute read; none have been published in 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 in the VHA can educate and communicate with our employees, our beneficiaries, and the public at large. Moreover, such posts cement a reputation for 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 officer, and approved by the hospital director. |

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| 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. | Primary Care, Patient Care Services, Public Affairs, Medical Media, Transportation and OI&T |
| 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:<br>•What does it mean to be fully vaccinated?<br>•Can I trust the process that they used to develop the vaccine?<br>•Is it safe for me to take the vaccine if I'm pregnant, on hormone therapy, or PrEP?<br>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 |

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| | 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 of the Town Hall was reserved for Veterans to | 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 Health (all members of the Vaccine Outreach and Education Team). | Integrative Health, Pharmacy, Primary Care, HPDP, VHEI, Executive Leadership |
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| Both | 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 not be a push, it is a process of building trust, confidence and in view of other comorbids to stress the value of protection so that other diagnoses are not putting them at greater | Acknowledge where Veteran is at and support them, but also encourage them to be open to talking with their provider to discuss concerns but also to learn more about value of getting vaccine. | MH and PCP |
| Both | By sending familiar faces into the communities we live, it will build confidence amongst our neighbors. We trust our neighbors most of the time, so I believe the message of promoting and encouraging vaccine administration should come from us... | Be a community advocate, spokesperson going into neighborhood community centers, churches, etc. to spread the word and build confidence; partner with health districts. | multiple.... health districts, community centers, etc |

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| Both | Veteran volunteers or Peer Support Specialists reach out to unvaccinated Veterans by phone to encourage vaccination, answer questions about side effects, educate about herd immunity and problem solve practical barriers to vaccination. | I have not and would not be responsible for implementation but this could be coordinated between Volunteer Service and perhaps the Peer Support Programs at various facilities. Steps would be recruiting volunteers, providing some basic education to volunteers and providing a knowledgeable staff point of contact for the volunteers to consult as needed. | Volunteer Service, Peer Support programs, Vaccine clinic leads (?nursing?) |
| Rural | Postcard sent to our Veterans with four goals: promoted phone number to schedule COVID 19 vaccine, promoted upcoming vaccination clinics across MT VA, promoted the Save Lives Act, promoted a weekly Friday call with an open forum to ask questions to our health care team regarding vaccines. | List of 38,000+ Veterans in the Montana VA 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 open forum call. We review/use NCP handouts "Moving Veterans to Vaccine Acceptance" which utilize MI strategies. PAO are also helpful in promoting via social media and through other outreach (newspaper or local news). | COVID planning group which included HAS, QM, HPDP & VHE, PAO, Chief Amb Care Nursing, Pharmacy, Enrollment, PCHMI, and our Quad leadership team. |

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

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| | for Health Equity in our facility and aimed to design outreach approaches to address inequity among our Veterans per our ICARE mission. Close inspection of our COVID vaccination data in February 2021 showed that 55% to 75% of our Black or African American, Asian, American Indian or Alaskan Indian, Hispanic or Latino, and Multi-Race/Ethnic veterans were unvaccinated.<br><br>To provide equitable access to and accurate information on vaccine safety and benefits, and 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 Program (AASEP) began receiving feedback from minority veterans regarding their inhibitions and refusal to get vaccinated. We reviewed the data from our Veteran Outreach tool to see if what our veterans were telling us directly was also represented and mirrored in the data. As described in Question 17, it was.<br><br>In February 2021 the new administration reinstated the diversity equity and inclusion initiatives which gave the Madison VA a boost to developing the | Director and Pharmacy were the primary departments involved in the practice. Our facility had 31 total pharmacists who participated in the outreach (this included pharmacy residents). Ellina Seckel and Anita Kashyap provided administrative coordination, material creation, training, and data tracking/analysis. James Gardner provided coordination, initial and subsequent data analysis, and informed stakeholders of the practice's progress. Additionally, the Madison VA's African American Special Emphasis Program (of which James Gardner is a member) and Anti-Racism Action group (of |
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| | has been difficult with varying impacts on Veterans and their families. The developed process and outreach efforts encouraged and fostered confidence for vaccine administration for Veterans by bringing the vaccine directly to them in the environment and location in which they are most comfortable. One of the networks goals was to create a way for Veterans to receive their vaccine where they are located, ideally without creating obstacles for them to get the vaccine. The Saves Lives Act improved this effort even more with our ability to also provide vaccine to their spouses and caregivers. VISN 23 | VISN 23 are either located in rural or highly rural areas in the Midwest. With the greatest rurality of patients across VHA, fourteen (14) percent of those Veterans are located in highly rural areas, presenting both opportunities and challenges for innovation to close gaps in care to provide all veterans the same healthcare opportunities as those in urban locations. VISN 23 implemented COVID vaccine clinics across eight (8) health care systems, and 61 rural clinics to achieve closing COVID vaccine related gaps. Outreach efforts were necessary to provide opportunity for veteran vaccination in | |
| Both | | | All Covid Vaccine Teams/Pharmacy Teams across V23 |

