

GOVERNMENT OF THE DISTRICT OF COLUMBIA



**Public Roundtable on
“THE DISTRICT’S COVID-19 VACCINATION PROCESS”**

**Testimony of
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and
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**Before the
Committee on Health
Council of the District of Columbia
Before Councilmember Vincent C. Gray**

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WebEx Virtual Platform
The John A. Wilson Building
1350 Pennsylvania Avenue, NW
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Introduction

Good morning, Councilmember Gray, and members of the Committee on Health. I am Wayne Turnage, Deputy Mayor for Health and Human Services and the Director of the Department of Health Care Finance (DHCF). I am joined today by Jay Melder, Assistant City Administrator in charge of government operations, and Patrick Ashley, Senior Deputy Director at the Department of Health (DC Health), who spearheads the agency's health emergency preparedness and response efforts.

Clearly, we are in the midst of a significant battle to control the pernicious spread of the coronavirus (COVID-19). Despite the national launch of the two vaccines approved by the Federal Drug Administration for emergency use in the United States, the nation is averaging nearly 200,000 new infections per day. Due to these infections, January was the deadliest month for COVID-19 since the beginning of the pandemic, with nearly 100,000 people dying from the disease. In the District, we know that roughly five percent of the population has been identified as infected since the first reported infection in March 2020. These infections have caused nearly 900 deaths. Moreover, if we could account for persons with unreported infections over the span of the pandemic, the number of cumulative cases in the city may well be above 100,000.

Accordingly, I appreciate the opportunity to offer remarks on the District's efforts to implement a vaccine program in response to the enormous challenges posed by this virus. My remarks today will address the following issues:

- The District's goal and early performance in ensuring efficiency and equity in vaccine distribution;
- DC Health's comprehensive efforts to address vaccine hesitancy among certain segments of District residents;
- DC Health's planned approach to the technology challenges that have surfaced in the first two months of the program; and,

- The challenge and impact of federal vaccine supply issues.

Before I begin, I want to offer thanks to President Biden for his Administration's commitment to increasing the District's vaccine allotment by 15% for the next three weeks. To echo Mayor Bowser's comments, we recognize this announcement as a promising indicator of the new Administration's commitment to increasing the supply of the COVID-19 vaccine. We applaud this effort and will continue to advocate for more doses moving forward.

Efficiency and Equity in the District's Vaccine Administration

Within the context of the priority groups established through federal guidance, DC Health pursues two objectives in its stewardship of the District's vaccine program. The first is vaccine administration efficiency. Directly put, this reflects the success with which DC Health is able to ensure that the vaccine dosages received from the federal government are timely injected into the arms of DC residents. The following provides a list of terms with which all should become familiar:

