

Federal Testimony for Feb. 19, 2021

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Madam Chair Johnson and Ranking Member Mr. Lucas, thank you for the opportunity to speak today. My name is Keith Reed, and I am Deputy Commissioner of Health for the state of Oklahoma. I am here today representing the Oklahoma State Department of Health to discuss our state's efforts to efficiently distribute and administer the COVID-19 vaccine, and how we have addressed issues with uptake, hesitancy and equitable access — particularly for those in our rural and underserved communities.

Summary of what I am seeing on the ground regarding vaccine uptake and hesitancy:

To begin, we've been conducting surveys throughout the state to gauge vaccine hesitancy and dig into exactly why people might be hesitant to take the COVID-19 vaccine. As of our latest survey in January, we've determined that while most people are willing to receive the vaccine at some point, roughly 33% of Oklahomans don't plan to do so. Our surveys so far have indicated that the major reasons for hesitancy are lack of information on the vaccine and its development process, and concerns about potential side effects — so our communications and community outreach efforts have targeted these concerns specifically. It's also important for us to acknowledge there is vaccine hesitancy in communities of color because of a history of medical mistreatment.

In this initial stage of vaccine distribution where demand is greater than supply, we've found success in hedging the initial uptake issues by taking an overlapping approach. In order to vaccinate as many Oklahomans as possible, we've opened eligibility to new priority groups before entirely vaccinating earlier groups. Additionally, in order to avoid excess waste, we have empowered our local providers to take a flexible approach to distribution in their communities. With this tactic, we hope to lengthen the window of opportunity for those that might be undecided about vaccination, providing an extended time frame to build consumer confidence in our program.

Vaccine administration conditions and logistics needed to support high levels of vaccine uptake:

To overcome hesitancy and access boundaries and encourage high vaccine uptake, a few key conditions are needed:

- One - Vaccine supply needs to increase. As we are all well aware, with increases in supply, we can provide more options for appointments, protect more of our vulnerable populations and increase vaccine eligibility to more Oklahomans. We're working closely with the federal government as more vaccine becomes available to distribute it as efficiently as possible.
- Two - Vaccine availability needs to increase. We are working with county health departments and pandemic providers across the state to open up new access points to the vaccine. We currently have approximately 1,500 pandemic providers signed up to

participate in vaccine distribution around the state, but can only engage a limited number due to supply issues. Getting vaccine to these providers, which include local pharmacies and many primary care providers, enables us to engage the most trusted sources in rural Oklahoma, giving us our best chance for high vaccine uptake.

- And three - Communication about vaccine safety and availability needs to be clear and consistent.

Oklahoma State Department of Health's public outreach campaign for COVID-19 vaccine awareness:

We've been using a diverse network of communication partners to make sure that communication with Oklahomans about the vaccine is consistent, transparent and accessible to everyone.

We hold virtual media events twice weekly to provide updates to the public and partner with our local health reporters to keep lines of communication open so Oklahomans are informed on a daily basis.

We also use paid radio and television advertising to reach target communities, particularly in rural areas with limited internet access and audiences with higher hesitancy rates.

We work closely with regional health directors, county health departments and other local partners to reach communities across the state. These partnerships are critical in determining the best communications approach for their local constituents, as they understand what will resonate in their respective areas.

We use social media and our website to provide timely, regular updates on the vaccine. Information is shared online and with partners across the state in English, Spanish and Vietnamese whenever possible.

Above all, we're ensuring that our communications across the board are clear and factual. Our top priority is to give Oklahomans the tools to make an informed decision about the COVID-19 vaccine. This requires regular, repeated and reliable communication that is honest and direct in its approach.

Unique challenges facing rural and underserved communities during the COVID-19 pandemic:

Oklahoma's unique landscape poses a particular set of challenges in serving rural and underserved communities during COVID-19.

Many of our community members lack internet access, particularly in rural areas with limited reception, or lack digital literacy, particularly in our 65+ community who are some of the most at-risk for COVID-19. This has been difficult to navigate as the state implemented an online

scheduling tool as the main public health avenue for appointment accessibility. Distributing the vaccine to rural areas with adequate cold storage for the Pfizer vaccine has also posed a challenge.

People in underserved communities have expressed higher rates of distrust in vaccines in general. As I mentioned previously, many people of color are wary of vaccines due to a history of medical mistreatment. There is also a fear of being targeted due to immigration status or disclosure of race or ethnicity.

There is also, of course, general misinformation about COVID-19 — leading to skepticism of the actual risks posed by COVID-19 or even skepticism that the virus exists at all. This misinformation is perpetuated on social media where it can have an exaggerated local influence.

There are a lot of reasons for vaccine hesitancy, and most of them are rooted in very valid concerns. Our goal with vaccine rollout is to address these concerns in a clear and compassionate way. We've found our partnerships with local entities have been invaluable in contributing to a much smoother rollout process and ensuring everyone's health, safety and privacy when they receive the vaccine.

Research, innovation, or data needed to advance public acceptance of vaccines, process improvements for vaccine administration, and improve health equity in vaccination:

In Oklahoma, our surveys and experiences on the ground have shown us that two things are sorely needed: Clear, accurate information about vaccine safety and efficacy, and increased vaccine accessibility to ensure equity.

Through the dissemination of transparent data and information, people who are undecided about the vaccine are better equipped to make an informed decision and overall feel more empowered about their choice.

We're working every day to improve access through targeted events, communications and more local partnerships to make sure every Oklahoman who wants or needs the vaccine is able to access it.

Thank you again to Madam Chair Johnson and Ranking Member Rep. Lucas for the opportunity to provide this testimony during such a critical moment in our nation's history. I hope you find this testimony helpful in your endeavors, and I will be happy to address any further questions regarding Oklahoma's experience with the rollout of the COVID-19 vaccine.



BIO

Keith Reed, RN, MPH, CPH

Keith Reed has worked for the State of Oklahoma for 24 years, the past 19 with the Oklahoma State Department of Health. While with OSDH, Keith has served in multiple positions within the agency, and currently serves as the Deputy Commissioner for Community Health Services. He obtained his Bachelor of Science in Nursing from Oklahoma's Northeastern State University and a Masters of Public Health degree from the University of Oklahoma. In addition to his public health career, Keith is also a Colonel in the Oklahoma Air National Guard, serving multiple tours in support of Operations Iraqi and Enduring Freedom. He is currently assigned as Commander, 137th Special Operations Medical Group, Will Rogers Air National Guard Base, Oklahoma City.