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| | | 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 on-boarding employees who will have direct contact with veteran. | |
| Both | 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 to promote positivity and facts regarding the vaccine to help put the veteran at ease and ensure veteran is accurately informed. | Prior to the scheduled rollout date, there should be enough time allowed for training and questions. On the scheduled date, the application of the practice would take place for current workers and training will be introduced as part of the new employee orientation. The training would not need to be implemented more than | All VHA departments 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 the VHA. |

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| | | 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 on-boarding employees who will have direct contact with veterans. | |
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| | would identify areas of food deserts and food insecurity in veterans in both rural and urban areas. Veterans that are struggling to meet their basic daily needs, such as food and housing are more likely to be disenfranchised from their community and less likely to have access to reliable medical information about the COVID-19 vaccine. A pop-up farmer's market combined with healthcare workers administering and promoting COVID-19 vaccines would promote community engagement and a chance for veterans to ask questions and discuss their concerns about the vaccine. By | healthcare workers able to administer vaccines and provide education<br>2.) Form partnerships with a variety of local farms that can supply fruits, vegetables, eggs, dairy, bread<br>3.) Identify food deserts, particularly in those rural and urban areas with limited public transportation<br>4.) Obtain permit if needed to hold pop-up farmer's market/vaccination clinic<br>5.) Acquire necessary supplies including tent, tablets, displays<br>6.) Advertise and market pop-up farmer's market<br>7.) Host initial farmer's market/vaccination clinic | Would expect it to be multi-disciplinary and include Nursing, Dietitians, Health Behavior Coordinator, Psychologists, Physicians with an interest in Nutrition, and Administrators. |
| Both | addressing the lack of | 8.) Continue on a | |