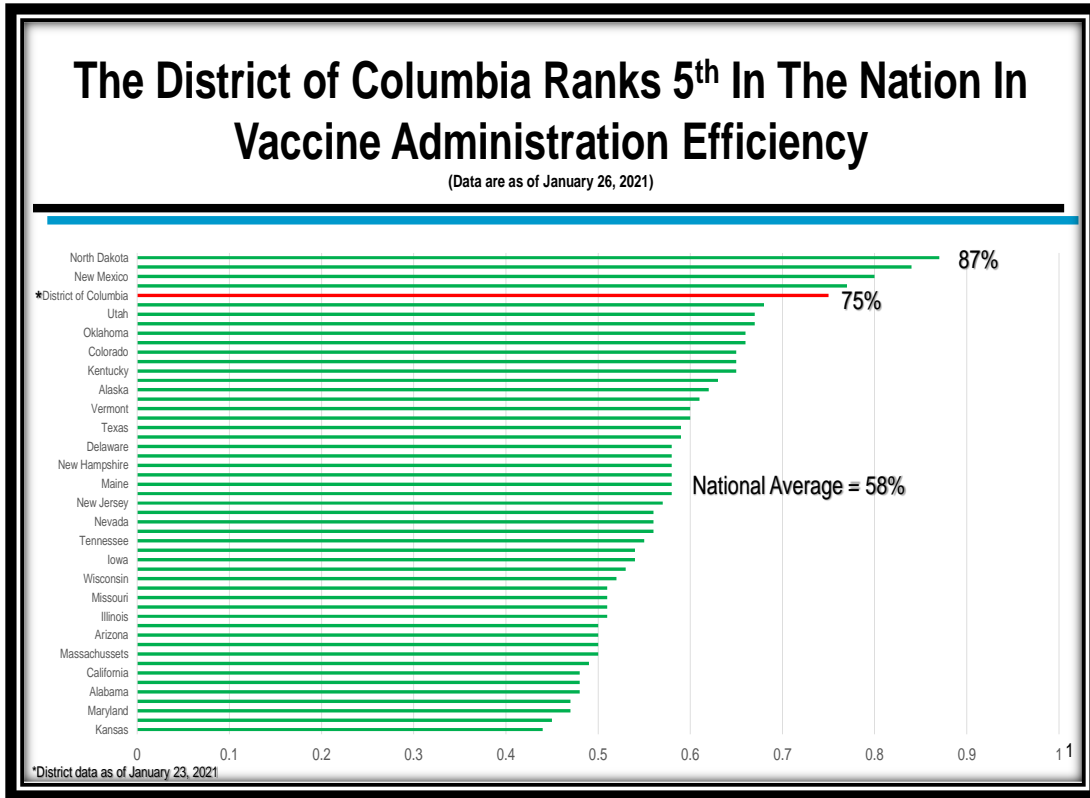
1. **Total Doses Distributed:** Number of doses going from the federal government to the states.
2. **Total Doses Administered:** Number of doses actually injected in the arms of residents by the states.
3. **Total Doses Scheduled For Administration:** The number of doses encumbered by scheduled appointments that have yet to be executed.
4. **Total Doses Awaiting Appointment:** The total number of doses that have been delivered from the federal government but are neither administered nor scheduled.

Vaccine Efficiency in the District. To achieve vaccine efficiency DC Health has established a system for vaccine access with multiple entry points. The most visible is the

District's web portal, vaccinate.dc.gov, which allows online scheduling from the available doses of vaccine. This portal is supplemented by a call center that allows residents who may not have access to a computer or other electronic devices to schedule an appointment over the phone. When a resident obtains an appointment via the District government portal or the call center, they will be vaccinated at a local pharmacy (e.g., Safeway, Giant, Walmart), a park and recreation center, a senior center in partnership with a pharmacy (e.g., Safeway or Giant) or, a community health center.

It is important to note that residents can access the vaccine outside of the District's portal and call center. DC Health has been very intentional about establishing partnerships with healthcare providers who have the ability to reach priority populations through direct outreach, provide vaccine education and counseling to patients during in-person visits or through telehealth, and conduct community engagement activities. Each week, DC Health allocates a portion of the vaccine it receives from the federal allocation to these partners as a way to reach the priority populations. These partners have their own registration systems and call centers. All of the District's acute care hospitals and health systems are offering appointments to healthcare workers and seniors as well as Kaiser Permanente and Providence Health System. As of today, all of the District's federally qualified health centers and community health centers are also part of this network.