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| | | (High Reliability Organization) monthly theme “Deference to Expertise,” I would like to propose the following: | |
| | Have VIP (Vaccine Immunization Float Pool) "The Experts" who keep up with continuing changes and advances, and Currently focus on Covid, flu but also promote all immunizations. Travel to different VA medical center, CBOCS, VA community centers, Listening to veteran, staff and community concerns to help educate them re: vaccination truths and myths and would like to add in promote preventive medicine and health lifestyle initiatives ( Whole Health ) | My suggestion is to have a VA pilot program where there is a designated team for COVID and Flu vaccinations to help ease the current burden on staff members. This program can be called, VA Immunization Float Pool (VIP). The VIP’s are coming to help keep your CBOC afloat.<br><br>The program can have floating nurse(s) and MSA(s) to travel to CBOC’s, VA medical centers, and veteran’s centers to run Covid/and or flu vaccine | Can include VA Medicial center, CBOC's, VA community centers, VA run clinics in community. Wherever needed |
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| | Rapid Response Team interviews and survey data with Veterans, and collaborating with the National Center for Health Promotion and Disease Prevention (NCP), we have created a 3-Step Plan that builds 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, friends and society. Use Veterans' own words | evidence for this approach, as well as the suggested 3-Step Plan for one-on-one conversations to our Veteran Stakeholder Council, as well as at national, regional and local levels. We have presented the data to the Healthcare Operations Center, to the VISN 1 Communications Briefing to Veteran and Congressional Stakeholders, and to our local facility Chief of Staff and Deputy Nurse Executive, will follow-up meetings with Veterans at facility and state town halls. We have a planned national Chiefs of Staff presentation, both the QUERI RRT and NCP leadership, on May 19. Other VISN | Each facility needs to 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 recommend reaching out to Veterans who are known to have fair or poor overall or mental health because these Veterans are most unsure about getting the vaccine (see Infographics from the QUERI RRT project, as well as Step 1: Ask Questions). |
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| Both | Weekly all-employee COVID Vaccine Virtual Learning Sessions provided employees with education and updates in 3 areas: 1) A facility vaccine update, 2) an update on COVID vaccines (science, developments, updates), and 3) Clinician coaching on addressing vaccine hesitancy and increasing confidence. The purpose is to educate staff on an ongoing basis on current facility vaccine processes and plan, the vaccine itself, and increase staff communication skills and confidence in addressing Veteran vaccine hesitancy and increase vaccine confidence. | Vaccine Communication workgroup to address education and marketing about the COVID vaccines.<br>2. Spoke with Public Affairs and the vaccine communication workgroup and proposed Weekly COVID Vaccine Learning Sessions for all-employees prior to the beginning of the vaccine roll-out in early December, 2020.<br>3. We planned the agenda for the Learning sessions:<br>1) Facility update vaccination processes,<br>2) COVID Vaccine information and updates,<br>3) Clinician Coaching on communication skills to address vaccine hesitancy and increase | Healthy Living Team:<br>Health Promotion Disease Prevention Program Manager<br>Health Behavior Coordinator<br>Veterans Health Education Coordinator<br>Facility Public Affairs/Communications Director<br>Infection Prevention Nurse<br>COVID Vaccine Pharmacist |

| What are the costs associated with your practice? | What primary metric data is tracked and collected to determine your practice's success? | What are the potential risks or barriers of implementing your practice and the proposed mitigations? |
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| If the media campaign is electronic, the costs would be minimal. If promotional items were purchased, such as My Why pins/buttons or stickers, there could be a cost associated with these items. If promotional items were purchased, they could be provided to those being vaccinated as another incentive or "recognition" that they have been vaccinated. Individuals really like to have something to take with them, similar to the "I Voted" stickers given out at the polls. | I would track the % of COVID-19 vaccinations by facility/site prior to the campaign to establish a baseline and assess the % of vaccinations at 4 weeks following the campaign's implementation. I would continue to monitor vaccine compliance at monthly intervals following the implementation of the campaign to see if vaccine compliance increased. | Since the program is voluntary for both Veterans and employees, I think the risks would be low. Public Affairs should consent participants for photography as the policy requires. Labor 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 postage to mail newsletter to non-social media Veterans, Spouses, and Caregivers. | Feedback from VA local VA employees, Veterans, Spouses, Caregivers and Families on content of newsletter. | Executive Leadership buy-in to allow Veterans to speak in their own words. |

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| not sure. | number of veterans who shared concerns and subsequently got the vaccine. Can be identified at the time of vaccination, if they attended any such sessions. | technology, and advertising. |
| The video would be limited cost-- VHA EES staff salary already paid; could be some editing cost.<br>Advertisement would be primarily no cost for avenues such as Feature video vignette on VA network that plays in waiting rooms etc;<br>send out some to staff via email; MyHealtheVet YouTube; Facebook ; VA internet site etc<br>Also leverage vignettes to be used in VBA and NCA for employees and Veterans/family members<br>Veterans groups and Veterans Service Organizations | As with any action it is often hard to track direct cause and effect of behavior change. I am sure that there will be multiples activities to target behavior change so it will be difficult to isolate direct link. You could ask vaccines recipients how they heard about / what played a role in them coming to get vaccine. However, i suspect they will have multiple reasons which is common and needed in attitude and thus behavior change. | Barriers --could be time recruiting Veterans/Staff/Family members |

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| The cost of manufacturing and shipping the stickers to all the VA service providers. I don't have an estimate for this cost. | I think it would promote the desire to receive the vaccination to show you want to do your part in making the environment safer for our veterans and staff. | They're might be objections to being identified as not having recieved the vaccination due to sticker identifier. The sticker itself would have to be placed directly under the date on the employee ID and small enough as to not interfere when inserting the ID into the computer. |
| Cost of posters or communications | Number of patients with adverse affects of vaccines compared to number of vaccines delivered. | None |

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| I believe minimal if existing resources are used. The telehealth testimonial video that was produced by the Dallas VA for SCI was done using existing staff and resources. | In this case it would be difficult to track if the video itself resulted in acceptance of the vaccine, but it certainly will help. | None known |
| The cost it to be cheerful, and smile | 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 to them getting it | I don't think nothing |

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| Not known at this time. | Favorable responses from the number of individuals that have taken the vaccine will help combat misinformation. | Risk and barriers will be 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. |

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| opportunities to advertise via radio announcements, internal agency notifications, and local churches and seek volunteers within the agency; however cost associated with set-up/travel for personnel members and mobile vehicle set-up at location site for vaccine distributions could be drastically reduced if VHA employees volunteer some of his/her time on a rotation basis that lives closer to these strategic locations. Get community involvement and local elected leaders on-board to collaborate on efforts to combat the COVID19 crisis. It's a partnership! When lives are being | Utilize metric data for those communities with high-level "hot-spots," based on CDC and Census statistics. Review the populations greatly effected, what age group is being affected more gravely, look for indicators such as transportation issues, maybe do some hot-shot quick visits to disable population, get local churches involved that serve within the communities to support or sponsor COVID drives. | The potential risk is lives are at stake (being lost) due to fear, mistrust and misinformation on the benefits of vaccines; however, nothing is 100%/perfect, we all have our part to do in this current 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. | 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. |

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| 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 track the numbers showing up for vaccinations. | Cost of materials to market. No personal information is necessary. |

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

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| 0 | I did not use a specific metric during my staff meeting where the ID clinic staff educated the Peers locally. However, standard motivational-interviewing metrics could be utilized. Or actual vaccination rates by clinic following Peer education. | Risk is limited. Barriers mainly include time for education of this topic. Could occur nationally, by VISN, or locally at each hospital. |
| Zero | 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 idea takes off. | None. None at all. |

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| 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 with it. We can use VA staff as actors or contract out for them. There is no cost to distribute the video. | You can track the vaccination rates since the shows started airing and compare them to the rates before they started airing. | The owners of the Myth Busters may not give permission or the cost to purchases the rights might be prohibitive. |

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| I have no idea. | unknown | n/a |

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| minimal costs for what can be done by VA staff, unknown for cost if the video were made into TV commercial and the cost of broadcasting | Can ask vets at time of vaccine if they have seen or heard of campaign and if it influenced their decision, track this to determine if it increased the number of vets vaccinated. | May not change anyone's mind, but that will take place with anything you do. |

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| Outreach tends to be expensive, but would ask staff to donate their 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. | For in person attendees, have them fill out a feedback form asking their comfort with being vaccinated (comfort generally and then comfort with each EUA vaccine). Also watch if vaccine clinic utilization 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 public live event- scheduling difficulties, access to space, obtaining occupancy permits, coordinating with local media for coverage, coordinating with local municipalities regarding attendance limits and local regulations on social distancing/masking. In person events could need symptom screening, requiring |

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| $2,000-$3,000 | 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 increase or not, the healthcare system will have the moral victory of knowing we tried to connect with every veteran we care for. | No risks, other than having veterans spread conspiracy theories on the line. We can re-educate while not allowing them to dominate the call. |

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| cost of app development | # downloads; COVID vaccine customer satisfaction | risks associated with Veterans without smart phones - develop both desktop and smart 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<br><br>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. |