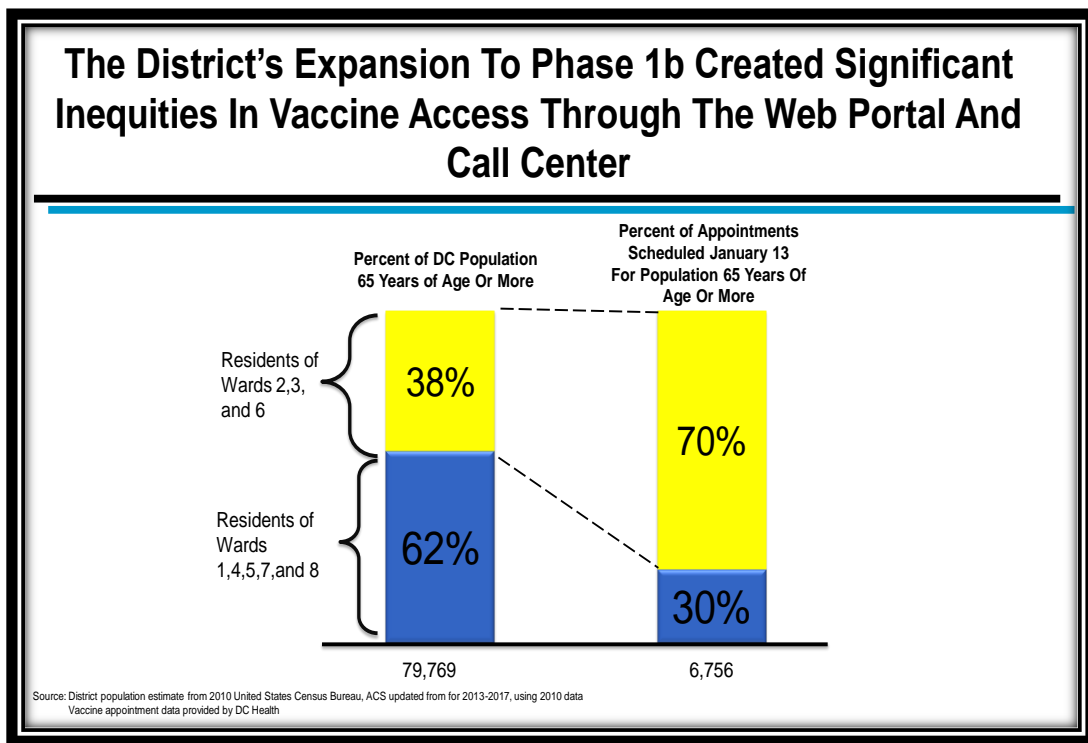
As shown by the graphic on the next page, this method of vaccine administration has produced for District residents one of the highest efficiency rates in the nation at 75 percent. Moreover, the remaining 25 percent of the vaccine which has not been administered, is accounted for by scheduled appointments. This means, of course, that there is no unencumbered vaccine sitting in cold storage at sites across the District of Columbia.



Achieving Vaccine Equity in the District. Occupying equal attention and focus of DC Health staff as they guide the implementation of the District’s COVID vaccine program is the objective of equity. The federal guidelines for vaccination are based upon prioritizing access to the vaccine for persons who have the highest risk for infection and death. Thus, as in all states, DC Health gave first priority for the vaccine in Phase 1a to health care workers and first responders—many of whom work in the District but do not live here. Executing this plan produced no visible signs of inequity, except that which might be a function of eligible persons electing not to be vaccinated.

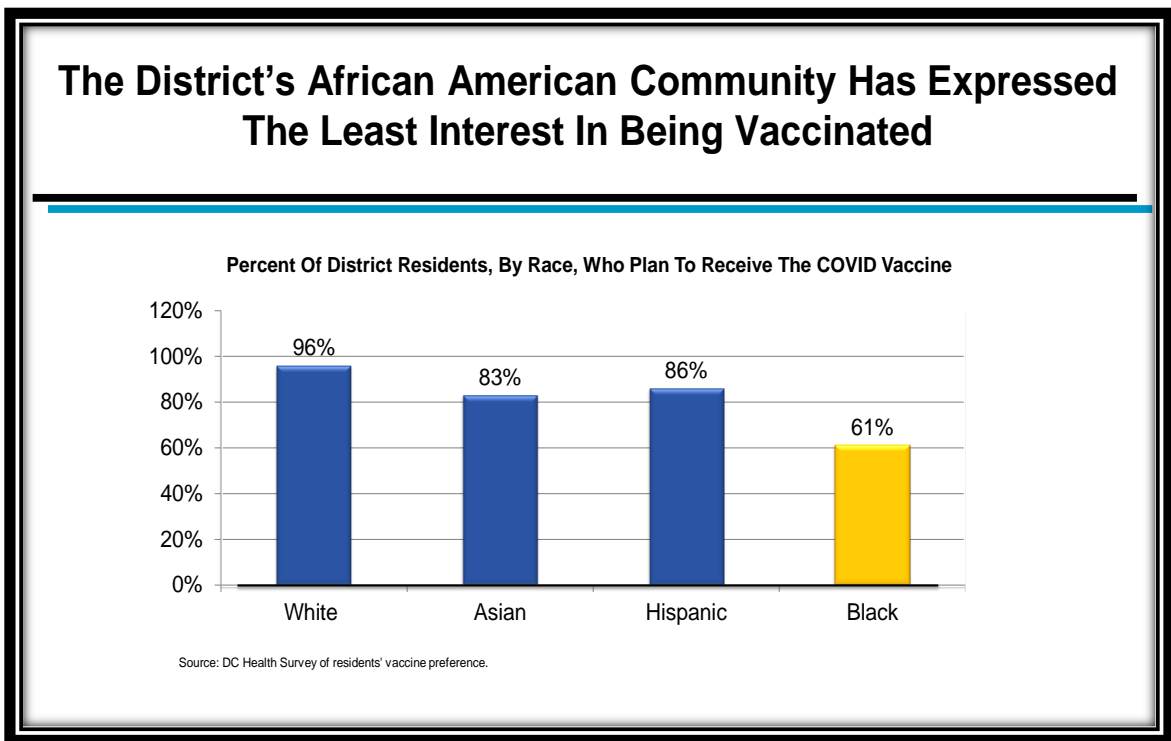
However, once the District entered Phase 1b, which included both essential workers and the next line of persons considered to be most at-risk—those age 65 years old and over—troubling access issues began to emerge. Notably, the initial demand for vaccines for this population was

highest amongst residents in Wards 2, 3, and 6. As the graph below demonstrates, when registration for vaccine appointments at vaccinate.dc.gov and the call center opened the week of January 11, 2021, 70 percent of appointments were claimed by elderly residents in Wards 2, 3, and 6, though they live in neighborhoods that collectively comprise only 38 percent of District residents who are at least 65 years of age. Comparatively, only 30 percent of the appointments were claimed by elderly residents of Wards 1, 4, 5, 7 and 8, despite the fact that these areas are home to 62 percent of District residents who are 65 or older.



To further articulate this gap, 2,465 appointments were claimed by elderly residents in Ward 3 (which was 36.5 percent of total available slots), compared to only 94 appointments claimed by persons who are 65 and older and living in Ward 8 (1.4 percent of total available slots). Demand for vaccine was so high city-wide by seniors that all of the 6,756 appointments released the week of January 11th were filled in approximately 6 hours via the online portal and call center.

Undoubtedly, there are a number of factors driving these stark differences in vaccine scheduling and penetration levels across communities. Perhaps one key distinguishing factor is resident self-selection. In jurisdictions all over the country, large numbers of minorities, most especially African Americans, have expressed a stubborn resistance to the government's expectation that US citizens and residents agree to be vaccinated in hopes of controlling the devastating spread of this virus. The racial differences in vaccine preference in the District are illustrated in the following graph. Compared to their white counterparts, black DC residents are 36 percent less likely to agree to be vaccinated—representing roughly 4 in 10 persons who have expressed a disinclination to participating in the program.



This reluctance is understandable, for it is born of a justifiable mistrust of medical experiments that were once implemented in the black community using methods that violated the most basic research ethics for conducting experimental trials. Thus, without special efforts by the

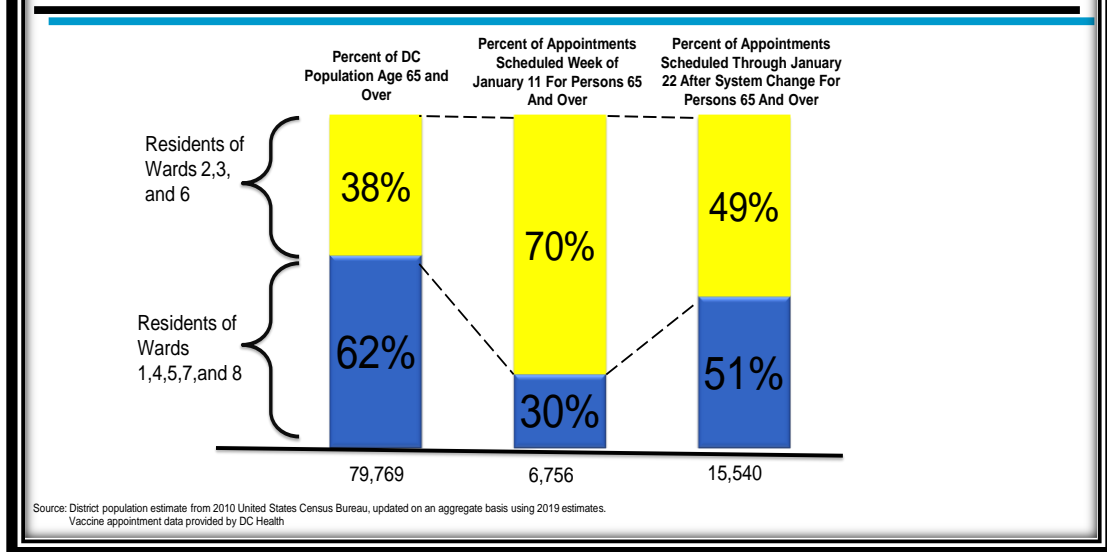
government to address this pervasive skepticism in the community, the long-term health implications for African Americans could be especially ominous.