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| 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. | Can monitor calls to the CoV2 vaccine scheduling clinic to see if the Veterans saw the public messages. | 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 their personal situation and consistent in being positive and encouraging to others to join them. |
| personal vulnerability; a few minutes of time. | none | no apparent risks; a person's fear/lack of confidence can be a barrier. |

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| The cost is mainly associated with the creation of a national template available in CPRS that may be accessed by all staff. | The measure would produce data that could include : 1. the percentage of Veterans score in the "low to no confidence", "moderate 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 measure. 3. How guided MI discussions impact patient reception and trust of COVID vaccines. | Barrier: Ensuring all staff providing patient care are trained, including those who do not have confidence in the vaccine and may be resistant to these discussions with Veterans.<br>Mitigation: Including in the TMS training of use of the measure the VHA goals of providing exceptional health care.<br><br>Barrier: Veteran frustration or increased risk of agitation in being asked about the COVID vaccine who have little to no confidence/trust.<br>Mitigation: Allowing for Veterans to decline the measure. |

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| Everything should be done in house and as part of normal procedures | Increase in vaccines given | none |

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| | use of clinical reminder tool to track vaccinations<br><br>Education notes in CPRS - creating a note in CPRS or a reminder that shows perhaps a pharmacist, provider, or RN provided education to the Veteran regarding the risk of death related to COVID and the safety, efficacy of the vaccines. | Veterans who have historically declined ALL vaccines - there are barriers with those that have religious beliefs that interfere with vaccinations. | |
| unknown | | | |

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

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| Minimal; only slight time away from other work for employees involved; Public Relations staff time for recording and editing | Increase in vaccination rate among veteran and civilian employees; as well as veteran patients | 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 Public Relations staff (i.e., Phil Walls), who fielded these concerns. |

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| Negligible other than permitting the subject matter experts time during duty hours to write the essays. | Medium.com provides statistics for each author including the number of views for each article, the number read, the read ratio, and the number of fans. Moreover, readers are able to provide feedback for each article. | There is always a risk whenever publishing on social media. That notwithstanding, the benefits of vaccine-related 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, sensationalize, or trivialize the pandemic, but only to provide information and thoughtful commentary. Until my next update — regards." |

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| The cost would be mainly for Public Affairs, Education materials and if a Mobile Van is needed by the site. | | 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. |
| There should be no added cost for staff, PPE, vacation equipment, etc. | Numbers of Veterans reached/ enrolled/ educated Number of Veterans vaccinated | |
| no | A record of calls is kept. | No major risks or barriers. |

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| I am not sure, can check with Public Affairs. We now have a contract with Broadnet. | Broadnet collects a lot of data, number of calls, where the calls came from etc. There are also polling capabilities and emails are available. | ELT is on board to use Broadnet so that is not a barrier. |

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

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| essentially the cost of staff time | percent of contacted veterans who schedule to receive the vaccine | 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. |
| Cost of sending postcards through Xerox company (I will need to find this information. Will post later if possible)<br>Time to compile list of Veteran names/addresses<br>Time to write content<br>Staff time; schedulers, staff participating and leading weekly calls. | Number of people that have called into each Friday call.<br>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.<br>Project at least a two - three week delay.<br><br>Thank you! |

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| Vaccine cost, transportation cost, staff costs (need to pay pharmacist, RN's to go out in community and then covering their shifts). | Increase in % of 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<br>Barriers- Staffing, Cost, Leadership Buy in. Mitigation: Obtained buy in from hospital leadership. |