In response to concerns with geographic disparities in vaccine appointments, DC Health moved to implement a process during week six of the program's implementation, a week after it was opened to residents over 65, that would allow persons in Wards 1, 4, 5, 7, and 8 to have access to appointment registration and scheduling via vaccinate.dc.gov and the call center for 24 hours before appointments were made available city-wide. This was achieved by using the previous week's appointment data and COVID mortality data to prioritize certain ZIP codes each week. These priority ZIP codes pinpoint those neighborhoods with the highest burden of COVID-19 incidence and death and also, in some areas, are rough proxies for the racial differences in vaccine preference that exists across the city.

To ensure that appointments remained for residents from the other wards, a percentage of appointments were released to these priority ZIP codes, and the remaining appointments were released the next day city-wide. It should be noted that residents in Wards 1, 4, 5, 7, and 8 registered for appointments using the online portal and call center and these appointments were filled in less than an hour.

Since the implementation of the new methodology designed to achieve more equitable outcomes for vaccine appointment registration and scheduling, there has been a marked shift in the proportion of vaccine appointments filled by Ward through vaccinate.dc.gov and the call center. The graph on the next page illustrates the shift. Specifically, in the two weeks after the change, 15,540 appointments were made available. As shown, Wards 1, 4, 5, 7, and 8, booked 51 percent of the appointments compared to 49 percent for Wards 2, 3, and 6. Notwithstanding these

Changes Made To The Registration And Scheduling System Greatly Mitigated Previous Equity Issues



improvements, differences in vaccine rates across Wards still persist. These differences are shown below:

- Ward 3 at 24%
- Ward 4 at 20%
- Ward 2 at 13%
- Ward 6 at 12%
- Ward 1 at 11%
- Ward 5 at 10%
- Ward 7 at 6%
- Ward 8 at 3%

Differences in the proportions of DC residents age 65 and older who are eligible to access appointments—higher in Ward 3 and 4, and lowest in Wards 1 and 8—as well as a lower number of health care workers to deliver vaccinations are undoubtedly factors. Also, as noted earlier, there are large percentages of African Americans who live in Wards 7 and 8 and the caution expressed by many of these residents is certainly a limiting factor.

Efforts to Address Vaccine Hesitancy. During site visits and interactions with members of the public, DC Health has gained additional insight into why healthcare workers and DC residents over the age of 65 who identify as Black and Latinx are delaying COVID-19 vaccination. Many state that they are waiting for their physician to instruct them to be vaccinated. Still others have deeply held views about the vaccine that are related to myths about the type of messenger vaccines developed by both Moderna and Pfizer.

Addressing this problem requires a multi-pronged approach, including educating providers about the COVID-19 resources for healthcare providers to counsel their patients. Accordingly, during the sixth week of program implementation, DC Health conducted direct outreach to licensed physicians via a letter, requesting that these providers counsel their patients on the benefits and risks of COVID-19 vaccination. DC Health also requested that the medical societies send information on COVID-19 resources for providers to their members. Both the letter and the accompanying emails to medical society leadership will satisfy outstanding requests for provider toolkits and resources that impact provider outreach to patients/residents and should soon have an impact on vaccination rates.

Similar outreach was conducted with healthcare executives and health plans. DC Health partnered with DC Hospital Association, DC Primary Care Association, and the District of Columbia Department of Insurance Securities and Banking to encourage the providers in their organizations and health plan networks to provide vaccine counseling. Health plans were also encouraged to give specific instructions to all providers in their network as to how to be reimbursed for vaccine counseling, education, and patient outreach to address concerns regarding the COVID-19 vaccine and to provide information on how to access the vaccine in the District of Columbia.

In further support of the communication goals outlined in the District’s COVID-19 Vaccination Program, the Emergency Operations Center’s Joint Information Center, in partnership with DC Health, has launched a number of social marketing campaigns since the end of 2020. The overarching campaign and target messaging include print, radio, and social media campaigns that are designed to “meet people where they are”, recognizing that many residents are in various phases of acceptance with the COVID-19 vaccine.

In order to match the vaccine distribution strategy, mini communication campaigns are developed for each eligible vaccine group. Multi-lingual messaging and graphics focused on health care and frontline workers have been disseminated through print, digital, and social media. Imagery focused on the availability of vaccines to District residents age 65 and older was developed and has continuously been disseminated through more traditional mediated outlets. Talking points have also been developed and distributed to assist with community outreach to this specific group. Some examples:

- Prior to the start of Phase 1A, a “Why I’m getting vaccinated” video campaign was launched that asked District health care and frontline workers to record and submit personal videos using a script template provided by DC Health.
- A Senior Social Influencer video campaign was launched and includes Mrs. Cora Masters Barry, former U.S. Attorney General Eric Holder, former Mayor Sharon Pratt, former Councilmember Carol Schwartz, and current Councilmembers Anita Bonds, Vince Gray, and Chairman Phil Mendelson. While the videos were originally released on social media, they can be seen on Channel 16 and through Comcast.
- A radio spot, targeting District residents 65 and over is currently playing on Radio One stations throughout the city.
- Mailers have also gone out to residents living in the priority ZIP code areas where residents are disproportionately affected by COVID-19 and have low vaccination appointments. The mailer includes specific information on how to schedule a vaccine appointment through the city’s website or any of the District’s health systems or health centers.

Vaccine Storage Requirements. It is important to note that the two COVID-19 vaccines (Pfizer-BioNTech and Moderna) currently approved for use in the US have highly complex storage, packaging and use requirements that limit the ability for them to be administered through clinics and some private practices. With both the Pfizer-BioNTech and Moderna vaccines, it is not feasible to offer onsite clinics where a minimum of 100 people cannot be vaccinated on the same day.

Enhancing User Experience with Vaccinate.dc.gov. DC Health is in the process of developing a new technology platform to power the next phases of the vaccination program. We have determined that the current technology solution is not ideal to meet the evolving needs of the District's COVID-19 vaccination program. Much of the feedback from the Council and the general public about how the process and the technology can be improved to enhance access to vaccine registration and appointment schedule can and will be configured into the future system. This new approach will also allow DC Health to continue to implement an equitable approach to allocating vaccine appointments with more flexibility. Meanwhile, DC Health and the Office of the Chief Technology Officer continue to make improvements to the current portal, which will still be in use for the next several weeks. We believe these upgrades will improve the user experience for the call center and online portal.

DC Health is working urgently to implement this new system that will allow for a separation of the registration and appointment scheduling process. While DC Health does not support the concept of a "waitlist", the Director understands the community's interest in separating the vaccine registration process from the vaccine appointment scheduling process. In short, it is anticipated that this new approach will permit DC Health to set rules for appointment scheduling

based on the following criteria and in the order shown: (1) phase of eligibility, (2) priority ZIP code/census tract, and (3) date of registration.

With these criteria, however, registrants will not definitively “know their place” in line. For example, if we are in Phase 1b when the new system goes live, it is possible that a 74-year-old man who lives in Fox Hall and registers on February 12th will receive a notification to schedule an appointment that occurs after one for a 67-year-old woman who lives in Kenilworth and registers three weeks later. This could occur if the number of eligible individuals in Ward 3/Fox Hall is higher than the number of individuals who registered in Ward 7/Kenilworth.