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| | numericized (0 = no, 1 = yes) where possible, collected in a Data Collection Form in Excel by each staff member and overseen by an outreach lead. Staff tracked whether the veteran was reached, amenable to receiving the vaccine (if yes, the veteran was warm-transferred to our scheduling line), received or reported having an appointment for a non-VA vaccination, declined (at which time why they declined and if the veteran wished to follow-up with their Primary Care Physician). This information was recorded in the patient's chart as well for documentation purposes and as | |
| Due to using human resources for our outreach, we estimated approximately $25,500.00 in time spent on the outreach. There were no material resources applicable for our facility. Other facilities who implement this approach might need to offer telephone equipment or space to those performing the outreach. We suggested using the current infrastructure to provide the outreach.<br><br>Motivational Interviewing is used in Psychology. Our facility was able to pull from internal Subject Matter Experts, however, other facilities might wish to bring in external SMEs. | | The practice is scalable but is dependent on staffing. Staff must be trained and provided time to make outreach phone calls and record results. Facilities must identify and leverage staffing sufficient to achieve the outreach goals for their initiative. |

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| The costs associated with the outreach were reviewed by VISN and Facility fiscal and determination that each outreach visit was with Government vehicles and employees for optimal use of resources. CARES dollars were used for these travel and OT/COMP time expenditures. | Percent of Each Rurality Vaccinated:<br>Rural: 50.69% (N=68,733)<br>Highly Rural: 46.31% (N=19,768)<br>Urban: 62.04% (N=81,669)<br>Insular Islands: 25% (n=2)<br>Unknown: 60.6% (N=1,158)<br><br>In VISN23 – over ½ the number of Veterans we have vaccinated have been either rural or highly rural. This is significantly higher than any other VISN in the Nation. (Data as of 5/5/21) | Potential risks included adverse weather 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 Veterans in next phases of CDC/VHA guidance and later Saves Lives Act recipients were kept for calling when vaccinations were remaining for various reasons towards the end of the day. |

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| | | 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 self-disclose 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 |
| 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 the training and time for speakers to create and provide training. | No current tracked/collected data; new concept. | |

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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 self-disclose 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 |
| 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 the training and time for speakers to create and provide training. | No current tracked/collected data; new concept. | |

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| Costs would potentially include full or partial payment to farmer partners to subsidize the food, permits, equipment such as tent, tables, and staff time to provide education and vaccinations. | 1.) Brief survey of veteran customers tracking knowledge and acceptance of the COVID-19 vaccine both before and after their visit to the pop-up farmer's market.<br>2.) Number of veterans vaccinated that attended the pop-up farmer's market divided by the total number of veterans that attended the market | The main risk is that the cost of the practice may exceed the benefit of veterans being vaccinated if vaccine uptake is not as favorable as predicted. The mitigating factor is that veterans still received the benefit of healthy food and education about the importance of the COVID-19 vaccine. |

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| Start with pilot program start with 1 Nurse and 1 MSA, travel to where needed. | Have evaluation box<br>1-for veterans Re: scheduling and getting vaccines when needed in a timely manner satisfaction 0-5<br>2- for staff - If helped ease workload, and decrease stress due to not having to take on extra immunization clinic workload | None- Start off with 1 MSA and 1 Nurse and upon successfully run clinics. Would need evaluate if need to expand |

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| 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. | The primary metric is an increase in Veterans' vaccination rates at the facility. | The only risk to the 3-Step Plan is that Veterans may not want to discuss why they are currently vaccine 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 than one conversation may be needed to help a Veteran move to vaccine acceptance. |

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| | COVID Vaccine Learning Sessions: >400 participants initially and >50 attending the sessions currently as of May 2021.<br>We conducted a Teams call survey in April 2021: How confident do you feel addressing vaccine hesitancy among Veterans you work with to increase acceptance?<br>64 respondents (47%) reported they feel very confident.<br>63 respondents (47%) reported they feel somewhat confident.<br>8 respondents (6%) reported they do not feel confident.<br>If you have interactions with Veterans, have you asked about and encouraged getting the COVID vaccine?<br>82 respondents (61%) | Potential risk/barrier: Low attendance would be a potential risk. Public Affairs sent out a recurring calendar invitation and in all-employee COVID vaccine emails, she would regular add that more information would be available at the weekly COVID Vaccine Learning Sessions.<br>We made sure the vaccine updates had pertinent and current information, addressed new developments, safety, efficacy, concerns, etc., 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. | | |