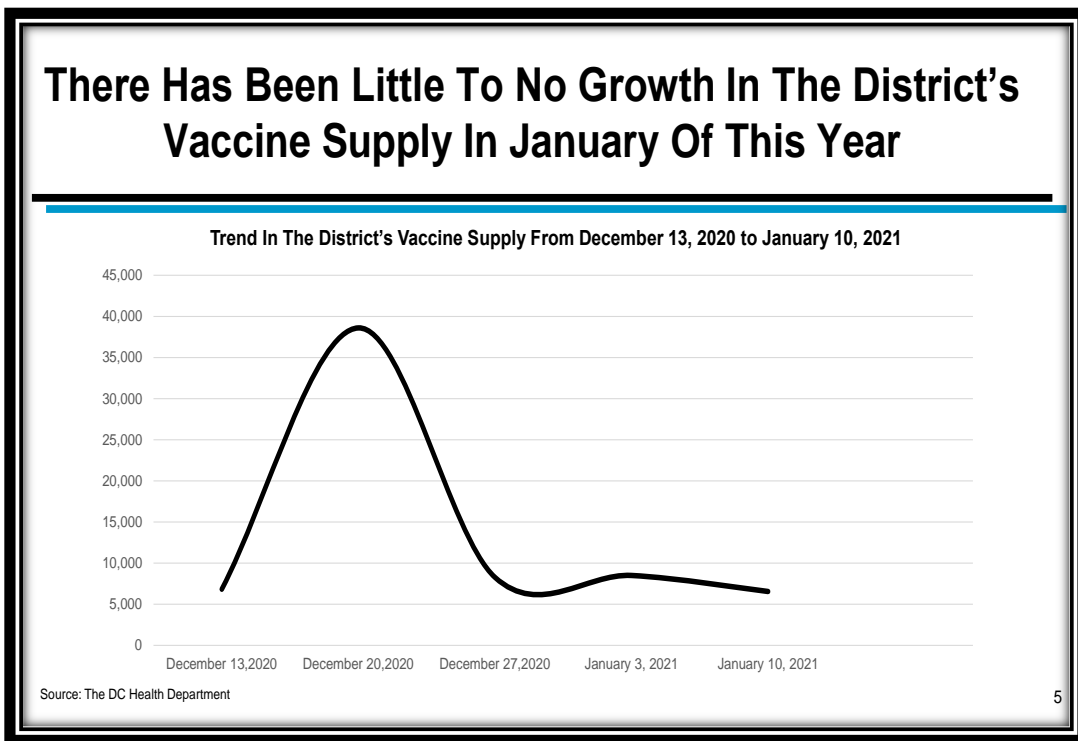
Similarly, a 27-year-old blogger who lives in Anacostia, works from home, and has no chronic conditions who registers in February will not receive a notification to schedule an appointment until the District is in Phase 2. This means that registering early will not have a benefit if you are not in an eligible phase. So, even when this new system is live, DC Health encourages residents to only register when your eligibility group is ready to be vaccinated.

The timeline for the implementation of this new system is still to be determined. Other improvements will be made including household scheduling for all eligible individuals and improved queries for sites with available appointments.

Vaccine Supply Problems. Mr. Chairman, I close my remarks by turning to the thorny issue of vaccine supply. While the District’s website has clearly presented some challenges, it has been erroneously viewed as the cause for the significant delays that some residents are experiencing in their efforts to secure the vaccine. The fundamental issue underpinning this challenge is a significantly suppressed federal supply of vaccine. While states moved slowly in the administration of vaccine in the first month of the program, most jurisdictions—including the

District—quickly pivoted to a more efficient process while they expanded the number of groups that were eligible to be vaccinated. This spiked demand nationwide.

As illustrated by the graph below, the District’s supply of vaccine from the federal government in December reached nearly 40,000 doses. This was due to both the District’s federal allotment, but also doses that were received from both Virginia and Maryland to allow the District to vaccinate health care workers who are employed in the city but live in those two states. Since December, however, the District’s allocation dropped to reflect only the federal allotment and it has remained relatively flat for the month of January. Residents typically exhaust this weekly supply of weekly vaccine with scheduled appointments in a few hours.



For reasons that remain unclear, to meet the growing state demand, the federal government drew from the reserves that were being stockpiled for delivery to the states in support of the second shots required by both vaccines. As a result, not only did states fail to see significant increases in vaccine supply, but the problem was aggravated by the fact that second shots now had to be

provided from allocations that states believed would be solely set aside for new registrants. This caused most jurisdictions to run out of available vaccines, subsequently forcing them to cancel appointments.

I do note that the District avoided the problem of appointment cancellations in its public system because residents could only schedule vaccinations if the doses were available. However, the shortage of supply coming from the federal government prevented the DC Health Department from implementing a more rapid expansion of its program. Clearly, the significant improvements that are being made to enhance users experience will be powerless to overcome any continuing vaccine supply issues.

Mr. Chairman, this concludes my presentation and both ACA Jay Melder and Patrick Ashley are here to address any questions from the Committee.